The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

GP
Heart of the community
Kāinga Tupu

THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS

2018 general practice workforce survey

PART 3

The rural hospital medicine workforce in 2018

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Contents

Executive summary

This is one of three reports from The Royal New Zealand College of General Practitioners' (the College's) 2018 Workforce Survey. It presents the results for doctors working in rural hospital medicine.

Rural hospital medicine was established as a specialist vocational scope in 2008 to tackle growing vocational issues within small rural hospitals. Previous analyses of the rural hospital medicine workforce were completed in 2009[1] and 2015.[2]

This is the first time that a College workforce survey report has provided information on doctors working in rural hospital medicine.

The survey was completed online between May and June 2018. The survey results have been collated and analysed by Research New Zealand with support from College staff. More than 5000 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine were surveyed, with a response rate of 61 percent.

The number of respondents who stated they had worked in rural hospital medicine in the three months prior to the survey was n=107. With 171 rural hospital doctors recorded in the College's membership records, n=107 responses represent a response rate of 63 percent. As such, the results can be regarded as being representative, despite the number responding being relatively small in an absolute sense.

Another n=18 respondents identified themselves as registrars training towards Fellowship of the Division of Rural Hospital Medicine (FDRHMNZ). While these respondents had not worked in rural hospital medicine in the preceding three months,[3] they were asked relevant questions and were therefore included in the analysis. This increased the total possible number of responses to relevant questions to n=125.

1 https://www.rrh.org.au/journal/article/1588

2 https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1434-6-may-2016/6877

3 Rural hospital medicine registrars undertake clinical attachments in other hospitals and in general practice as part of their training towards FDRHMNZ.

Demographics

- Respondents who are either working in rural hospital medicine or who are registrars training towards FDRHMNZ have a median age of 48.1 years. Most (83 percent) are between 30 and 64 years of age.
- Most are male (59 percent). Forty-one percent are female.
- More than three-quarters identify as European (80 percent). Four percent identify as Māori. Pacific peoples make up two percent.
- Just under two-thirds gained their first medical degree in New Zealand (63 percent); 37 percent overseas. Most international medical graduates (IMGs) gained their first medical degree in the United Kingdom or South Africa.
- More than two-thirds (68 percent) gained their registration in New Zealand as a medical practitioner more than 10 years ago, with 11 percent of New Zealand graduates and 4 percent of IMGs having gained New Zealand registration in the past five years.
- More than three-quarters (79 percent) hold vocational registration in at least one specialist scope, most frequently general practice (55 percent), rural hospital medicine (46 percent), and urgent care (7 percent).
- One-third (33 percent) were enrolled in at least one vocational training programme – 26 percent of respondents were enrolled in the Rural Hospital Medicine Training Programme and 14 percent in the General Practice Education Programme (GPEP).
- Two-thirds of respondents working in rural hospital medicine had medical training responsibilities (66 percent), particularly training undergraduate medical students (62 percent).

Working in rural medicine

- More than two-thirds of respondents working in rural hospital medicine (67 percent) worked in a Level 3 rural hospital.
- More than one-half of respondents working in rural hospital medicine (53 percent) stated the hospital they work in has at least one vacancy.
- The average number of hours worked in rural hospital medicine was 29.7 hours per week. More than half (56 percent) worked less than 36 hours per week in rural hospital medicine.

Retirement intentions

- Nearly one-fifth of respondents working in rural hospital medicine or enrolled in the rural hospital medicine vocational training programme (18 percent) intended to retire in the near future, i.e. in the next one to two years.
- More than one-third stated they intended to retire in the next five years (33 percent). Looking only at those with FDRHMNZ, the percentage decreases to 21 percent intending to retire in the next five years.
- A further 15 percent intended to retire in 6–10 years' time, meaning that in total nearly half (48 percent) intend to retire in the next 10 years.
- When respondents were asked when they were likely to reduce the number of hours they were working in rural hospital medicine in preparation for retirement, 18 percent had already reduced their hours, a further 17 percent intended to do so sometime in the next two years and another 14 percent in the next 3–5 years.

Burn-out and opinions about a career in rural hospital medicine

- More than one-quarter of respondents (29 percent) working in rural hospital medicine felt they were burnt out.
- Three-quarters (74 percent) stated they were likely to recommend a career in rural hospital medicine. Only 3 percent stated they were unlikely to do so.

Foreword

The Royal New Zealand College of General Practitioners has had the privilege of working with the Division of Rural Hospital Medicine for many years. In our 2018 Workforce Survey, we wanted to gain a deeper understanding of the demographic make-up of this essential health workforce.

There are many similarities between rural hospital doctors and general practitioners. In both scopes of medicine, the doctor has to have a deep knowledge of a broad range of clinical issues and be skilled in many areas. They also both do all their work close to their community. No two days are the same, but the variety of case presentations keeps life busy and interesting.

Many GPs are based in rural communities and some have transitioned into the rural hospital medicine speciality. As this research bears out, the two workforces share a common concern around the proportion of doctors nearing retirement and, unfortunately, the number feeling burnt out. This is an issue for professions, but within the health workforce it's something that holds serious repercussions for the local community if a solution isn't readily available.

Working rurally, these professionals may not always have quick, easy access to support or equipment that would be found in larger centres. Their patient population is different too – many have physically demanding jobs (forestry or farming for instance), which can influence the type of care required. In remote rural communities there can also be a higher proportion of people living in higher deprivation categories, which can result in increased health risks. Access to medical care can be challenging for those living rurally, and health equity can become a concern.

We acknowledge and thank all health professionals who work in rural communities. It is hard, but essential, work. Despite the geographical and resourcing challenges of rural living, these doctors are passionate about caring for their community. It is heartening to see that the majority of rural hospital doctors who responded to this survey said they'd recommend a career in rural hospital medicine.

We trust you find this research of interest.

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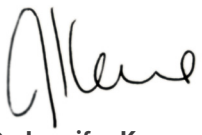

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Demographics

This report is based on the responses of the doctors who indicated they were working in rural hospital medicine in the three months prior to the survey (n=107) and the doctors who were training towards registration in the vocational scope of rural hospital medicine but who were not working in rural hospital medicine at the time of the survey (n=18). The responses of all n=125 respondents are included in the analysis, except where the question was only appropriate for those n=107 who were currently working in rural hospital medicine. The tables and figures in this section of the report take account of the subgroups defined above. Please refer to the title or footnote provided at the base of each table and figure.

Age, gender, and ethnicity

The median age of respondents working in rural hospital medicine or training towards FDRHMNZ was 48.1 years, with most (83 percent) between the ages of 30 and 64 years of age (Table 1).

Relatively few respondents were under 30 years of age (8 percent) or 65 years and over (11 percent). Note that, within the 30–64-year cohort, the percentage in each five-year age band is reasonably even.

Table 1. Age profile of respondents working or training in rural hospital medicine (n=125)

	Total
Unweighted base =	**125**
	%
25–29 years	8
30–34 years	13
35–39 years	10
40–44 years	10
45–49 years	10
50–54 years	14
55–59 years	13
60–64 years	13
65–69 years	8
70–74 years	2
> 74 years	1
Total	100
Median age	48.1

Total may not sum to 100% due to rounding.

Figure 1 presents this information graphically.

Figure 1. Age profile of respondents working or training in rural hospital medicine n=125

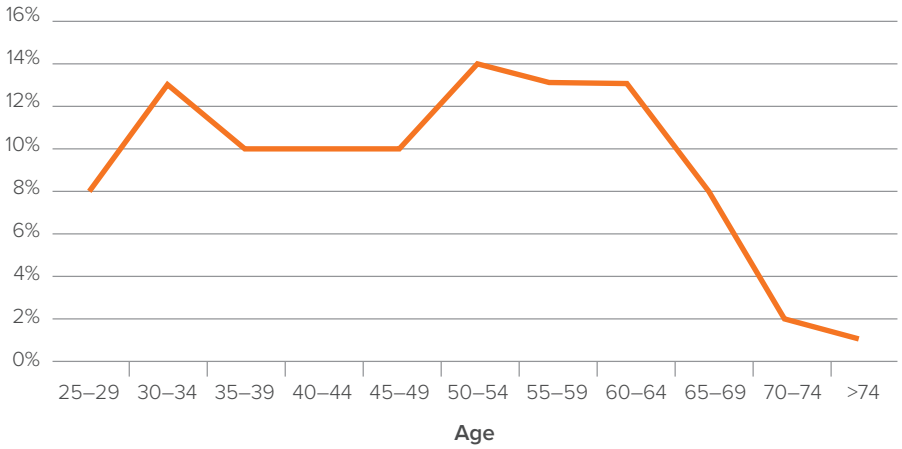

Table 2 shows that a statistically significantly higher percentage of respondents who were either working in rural hospital medicine or who were registrars training towards FDRHMNZ identified as male (59 percent), compared with female (41 percent).

Table 2. Gender profile of respondents working or training in rural hospital medicine (n=123)

	Total
Unweighted base =	**123***
	%
Male	59
Female	41
Total	100

Total may not sum to 100% due to rounding.

* Sample does not include respondents who selected the 'I prefer not to specify my gender' or the 'gender diverse' options.

Table 3 shows that most respondents identified themselves as European (80 percent). Eight percent identified themselves as Asian, 4 percent as Māori, 4 percent as Middle Eastern/Latin American/African (MELAA) and 2 percent as Pacific.

Table 3. Ethnicity profile of respondents working or training in rural hospital medicine (n=125)

	Total
Unweighted base =	**125**
	%
European	80
Asian	8
MELAA*	4
Māori	4
Pacific	2
Other/refused	6

Total exceeds 100% as respondents could identify with more than one ethnicity.

* Middle Eastern/Latin American/African

International medical graduates (IMGs)

More than one-third of all respondents stated they gained their first medical degree overseas (37 percent), in comparison to the approximately two-thirds of respondents (63 percent) who stated they gained their first medical degree in New Zealand (Table 4).

Table 4. Origin of first medical degree for respondents working or training in rural hospital medicine (n=125)

	Total
Unweighted base =	**125**
	%
New Zealand	63
Overseas	37
Total	100

Total may not sum to 100% due to rounding.

63%
of respondents stated they had gained their first medical degree in New Zealand

One-half of respondents who had gained their first medical degree overseas stated they had gained this degree in either the United Kingdom (30 percent) or South Africa (20 percent) (Table 5).

Table 5. Country of origin of first medical degree of respondents working or training in rural hospital medicine who obtained their degree overseas (n=46)

	Total
Unweighted base =	**46***
	%
United Kingdom	30
South Africa	20
Other European country	11
North America	11
Australia	7
Germany	7
Canada	4
India	4
Iraq	2
Ireland	2
Sri Lanka	2
Total	100

Total may not sum to 100% due to rounding.

* Subsample based on those rural hospital doctors who gained their first medical degree overseas.

All respondents were asked to indicate how long ago they 'gained registration in New Zealand as a medical practitioner'. Table 6 shows that nearly a third of respondents working or training in rural hospital medicine (32 percent) first gained medical registration in New Zealand in the past 10 years.

Table 6. Years since first gained registration in New Zealand as a medical practitioner for respondents working or training in rural hospital medicine (n=125)

	Total	New Zealand	Overseas
Unweighted base =	**125**	**79**	**46**
	%	%	%
1–5 years	9	11	4
6–10 years	23	23	24
11–20 years	23	23	24
21–30 years	21	14	33
31–40 years	18	22	13
More than 40 years	6	8	2
Total	100	100	100

Total may not sum to 100% due to rounding.

Training

Respondents who worked in rural hospital medicine or who were rural hospital medicine registrars were asked to indicate if they were registered in a vocational scope in New Zealand.

Approximately 80 percent stated they were registered in a vocational scope, most frequently in general practice (55 percent) and/or rural hospital medicine (46 percent) (Table 7).

Please note that while most registrars were not registered in any vocational scope (65 percent), some stated they were registered in general practice or rural hospital medicine (15 percent and 20 percent respectively). This suggests those registrar respondents were working towards completing registration requirements for an additional vocational scope of practice.

Table 7. Vocational registration status of respondents working or training in rural hospital medicine (n=125)

	Total	GPEP or DRHM registrar	Non-registrar
Unweighted base =	**125**	**40**	**85**
	%	%	%
Registered in general practice (FRNZCGP)	55	15	74
Registered in rural hospital medicine (FDRHMNZ)	46	20	58
Registered in urgent care (FRNZCUC)	7	0	11
Registered in another vocational scope	2	2	2
Not registered in any vocational scope	21	65	0

Total may exceed 100% because of multiple responses.

One-third of respondents (33 percent) stated they were enrolled in a vocational training programme (Table 8); of these, 82 percent were training towards FDRHMNZ and 45 percent towards FRNZCGP.

Table 8. Vocational training programme enrolment among respondents working or training in rural hospital medicine (n=125)

	Total	GPEP or DRHM registrar	Non-registrar
Unweighted base =	**125**	**40**	**85**
	%	%	%
General practice (training towards FRNZCGP)	14	45	0
Rural hospital medicine (training towards FDRHMNZ)	26	82	0
Urgent care (training towards FRNZCUC)	2	2	2
Other vocational training programme	2	2	1
Not enrolled as a registrar in a vocational training programme	66	0	96

Total may exceed 100% because of multiple responses.

Teaching

Sixty-six percent of respondents who were working in rural hospital medicine identified themselves as trainers, most frequently as teachers of undergraduate medical students (61 percent) (Table 9).

Twenty-four percent also identified themselves as a teacher or educational facilitator for the rural hospital medicine training programme.

Table 9. Teaching responsibilities of respondents working in rural hospital medicine (n=107)

	Total
Unweighted base =	**107***
	%
Teacher of undergraduate medical students	61
GPEP1 teacher	7
GPEP medical educator	2
Mentor of a registrar in GPEP2/3	14
Teacher or educational facilitator on the DRHM programme	24
Supervisor of house officers doing postgraduate community-based runs	13
None of the above	34

Total may exceed 100% because of multiple responses.

* Subsample based on respondents working in rural hospital medicine at the time of the survey.

61%
of respondents identified themselves as teachers of undergraduate medical students

Working in rural hospital medicine

Rural hospital level

Rural hospitals are classified as Level 1, 2, or 3.[4]

Table 10 shows that two-thirds of the respondents who worked in rural hospital medicine stated they worked in a Level 3 rural hospital. Another 19 percent worked in a Level 2 rural hospital and very few in a Level 1 rural hospital.

The 4 percent of respondents who provided an 'other' response provided a range of responses, including working in hospitals overseas or working in other settings (e.g. providing general practice or emergency department cover).

Table 10. Rural hospital level (n=107)

	Total
Unweighted base =	**107***
	%
Level 1 (visiting medical cover)	7
Level 2 (on-site medical cover during normal working hours)	19
Level 3 (on-site 24-hour medical cover)	67
Other	4
Don't know	3
Total	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents working in rural hospital medicine at the time of the survey.

4 Level 1 rural hospitals have visiting medical cover. Level 2 rural hospitals have on-site medical cover during normal working hours, and Level 3 rural hospitals have on-site 24-hour medical cover.

Vacancies

Most respondents (53 percent) stated that the rural hospital they worked in had at least one vacancy, with 27 percent stating they had two or more vacancies at the time of the survey (Table 11).

Another 17 percent responded to this question with a 'don't know'; therefore, there is a possibility that the percentage with a vacancy was higher than 53 percent.

Thirty percent explicitly stated that the rural hospital they worked in did not have a vacancy.

Table 11. Current vacancies (n=102)

	Total
Unweighted base =	**102***
	%
No vacancies	30
1 vacancy	26
2 vacancies	14
More than 2 vacancies	13
Don't know	17
Total	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents working in rural hospital medicine at the time of the survey. It excludes n=5 who had worked in rural hospital medicine in the three months prior to the survey but who were not working in a rural hospital at the time of the survey.

Hours worked in rural hospital medicine per week

Survey respondents who stated they had worked in rural hospital medicine in the three months prior to the survey were asked about the hours they worked in rural hospital medicine per week. They were asked to include the time spent on clinical and non-clinical work relating to rural hospital medicine, as well as time worked when on-call.

Based on respondents' answers to this question, the average number of hours worked in rural hospital medicine was 29.7 hours per week (Table 12).

A little more than one-half of all respondents (56 percent) stated they worked up to and including 30 hours per week in rural hospital medicine. Another 41 percent of all respondents stated they worked 31 hours per week or more in rural hospital medicine, with 19 percent working 51 hours or more per week.

Table 12. Weekly hours worked in rural hospital medicine (n=107)

	Total
Unweighted base =	**107***
	%
1–10 hours per week	19
11–20 hours	20
21–30 hours	17
31–35 hours	3
36–40 hours	5
41–45 hours	7
46–50 hours	7
51–55 hours	5
56–60 hours	7
61–70 hours	5
71 hours or more	2
Don't know	5
Total	100
Average hours per week	29.7

Total may not sum to 100% due to rounding.

* Subsample based on respondents working in rural hospital medicine at the time of the survey.

Retirement intentions

Almost one-half of respondents working or training in rural hospital medicine (48 percent) stated they planned to retire from rural hospital medicine in the next 10 years – 33 percent in the next one to five years, and 18 percent in the next one to two years (Table 13).

When the retirement intentions of vocationally registered rural hospital doctors only are analysed, these percentages decrease to 44 percent in the next 10 years – 21 percent in the next one to five years and 7 percent in the next one to two years.

This suggests that many of those intending to retire are either vocationally registered in general practice or are working under general rather than vocational (specialist) registration.

Table 13. Retirement intentions of respondents working or training in rural hospital medicine (n=125)

	Total	Vocationally registered in rural hospital medicine
Unweighted base =	**125**	**57**
	%	%
1–2 years from now	18	7
3–5 years from now	15	14
6–10 years from now	15	23
11–15 years from now	14	18
16 years or more from now	38	39
Total	100	100

Total may not sum to 100% due to rounding.

48%

of respondents working or training in rural hospital medicine stated they planned to retire from rural hospital medicine in the next 10 years

Reducing hours

As noted in the previous section, 48 percent of respondents who were working or training in rural hospital medicine at the time of the survey stated they planned to retire from rural hospital medicine in the next 10 years.

When respondents who were working or training in rural hospital medicine at the time of the survey were asked when they were likely to reduce the number of hours they were working in rural hospital medicine as they move towards retirement, 18 percent stated they had already reduced their hours. A further 17 percent intended to do so sometime in the next two years, and 14 percent in the next three to five years (Table 14).

As expected, a higher percentage of respondents intending to retire in the next 10 years (35 percent) stated they had already reduced their hours and a further 28 percent intended to do so in the next two years.

Table 14. When respondents working or training in rural hospital medicine intend to reduce their rural hospital medicine hours (n=125)

	Total	Intending to retire in next 10 years
Unweighted base =	**125**	**60**
	%	%
I am approaching retirement and have already reduced my hours	18	35
In the next 2 years	17	28
In 3–5 years	14	23
In 6–10 years	15	13
In 11–15 years	9	0
Not for at least 15 years	27	0
Total	100	100

Total may not sum to 100% due to rounding.

Burn-out and opinions about a career in rural hospital medicine

Burn-out

Using an 11-point scale, which ran from 'not at all burnt out' (0) through to 'extremely burnt out' (10), survey respondents were asked to rate the extent to which they felt burnt out with the following question: "How would you currently rate yourself on a 0 to 10 scale, where 0 = 'not at all burnt out' and 10 = 'extremely burnt out'."

Over one-quarter of respondents working in rural hospital medicine rated themselves as being burnt out to some degree (29 percent) (Table 15). This is based on a grouping of those respondents who rated themselves a 7–10 inclusive on the scale.

At the other extreme, 44 percent rated themselves as not being burnt out, based on a grouping of those who rated themselves 0–3 inclusive on the scale. The remainder (27 percent) rated themselves 4–6 inclusive on the scale and are described as providing a 'neutral' response.

Respondents who stated they worked 31 or more hours per week tended to state they were burnt out compared with those working fewer hours (33 percent compared with 25 percent, although the difference is not statistically significant).

Table 15. Burn-out among respondents working in rural hospital medicine (n=107)

	Total	Up to and including 30 hours	31 hours or more	Don't know
Unweighted base =	**107***	**59**	**43**	**5†**
	%	%	%	%
Not burnt out (0–3)	44	49	37	40
Neutral (4–6)	27	25	30	20
Burnt out (7–10)	29	25	33	40
Total	100	100	100	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents working in rural hospital medicine at the time of the survey.

† Caution: small subsample; results indicative.

29%

of respondents working or training in rural hospital medicine rated themselves as being burnt out to some degree

Opinions about a career in rural hospital medicine

Using an 11-point scale, which ran from 'not at all likely' (0) through to 'extremely likely' (10), respondents were asked to rate their likelihood of recommending a career in rural hospital medicine.

Table 16 shows that 74 percent of respondents working in rural hospital medicine stated they were likely to recommend a career in rural hospital medicine. This is based on a grouping of those who rated themselves a 7–10 inclusive on the scale.

At the other extreme, five percent rated themselves as unlikely to do so, based on a grouping of those who rated themselves 0–3 inclusive on the scale. The remainder (21 percent) rated themselves 4–6 inclusive on the scale and are described as providing a 'neutral' response.

There are no statistically significant differences in terms of recommendations by the extent to which respondents considered themselves to be burnt out.

74%

of respondents working in rural hospital medicine stated they were likely to recommend a career in rural hospital medicine

Table 16. Career recommendation among respondents working in rural hospital medicine, by degree to which burnt out (n=107)

	Total	Not burnt out (0–3)	Neutral (4–6)	Burnt out (7–10)
Unweighted base =	**107***	**47**	**29†**	**31†**
	%	%	%	%
Unlikely (0–3)	5	4	7	3
Neutral (4–6)	21	19	21	26
Likely (7–10)	74	77	72	71
Total	100	100	100	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents working in rural hospital medicine at the time of the survey.

† Caution: small subsample; results indicative.

APPENDIX 1:

Methodology

The 2018 Workforce Survey was conducted between May and June 2018. Research New Zealand, an independent research company, was commissioned to design and conduct the survey and to analyse and report the results. In this regard, it worked closely with College staff.

Research New Zealand also completed the College's workforce survey in 2016 and 2017. The survey has retained a core set of questions during these three years, and additional modules of questions have been added each year. In 2018 there was a substantial module on rural hospital doctors and the findings are described in this report.

The College database, which includes the large majority of doctors working in New Zealand general practice and in rural hospital medicine, was used as the survey's sampling frame to identify and contact survey participants. It should, however, be noted that, in New Zealand, doctors are legally able to work in general practice and rural hospital medicine without the additional training required for vocational (specialist) registration. These non–vocationally registered doctors are not usually included in the College database unless they are vocational trainees.

In total, 5022 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received an email invitation with a link to a personal copy of the online survey. A reminder email was sent to those who had not responded approximately one week later. To further boost the final participation rate, three more follow-up emails were sent in subsequent weeks.

A total of 3056 valid responses were received by the survey close-off date, giving a response rate of 61 percent. This is a higher rate than that for the 2017 survey, which was 52 percent.

A total of 125 respondents were working or training in rural hospital medicine in total – 107 respondents identified themselves as working in rural hospital medicine, and another 18 stated they were registrars training towards registration in the vocational scope of rural hospital medicine.

Given that there are 171 rural hospital doctors according to the College's membership subscription records, responses from 107 respondents working in rural hospital medicine represents a response rate of 63 percent. As such, we can regard the results to be representative, despite the number responding being relatively small in an absolute sense.

The Rural Hospital Medicine Training Programme can be completed in a minimum of four years; however, only 12 months of this time must be spent working in a rural hospital. Trainees spend at least 18 months undertaking specific roles in regular hospitals and also spend time in general practice. The 18 respondents who were enrolled in the Rural Hospital Medicine Training Programme but not currently working in rural hospital medicine were included in the analyses where appropriate.

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