



# The New Zealand Medical Workforce in 2002

## Introduction

This report presents a summary of the most relevant results of the 2002 survey by the Medical Council of New Zealand. It follows the report *Medical Workforce in 2001*, which presented extensive information on changes in the medical workforce and trends in retention. Additional detailed analysis of this survey is provided by the Medical Council to the Ministry of Health and individual information requirements can be discussed with the Analytical Unit of the New Zealand Health Information Service.

***The size of the workforce:*** The number of doctors in active employment decreased from 2001 by one percent to 8403.

### ***Demographics:***

The mean age was 43 years and the median age was 42.

The proportion of women doctors rose to 34 percent of the workforce; for specialists and general practitioners combined, the proportion of women was 29 percent.

The proportion of overseas-trained doctors was 33 percent; for specialists and general practitioners combined, the proportion of overseas-trained doctors was 36 percent.

The proportion of Maori doctors increased slightly to 2.7 percent, along with Pacific Island doctors at 1.0 percent, Maori continued to be markedly under-represented when compared to the percentage in the population. The mean age of Maori doctors was 39 years and of Pacific Island doctors was 38 years.

Note: For the purpose of this workforce report specialists refer to the work role which is not the same as vocational registration. See definition at the end of the document.

## Methods

Workforce data are collected as part of the renewal of annual practising certificates. In 2000 this process was changed from one period in the year to four periods depending on the birth date of the doctor. The four periods of data in this report were November 2001, February 2002, May 2002 and August 2002 and are presented as at 31 March 2002.

The sampling frame for the workforce survey questionnaire included doctors with general or probationary registration, a current annual practising certificate (APC) and a New Zealand address at the date of collection. Therefore the survey excludes those doctors on temporary registration.

The questionnaire was posted out a month or more before the end of the period and those not responding were sent two reminder letters. All data were collected within three months of the end of a period and confirmation phone calls made if the information needed clarification.

Data for this report were collected in the categories “Employer”, “Role” and “Work Type” at a main work site; and second and third work sites where appropriate. Role options were general practitioner; primary care; house officer; registrar; medical officer specialist scale; specialist/consultant; and other. The same categories are used in this report to identify the role and type of work, and do not indicate level of expertise.

This report also includes data drawn from the Council’s registration information, to avoid duplicating questions in the APC application (age, sex, registration date, and graduation country and year).

Geographical analysis used territorial authorities and District Health Board localities based on the employment information for the main work site. DHB populations were determined by amalgamating territorial authority population counts from the 2001 Census of Population and Dwellings<sup>1</sup>. Full time equivalents (FTEs) were calculated proportionately, so that 60 hours per week equals 1.5 FTE.

Multiple responses of ethnicity are reported as a single category, according to a simplified version of Statistics New Zealand’s prioritisation standard. Thus a single ethnic category was selected from multiple responses in the following priority order: New Zealand Maori, Pacific Island, Chinese, Indian, Other Ethnic Group, Other European and NZ European.

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<sup>1</sup> Statistics New Zealand : 2001 Census of Population and Dwellings

## Results

### Response

During the 2002 workforce survey 9,816 survey forms were sent out to practising doctors. Of these 9,165 doctors responded, giving a response rate of 93 percent. The results include only the 8,403 doctors in "active employment", working four or more hours per week. There will however be doctors in "active employment" who did not respond to the survey.

**Table 1: Estimates of annual workforce growth and changes in composition**

	1980	1985	1990	1995 <sup>2</sup>	1996	1997	1998	1999	2000	2001	2002
<b>Growth per year:</b> <sup>1</sup>											
1) measured by survey responses	-	-	-	4.9	1.4	7.7	3.2	1.5	0.0	-1.4	-1.0
2) measured by registration data	-	-	-	6.3	5.5	4.1	1.3	2.4	2.6	-2.5	7.6
Graduated from:											
New Zealand	3266	4095	4480	5024	5004	5449	5628	5693	5645	5567	5608
Overseas	1615	1461	1859	2506	2630	2775	2863	2923	2970	2924	2795
<b>Total workforce (survey response)</b>	<b>4881</b>	<b>5556</b>	<b>6339</b>	<b>7530</b>	<b>7634</b>	<b>8224</b>	<b>8491</b>	<b>8616</b>	<b>8615</b>	<b>8491</b>	<b>8403</b>
Average age	-	-	42	41	42	42	43	43	43	43	43
percent overseas trained	33.1	26.3	29.3	33.3	34.5	33.7	33.7	33.9	34.5	34.4	33.3
Temporary registrants <sup>3</sup>	-	-	165	129	-	328	351	370	421	646	789
Percent of workforce	-	-	2.5	1.7	-	3.8	4.0	4.1	4.5	7.1	8.0

1 Growth per year is the percentage change in total workforce year to year.

2 Data are five-yearly up to 1995 then annually. Some earlier data are not available.

3 Temporary registrants are not asked to complete the workforce survey.

### Size of the medical workforce

Recent changes in the roles of the active doctor population are shown in Table 2.

The workforce decreased to 8403 active doctors, down 1.0 percent from 2001. General practitioner numbers decreased by 4 percent, and the other large losses were from medical officers of special scale and those working in primary care other than general practice.

**Table 2 : Changes in the medical workforce**

Workforce Role	Active doctors <sup>1</sup> 2002	Percent change 2001 to 2002
General practice	2917	-4.0
House officer	774	1.8
MOSS	277	-4.2
Primary care other than GP	166	-2.9
Registrar	1238	-0.3
Specialist	2723	-0.1
Other	252	8.2
No Answer	56	-
<b>Total</b>	<b>8403</b>	<b>-1.0</b>

1 Headcount

## Work type and postgraduate training

The change in work type since 2001 is shown in Table 3. Doctors working as house officers are not included in the table.

Vocational training is identified by respondents who use a broad self-definition of training towards vocational registration.

There was a 33 percent fall in doctors involved in Basic Medical Science and in the broad group of Primary Care. The latter may be explained by individuals redefining themselves as being members of other vocational groups. The fall in the numbers of medically qualified basic medical scientists is a potential threat to medical education in New Zealand.

**Table 3: Vocational groups at main work site (house officers excluded)<sup>1</sup>**

Work type at main workplace <sup>2</sup>	No. of doctors in main work site 2002	No. of doctors in main work site 2001	Percent change 2001 to 2002	Average hours worked (all sites) <sup>3</sup>	No. in vocational training <sup>3</sup>	Trainees as percent of work type <sup>4</sup>	Vocational registration current APC NZ address
Accident and Medical Practice <sup>5</sup>	17			33	6	35	7
Anaesthetics	503	494	2	50	117	23	347
Basic Medical Science	32	48	-33	46	4	13	13
Breast Medicine	8	7	14	33	5	63	*
Dermatology	43	41	5	46	*	7	38
Diagnostic Radiology	266	252	6	46	49	18	200
Emergency Medicine	171	170	1	44	79	46	39
Family Planning & Reproductive Health <sup>5</sup>	4			19			*
General Practice	2,597	2,539	2	42	448	17	1,563
Intensive Care	28	16	75	56	9	32	17
Internal Medicine	796	825	-4	51	192	24	475
Medical Administration <sup>5</sup>	10			44	*	30	5
Musculo Skeletal Medicine	14	7	100	43	*	7	9
Obstetrics and Gynaecology	219	227	-4	51	38	17	171
Occupational Medicine	57	55	4	43	8	14	35
Ophthalmology	103	102	1	47	15	15	79
Paediatrics	254	264	-4	50	78	31	147
Palliative Medicine <sup>5</sup>	5			45			5
Pathology	176	180	-2	45	29	16	136
Primary Care	477	697	-32	39	84	18	242
Psychiatry	481	495	-3	44	123	26	268
Public Health Medicine & Management	200	223	-10	44	31	16	123
Radiation Oncology	42	37	14	50	16	38	24
Rehabilitation Medicine	16	15	7	42	4	25	5

Sexual Health Medicine	22	19	16	29	*	14	8
Sports Medicine	16	12	33	48	*	13	11
Surgery:							
Cardiothoracic	25	25	0	63	*	8	16
Surgery: General	240	247	-3	57	66	28	135
Surgery:							
Neurosurgery	19	18	6	59	4	21	12
Surgery:							
Orthopaedic	224	217	3	56	49	22	149
Surgery: Other	24	31	-23	52	*	4	15
Surgery:							
Otolaryngology	86	91	-5	49	12	14	65
Surgery: Paediatric	15	17	-12	55			13
Surgery: Plastic	46	50	-8	57	14	30	28
Surgery: Urology	47	45	4	55	8	17	35
Surgery: Vascular	16	14	14	64	*	13	11
Not Answered	193	175	10	45	40	21	97
Other	133	71	87	43	16	12	83
Grand Total	7,625	7,726	-1	46	1,561	20	4,631

## Hours worked

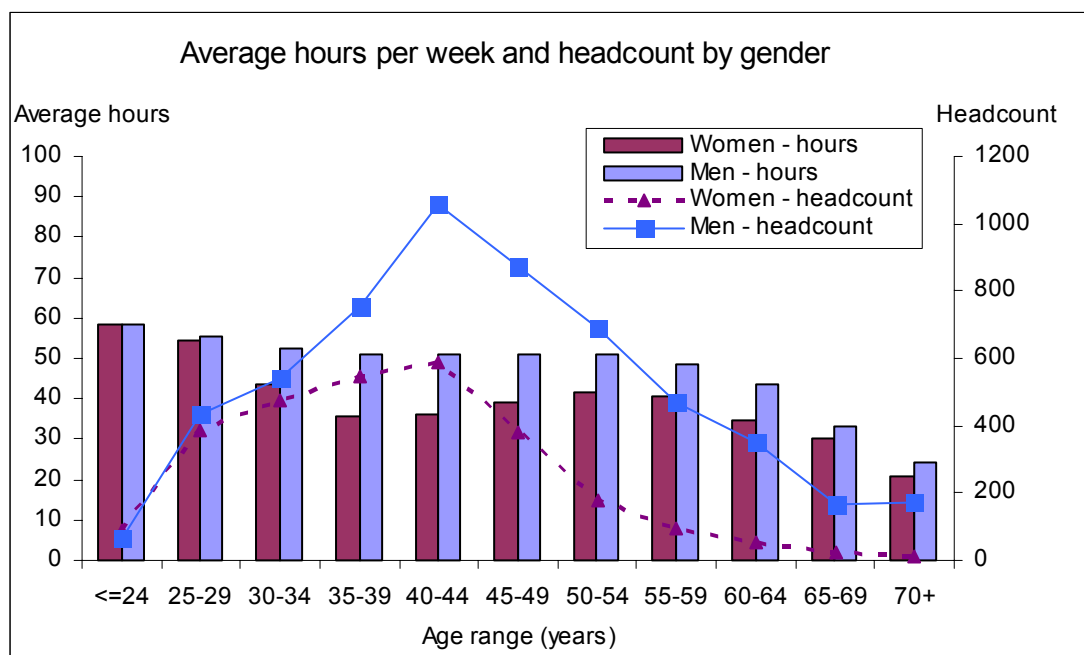
The mean hours per week worked for all active doctors was 47 hours. Mean hours were highest for doctors aged 24 years or younger at 59 hours per week.

The average hours worked by women decrease markedly after 29 years of age. In the age ranges 35 to 44 years hours are the lowest at 36 hours per week: these age brackets also contain the highest number of doctors. The average hours increase to 40 hours for women in the 50-54 year range and decline thereafter.

For men the mean hours fell less with age, and remained steady until 50-54 years, then declined thereafter. The average hours worked by men is at its lowest in the 40-44 age group, when the number of doctors is highest.

The 10<sup>th</sup> percentile was at 25 hours per week and 90<sup>th</sup> percentile at 62 hours per week.

**Figure 1: Average hours worked per week and headcount by gender**



**Table 4: Average of total hours worked by age and gender**

Gender	Age range											Total
	<=24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Women	59	55	44	36	36	39	42	41	35	30	21	41
Men	58	56	53	51	51	51	51	48	44	33	24	50
All	59	55	48	45	46	47	49	47	42	33	24	47

## Hours on Call

Table 5 shows workforce roles by on-call hours; there has been a shift over recent years to doctors working fewer hours on call.

There is a bimodal distribution of doctors doing call; 64 percent of doctors are doing no time on call while a number are doing a large amount of time on call. The differences are most marked in the Specialist group in whom 50 percent do 10-50 or more hours on call; of these specialists working 10 or more hours overtime 77 percent recorded a public hospital as their main place of work.

**Table 5: Proportion of doctors by on-call hours grouped in each work role**

On-call hours grouped	General practice	Primary care other than GP	House Officer	Registrar	Medical officer special scale	Specialist	Other
No on-call hours	65	86	93	80	76	43	87
1-4	6	1	0	1	0	2	2
5-9	5	1	3	5	2	7	2
10-19	10	5	2	8	8	16	4
20-49	8	4	1	6	11	25	2
50 or more hours	6	4	1	1	3	8	3
<b>Percent</b>	100	100	100	100	100	100	100

**Table 6: Doctors working 10 or more hours on call per week**

Employer	Specialist	Total all work roles
<b>Commercial Company</b>	25	36
<b>Government Department / Agency</b>	6	21
<b>Professional Body</b>		5
<b>Group Private Practice</b>	93	539
<b>Private Hospital</b>	20	30
<b>Public Hospital</b>	1006	1264
<b>Solo Private Practice</b>	112	307
<b>University/Polytechnic</b>	21	35
<b>No Answer</b>	8	20
<b>Other</b>	22	55
<b>Grand Total</b>	1313	2312

## Geographical Distribution

The number of full time equivalent GPs ranged from 63 per 100,000 population for the Counties-Manukau and West Coast DHB regions to 88 per 100,000 for Canterbury (Table 7). Territorial authorities with FTEs for general practice below 50 per 100,000 population were Waikato, Opotiki, Tararua, Horowhenua, Masterton, Carterton, Waimate, Southland, Gore Districts. Territorial authorities with more than 100 GP FTEs per 100,000 were Nelson City, Thames-Coromandel South Wairarapa, Kaikoura, Mackenzie Districts, Central Otago and Queenstown-Lakes (Table 8).

Territorial authorities with over half their doctors qualified overseas were Far North, Kaipara, Franklin, Thames-Coromandel, Hauraki, Waikato, Waipa, South Waikato, Waitomo, Whakatane, Kawerau, Stratford, South Taranaki, Ruapehu, Wairoa, Central Hawkes Bay, Wanganui, Tararua, Horowhenua, Masterton, Carterton, South Wairarapa, Kaikoura, Buller, Grey, Westland, Hurunui, Mackenzie, Clutha, Southland.

**Table 7 : GP workforce by DHB locality of main work site**

DHB locality	Number of GPs	FTEs for GPs at all work sites	DHB locality population	FTEs for GPs per 100 000 population
Northland	110	118	145,400	81
Waitemata	305	302	460,900	65
Auckland	355	346	401,500	86
Counties-Manukau	255	254	404,100	63
Waikato <sup>1</sup>	240	261	336,470	78
Bay of Plenty	135	141	186,190	76
Lakes	77	79	100,000	79
Tairāwhiti	31	36	45,200	81
Hawkes Bay	101	106	147,920	72
Taranaki	68	68	105,750	64
Midcentral	85	101	152,950	66
Wanganui	40	47	59,400	78
Wairarapa	24	26	39,270	67
Hutt	93	95	137,400	69
Capital and Coast <sup>2</sup>	222	219	268,800	81
Nelson-Marlborough	112	110	128,100	86
West Coast	16	19	30,800	63
Canterbury	382	373	422,340	88
Otago	137	148	172,950	86
South Canterbury	49	60	80,120	75
Southland <sup>3</sup>	80	77	112,750	68
<b>Total</b>	<b>2,917</b>	<b>2,988</b>	<b>3,938,310</b>	<b>76</b>

1 Includes all TLA Ruapehu

2 Includes all TLA Kapiti

3 Includes all TLA Queenstown-Lakes

4 The calculation of GP FTE includes all hours recorded in GP role at site1, site2 and site3.

The average for Specialists qualifying overseas is 36 percent so those areas with >50 percent qualifying overseas is significant.



**Table 8: Medical workforce by territorial authority of main work site**

Site 1 territorial authority	No. of GPs	FTEs GPs	FTEs GP per 100 000	Ave hours GPs	No. of all doctors	No. of doctors per 100 000	O'seas doctors percent of all	Territorial authority pop'n
North Shore City	153	150	75	39	424	213	32	199,000
Waitakere City	99	102	56	41	152	84	34	180,800
Auckland City	355	350	87	39	1,689	421	28	401,500
Manukau City	195	197	64	40	623	203	37	307,100
Hamilton City	108	113	93	42	523	429	39	122,000
Napier City	44	47	84	42	76	137	37	55,500
Palmerston North City	53	64	85	49	236	311	35	75,900
Porirua City	40	42	85	42	73	147	40	49,800
Upper Hutt City	28	30	80	43	29	77	31	37,800
Lower Hutt City	65	67	67	41	195	196	33	99,600
Wellington City	142	138	79	39	674	386	24	174,600
Nelson City	44	46	106	42	119	274	22	43,500
Christchurch City	328	325	98	40	1,036	312	24	332,200
Dunedin City	102	109	91	43	441	367	29	120,300
Invercargill City	46	46	89	40	118	230	43	51,400
Far North District	43	52	91	48	51	90	53	56,800
Whangarei District	56	60	85	43	164	232	39	70,600
Kaipara District	11	11	64	42	11	61	55	18,000
Rodney District	53	58	71	44	61	75	30	81,100
Papakura District	31	35	82	45	37	87	35	42,700
Franklin District	29	32	60	45	31	57	58	54,300
Thames								
Coromandel District	21	27	102	51	34	131	62	26,000
Hauraki District	13	15	85	45	13	76	54	17,150
Waikato District	15	18	43	47	16	38	63	41,700
Matamata-Piako District	19	24	81	51	20	66	45	30,200
Waipa District	33	32	77	39	34	81	62	41,800
Otorohanga District	5	7	71	54	6	63	17	9,590
South Waikato District	13	14	61	44	16	67	63	23,800
Waitomo District	7	8	81	45	9	93	56	9,680
Taupo District	22	25	77	46	31	95	42	32,800
Western BOP District	20	23	58	46	20	50	35	39,900
Tauranga District	80	80	84	40	228	238	32	95,600
Rotorua District	55	56	83	41	143	213	36	67,200
Whakatane District	28	31	92	44	59	174	66	34,000
Kawerau District	5	5	71	41	6	84	100	7,160
Opotiki District	*	*	29	55	*	21	*	9,530
Gisborne District	31	37	81	47	67	148	49	45,200
New Plymouth District	47	48	70	41	137	199	40	68,700
Stratford District	6	8	91	54	7	78	57	8,950
South Taranaki District	15	16	56	42	16	57	81	28,100
Ruapehu District	6	8	54	52	11	76	55	14,550
Wairoa District	5	6	68	49	5	55	80	9,070
Hastings District	44	52	74	47	134	191	33	70,200
Cent. HB District	8	8	58	38	8	61	63	13,150
Wanganui District	30	37	84	50	94	213	63	44,100
Rangitikei District	10	13	84	51	10	65	40	15,300
Manawatu District	12	15	55	52	21	74	33	28,300
Tararua District	9	9	47	38	12	66	58	18,150
Horowhenua	11	14	46	51	16	52	63	30,600

Site 1 territorial authority	No. of GPs	FTEs GPs	FTEs GP per 100 000	Ave hours GPs	No. of all doctors	No. of doctors per 100 000	O'seas doctors percent of all	Territorial authority pop'n
District								
Kapiti Coast District	40	40	91	40	44	99	41	44,400
Masterton District	10	10	44	41	37	159	57	23,300
Carterton District	*	*	11	30	*	14	100	7,040
South Wairarapa District	13	15	171	47	13	146	77	8,930
Tasman District	31	28	65	37	33	76	45	43,500
Marlborough District	37	40	97	43	61	148	31	41,100
Kaikoura District	*	4	106	51	4	111	75	3,590
Buller District	4	7	71	70	4	41	75	9,760
Grey District	9	9	70	41	20	153	55	13,100
Westland District	*	4	50	53	5	63	60	7,940
Hurunui District	6	7	72	49	10	97	60	10,300
Waimakariri District	19	20	50	41	19	49	21	38,900
Banks Peninsula District	7	7	86	40	7	86	29	8,150
Selwyn District	19	19	65	40	23	79	26	29,200
Ashburton District	14	18	69	51	23	88	39	26,200
Timaru District	31	37	86	48	71	165	39	43,000
Mackenzie District	*	4	117	88	*	80	67	3,760
Waimate District	*	*	31	45	*	28	50	7,160
Waitaki District	13	16	81	50	16	79	50	20,300
Cent. Otago District	12	15	101	50	17	114	35	14,850
Queenstown-Lakes District	20	19	100	39	21	109	24	19,300
Clutha District	10	11	63	44	14	80	57	17,500
Southland District	10	10	33	39	10	34	60	29,400
Gore District	4	4	35	44	7	55	43	12,650
	2,917	3,063	78	42	8,403	213	33	3,938,310

1 Results have not been adjusted for non-response

2 The calculation of FTE GP includes all work hours recorded for doctors whose main role is GP.

\* To prevent identification of individuals, categories which contain less than 4 doctors are omitted

## Distribution by gender

**Work Role:** The overall proportion of women in the workforce rose to 34 percent. Of those in house officer roles 51 percent role were women. The distributions of women per work role were: general practitioner 38 percent, primary care 41 percent, medical officer special scale 46 percent, registrar 39 percent and specialist 20 percent (Table 12).

**Work types,** or vocational branches, where woman outnumbered men were breast medicine, family planning and reproductive health, palliative medicine, sexual health medicine. There were no women working in medical administration, rehabilitation medicine, cardiothoracic surgery or neurosurgery.

**Vocational trainees:** All vocational trainees in breast medicine, intensive care medicine, sexual health medicine and vascular surgery were women. (Table 8). There were large gender imbalances for vocational training in internal medicine, obstetrics, diagnostic radiology, anaesthetics and some surgery.

**Table 9: Vocational training branch by gender**

Vocational training area <sup>1</sup>	Women	Men	Total	Women as percent of total training in area	Women training in area as percent of all women training	Men training in area as percent of all men training
Accident & Medical Practice <sup>2</sup>	10	33	43	23	2	4
Anaesthetics	44	83	127	35	7	9
Breast medicine	5	0	5	100	1	0
Dermatology	2	2	4	50	0	0
Diagnostic radiology	18	31	49	37	3	3
Emergency medicine	32	59	91	35	5	7
Family Planning & reproductive health <sup>2</sup>	3	1	4	75	0	0
General practice	254	245	499	51	38	27
Intensive care medicine	3	0	3	100	0	0
Internal medicine	61	119	180	34	9	13
Medical administration <sup>2</sup>	0	1	1	0	0	0
Obstetrics & gynaecology	31	8	39	79	5	1
Occupational medicine	1	9	10	10	0	1
Ophthalmology	4	13	17	24	1	1
Paediatrics	50	33	83	60	8	4
Palliative medicine <sup>2</sup>	1	2	3	33	0	0
Pathology	18	14	32	56	3	2
Psychological medicine or psychiatry	56	74	130	43	8	8
Public health medicine	27	5	32	84	4	1
Radiation oncology	7	17	24	29	1	2
Rehabilitation medicine	0	2	2	0	0	0
Sexual health medicine	5	0	5	100	1	0
Sports medicine	2	4	6	33	0	0
Surgery: cardiothoracic	2	2	4	50	0	0
Surgery: general	17	63	80	21	3	7
Surgery: neurosurgery	0	4	4	0	0	0
Surgery: orthopaedic	3	42	45	7	0	5
Surgery: otolaryngology head and neck surgery	1	13	14	7	0	1
Surgery: plastic & reconstructive	1	11	12	8	0	1
Surgery: urology	1	7	8	13	0	1
Surgery: vascular	1	0	1	100	0	0
Other	1	0	1	100	0	0
<b>Grand Total</b>	<b>661</b>	<b>897</b>	<b>1558</b>	<b>42</b>	<b>100</b>	<b>100</b>

1 Does not include doctors with worktype HOR in main work site.

2 New vocational branches - data first collected in 2002 survey

\* To prevent identification of individuals, categories which contain less than 4 doctors are omitted

## Ethnicity

Doctors who identified as Maori were 2.7 percent, up from 2.3 percent in 2000. Pacific people were one percent of all doctors, slightly down from 2000. Other ethnic groups are shown in Table 10.

**Table 10: Ethnicity**

Ethnicity	percent 2002	percent 2001	percent 2000
New Zealand Maori	2.7	2.6	2.3
Pacific Island	1.0	1.1	1.1
Chinese	5.1	4.8	4.5
Indian	4.8	4.8	4.5
Other Ethnic Group	10.0	8.7	7.6
Other European <sup>1</sup>	12.8		
NZ European	61.8	76.5	76.5
No answer	1.6	1.5	3.2
Refused	0.2	0.0	0.2
	100.0	100.0	100.0

1 2002 first year of reporting "Other European".

**Table 11: Age distribution by ethnicity**

Ethnicity	Age Range percent											Total
	<=24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
New Zealand Maori	0.1	0.5	0.5	0.5	0.5	0.4	0.1	0.1	0.1	0.0	0.0	2.7
Pacific Island	0.0	0.2	0.2	0.2	0.2	0.1	0.0	0.0	0.0	0.0	0.0	1.0
Chinese	0.4	1.3	0.9	0.7	0.7	0.3	0.4	0.2	0.1	0.1	0.0	5.1
Indian	0.1	0.4	0.6	0.9	1.1	0.7	0.4	0.2	0.1	0.2	0.1	4.8
Other Ethnic Group	0.2	0.8	1.2	1.7	1.9	1.3	0.9	0.7	0.6	0.3	0.2	10.0
Other European	0.0	0.3	1.2	2.6	2.9	2.4	1.7	0.9	0.4	0.2	0.1	12.8
NZ European	1.0	6.1	7.4	8.7	11.9	9.6	6.6	4.2	3.3	1.3	1.7	61.8
No answer	0.0	0.1	0.1	0.2	0.3	0.2	0.2	0.1	0.1	0.0	0.1	1.6
Refused	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.2
<b>Total</b>	1.8	9.7	12.1	15.4	19.6	15.0	10.4	6.7	4.8	2.2	2.2	100

## Overseas trained doctors

The proportion of doctors who obtained their primary medical qualification in another country has fallen a little to 33 percent. This excludes temporary doctors.

**Table 12: Demographics of doctors working in the main occupational groups**

Role at main work site	Av Age 2002	Percent women				Percent overseas trained			
		1980	1990	2001	2002	1980	1990	2001	2002
House Officer	28	32	44	48	51	27	21	21	15
Registrar	33	23	29	38	39	42	22	35	32
Medical officer special scale	45	38	32	42	46	52	50	54	55
Primary care other than GP	44	49	42	39	41	42	39	31	31
Other	48	46	25	36	35	43	32	24	23
<b>Specialists and GPs (role)</b>									
Accident and Medical*	47	-	-	-	40	-	-	-	40
Anaesthetics	48	19	16	20	20	41	39	46	45
Basic Medical Science	57	12	16	29	0	31	42	35	18
Breast Medicine	42	3	-	75	100	-	-	0	25
Dermatology	47	8	17	24	26	30	20	24	21
Diagnostic Radiology	48	-	14	24	24	24	27	37	32
Emergency Medicine	40	13	0	18	26	-	50	55	38
Family Planning & Reproductive Health*	38	-	-	-	100	-	-	-	100
General Practice	45	4	24	38	38	35	30	35	35
Intensive Care	47	10	-	8	11	-	-	33	17
Internal Medicine	49	-	7	14	16	24	34	31	34
Medical Administration*	56	-	-	-	0	-	-	-	33
Musculo Skeletal Medicine	55	6	-	0	10	-	-	40	30
Obstetrics and Gynaecology	49	21	17	29	32	24	28	46	49
Occupational Medicine	50	15	5	16	14	-	41	38	31
Ophthalmology	49	0	11	10	14	18	16	21	21
Paediatrics	47	19	23	28	29	38	39	32	35
Palliative Medicine*	49	-	-	-	60	-	-	-	80
Pathology	49	12	22	26	29	21	26	38	40
Primary Care	48	-	-	31	33	0	-	35	38
Psychiatry	49	-	28	34	33	41	50	56	55
Public Health Medicine & Mgmt	48	-	23	27	32	44	36	26	23
Radiation Oncology	46	-	5	19	20	-	55	65	68
Rehabilitation Medicine	49	-	-	0	0	-	-	40	80
Sexual Health Medicine	44	17	-	57	67	33	50	43	33
Sports Medicine	47	-	-	14	20	-	-	0	10
Surgery: Cardiothoracic	49	-	-	6	0	-	-	44	41
Surgery: General	50	-	-	3	6	-	-	31	33
Surgery: Neurosurgery	50	-	-	8	0	-	-	46	42
Surgery: Orthopaedic	49	-	-	3	3	-	-	12	14
Surgery: Other	47	-	-	7	0	-	-	24	26
Surgery: Otolaryngology	49	0	2	4	3	31	24	27	26
Surgery: Paediatric	48	-	-	21	31	-	-	43	31
Surgery: Plastic	50	-	-	3	7	-	-	22	17
Surgery: Urology	49	-	-	3	3	-	-	17	19
Surgery: Vascular	44	-	-	0	8	-	-	17	17
Surgery: all except otolaryngology (80,90) <sup>1</sup>	-	0	1	-	-	20	23	-	-
Not Answered	49	-	-	-	29	-	-	-	36
Other	50	-	-	-	24	-	-	-	35

<b>Specialists and GPs<sup>2</sup></b>	47	-	-	29	29	-	-	36	36
<b>All the above groups<sup>3</sup></b>	<b>43</b>	<b>16</b>	<b>24</b>	<b>33</b>	<b>34</b>	<b>34</b>	<b>29</b>	<b>34</b>	<b>33</b>

1 All surgical subspecialties except otolaryngology were combined in 1980 and 1990 data

2 "Specialists and GPs" excludes "Not Answered" and "Other"

3 "All the above groups" excludes "Not Answered"

\* New vocational branches - data first collected in 2002 survey

- Data not available

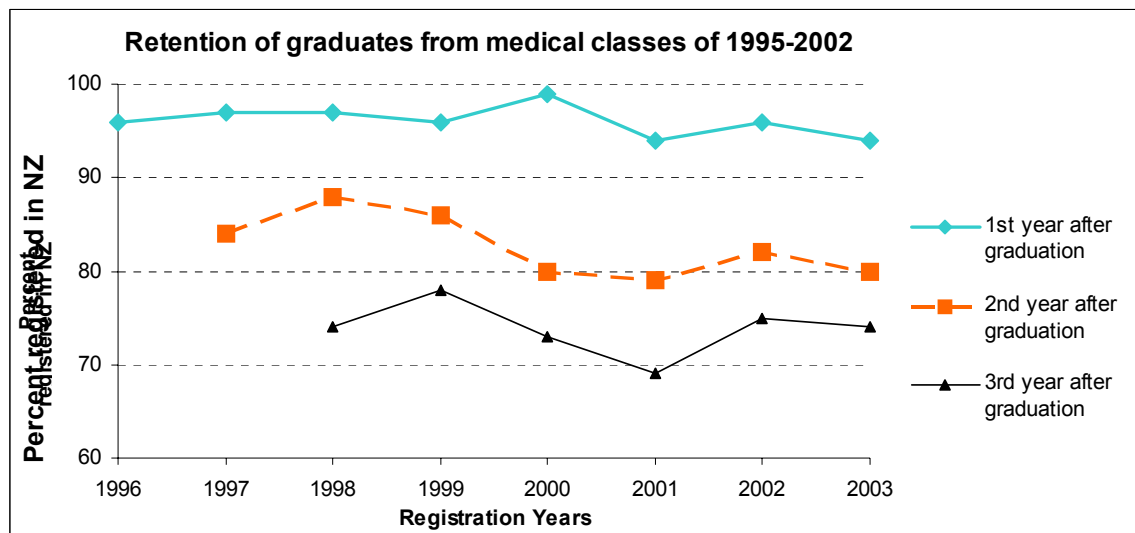
## Retention

A review of graduate retention statistics since the introduction of the Medical Practitioners Act in 1995 indicates there has been a 10 percent loss of graduates per year, for the first three years after doctors graduate. The retention of medical graduates in the New Zealand health system had shown a slight decline over the review period of nine years.

The retention rate for medical graduates has remained stable with 67 – 75 percent of doctors remaining registered after three years and shows no significant variance over the years studied since 1996.

There are no firm statistics about what medical graduates do if they do not register with the Medical Council but many do travel overseas for a period before returning to New Zealand. Some fee paying students who graduate in New Zealand who have been sponsored return to their home countries, others do their internship overseas and some have the year off.

**Figure 2: Retention of graduates from medical classes of 1995-2002**



**Table 13 : Graduate retention**

Final class year <sup>2</sup>	By postgraduate year <sup>1</sup>							
	1	2	3	4	5	6	7	8
1995	96	84	74	76	80	74	72	68
1996	97	88	78	80	78	77	75	
1997	97	86	73	68	72	71		
1998	96	80	69	77	77			
1999	99	79	75	77				
2000	94	82	74					
2001	96	80						
2002	94							

1 Years give those holding an APC at 31 March as a percent of the graduates from the class year who have registered in New Zealand.

2 Final class year is used as Auckland and Otago identify graduate year differently.

## Notes

Some doctors who have reported working many hours, have not reported on call hours: there were some returns with over 100 hours worked per week.

The workforce by territorial authority of main work site also provides some difficulties. The information is gathered from the APC application and a change of employment noted but no information is collected as to the date of the change.

The results have not been adjusted for non response.

## Acknowledgements

The Medical Council thanks the practitioners who completed the workforce survey.

## Definitions

### **Active workforce**

Doctors included in workforce survey results, being respondents who stated they worked a total of at least four hours in medical (including non-clinical) work during a typical working week.

### **Full time equivalent**

Proportional calculation based on 40 hours per week as one full-time equivalent (FTE) and 60 hours calculated as 1.5 FTE.

### **Hours worked**

Unless otherwise stated, the combined total hours worked per week across all worksites as self-reported by the respondent. Based on a typical working week during the previous year, or the most recent week if the respondent cannot identify a typical week. Includes only that part of on-call time which is worked.

### **Main work site**

The work and location in which a practitioner spends the largest portion of their working hours.

### **Work role**

Work role options were general practitioner; primary care; house officer; registrar; medical officer specialist scale; specialist/consultant; and other.

### **Work type**

As used in Table 3.

### **Specialist**

Specialist is selected by the practitioner from the above work roles. Generally understood to require membership of the relevant specialist college but self-reporting leads to broader usage in survey results. Does not include general practitioners, although both GPs and specialists are eligible for vocational registration.



**Vocational registration**

A general practitioner or specialist who has met the criteria for vocational registration with the Medical Council of New Zealand, including completion of the requirements of the relevant college or professional association.

**Overseas-trained doctor**

A doctor who obtained their primary medical qualification in a country other than New Zealand.

**Temporary registrant – not included in Medical Workforce survey**

A doctor who practises in New Zealand under the category of temporary registration, for up to two years with a possible third year extension.