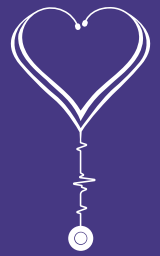




The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa



GP

Heart of the community
Kāinga Tupu

Demographics, Training & Retirement

Workforce Survey 2016



Published by The Royal New Zealand College of General Practitioners,
New Zealand, 2017.

ISSN 2382-2368

© The Royal New Zealand College of General Practitioners,
New Zealand, 2017.

The Royal New Zealand College of General Practitioners owns the
copyright of this work and has exclusive rights in accordance with the
Copyright Act 1994.

In particular, prior written permission must be obtained from
The Royal New Zealand College of General Practitioners for others
(including business entities) to:

- copy the work
- issue copies of the work, whether by sale or otherwise
- show the work in public
- make an adaptation of the work

as defined by the Copyright Act 1994.



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

Contents

FOREWORD.....	2
INTRODUCTION	3
AGE, GENDER AND PRACTICE LOCATION	4
ETHNICITY	8
INTERNATIONAL MEDICAL GRADUATES	10
GPEP REGISTRARS.....	13
TEACHING.....	16
RETIREMENT	20
REDUCING HOURS IN GENERAL PRACTICE.....	23
METHODOLOGY.....	25

FOREWORD

One of The Royal New Zealand College of General Practitioners' strategic pillars relates to protecting and enhancing our GP workforce. To ensure New Zealand continues to recruit and retain high-quality GPs, the College needs to understand its members' concerns, needs and career intentions.

To this end, for the past three years, the College has undertaken an annual workforce survey to help us analyse the shape of our current and future workforce. In 2016 we contracted Research New Zealand to collate and analyse the results on our behalf. The 2016 survey covered issues not explored previously, including attitudes to practice ownership, the use of technology, GP wellbeing and time spent on various activities.

The 1,820 valid responses were analysed, and this data has given us insights into these new topics and up-to-date information on crucial issues such as retirement intentions, vacancies and income, which is not collected in any other national survey. This year, we've spread the survey results over five individual reports.

This report, Demographics, Training & Retirement, is the fourth to be published. It provides information on some key issues which will become increasingly important in the coming years and decades.

Of critical importance is the aging workforce. This survey shows that 57% of GPs are aged 50 years or older, that 44% of GPs intend to retire within the next 10 years and that half of these respondents plan to reduce their hours within the next five years.

Our research also shows that while there is a reasonable match between the proportion of GPs and general public who identify as New Zealand Europeans, the proportion of Māori and Pasifika among GPs is nearly a quarter of what it is in the general population.

A higher proportion of rural GPs are in the 60+ age group, but an encouraging proportion of the rural workforce is in the 30-34 year age group. GP coverage in rural areas is boosted by international medical graduates, with half of rural GPs being IMGs.

I'd like to thank everyone who participated in this survey. Their responses will help us better serve our members.

Dr Tim Malloy

RNZCGP President

INTRODUCTION

This, the fourth report from The Royal New Zealand College of General Practitioners' (the College's) 2016 workforce survey, updates information on the demographics and retirement intentions of general practitioners (GPs) and looks in particular detail at GP registrars and teachers.

The age profile of the GP workforce is known to be unusual, with a large cohort of older GPs and relatively fewer mid-career GPs. Consequently, a large proportion of GPs are nearing retirement age – the 2016 survey reveals that the proportion of GPs intending to retire in the next 10 years has now risen to 44 percent.

With regard to gender, 54 percent of survey respondents are female, with the younger age bands predominantly female and the older age groups predominantly male. This reflects the increasing proportion of females among medical graduates in recent decades.

Māori and Pasifika continue to be under-represented in the GP workforce. Whereas at the time of the 2013 census Māori made up 15 percent of the New Zealand population, in the 2016 survey only four percent of GPs identify as Māori. It is a similar situation for Pacific peoples who make up seven percent of the population, but only two percent of GPs identify as Pasifika. Among younger GPs this discrepancy remains but is smaller.

International medical graduates (IMGs) are doctors who gained their initial medical qualification outside New Zealand and they constitute 39 percent of GPs overall; however, among rural respondents this rises to 50 percent.

The majority of GPs (74 percent) consider that the practice that they work in is urban based. Fifteen percent report working in practices they consider to be rural and a further 10 percent in practices that are considered not clearly urban or rural.

Vocational trainees make up 26 percent of respondents (Table 5). The median age of GPEP1 registrars is 31 years of age; for GPEP2/3 registrars it is 41 years. Only 37 percent of registrars are male. Twenty-four percent of GPEP1 registrars are in training in practices considered rural.

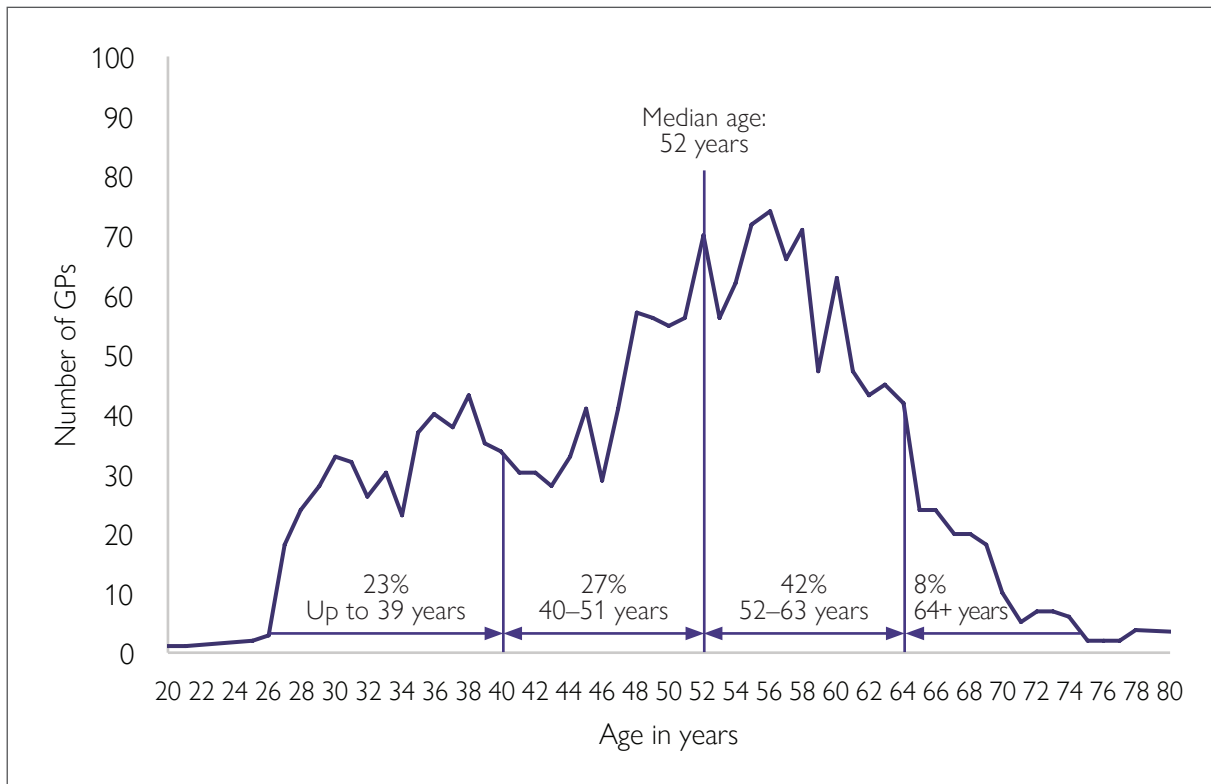
A considerable proportion (39 percent) of respondents provide medical training and many do so in more than one capacity. For example, 24 percent of respondents are GPEP1 teachers; however, the majority of them (64 percent) also teach undergraduate medical students. Nineteen percent of GPEP1 teachers are aged 60 or over and 60 percent of GPEP1 teachers are male. Forty-eight percent of GPEP1 teachers are planning to retire in the next 10 years.

AGE, GENDER AND PRACTICE LOCATION

The median age of GPs is 52 years, which is reflected in Figure 1. This graph also shows that a significant proportion of the workforce (42 percent) is concentrated in the 11 year age cohort between the ages of 52 and 64 years, and it is around this age that GPs who responded to the survey stated they were retiring or reducing their hours of work in preparation for retirement. This will be discussed in greater depth in the retirement section of this report.

In comparison, the 11 year cohort between 40 and 52 years contains only 27 percent of the workforce. There are particularly low numbers of respondents currently aged 39–47 years. The number of new and younger GPs (i.e. GPs aged 39 or younger) currently entering the workforce needs to be sufficient to compensate for the decreased numbers in these years as well as to ensure the ongoing sustainability of the GP workforce. At present, these numbers do not appear to be sufficient.

Figure 1: Age profile of respondents (n=1,812*)



Source: RNZCGP-Workforce Survey, 2016.

*Sub-sample based on those who provided a response.

The aging trend has been apparent for some time and is especially evident when comparisons are made between the workforce survey in 2014 and the current survey (Table 1). For example in 2014, only 26% of respondents were between the ages of 55 and 64, but in 2016 this has risen to 31%.

The average age of GPs has increased from 49.4 years in 2014 to 50.0 years in 2016. Fifty-seven percent of GPs are now aged 50 or over, which is more than double the 25 percent recorded by the MCNZ workforce survey in 1998 and considerably more than the 43 percent of nurses aged 50 or over in 2015.¹

Table 1: Age profile of respondents overtime (n=1,812*)

	2014 2,184 %	2015 2,211 %	2016 1,812* %
25–29 years	4	4	4
30–34 years	9	8	8
35–39 years	9	9	11
40–44 years	10	9	9
45–49 years	16	13	12
50–54 years	20	18	17
55–59 years	16	18	18
60–64 years	10	11	13
65–69 years	5	6	6
70–74 years	2	2	2
> 75 years	1	1	1
Mean age	49.4	49.9	50.0

Source: RNZCGP-Workforce Survey, 2016.

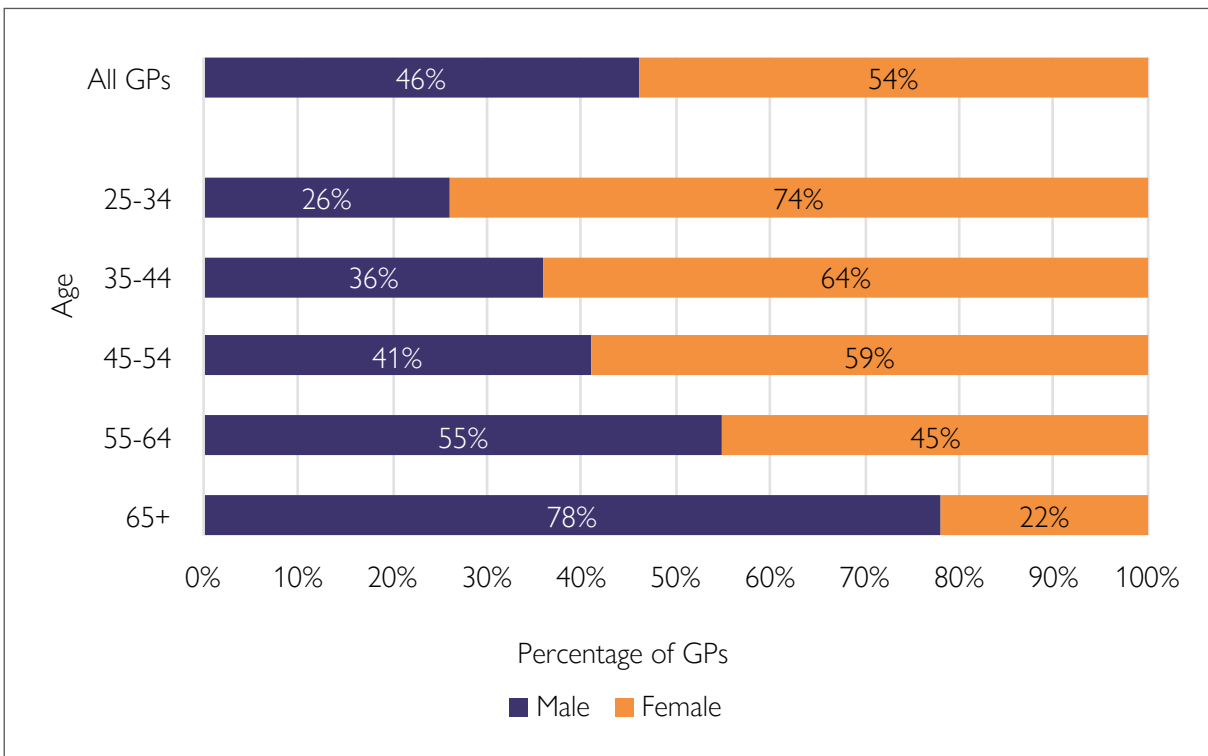
Total may exceed 100% due to rounding.

*Sub-sample based on those who provided a response.

¹ Nursing Council of New Zealand the New Zealand nursing workforce; October 2015.

In addition to the ageing of the workforce, Figure 2 shows the gender breakdown by age group based on the results of the current survey. This figure shows that there is a significant difference by gender with regard to age. Specifically, younger GPs are significantly more likely to be female, while older GPs are significantly more likely to be male. This is significant in terms of the possible future capacity of the workforce in that a smaller proportion of female GPs are currently working full-time (36 percent compared with 67 percent of male GPs)² and fewer are currently practice owners/partners (28 percent compared with 51 percent of male GPs).³

Figure 2: Gender of GPs by age (n=1,812*)



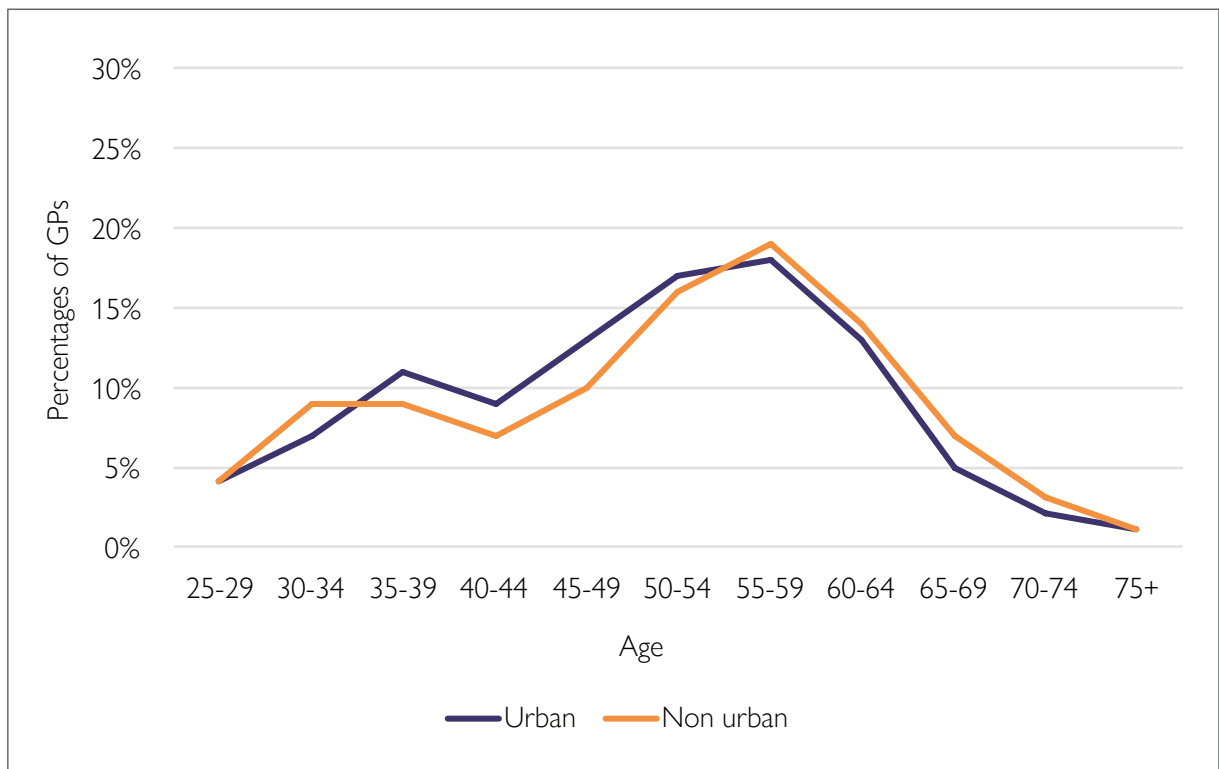
Source: RNZCGP-Workforce Survey, 2016.
 Total may not sum to 100% due to rounding.
 *Sub-sample based on those who provided a response.

² See RNZCGP-Workforce Survey “Work and Wellbeing” report.
³ See RNZCGP-Workforce Survey “Ownership and Employment” report

In addition to the ageing of the workforce and these differences by gender, there are also differences by practice location. Overall, GPs of all ages are more likely to work in urban-based practices (74 percent, compared with 15 percent who are rural based, and 10 percent who were not clearly urban or rural).

Figure 3 provides a comparison of the age profiles of the non urban⁴ and urban workforces. It reveals that the non urban workforce is more affected by the lack of mid-career GPs, particularly those aged 45–49. A slightly higher proportion of non urban than urban-based GPs are in the 65–69-year age group. There is an encouraging, larger proportion of the non urban workforce in the 30–34-year age group. This is probably a result of recent measures to encourage more training in rural practices, with the goal of increasing the availability of GPs in rural areas.

Figure 3: Practice location of GPs by age (n=1,812*)



Q43. Is the practice where you work urban or rural based? The way you answer this question doesn't need to be based on your eligibility for rural funding support. Please select urban, rural, or not clearly urban or rural.

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those who provided a response.

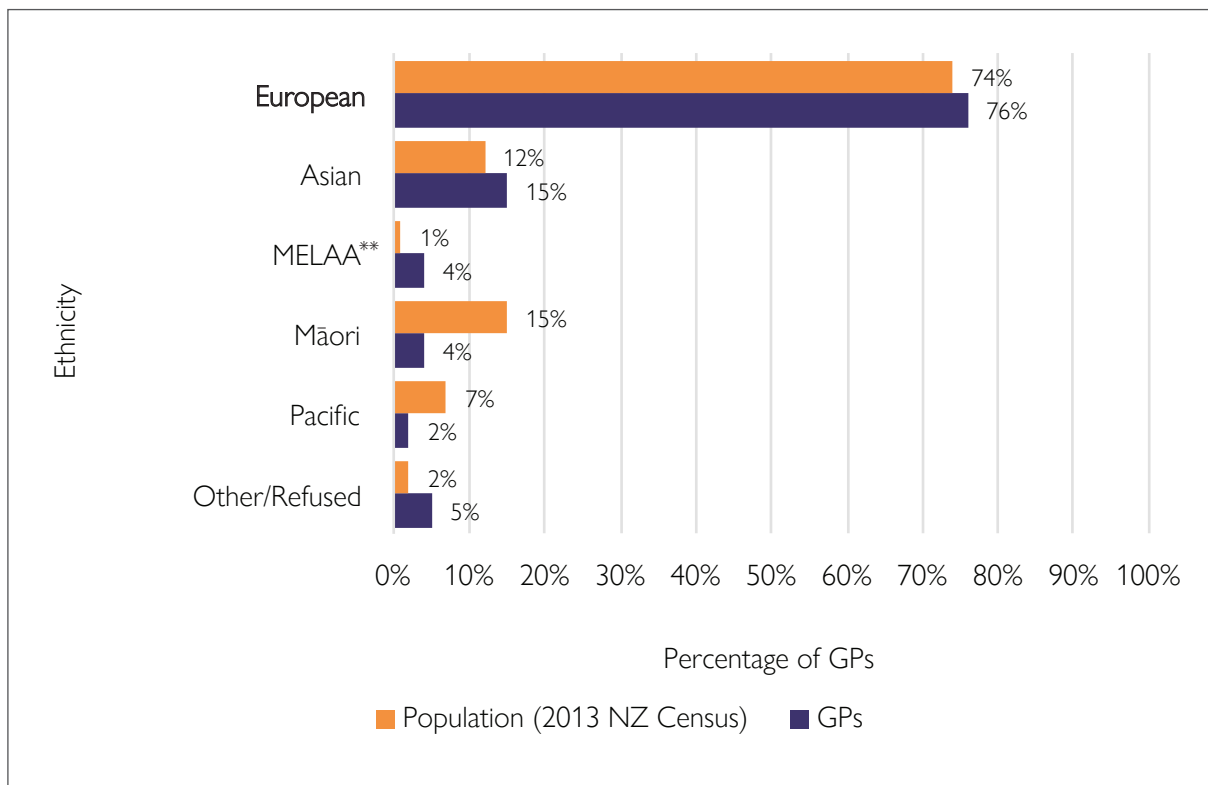
⁴ The non-urban category contains respondents from both the rural and the not-clearly urban or rural categories.

ETHNICITY

Figure 4 shows the profile of the New Zealand GP workforce with regard to ethnicity compared to the general population of New Zealand.

Although there appears to be a reasonable match between the proportion of GPs and the general public identifying as New Zealand European (76 percent compared with 74 percent respectively), this is not the case in terms of Māori GPs (4 percent compared with 15 percent) and Pacific GPs (2 percent compared with 7 percent). In other words, there is a disproportionately lower percentage of Māori or Pacific GPs in the workforce compared to the general population.

Figure 4: Comparison of the ethnicity of respondents and the NZ population (n=1,813*)



Q57. Which ethnic group do you identify with? You can belong to more than one. Select as many options as apply from: NZ European, Māori, Samoan, Cook Island Māori, Tongan, Niuean, Chinese, Indian, other such as Dutch, Japanese etc.

Source: RNZCGP-Workforce Survey, 2016.

Total may exceed 100% because of multiple responses

*Sub-sample based on those who provided a response.

** Middle Eastern/Latin American/African

Among younger GPs, the proportion identifying as Māori is somewhat higher. Please note that these conclusions are based on the indicative results in Table 2.

Table 2: Ethnicity of GPs (n=1,811*)

	Total 1,811* No.	Maori 68 No.	Maori 68 %
Under 40 years	412	35	9
40 years and above	1,399	33	2
Total	1,811	68	4

Source: RNZCGP-Workforce Survey, 2016.

Total may exceed 100% due to rounding.

*Results are indicative only due to low base number.

INTERNATIONAL MEDICAL GRADUATES

As seen in Table 3, more than one-third (39 percent) of the current New Zealand GP workforce consists of international medical graduates (IMGs), which is comparable to the result for the two previous years' surveys (40 percent in 2015 and 42 percent in 2014).

Table 3: Origin of medical degree (n=1,813*)

Unweighted base =	Total 1813 %
New Zealand	61
Overseas	39
Total	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those who provided a response.

GPs who reported receiving their medical degree from overseas were asked from which country they received their medical degree. A wide range of countries were given in response, but most indicated they qualified in the United Kingdom (42 percent), South Africa (12 percent) or India (10 percent) (Table 4).

Table 4: Country of origin of degree (n=710*)

Unweighted base =	Sub-Total 710* %
United Kingdom	42
South Africa	12
India	10
Australia	6
Germany	3
Sri Lanka	3
Iraq	2
Ireland	2
USA/America	2
Canada	1
Pakistan	1
Other	15
Total	100

Source: RNZCGP-Workforce Survey, 2016.

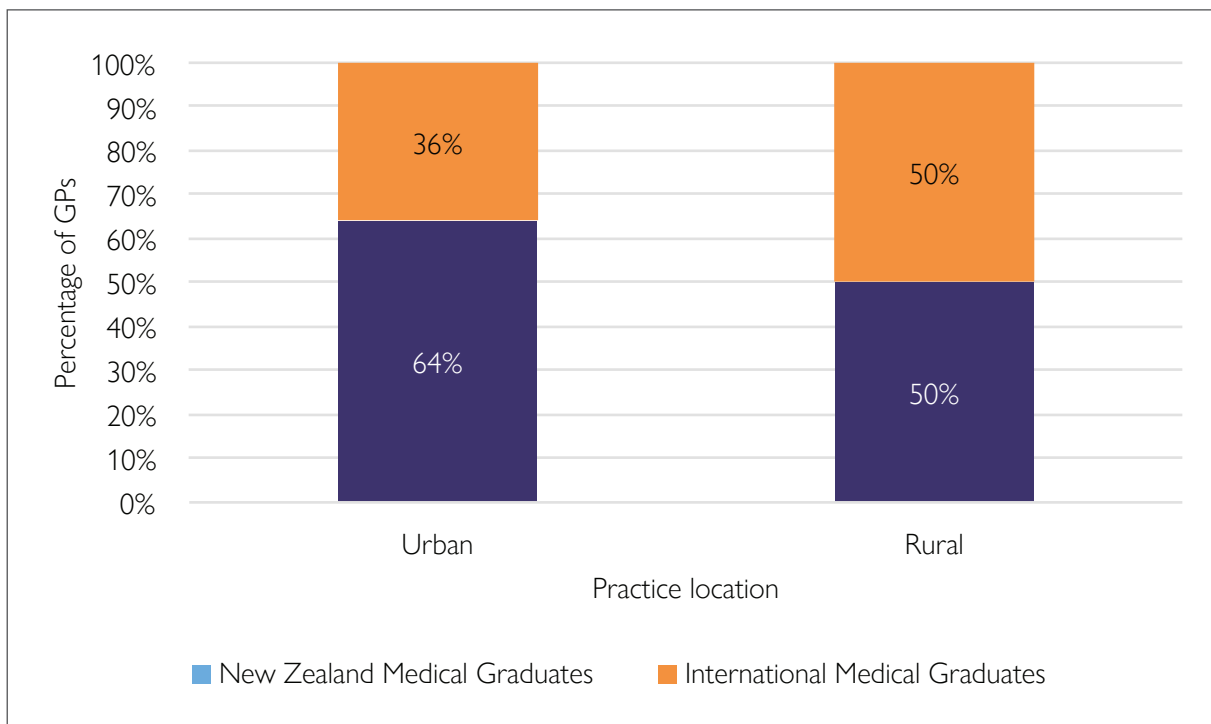
Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who stated they received their medical degree overseas.

When the profiles of New Zealand medical graduates and IMGs are compared, there are some significant differences by age and gender. For example, IMGs tend to be older, with only 17 percent of IMGs aged 39 years or younger compared with 27 percent of New Zealand medical graduates. Similarly, a smaller proportion of IMGs are female (50 percent compared with 57 percent of New Zealand medical graduates).

Aside from age and gender, another significant difference between IMGs and New Zealand medical graduates is with regard to practice location. Figure 5 shows that while 36 percent of GPs working in urban practices are IMGs, the percentage is considerably higher in rural practices (50 percent).

Figure 5: Origin of medical degree by practice location (n=1,813*)



Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those who provided a response.

GPEP REGISTRARS

Not surprisingly, the majority of the GPs who responded to this year's workforce survey are already Fellows of the College, which explains why (when asked) most state they are not enrolled in any vocational training programme (Table 5).

However, 26 percent state they are enrolled in the training programme towards Fellowship of the College – the General Practice Education Programme (GPEP)⁵. A small number are training towards Fellowships in Rural Hospital Medicine⁶ and Urgent Care.

Table 5: Vocational training (n=1,820)

Unweighted base =	Total 1,820 %
General Practice (GPEP)	26
Rural Hospital Medicine Training (RHM)	1
RNZCUC	1
Other	1
I am not enrolled in any vocational training programme	73

Source: RNZCGP-Workforce Survey, 2016.

Total may exceed 100% because of multiple responses.

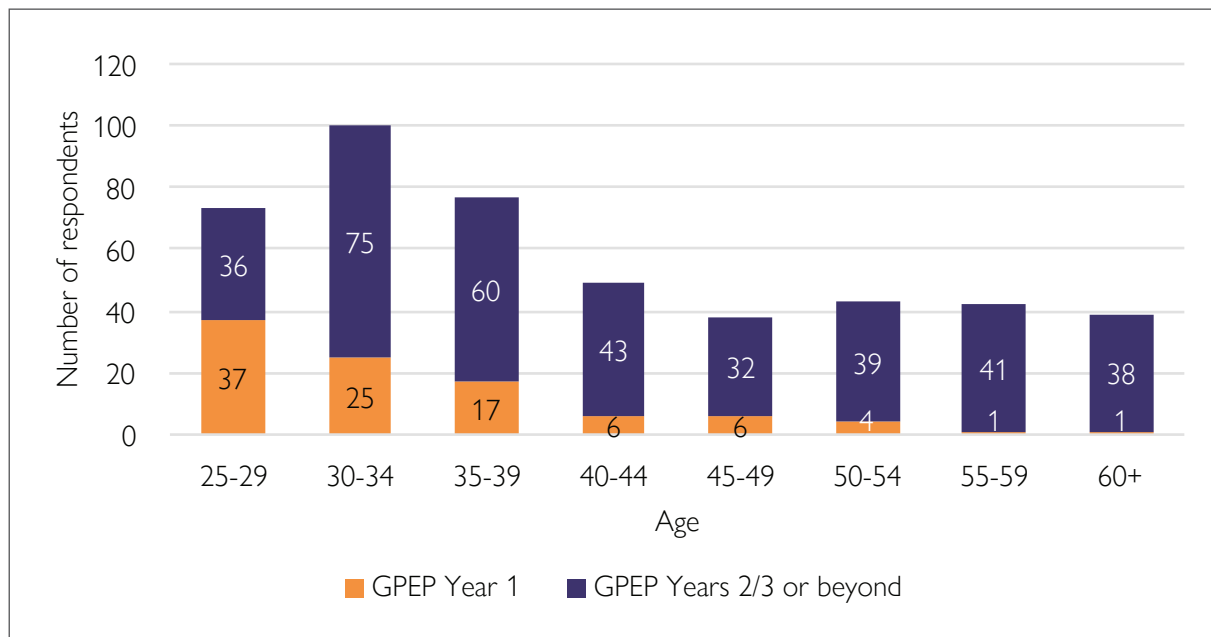
⁵ This proportion of GPEP trainees is higher than anticipated and suggests that the response rate among trainees was higher than that among GPs in general.

⁶ This figure does not include some rural hospital medicine registrars.

Twenty-one percent of respondents currently enrolled in the training programme towards Fellowship of the College state they are enrolled in GPEP1 and 79 percent in GPEP2/3.⁷

Figure 6 shows the age profile of respondents who are in GPEP training. The majority of GPEP1 registrars are between the ages of 25 and 39 years of age, with the median age being 31 years. Registrars enrolled in GPEP2/3 have an older profile, with a median age of 41 years.

Figure 6: Respondents in GPEP training by age (n=463*)



Source: RNZCGP-Workforce Survey, 2016.

*Sub-sample based on those respondents who stated they were a GPEP registrar.

Almost two-thirds (63 percent) of all GPEP registrars are female (Table 6). There are no significant differences between GPEP1 registrars and GPEP2/3 registrars on this basis.

Table 6: Respondents in GPEP training by gender (n=463*)

Unweighted base =	Total 463* %	Male 169 %	Female 288 %
GPEP1	21	20	22
GPEP2/3	79	80	78
Total	100	100	100

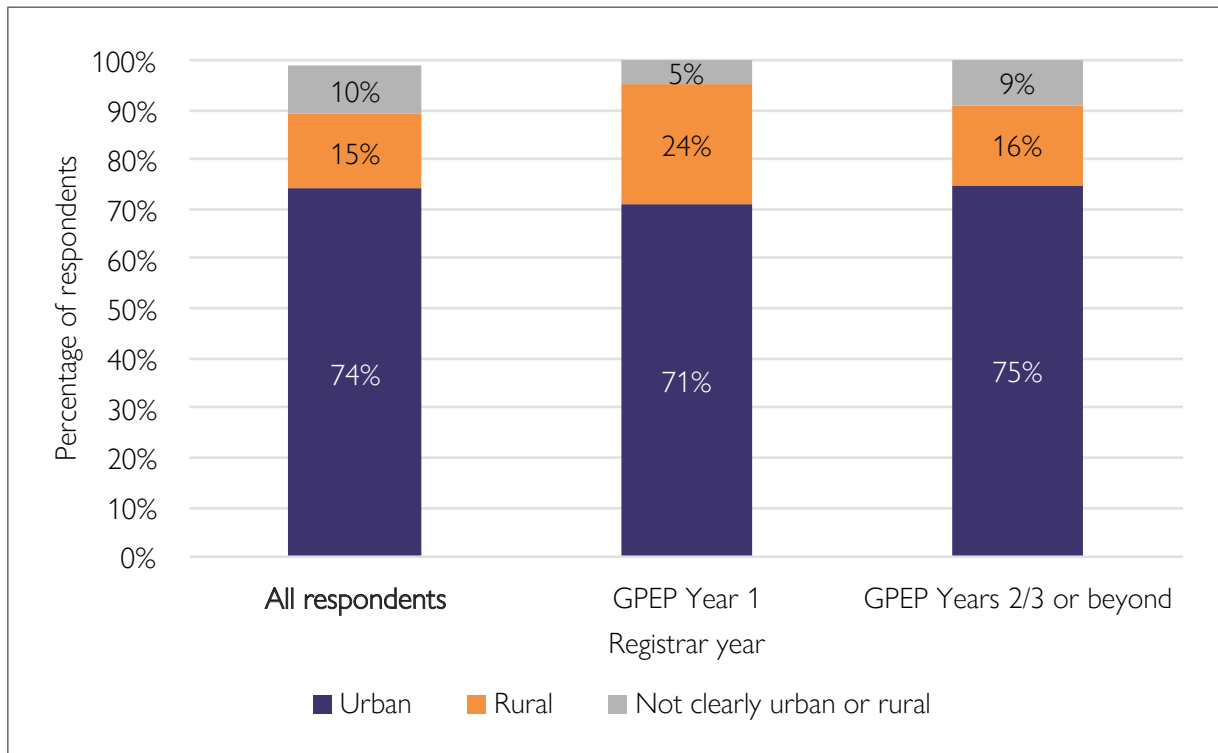
Source: RNZCGP-Workforce Survey, 2016.

*Sub-sample based on those respondents who stated they were enrolled in the GPEP training programme.

⁷ GPEP2/3 also includes registrars beyond their third year who have not yet completed programme requirements.

Figure 7 shows the practice location of those respondents who are currently enrolled in the training programme towards Fellowship of the College, compared with the practice location of all respondents. This shows that there are relatively few differences, with the exception of GPEP1 registrars, who are relatively more likely to be working in rural practices (24 percent). This may explain why a larger proportion of the rural workforce are in the 30–34-year age group compared with the urban workforce.

Figure 7: Respondents in GPEP training by practice location (n=1,816)



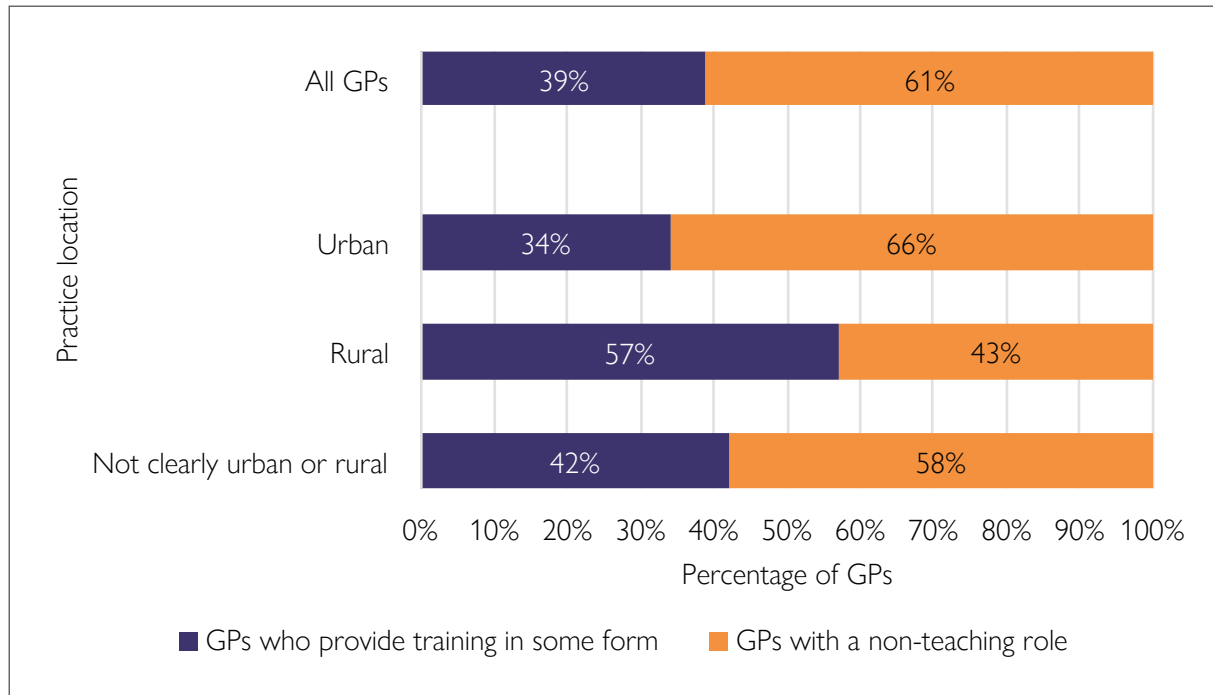
Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

TEACHING

Overall, 39 percent of all respondents state they are involved in medical training. While most of these GPs are working in urban practices, relatively speaking, a greater proportion of GPs working in rural practices are involved in training (57 percent compared with the 34 percent of GPs working in urban-based practices).

Figure 8: GP involvement in medical training (n=1,816)



Source: RNZCGP-Workforce Survey, 2016.
 Total may exceed 100% due to rounding.

Table 7 looks at GPs who were involved in medical training in some capacity. Three-quarters of those GPs (79 percent) stated they taught undergraduate medical students, while 24 percent stated they were GPEP1 teachers and 24 percent stated they provided supervision for GPEP2 registrars (Table 7).

Table 7: GPs involved in medical training (n=702*)

Unweighted base =	Sub-total 702* %
Teacher of undergraduate medical students	79
GPEP1 teacher	24
Supervisor of a registrar in GPEP2/3	24
GPEP medical educator	10
I teach as part of the Rural Hospital Medicine Training Programme	2

Source: RNZCGP-Workforce Survey, 2016.

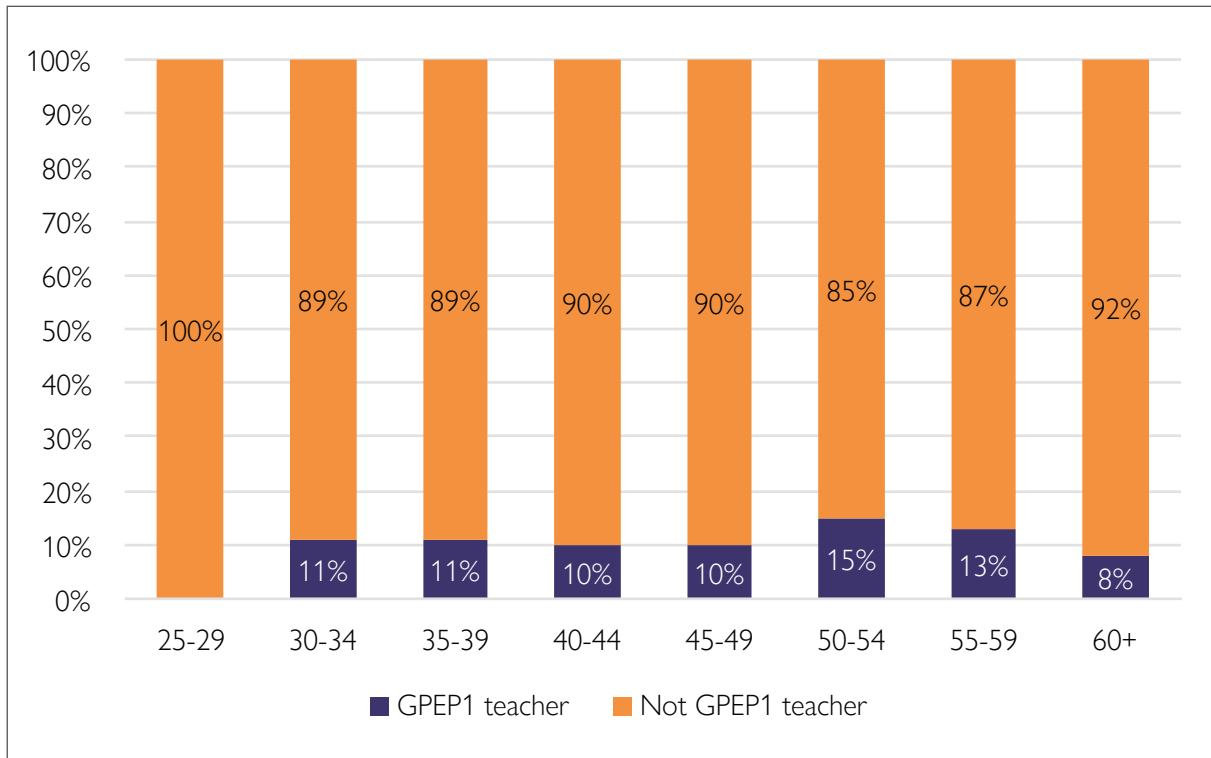
Total may exceed 100% because of multiple responses.

*Sub-sample based on those GPs who stated they provided some capacity of medical training.

These results reflect the fact that many GPs are providing medical training in more than one capacity. For example, 64 percent of GPEP1 teachers also teach undergraduate medical students, while 19 percent of those teaching undergraduate medical students are also GPEP1 teachers. This is even more pronounced in rural situations, with 91 percent of the 43 rural GPEP1 teachers also teaching undergraduate medical students.

Figure 9 shows the percentage of GPs in each age cohort who stated they provided training to GPEP1 students. Overall, 11 percent of GPs were GPEP1 teachers. GPs in the 50–54 and 55–59- year age groups were more likely to be teachers (15 percent and 13 percent respectively).

Figure 9: GPEP1 teachers by age (n=1,812*)

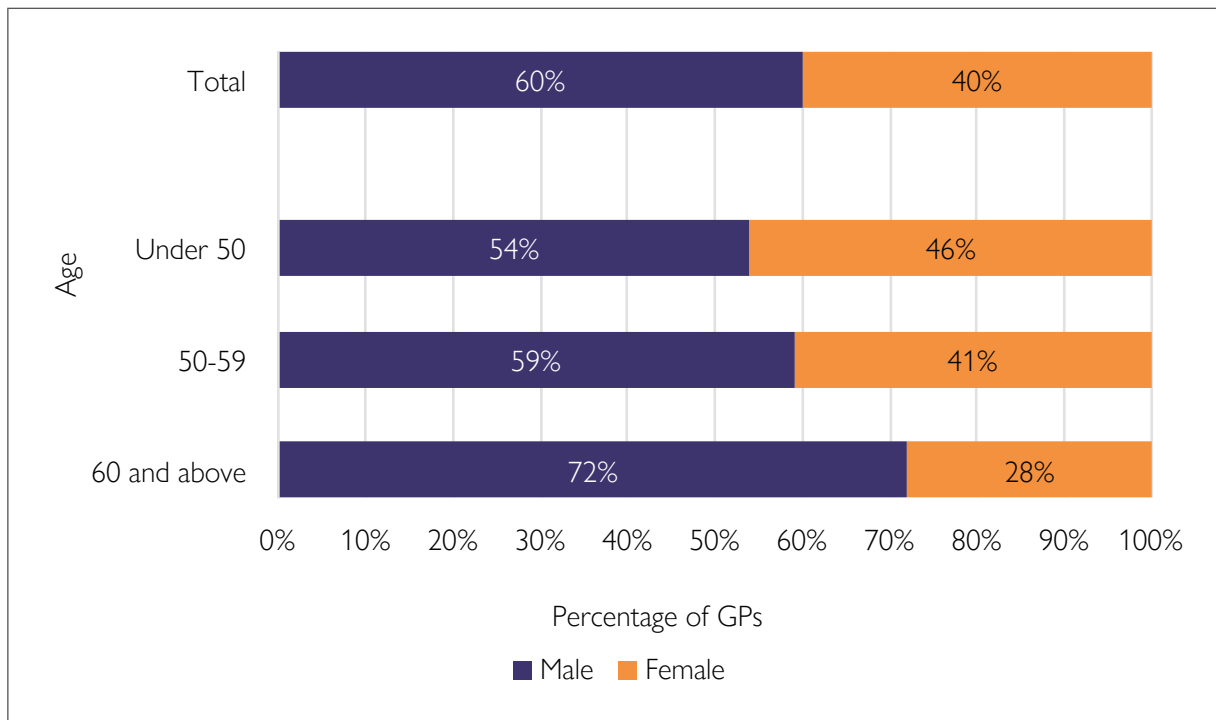


Source: RNZCGP-Workforce Survey, 2016.

*Sub-sample based on those GPs who provided a response.

When examined by gender, GPEP1 teachers are more likely to be male (60 percent compared with 40 percent who are female), although a greater proportion of younger GPs who are teaching are female (Figure 10). When considering the fact that older GPs are more likely to be male, it is not surprising to find that the older age groups of GPEP1 teachers are also predominantly male.

Figure 10: GPEP1 teachers by age and gender (n=167*)



Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those GPs who stated they were a GPEP 1 teacher

RETIREMENT

Table 8 shows a detailed breakdown of retirement intentions for all GPs who responded to the survey. Reflecting the results relating to the growing age of the GP workforce, this shows that 44 percent of all GPs plan to retire within the next 10 years. As mentioned earlier in this report, this is an important issue, considering the number of young GPs entering the workforce may not be sufficient to offset the decrease in numbers that this will cause.

This trend is also apparent when these results are compared with the previous two years' results. Since 2014, the proportion of respondents stating that they intend to retire within the next 10 years has increased from 36 percent to 44 percent, a function of an ageing workforce.

Table 8: Retirement intentions

Unweighted base =	Total 1,816 %		2016 %	2015* %	2014* %
1–2 years from now	8	Plans to retire within the next 10 years			
3–5 years from now	15		44	41	36
6–10 years from now	21				
11–15 years from now	19	No plans to retire within 10 years	56	59	64
16 years or more from now	37				
Total	100		100	100	100

Q37. Please indicate when you intend to retire from general practice.

Source: RNZCGP-Workforce Survey, 2016.

Source:* RNZCGP-Workforce Survey, 2015 and 2014.

Total may not sum to 100% due to rounding.

GPs planning to retire in the next 10 years were examined by several key variables, including gender, age, and practice location. A significantly greater proportion of the GPs who plan to retire in the next 10 years are males compared with the total GP workforce (57 percent and 46 percent respectively) (Table 9). This reflects the fact that older GPs are more likely to be male and that younger GPs are increasingly female.

Table 9: Retirement intentions by gender

Unweighted base =	Total 1,796* %	Intending to retire within the next 10 years 793 %
Male	46	57
Female	54	43
Total	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those GPs who specified their gender.

Table 10 shows that 48 percent of those GPs who plan to retire in the next 10 years are aged 60 years and over, with only seven percent aged under 50.

Table 10: Retirement intentions by age (n=1,816)

Unweighted base =	Total 1,816 %	Intending to retire within the next 10 years 800 %
Under 50	43	7
50–59	35	45
60 or over	22	48
Total	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

It is also important to note that a greater proportion of the rural GP workforce plans to retire in the next 10 years compared with urban-based GPs (48 percent and 43 percent respectively) (Table 11). This is important to note in terms of providing continuing GP services in rural areas, given the fact that the lack of mid-career GPs (particularly those aged 45–49 years) is even more pronounced among GPs in rural practices (as illustrated in Figure 3).

Table 11: Retirement intentions by practice location (n=1,816)

Unweighted base =	Total 1,816 %	Urban 1352 %	Rural 280 %
1–2 years from now	8	7	11
3–5 years from now	15	15	14
6–10 years from now	21	21	23
11–15 years from now	19	20	14
16 years or more from now	37	37	38
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

Table 12 shows 46 percent of all GPs with a teaching role intend to retire in the next 10 years, which is slightly higher than the retirement intentions of all GPs (44 percent). The proportion of GPEP1 teachers who intend to retire in the next 10 years is slightly higher still (48 percent).

Table 12: Retirement intentions of GPEP1 teachers

Unweighted base =	Total 1,816 %	All GPs with a teaching role 702 %	GPEP 1 teachers 167 %
1–2 years from now	8	6	5
3–5 years from now	15	16	11
6–10 years from now	21	24	32
11–15 years from now	19	22	25
16 years or more from now	37	32	27
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

REDUCING HOURS IN GENERAL PRACTICE

In addition to being asked when they planned to retire, GPs were also asked when they were planning to reduce the number of hours worked in preparation for retirement. One-third of respondents who stated they intended to retire within the next 10 years (32 percent) reported that they had already started to reduce their hours in preparation for retirement, and a further 51 percent stated they were likely to do this within the next five years (Table 13).

With a large proportion of the workforce considering retirement, and many of these GPs having already reduced their hours or are considering doing so, it is possible that service levels will be affected.

Table 13: Intentions to reduce hours in preparation for retirement (n=800*)

Unweighted base =	Sub-total 800* %
I am approaching retirement and have already reduced my hours	32
In the next 2 years	26
In 3–5 years	25
Not for at least 6 years	17
Total	100

Q38. When are you most likely to reduce the number of hours you practise as you move towards retirement?

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those GPs who stated they plan to retire within the next 10 years.

The potential service impact becomes even more apparent when the same GPs who are planning to retire within the next 10 years were asked how the number of hours they plan to work in five years' time (2021) compares with the hours they currently work. Seventy-nine percent of these GPs stated it was likely they would be working fewer hours, while only one-fifth (20 percent) stated it was likely they would be working similar hours per week (Table 14).

Table 14: Working hours intentions for 2021 (n=800*)

Unweighted base =	Sub-total 800* %
More hours per week than at present	1
A similar number of hours per week	20
Fewer hours per week	79
Total	100

Q39. In five years' time (2021), which one of the following is the most likely to describe how many hours per week you will be practising?

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those GPs who stated they plan to retire within the next 10 years.

METHODOLOGY

The 2016 Workforce Survey was conducted in May and June 2016. 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, Research New Zealand worked closely with College staff and an advisory group comprising a GP, an Otago University academic and a Health Workforce New Zealand staff member.

In total, 4,686 fellows, members and associates of the College and the Division of Rural Hospital Medicine received an email invitation with a link to the online survey. A reminder email was sent to those who had not responded one week later. To boost the final participation rate, two more follow-up emails were sent in the subsequent weeks.

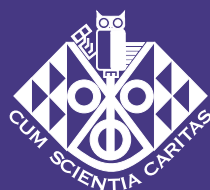
The College database, which includes the vast majority of doctors working in New Zealand general practice, was used to identify and contact survey recipients. It should be noted that in New Zealand doctors are legally able to work in general practice without the additional training required for vocational (specialist) registration, and these non-vocationally registered doctors are not usually included in the College database.

A total of 2,087 valid responses were received by the survey close-off date, giving a response rate of 44.5 percent. This included eight incomplete responses which were included in the analysis, given that the answers to only a small number of the survey questions were missing.

Approximately 100 respondents stated they had only worked in rural hospital medicine and these respondents were excluded from the analysis. Additionally, some respondents were doctors that were not part of the current workforce (e.g. they were retired or were working overseas). These respondents were also excluded from the analysis. As a result, unless otherwise specified, the data and analysis in this report is based on the responses to the survey questions of 1,820 respondents who stated they had worked in general practice in New Zealand in the three months prior to the survey.

A comparison of the age and gender profile of survey respondents to the age and gender profile of those on the College database was also undertaken. As this showed a close match between the two profiles, the survey data has not been weighted to correct for any variations. Subsequent analysis revealed that the proportion of GPEP trainees among respondents was higher than expected. Future surveys will be analysed to ascertain whether there is a need to weight data to correct for this.

Therefore, all data in this report is presented on an unweighted basis. Not all questions were compulsory and the survey was structured so that respondents were not asked questions that were not relevant to them. Therefore, the totals in the tables differ according to the number of doctors who responded to the relevant question.



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

www.rnzcgp.org.nz