



The New Zealand Medical Workforce in 2006

Contents

1	Introduction
3	Response
4	Size of the medical workforce
5	Work type and postgraduate training
7	Workloads
10	Geographical distribution of GPs
13	Ethnicity
15	Gender
18	International medical graduates
19	Retention of New Zealand doctors
20	Retention of international medical graduates
24	Survey method
26	Further information
26	Acknowledgments

Introduction

This report summarises the most relevant results of the 2006 workforce survey by the Medical Council of New Zealand. It follows *The New Zealand Medical Workforce in 2005* in presenting information on changes in the medical workforce and retention of doctors.

The Medical Council has collected medical workforce data every year for 30 years. Summaries have been published by the Council and also by the Ministry of Health and the Clinical Training Agency (1995).

The data for the 2006 workforce survey were collected under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The terminology may differ from that used in previous years, when the Medical Practitioners Act 1995 (MPA) was in force.

The Ministry of Health can provide more detailed analysis of this survey. Discuss your individual information needs with the Analytical Unit of the New Zealand Health Information Service.

Summary

The size of the workforce increased

Survey results indicate that the number of doctors in active employment in 2006 increased by just over nine percent to 9,547. However, this increase is probably due to the 2005 response rate being lower than usual.

Using registration data to estimate the annual growth in the number of active doctors shows an increase in the active workforce of 6.1 percent from 2005 to 2006.

Survey data show there was one active doctor for every 434 people in the New Zealand population, but one full-time equivalent (FTE) position for every 384 people. In other words, the average active doctor works more than full time.

No change in age of doctors

The mean age and median age for all doctors were both unchanged at 44 years.

New Zealand-trained doctors were on average slightly younger than international medical graduates (IMGs) – 43 years compared to 45 years.

The average age of women doctors was 40 years, compared to 46 for men.

The mean age of Māori doctors was 40 years, and of Pacific Island doctors was 41 years.

More women in most areas

The proportion of women doctors increased to 37 percent of the total workforce; 57 percent of house officers; 43 percent of GPs; and 32 percent of specialists including GPs. Women made up only 24 percent of specialists when GPs were excluded.

IMGs play important role in workforce

The proportion of international medical graduates (IMGs) rose by just under three percent to 40 percent of the workforce. They made up 31 percent of house officers, 41 percent of GPs, and 40 percent of specialists including GPs.

These increases may result from the change to the sampling frame of the questionnaire (see “Method” section). So rather than representing an increase, the 2006 figures most likely give a more accurate picture of the role of IMGs in the medical workforce.

Māori and PI peoples underrepresented

The proportion of Māori doctors dropped slightly to 2.5 percent from 2.6 percent in 2005, while Pacific Island doctors increased slightly to 1.6 percent from 1.5 in 2005.

Both of these groups continue to be markedly underrepresented compared to their proportion in the population. The 2006 census indicates that 14.6 percent of New Zealand residents identify as Māori and 6.9 percent identify as Pacific Island peoples.

Response to the survey

For the 2006 workforce survey, survey forms were sent out to 11,662 doctors with New Zealand addresses. Eighty-six percent (10,035) responded.

The response rates for both 2005 and 2006 were lower than in previous years. This decrease is likely due to the introduction of the HPCAA.

In the past, workforce survey forms were not sent to doctors holding temporary registration. Now, under the HPCAA, some doctors who are only in New Zealand for a limited time are also asked to complete the survey.

Because of this, the sampling frame now better represents New Zealand's medical workforce and acknowledges the contribution of IMGs.

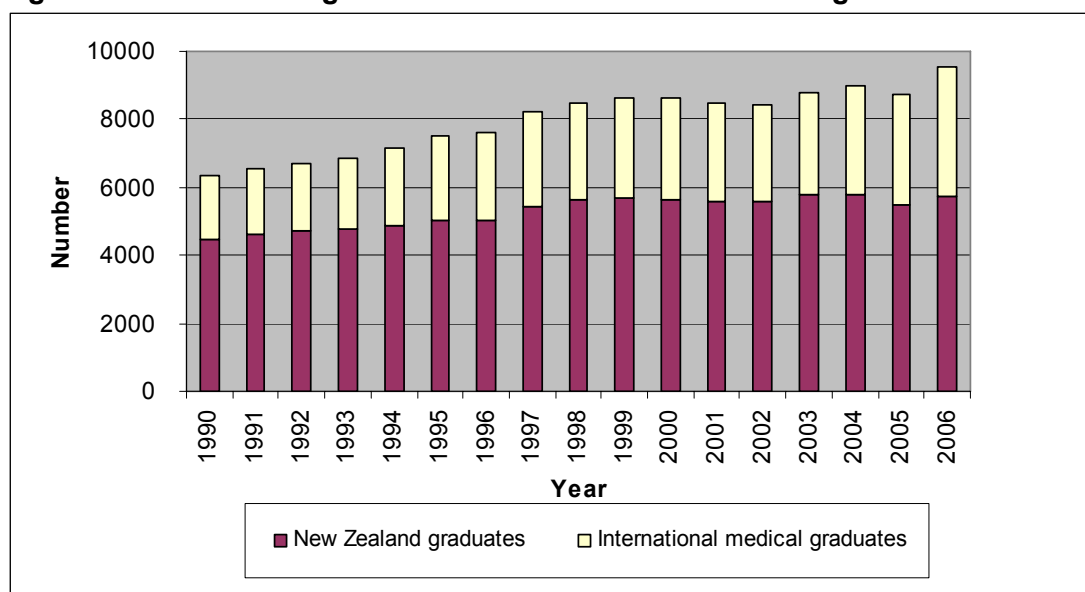
The results in this report include only the 9,547 "active doctors" – that is, those working four or more hours a week, as shown in Table 1. However, there may be doctors in active employment who did not respond to the survey. No allowance has been made in figures for the response rate.

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

	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006
Growth per year:											
– measured by survey responses	-	-	-	4.9	0.0	-1.4	-1	4.6	2.2	-2.8	9.2
– measured by registration data	-	-	-	6.3	2.6	-2.5	7.6	2.9	4.2	2.9	6.1
Graduated from:											
– New Zealand	3266	4095	4480	5024	5645	5567	5608	5796	5788	5459	5743
– overseas	1615	1461	1859	2506	2970	2924	2795	2994	3203	3287	3813
Total workforce (survey response)	4881	5556	6339	7530	8615	8491	8403	8790	8991	8746	9547
% IMGs	33.1	26.3	29.3	33.3	34.5	34.4	33.3	34.1	35.6	37.5	39.9
Total workforce (registration data)	-	-	-	-	9779	9770	10605	10857	11253	11578	12283
Short-term registrants ³	-	-	165	129	421	646	789	758	731	287	119
Percent of workforce	-	-	2.5	1.7	4.3	6.6	7.4	7.0	6.5	2.5	1.0
Average age of workforce	-	-	42	41	43	43	43	43	44	44	44

- 1 Growth per year is the percentage change in total workforce numbers year to year
- 2 Data are five-yearly up to 2000 then annually. Some earlier data are not available.
- 3 Short-term registrants are not asked to complete the workforce survey. In the years 2003 and prior, this number also represents doctors holding temporary registration under the MPA 1995. In the years 2004 and after, it represents a combination of doctors holding temporary registration under the MPA and doctors with a special purpose scope of practice under the HPCAA. Data are from the Medical Register
- 4 The total workforce according to registration data is calculated by combining the number of survey forms sent out to doctors with New Zealand addresses during the workforce survey period and the number of short-term registrants on the register as at 31 March of the survey period.

Figure 1: New Zealand graduates and international medical graduates



Size of the medical workforce

The workforce increased in 2006 to 9,547 active doctors, up 9.2 percent from 2005.

Using registration data, the active workforce increased by 7.7 percent from 2005 to 2006. This may be a more reliable way of estimating the annual growth in the number of active doctors than comparing survey responses.

Trends in primary care are not adequately picked up when measured by capacity, as many doctors working in primary care give their capacity as general practitioners. To show these changes, numbers by type of work at the doctor's main work site are shown in Table 2 for these two groups.

Based on the workforce survey:

General practitioner numbers increased by 6.2 percent and are now beginning to approach the year 2000 level of 3,166.

House officer numbers increased by 12.3 percent and have now passed the year 2000 level for the first time.

Medical officer numbers continue to increase steadily and are up 18.8 percent since 2002. Only 17 percent of medical officers reported being in vocational training, and 84 percent listed public hospital as their main workplace.

Forty-one percent of medical officer hours were spent in emergency medicine or psychiatry, with the next largest work type being internal medicine (12.5 percent).

Fifty-nine percent of medical officers were international medical graduates and 44 percent were women.

Primary care other than GP shows no change from 2003. Sixty-seven percent of doctors working in primary care other than general practice were New Zealand-trained, and 39 percent were women.

Registrars continue their steady year-by-year increase with numbers up 10.2 percent from 2005.

Table 2: Changes in the medical workforce

Workforce role	Active doctors ¹ 2000	Active doctors ¹ 2001	Active doctors ¹ 2002	Active doctors ¹ 2003	Active doctors ¹ 2004	Active doctors ¹ 2005	Active doctors ¹ 2006	Percentage Change 2005 to 2006
General practice	3,166	3,037	2,917	3,006	3,013	2924	3106	6.2
House officer	894	760	774	842	816	811	911	12.3
Medical officer	277	289	277	303	315	307	329	7.2
Primary care other than GP	190	171	166	138	138	157	181	15.3
Registrar	1,227	1,242	1,238	1,319	1,338	1365	1504	10.2
Specialist (not including GP)	2,653	2,725	2,723	2,873	2,946	2940	3175	8.0
Other	206	233	252	244	314	207	248	19.8
No Answer	2	34	56	65	111	35	93	165.7
Total	8,615	8,491	8,403	8,790	8991	8746	9547	9.2

Work at main site	Active doctors 2000	Active doctors 2001	Active doctors 2002	Active doctors 2003	Active doctors 2004	Active doctors 2005	Active doctors 2006	Percentage Change 2005 to 2006
General practice	2701	2553	2597	2715	2745	2737	2843	4
Primary care other than GP	695	704	480	387	374	261	292	12
Total	3396	3257	3077	3102	3119	2998	3135	5

1 Headcount

Work type and vocational training

The change in work type since 2005 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 definition of training towards vocational registration.

Considering only the larger categories of work type (those with more than 75 doctors), there were significant increases in accident and medical practice (12 percent), emergency medicine (26 percent), internal medicine (10 percent), obstetrics and gynaecology (11 percent), psychiatry (10 percent) and orthopaedic surgery (17 percent). There was a 25 percent decrease in urology (from 25 to 20).

Table 3. Vocational groups at main work site (house officers excluded)¹

Work type at main work site ²	No. of doctors in main work site 2006	No. of doctors in main work site 2005	Percent change 2005 to 2006	Average hours worked (all sites) ³	No. in vocational training ⁴	Average age 2006	Vocational registration current APC NZ address
Accident and medical practice	121	106	12	38	39	41	33
Anaesthesia	603	572	5	49	164	43	377
Basic medical science	31	37	-19	49	0	51	13
Breast medicine	8	5	38	33	*	44	4
Clinical genetics	5	4	20	44	0	45	*
Dermatology	48	43	10	45	5	49	41
Diagnostic and interventional radiology	277	267	4	46	49	45	206
Emergency medicine	285	212	26	43	114	38	91
Family planning and reproductive health	26	28	-8	28	6	49	10
General practice	2843	2737	4	40	563	47	1731

	70	55	21	53	21	42	35
Work type at main work site²	No. of doctors in main work site 2006	No. of doctors in main work site 2005	Percent change 2005 to 2006	Average hours worked (all sites)³	No. in vocational training⁴	Average age 2006	Vocational registration current APC NZ address
Intensive care medicine							
Internal medicine	899	806	10	50	245	43	454
Medical administration	42	40	5	43	*	52	24
Musculoskeletal medicine	13	8	38	45	*	54	11
Obstetrics and gynaecology	262	234	11	49	55	45	169
Occupational medicine	65	50	23	44	14	51	51
Ophthalmology	124	114	8	45	16	47	90
Paediatrics	323	304	6	48	101	42	160
Palliative medicine	38	38	0	37	6	51	23
Pathology	207	192	7	43	47	46	139
Primary care	292	261	11	38	51	51	158
Psychiatry	589	530	10	44	170	46	312
Public health medicine	183	176	4	40	34	46	112
Radiation oncology	48	41	15	52	16	43	28
Rehabilitation medicine	15	14	7	41	6	45	7
Sexual health medicine	29	26	10	30	5	46	13
Sports medicine	18	14	22	44	4	46	14
Surgery: cardiothoracic	34	25	26	57	*	45	19
Surgery: general	256	233	9	55	80	43	137
Surgery: neurosurgery	26	14	46	55	6	45	14
Surgery: orthopaedic	282	234	17	54	66	44	168
Surgery: other	44	29	34	51	*	44	30
Surgery: otolaryngology	90	85	6	47	13	47	62
Surgery: paediatric	22	22	0	55	*	44	13
Surgery: plastic	53	54	-2	54	15	44	29
Surgery: vascular	47	20	57	52	6	46	33
Urology	20	25	-25	57	4	43	14
Not answered	357	189	47	45	0	39	106
Other	88	65	26	40	0	50	50
Grand Total	8783	7655	13	45	1936	45	4828

¹ Includes registrars, medical officers and others not on the vocational register

² Based on vocational groups, except for categories "basic medical science" "primary care other than GP" and "other surgical sub-specialties"

³ Totals exclude House Officer rotation.

⁴ The vocational training work type may be different from the work type at the main work site

* To prevent identification of individuals, categories which contain fewer than four doctors are omitted. The data has been replaced in the table with an asterisk (*)

Workloads

Hours worked

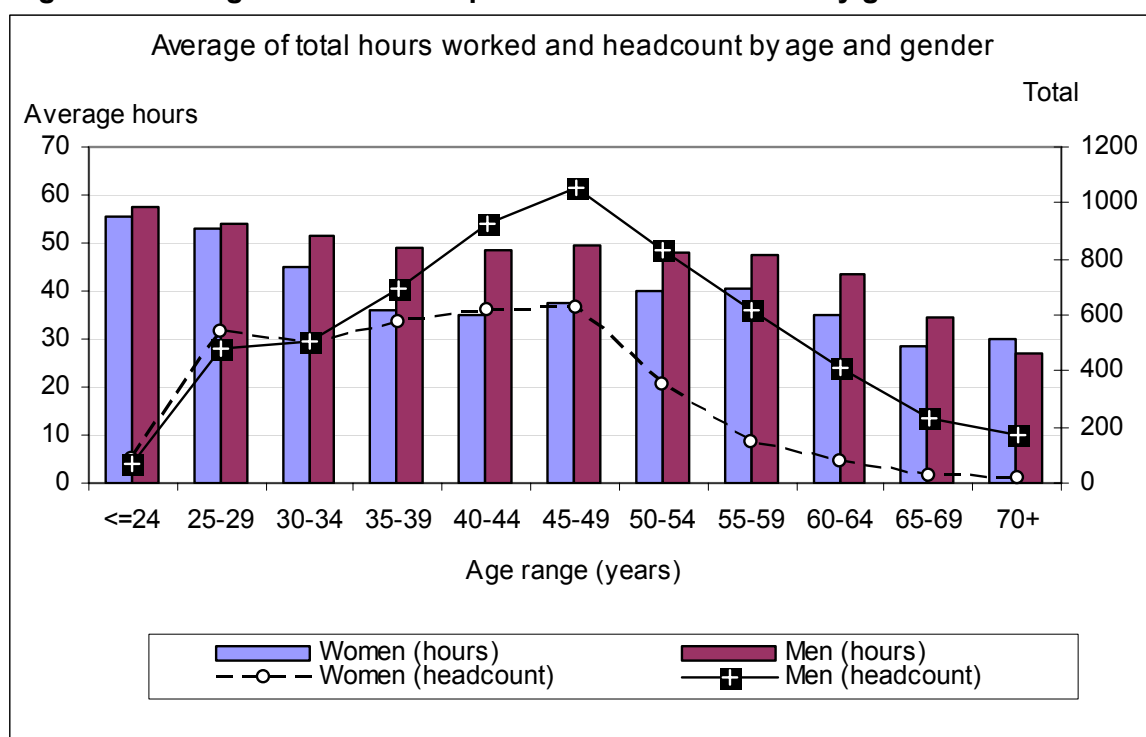
The mean number of hours worked by all active doctors was 45.3 hours a week. Table 4 shows mean hours were highest for doctors aged 24 years or younger, at 56.4 hours a week.

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

Gender	Age Range											All ages, average hours
	<=24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Women	55.7	52.9	44.9	36.0	35.2	37.3	39.9	40.7	35.2	28.5	29.9	40.9
Men	57.3	53.9	51.5	48.9	48.6	49.6	48.1	47.7	43.6	34.6	26.8	47.9
Total	56.4	53.4	48.2	43.1	43.3	45.0	45.7	46.4	42.3	34.0	27.1	45.3

Figure 2 shows women doctors in their twenties work an average of 53–56 hours a week. The average dropped to 35.6 hours a week for the 35–44 age bracket, increased to 40.7 hours for the 55–59 years, and declined for the over-60s.

Figure 2: Average hours worked per week and headcount by gender



For men, the mean hours remained above 50 hours a week until 35–39 years. In the 40–44 age group, the difference between the average hours of men and women was greatest, with men working 38 percent more hours a week on average than women.

The average weekly hours worked continued to decrease, dropping to 45.3 in 2006 from 45.5 in 2005, down from 47.6 in 2001. Table 5 shows the average hours a week worked between 2000 and 2006 by gender. This information is self-reported, includes specialists in private practice, and is not benchmarked against DHB employment data.

Table 5: Average hours worked by gender and year (2000-2006)

Gender	Year						
	2006	2005	2004	2003	2002	2001	2000
Women	47.9	48.3	48.5	49.0	49.6	50.4	49.9
Men	40.9	40.6	40.9	40.7	41.3	41.7	41.2
Total	45.3	45.5	45.8	46.2	46.8	47.6	47.1

Hours on call

When completing the workforce survey, doctors are asked to record all hours they actually worked in an average week, including those on call, as “hours worked”. So “hours on call” counts only those hours when they were on call but not working.

Table 6 shows workforce roles by on-call hours. The distribution of doctors on call ranges from 69 percent of doctors with no time on call, to 13 percent who were on call for 20 or more hours.

Table 6: Proportion of doctors by on-call hours grouped in each work role

On-call hours grouped	Primary care other than GP						
	General practice	House officer	Registrar	Medical officer	Specialist	Other	
No on-call hours	72	87	94	84	78	47	87
1–4	6	2	0	1	1	4	1
5–9	5	2	2	3	3	7	3
10–19	8	2	3	6	8	17	4
20–49	7	7	1	4	8	20	3
50 and more hours	3	1	0	2	2	5	2
Total	100	100	100	100	100	100	100

The differences were most marked in the specialist group, where 42 percent were on-call more than 10 hours per week.

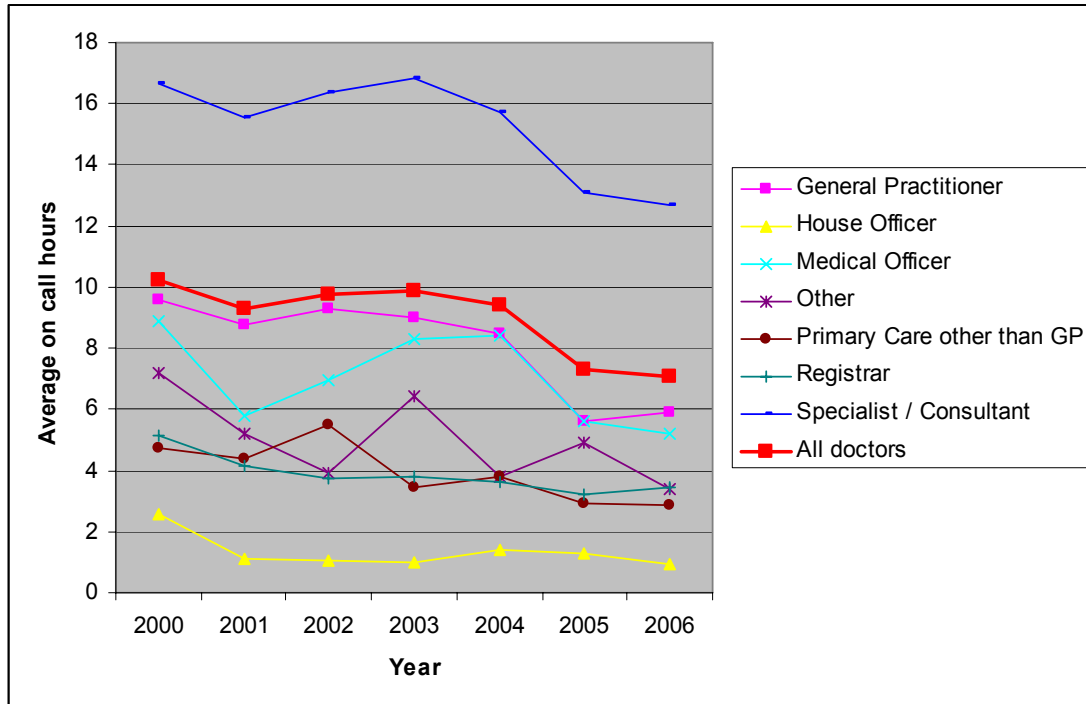
Of the specialists who were on-call for more than 10 hours per week, 82.5 percent gave a public hospital as their main place of work (Table 8).

Table 8: Number of doctors on call for 10 or more hours a week

Main employer	Specialist	Total all work roles
Commercial company	12	22
Government department / agency	9	26
Professional body	0	2
Group private practice	89	480
Private hospital	30	39
Public hospital	1082	1345
Solo private practice	68	183
University / polytechnic	22	40
No answer	2	5
Other	14	48
Grand total	1312	2137

Figures 3 and 4 show that, in general, on-call hours across all work roles and employer types are decreasing, except for general practitioners and registrars where there was a slight increase.

Figure 3: Average on call¹ hours by site 1 work capacity



¹ On-call hours are defined as hours when the doctor was on call, but not actually working.

Geographical distribution of GPs

District health boards

The number of full-time equivalent GPs per 100,000 head of population ranged from 54 for Counties-Manukau and 55 for the West Coast to 92 for Auckland and 91 for Otago (Table 9).

The biggest increases over the last 2 years in FTE GPs per 100,000 people occurred in Tairāwhiti, where the number rose from 73 to 84, and Wanganui, where it rose from 66 to 76.

The biggest decreases over the last 2 years occurred in Hutt, where the number fell from 67 to 60, Counties-Manukau, where it fell from 61 to 54, and West Coast, where it fell from 61 to 55.

Table 9: GP workforce by DHB locality of main work site

DHB locality	Number of GPs	2006			2005	2004
		FTEs for GPs at all work sites	DHB locality population	FTEs for GPs per 100,000 population	FTEs for GPs per 100,000 population	FTEs for GPs per 100,000 population
Northland	121	127	149550	85	76	81
Waitemata	321	306	501500	61	57	60
Auckland	422	395	430700	92	83	91
Counties-Manukau	241	238	441800	54	58	61
Waikato ¹	251	249	346890	72	71	74
Bay of Plenty	155	149	198720	75	70	70
Lakes	86	80	101600	79	67	70
Tairāwhiti	33	38	44500	84	78	73
Hawkes Bay	105	108	150580	72	67	68
Taranaki	78	76	105160	72	67	65
Midcentral	89	99	155450	64	58	69
Wanganui	41	44	57550	76	82	66
Wairarapa	23	26	39220	66	64	65
Hutt	88	83	138400	60	54	67
Capital and Coast ²	238	223	287000	78	79	77
Nelson-Marlborough	107	101	136800	74	72	75
West Coast	17	17	30530	55	52	61
Canterbury	403	382	478100	80	78	82
Otago	155	158	174900	91	81	91
South Canterbury	37	43	53600	81	81	76
Southland ³	95	90	117250	76	66	71
Total	3106	3030	4139800	73	70	73

¹Includes all TLA Ruapehu

²Includes all TLA Kapiti

³Includes all TLA Queenstown-Lakes

⁴Note: the calculation of GP FTE includes all hours recorded at site 1, site 2 and site 3 where the work role was GP for that work site.

Territorial local authorities

Territorial authorities with 50 or fewer full-time equivalent GPs per 100,000 people were Waitakere City, Franklin District, Waikato District, South Waikato District, Waitomo District, Kawerau District, Opotiki District, Wairoa District, Horowhenua District, Carterton District, Kaikoura District, Waimakariri District, and Southland District (Table 10).

Territorial authorities with more than 90 full-time equivalent GPs per 100,000 people were Auckland City, Tauranga City, Nelson City, Dunedin City, Invercargill City, Thames Coromandel District, Stratford District, Masterton District, Hurunui District and MacKenzie District (Table 10).

All doctors working in the Kawerau, Wairoa and MacKenzie districts were international medical graduates. Whakatane, South Taranaki, Horowhenua and Clutha Districts also had a high proportion of IMGs (more than 75 percent).

Opotiki and Kaikoura districts had no IMGs, and Wellington City, Manawatu District and Waimakariri District had less than 30 percent.

Table 10: Medical workforce by territorial authority of main work site

Site1 territorial authority ¹	No. of GPs	FTEs GPs	FTE GPs per 100 000	Ave hours GPs	No. of all doctors	Doctors per 100 000	IMG doctors % of all	Territorial authority pop'n ²
Cities								
North Shore City	166	152	71	37	516	240	36	215300
Waitakere City	101	97	50	39	163	84	36	194700
Auckland City	422	395	92	38	1999	464	34	430700
Manukau City	187	183	54	40	558	164	41	339400
Hamilton City	118	113	84	39	598	447	47	133700
Tauranga District	103	96	91	38	294	277	40	106100
Napier City	48	48	86	42	115	203	47	56600
Palmerston North City	59	64	81	44	287	363	48	79000
Porirua City	28	28	55	40	54	107	44	50700
Upper Hutt City	30	28	72	36	35	92	40	38000
Lower Hutt City	58	55	55	38	201	200	42	100400
Wellington City	174	159	84	37	783	415	29	188500
Nelson City	45	42	92	39	153	330	36	46400
Christchurch City	340	310	86	37	1139	316	35	360500
Dunedin City	118	117	95	40	495	403	35	122900
Invercargill City	60	56	110	39	149	293	53	50800
Districts								
Far North District	46	52	89	48	60	103	62	58200
Whangarei District	63	62	85	43	211	288	49	73300
Kaipara District	12	13	72	40	12	66	58	18050
Rodney District	54	56	61	43	70	77	47	91500
Papakura District	28	28	63	41	37	84	32	43900
Franklin District	26	27	46	39	30	51	53	58500
Thames Coromandel District	25	25	93	44	39	146	64	26800
Hauraki District	11	10	63	45	11	66	64	16650
Waikato District	19	21	48	46	26	61	58	42800
Matamata-Piako District	18	19	64	40	23	76	48	30300
Waipa District	33	33	77	41	37	87	54	42700
Otorohanga District	6	8	82	45	8	85	38	9450

Site1 Territorial Authority1	No. of GPs	FTEs GPs ³	FTE GPs per 100 000	Average hours GPs	No. of all doctors	Doctors per 100 000	IMG doctors % of all	Territorial authority pop'n ²
South Waikato District	11	11	48	40	12	54	58	22300
Waitomo District	5	4	42	50	9	94	67	9540
Taupo District	25	23	68	39	30	88	47	34100
Western BOP District	21	23	53	48	22	51	55	42900
Rotorua District	61	57	84	39	180	267	44	67500
Whakatane District	27	26	77	44	64	189	81	33900
Kawerau District	*	*	40	38	*	47	100	6420
Opotiki District	*	*	16	20	*	11	0	9400
Gisborne District	33	38	84	45	76	171	53	44500
New Plymouth District	53	49	70	40	175	251	49	69600
Stratford District	8	9	107	53	8	95	63	8460
South Taranaki District	17	18	66	46	21	77	86	27100
Ruapehu District	5	6	51	64	9	71	56	12650
Wairoa District	*	4	43	53	*	36	100	8230
Hastings District	47	49	68	42	152	212	33	71800
Cent. HB District	7	7	54	42	8	61	75	13200
Wanganui District	33	35	80	45	99	229	71	43200
Rangitikei District	8	9	63	45	10	70	50	14350
Manawatu District	14	17	59	49	30	105	23	28500
Tararua District	9	9	51	44	10	57	50	17450
Horowhenua District	7	9	30	57	14	46	79	30500
Kapiti Coast District	36	36	76	38	43	90	51	47800
Masterton District	20	23	100	43	46	198	57	23200
Carterton District	*	*	39	46	*	42	33	7210
South Wairarapa District	0	0	0	-	0	0	0	8810
Tasman District	31	28	59	39	38	81	47	47200
Marlborough District	31	30	70	43	53	123	40	43200
Kaikoura District	*	*	25	43	*	28	0	3600
Buller District	6	6	65	44	7	73	71	9570
Grey District	9	8	60	45	30	229	37	13100
Westland District	*	*	32	49	*	25	50	7860
Hurunui District	9	11	98	50	18	164	56	11000
Waimakariri District	17	19	45	47	23	53	26	43100
Selwyn District	21	22	67	35	22	67	50	32700
Ashburton District	15	19	70	46	29	107	31	27200
Timaru District	30	35	81	48	89	207	44	42900
Mackenzie District	*	4	108	81	*	54	100	3710
Waimate District	5	5	65	47	5	72	60	6990
Waitaki District	14	15	76	45	19	96	58	19700
Cent. Otago District	13	14	89	49	23	151	35	15250
Queenstown-Lakes District	18	15	62	35	23	93	48	24800
Clutha District	10	13	79	47	13	76	77	17050
Southland District	11	11	38	38	12	41	75	29400
Gore District	6	7	57	44	7	57	43	12250
Total	3,106	3,030	73	37	9,547	231	40	4139800

¹ To prevent identification of individuals, categories which contain fewer than four doctors are omitted. The data have been replaced in the table with an asterisk (*)

² Statistics NZ, estimated resident population as at 30 June 2006

³ Note: the calculation of GP FTE includes all hours recorded in GP role at site 1, site 2 and site 3.

Ethnicity

The proportion of doctors who identified as Māori decreased slightly to 2.5 percent (240 doctors), and the proportion of Pacific Island doctors increased to 1.6 percent (155 doctors) (Table 11).

Both Māori and Pacific Island doctors continue to be markedly underrepresented compared to their proportion of the population. The 2006 census showed that 14.6 percent of the resident population identified as Māori and 6.9 percent identified as Pacific Island people.

Table 11: Ethnicity

Ethnicity	%	%	%	%	%	%	%	Average age	
								2006	2005
New Zealand Māori	2.5	2.6	2.6	2.7	2.7	2.6	2.3	37	42
Pacific Island	1.6	1.5	1.3	1.1	1.0	1.1	1.1	37	42
Chinese	5.2	5.4	5.8	5.4	5.1	4.8	4.5	33	40
Indian	5.2	5.1	5.4	4.9	4.8	4.8	4.5	40	43
Other non-European	10.8	10.8	8.7	9.1	10.0	8.7	7.6	39	42
Other European ¹	17.3	15.4	16.2	14.6	12.8	-	-	40	44
NZ European / Pakeha	55.9	57.5	58.4	60.0	61.8	76.5	76.5	41	48
No answer	1.3	1.5	1.5	1.8	1.6	1.5	3.2	39	46
Refused	0.2	0.2	0.2	0.3	0.2	0.0	0.2	-	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	40	46

¹ 2002 first year of reporting "Other European" category

Of doctors identifying as either Māori or Pacific Island (a total of 395), 32 percent reported their main work role as general practitioner, 17 percent as house officer, 18 percent as registrar and 23 percent as specialist.

The number of doctors identifying as Chinese had been consistently rising each year until 2004 but has now dropped back to just above the 2002 level (5.2 percent).

The number of doctors identifying themselves as "other European" has increased from 12.8 percent in 2002 (the first year this category was recorded) to 17.3 percent in 2006. The "other non-European" category has also consistently increased since 2000 (up to 10.8 percent from 7.6 percent in 2000).

The number of NZ European/Pakeha doctors has continued to decrease (from 76.5 percent in 2000 to 55.9 percent in 2006), largely as a consequence of showing "other European" as a separate category – before 2002, these categories were combined. Combining the two categories reveals that the decrease is small (3.3 percent since 2000).

Māori, Pacific Island and Chinese doctors all have average ages lower than the overall figure, with Chinese doctors having the lowest average age for both women and men (33 for women and 40 for men). This suggests there has been a higher representation of these ethnic groups in medical school in recent years, or that they have graduated overseas.

Table 12 shows the areas where Māori and Pacific Island doctors were working.

Table 12: Proportion of Māori and Pacific Island doctors by DHB

DHB	Percentage of Māori doctors	Percentage of Māori population	Percentage of Pacific Island doctors	Percentage of Pacific Island population
Auckland	30.0	5.4	26.5	19.0
Canterbury	7.9	6.1	5.2	4.0
Capital and Coast	7.5	5.2	9.0	8.4
Counties-Manukau	7.1	12.2	16.8	35.1
Waitemata	6.7	7.8	11.0	13.3
Waikato	5.8	11.9	8.4	3.9
Bay of Plenty	5.8	7.0	3.9	1.1
Otago	4.2	1.8	3.2	1.1
Lakes	3.3	5.7	1.3	1.4
Tairāwhiti	2.9	3.6	0	0.5
Midcentral	2.9	4.5	5.8	1.7
Hutt	2.9	3.9	1.9	4.4
Northland	2.5	7.9	1.3	1.4
Hawkes Bay	2.5	5.6	1.3	1.9
Nelson-Marlborough	2.5	2.0	0	0.6
Southland	2.5	2.1	0.6	0.6
Other	3.0	7.3	3.8	1.6

Analysis of the Māori workforce by DHB locality of main work site continues to show over 80 percent work in the North Island, with over 40 percent working in the greater Auckland region.

Other areas with a significant proportion of the Māori medical workforce are Canterbury, Capital and Coast, and to a lesser extent Waikato and Bay of Plenty.

Gender

Vocational trainees

Table 13 shows the proportion of trainees in each vocational training area by gender.

All vocational trainees in breast medicine, family planning and reproductive health, and sexual health medicine were women. Women also outnumbered men in training in obstetrics and gynaecology (63 percent), paediatrics (72 percent), palliative medicine (63 percent), pathology (61 percent), public health medicine (78 percent), radiation oncology (73 percent) and otolaryngology, head and neck surgery (56 percent).

Training branches where women were significantly underrepresented were accident and medical practice (28 percent), intensive care medicine (18 percent), occupational medicine (17 percent), ophthalmology (35 percent), general surgery (29 percent) and the other surgical areas. Less than a quarter (23.4 percent) of vocational trainees in surgical areas were women.

General practice (50 percent women) and psychiatry (49 percent women) have a fairly even number of men and women in vocational training, and anaesthesia, dermatology, diagnostic radiology, emergency medicine, internal medicine, rehabilitation medicine and plastic and reconstructive surgery all have between 40 and 50 percent women in vocational training.

Table 13: Vocational training branch by gender

Vocational training area ¹	Women	Men	Total	Women as % of total training in area	Women training in area as % of all women training	Men training in area as % of all men training
Accident & medical practice	13	33	46	28	1	3
Anaesthesia	68	103	171	40	7	9
Breast medicine	*	0	*	100	0	0
Dermatology	*	*	*	40	0	0
Diagnostic radiology	23	34	57	40	2	3
Emergency medicine	49	68	117	42	5	6
Family planning & reproductive health	*	0	*	100	0	0
General practice	321	325	646	50	34	28
Intensive care medicine	*	14	17	18	0	1
Internal medicine	97	145	242	40	10	13
Medical administration	0	*	*	0	0	0
Musculo-skeletal medicine	0	*	*	0	0	0
Obstetrics & gynaecology	33	19	52	63	3	2
Occupational medicine	*	15	18	17	0	1
Ophthalmology	6	11	17	35	1	1
Paediatrics	76	30	106	72	8	3
Palliative medicine	5	*	*	63	1	0
Pathology	30	19	49	61	3	2
Psychiatry	90	93	183	49	9	8
Public health medicine	29	8	37	78	3	1
Radiation oncology	11	4	15	73	1	0

Vocational training area ¹	Women	Men	Total	Women as % of total training in area	Women training in area as % of all women training	Men training in area as % of all men training
Rehabilitation medicine	*	4	*	43	0	0
Sexual health medicine	6	0	6	100	1	0
Sports medicine	*	*	*	50	0	0
Surgery: cardiothoracic	0	5	5	0	0	0
Surgery: general	36	87	123	29	4	8
Surgery: neurosurgery	0	5	5	0	0	0
Surgery: orthopaedic	5	49	54	9	1	4
Surgery: otolaryngology head and neck surgery	5	4	9	56	1	0
Surgery: paediatric	0	*	*	0	0	0
Surgery: plastic & reconstructive	6	8	14	43	1	1
Surgery: urology	0	5	5	0	0	0
Surgery: vascular	0	4	4	0	0	0
Other	26	35	61	43	3	3
Total	955	1143	2098	46	100	100

¹ House Officers excluded

* To prevent identification of individuals, categories which contain fewer than 4 doctors are omitted. The data in the table have been replaced with an asterisk (*).

Work role

The overall proportion of women in the workforce increased to 37 percent. Of the doctors in house officer roles, 57 percent were women. This is the fourth year in succession where women have outnumbered men in house officer roles, indicating that more women are going through the medical schools or migrating to New Zealand.

The distribution of women by work role was: general practitioner 41 percent, primary care 43 percent, medical officer 44 percent, registrar 43 percent and specialist 24 percent (Table 14).

Work types

Vocational scopes where women outnumbered men were breast medicine and sexual health medicine. All doctors working in breast medicine were women. In sexual health medicine, 83 percent of doctors were women.

Table 14 shows that the proportion of women increased in 2006 in the vocational scopes of accident and medical practice, cardiothoracic surgery, general practice, neurosurgery, obstetrics and gynaecology, paediatrics, psychiatry, radiation oncology, sexual health medicine, and sports medicine.

Although most of these were small increases, accident and medical practice (31 percent to 39 percent), paediatric surgery (12 percent to 21 percent) and sexual health medicine (70 to 83 percent) were significant increases.

The significant decrease in women in family planning and reproductive health is a result of the way doctors have completed the survey. Only doctors who have self-reported their role as either specialist or GP are counted, so doctors working in this area who have reported their main work role as primary care are not counted in this table.

Table 14: Demographics of doctors working in the main occupational groups

Role at main work site	Percent women					Percent IMGs					Av. age	
	1980	1990	2000	2005	2006	1980	1990	2000	2005	2006	2005	2006
House officer	32	44	47	53	57	27	21	25	24	31	29	29
Registrar	23	29	38	43	43	42	22	35	37	40	34	34
Medical officer	38	32	40	42	44	52	50	53	53	59	46	46
Primary care other than GP	49	42	43	39	43	42	39	33	34	40	45	48
Other	46	25	35	42	42	43	32	25	30	38	46	48
General practitioner	13	24	37	40	41	35	29	35	39	41	47	48
Specialist	9	13	19	24	24	28	32	35	39	40	49	49
Specialists and GPs (role)												
Accident and medical practice*	-	-	-	31	39	-	-	-	50	64	49	43
Anaesthesia	19	16	20	26	25	41	39	45	48	47	48	48
Basic medical science	12	16	7	0	22	31	42	20	40	44	52	50
Breast medicine	3	0	100	0	100	-	-	0	-	100	-	43
Cardiothoracic surgery	-	-	6	6	10	-	-	28	41	43	50	49
Dermatology	8	17	19	29	25	30	20	23	26	27	49	51
Diagnostic and interventional radiology	-	14	23	29	27	24	27	32	32	33	48	48
Emergency medicine	13	0	26	28	23	-	50	48	35	47	42	43
Family planning and reproductive health*	-	-	-	71	0	-	-	-	57	100	48	60
General practice	4	24	38	40	41	35	30	35	39	40	47	48
General surgery	-	-	6	5	5	-	-	30	37	36	51	51
Intensive care medicine	10	-	18	16	11	-	-	18	19	25	46	46
Internal medicine	-	7	15	20	20	24	34	33	36	38	50	50
Medical administration*	-	-	-	45	25	-	-	-	55	38	53	53
Musculoskeletal medicine	6	-	0	0	0	-	-	40	29	40	54	54
Neurosurgery	-	-	7	10	12	-	-	50	60	65	53	53
Obstetrics and gynaecology	21	17	29	36	38	24	28	45	50	49	49	49
Occupational medicine	15	5	17	14	11	-	41	31	31	30	52	52
Ophthalmology	0	11	12	15	15	18	16	22	20	22	50	49
Orthopaedic surgery	-	-	3	4	3	-	-	13	15	22	50	50
Otolaryngology head and neck surgery	0	2	5	3	3	31	24	28	30	36	49	51
Paediatric surgery	-	-	15	12	21	-	-	31	33	43	51	49
Paediatrics	19	23	30	29	32	38	39	32	41	44	48	48
Palliative medicine*	-	-	-	55	50	-	-	-	59	68	51	52
Pathology	12	22	30	35	32	21	26	38	49	45	50	50
Plastic and reconstructive surgery	-	-	3	3	3	-	-	19	25	23	50	50
Primary care	-	-	30	32	35	0	-	38	37	45	51	50
Psychiatry	-	28	33	36	38	41	50	57	59	57	49	49
Public health medicine	-	23	28	44	43	44	36	20	24	24	48	48
Radiation oncology	-	5	15	16	19	-	55	62	56	59	46	48
Rehabilitation medicine	-	-	0	7	0	-	-	29	71	60	49	50
Sexual health medicine	17	-	50	70	83	33	50	33	40	50	45	47
Sports medicine	-	-	25	9	15	-	-	4	18	15	47	48
Surgery: all ex otolaryngology (80,90) ¹	0	1	-	-	-	20	23	-	-	-	-	-
Surgery: other	-	-	3	8	13	-	-	21	29	25	51	47
Urology	-	-	3	5	3	-	-	29	29	27	50	50
Vascular surgery	-	-	0	-	-	-	-	11	25	43	51	48
Not answered	-	-	0	33	39	-	-	-	52	36	44	47
Other	-	-	7	32	36	-	-	37	26	27	54	52
Specialists and GPs²			29	32	32			35	39	40	48	48
All the above groups³	16	24	33	36	37	34	29	35	38	40	44	44

¹ All surgical sub-specialities 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"

* Vocational branches new in 2002

- Data not available

International medical graduates

Table 14 shows that the number of doctors working in New Zealand who obtained their primary medical qualification in another country increased again to 40 percent in 2006, from 38 percent in 2005.

This increase may be due to the change to the sampling frame of the questionnaire (see "Method"). Rather than representing an increase, it probably represents a more accurate picture of the part played by IMGs in the medical workforce.

The medical officer work role again had the highest proportion of IMGs at 59 percent, up from 53 percent in 2005.

Accident and medical practice, family planning and reproductive health, neurosurgery, palliative medicine, psychiatry, radiation oncology, and rehabilitation medicine had more than 50 percent IMGs.

The increase in the proportion of IMGs was most notable in accident and medical practice (from 50 percent to 64 percent), emergency medicine (35 percent to 47 percent), musculoskeletal medicine (29 percent to 40 percent) and vascular surgery (25 percent to 43 percent).

There were also notable decreases in the proportion of IMGs in medical administration (55 percent down to 38 percent) and rehabilitation medicine (71 percent to 60 percent).

Retention

New Zealand doctors

A review of graduate retention statistics in Table 15 since the introduction of the Medical Practitioners Act in 1995 continues to show that by the third year after graduation about 25 percent of doctors are not practising in New Zealand.

These are the same data as in the 2005 workforce survey report, as they are the most up-to-date available.

Table 15 compares the retention rates at each year after graduation for successive classes of graduates from 1995 to 2005.

Table 15: Graduate retention of class years 1995 to 2006

Final class year ¹	Size of class ²	Number registered	Percent of registered ³ graduates retained by postgraduate year ⁴										
			1	2	3	4	5	6	7	8	9	10	11
1995	275	258	96	84	74	76	80	74	72	68	65	65	64
1996	275	264	97	88	78	80	78	77	75	67	63	60	
1997	284	266	97	86	73	68	72	72	65	68	57		
1998	288	251	96	80	69	77	77	71	70	62			
1999	305	270	99	79	75	77	76	72	67				
2000	323	286	94	82	74	79	78	74					
2001	297	271	95	79	75	81	76						
2002	308	285	94	79	75	75							
2003	329	302	93	80	75								
2004	342	284	101	82									
2005	318	297	99										

- 1 Final class year is used as Auckland and Otago identify graduate year differently.
- 2 Size of class is list of those in final class years as given by medical schools. Not all will necessarily be eligible for graduation.
- 3 Registered is defined as those from the class year who have been registered at some time.
- 4 Years give those who held one or more APC in the year April to March as a percent of the graduates from the class year who have registered in New Zealand.

Table 16: Average percentage of registered graduates retained by postgraduate year

	Postgraduate year										
	1	2	3	4	5	6	7	8	9	10	11
Average percent of registered graduates retained	96.5	81.9	74.2	76.6	76.7	73.3	69.8	65.0	65.0	62.5	64.0
Standard deviation	2.5	3.2	2.4	4.0	2.5	2.2	4.0	2.9	3.4	3.5	-

Tables 15 and 16 show that on average 81.9 percent of graduates are retained by the second year after graduation, dropping to 74.2 percent by the third year.

After this, the retention average increases slightly in years 4 and 5, and then slowly decreases again through years 6 to 11.

Table 16 shows that there is little variance in the percentage of registered graduates retained in any given postgraduate year across the class years analysed.

There are no firm statistics about what medical graduates do if they do not register to do their intern year in New Zealand. Figures do include fee-paying students, and the initial drop in retention may possibly be caused by these graduates returning to their sponsoring countries. Others do their internship overseas, and some have the year off.

The Medical Council does not collect information about doctors no longer practising in New Zealand. They may be practising overseas, or not practising at all. Some doctors leave New Zealand to gain postgraduate qualifications and then return some years later.

Retention of international medical graduates

Table 17 compares the retention rate of IMGs at each year after initial registration for successive years from 2000 to 2006. These are the same data as reported in Medical Workforce 2005, as they are the most up-to-date available. Reliable data could not be obtained for the years before 2000.

Table 17 shows that less than 50 percent of IMGs are retained in the year immediately after initial registration. Table 18 shows that this trend has been consistent across the period analysed with little variance in the proportion retained.

After this initial drop, the percentage of IMGs continues to reduce gradually, dropping to just under 33 percent in the third year after initial registration.

Table 17: Retention rate for IMGs 2000–2005

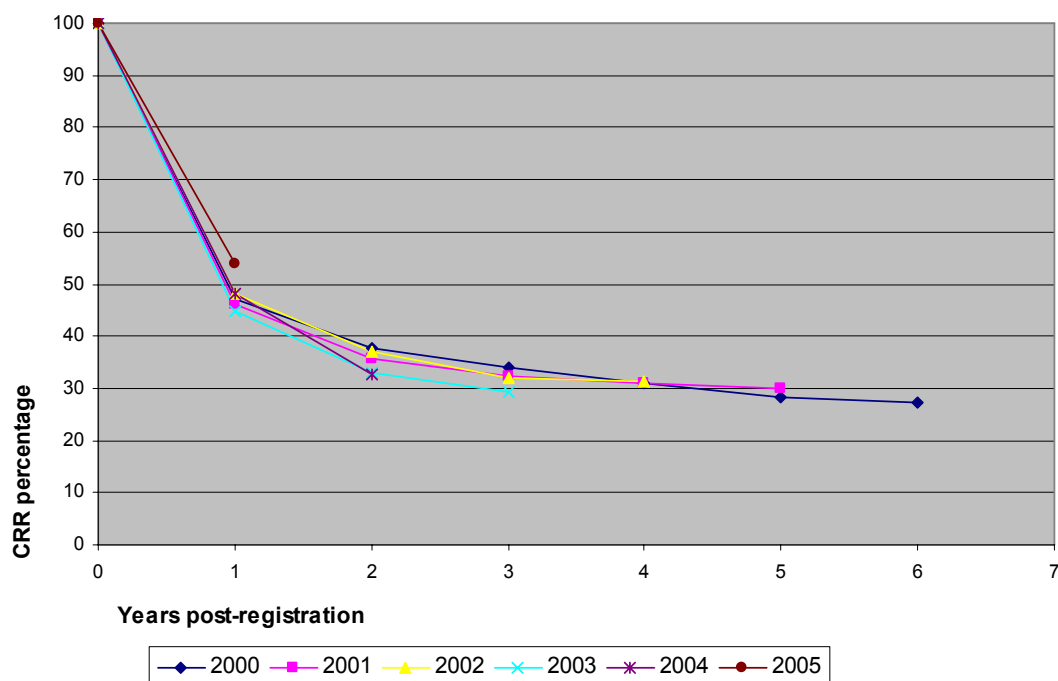
First year registered ¹	Number registered	Percentage of IMGs retained by post-registration year ²					
		1	2	3	4	5	6
2000	917	47.0	37.8	34.1	30.9	28.4	27.4
2001	930	46.1	35.8	32.4	30.9	29.9	
2002	1078	48.2	36.9	32.1	31.3		
2003	1090	44.9	32.8	29.4			
2004	1017	48.2	32.5				
2005	1130	54.0					

- 1 IMGs are included in a cohort if they held a practising certificate in that year but not in the previous year. For example, for an international medical graduate to be included in the 2000 cohort, they must have held a practising certificate in 2000 and not held a practising certificate in 1999.
- 2 The cohort remainder rate is expressed as a percentage and equals the number of doctors from the cohort who held a practising certificate at some point in that year compared with the number of doctors originally in that cohort.

Table 18: Average percentage of IMGs retained by post-registration year

	Postgraduate year					
	1	2	3	4	5	6
Average percentage of IMGs retained	48.1	35.2	32.0	31.0	29.1	27.4
Standard deviation	3.2	2.4	1.9	0.2	1.1	-
Percent standard deviation	6.6	6.8	6.0	0.7	3.7	-

Figure 5. Cohort remainder rate for IMGs 2000–2005



Retention by country of graduation

This section splits the IMGs analysed into five groups based on the countries in which the doctors gained their primary medical qualifications. These groups are United Kingdom, South Africa, USA and Canada, Europe, and Asia

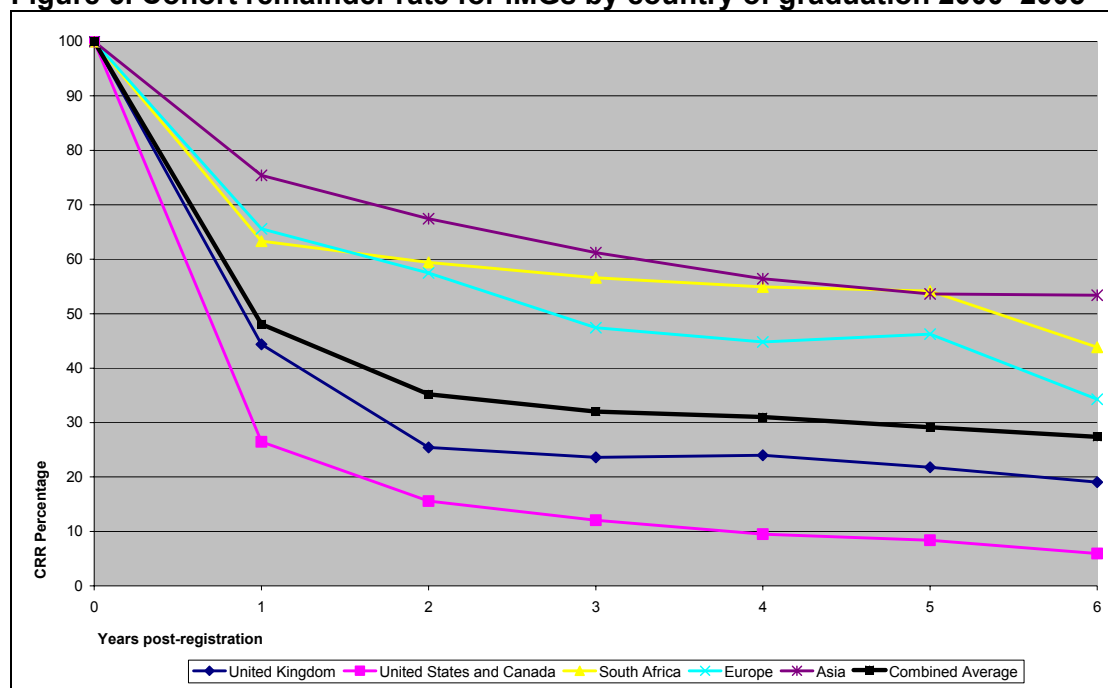
The United Kingdom grouping includes doctors with primary medical qualifications from England, Scotland, Wales and Northern Ireland.

The Europe grouping includes doctors with primary medical qualifications from Germany, Poland, Romania, Georgia, Bulgaria, Russia, Italy, Belgium, Switzerland, Sweden, Denmark, Hungary, Greece, France, Spain, Portugal and Former Yugoslav Republic of Macedonia (FYROM).

The Asia grouping includes doctors with primary medical qualifications from Bangladesh, India, Iraq, Sri Lanka, Pakistan, Japan, China, Philippines, Malaysia, Syria and Thailand.

Tables 19.1, 19.2, 19.3, 19.4 and 19.5 and Figure 6 show the retention rate at each year after initial registration for successive years of IMG registrants from each group.

Figure 6. Cohort remainder rate for IMGs by country of graduation 2000–2005



Doctors from Asian countries have the highest retention rate, followed by South African doctors and then European doctors.

More than 50 percent of doctors from Asian countries are retained even 6 years after registration. The retention rate of South African doctors drops below 50 percent only after 5 years.

Doctors from the United States and Canada have the lowest retention rate, with less than 30 percent at 1 year after registration and less than 10 percent as early as 4 years after registration.

Doctors from the United Kingdom also have lower than average retention rates. Fewer than 30 percent of these doctors are retained 2 years after registration, and the rate drops below 20 percent after 6 years.

These figures suggest that doctors from North America and the United Kingdom are more likely to come to New Zealand to work for a limited period than doctors from Asia, South Africa and Europe.

Table 19.1: Cohort remainder rate for United Kingdom graduates 2000–2005

First year registered	Number registered	Percentage of cohort retained by post-registration year					
		1	2	3	4	5	6
2000	436	37.4	22.9	22.5	20.4	18.1	19.0
2001	444	41.7	29.1	24.5	25.0	25.5	
2002	507	47.3	27.7	24.8	26.6		
2003	527	41.0	24.7	22.7			
2004	504	41.7	22.8				
2005	565	56.9					
Average		44.4	25.4	23.6	24.0	21.8	19.0

Table 19.2: Cohort remainder rate for South African graduates 2000–2005

First year registered	Number registered	Percentage of cohort retained by post-registration year					
		1	2	3	4	5	6
2000	89	66.3	66.3	56.2	52.8	50.6	43.8
2001	97	70.1	69.1	66.0	62.9	57.7	
2002	116	56.0	58.6	55.2	49.1		
2003	106	63.2	53.8	49.1			
2004	67	64.2	49.3				
2005	75	60.0					
Average		63.3	59.4	56.6	54.9	54.1	43.8

Table 19.3: Cohort remainder rate for USA and Canada graduates 2000–2005

First year registered	Number registered	Percentage of cohort retained by post-registration year					
		1	2	3	4	5	6
2000	101	23.8	14.9	11.9	6.9	6.9	5.9
2001	122	17.2	12.3	13.9	10.7	9.8	
2002	119	21.8	16.8	10.9	10.9		
2003	148	24.3	16.2	11.5			
2004	136	33.1	17.6				
2005	171	38.6					
Average		26.5	15.6	12.1	9.5	8.4	5.9

Table 19.4: Cohort remainder rate for European graduates 2000–2005

First year registered	Number registered	Percentage of cohort retained by post-registration year					
		1	2	3	4	5	6
2000	35	62.9	60.0	45.7	40.0	37.1	34.3
2001	47	68.1	55.3	57.4	51.1	55.3	
2002	60	65.0	46.7	40.0	43.3		
2003	43	58.1	55.8	46.5			
2004	46	76.1	69.6				
2005	49	63.3					
Average		65.6	57.5	47.4	44.8	46.2	34.3

Table 19.5: Cohort remainder rate for Asian graduates 2000–2005

First year registered	Number registered	Percentage of cohort retained by post-registration year					
		1	2	3	4	5	6
2000	133	76.7	72.2	65.4	62.4	58.6	53.4
2001	105	74.3	61.9	56.2	53.3	48.6	
2002	140	79.3	69.3	60.7	53.6		
2003	128	73.4	68.0	62.5			
2004	100	71.0	66.0				
2005	112	77.7					
Average		75.4	67.5	61.2	56.4	53.6	53.4

Survey method

Timing

Workforce data are collected as part of the renewal of Annual Practising Certificates (APCs). In 2000 this certificate renewal process was changed from one date for everyone to four renewal periods based on the birth date of the doctor.

The four periods of data in this report ended November 2005, February 2006, May 2006 and August 2006, and are presented as at 31 March 2006.

The questionnaire was posted out a month or more before the end of each period, with up to two reminder letters sent to those not responding. All data were collected within 3 months of the end of a period.

Sampling frame

The sampling frame for the workforce survey questionnaire included doctors with:

- a general, provisional general, vocational or provisional vocational scope of practice
- a current APC
- a New Zealand address at the date of collection.

This sampling frame now includes doctors with temporary registration, who would previously have been excluded. However, the sampling frame does not include doctors registered for specific short-term purposes (special purpose scope of practice).

Categories of data

Data for this report were collected in employer, role and work type categories at a main work site, and at second and third work sites where appropriate.

Role options were:

- general practitioner
- primary care
- house officer
- registrar
- medical officer
- specialist/consultant
- other.

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 year and country of graduation).

Geographical analysis used territorial authorities and District Health Board regions based on the employment information for the main work site.

DHB populations were determined by amalgamating territorial authority population counts from the estimated resident population as at 30 June 2006¹.

Full time equivalents (FTEs) were calculated proportionately, with 40 hours a week being 1 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:

¹ Statistics New Zealand : Estimated Resident Population as at 30 June 2006

1. New Zealand Māori
2. Pacific Island
3. Chinese
4. Indian
5. Other non-European
6. Other European
7. New Zealand European.

Where the Council's registration database is cited as a source for additional analysis, issue of an APC is used as the measure of workforce participation.

Results were generated using Microsoft Access software.

Calculation of retention rates

Retention of New Zealand graduates is calculated by comparing the list of graduates provided by the universities for a particular year with the lists of doctors who purchased APCs in subsequent years.

The cohort remainder rate is calculated by comparing the number of IMGs active at some point during a year to the number originally in that cohort. The cohort remainder rate is expressed as a percentage.

International medical graduates are included in a cohort if they held a practising certificate in that year but not in the previous year. For example, for an overseas trained doctor to be included in the 2000 cohort, they must have held a practising certificate in 2000 and not held one in 1999.

Inclusion in a cohort does not relate in any way to the date that an IMG graduated in their home country.

Explanation of terms used

Active doctors

Refers to doctors who by their own estimate worked a total of at least four hours in medical (including nonclinical) work during a typical working week.

Full-time equivalent (FTE)

Proportional calculation of FTEs is based on a 40-hour week; so 60 hours (for example) is 1.5 FTE.

Hours worked

Unless otherwise stated, hours worked are as reported by the survey respondent. The combined total of hours worked across all work sites is based on a typical working week during the previous year (or the most recent week, if the respondent cannot identify a typical week).

On-call time is included in hours worked only if it is actually worked.

Hours on call

Refers to the additional hours when doctors are on call but not actually working.

Main work site

The place where a doctor spends most of their working hours.

Work role

Work role category options were GP, primary care other than GP, house officer, registrar, medical officer, specialist/consultant, and other.

House officer

This work role category takes in doctors in their first few years out of medical school. Doctors in their first year out of medical school are also known as interns.

Specialist

This work role category is generally understood to require membership of the relevant specialist college, but survey respondents may apply the term more broadly to themselves.

To help with results analysis, GPs and doctors working in accident and medical practice or other primary care disciplines are recorded under separate work role categories. However, GPs, specialists, and doctors working in primary care disciplines are all eligible for registration within a vocational scope.

Work type

Category of work at main work site, from the options shown in Table 3.

Registered within a vocational scope of practice

Refers to a doctor who has met the criteria for a vocational scope of practice set by the Medical Council of New Zealand, and completed the requirements of the relevant college or branch advisory body.

Registration within a vocational scope of practice was previously known as vocational registration.

International medical graduate

A doctor who obtained their primary medical qualification in a country other than New Zealand. Previously known as an overseas trained doctor.

Further information

For further information about the medical workforce, contact:

Analytical Unit
New Zealand Health Information Service
P O Box 5013
Wellington

Email: inquiries@nzhis.govt.nz

Website: www.nzhis.govt.nz/stats.medpracstats

Phone: (04) 922-1800

To speak to the Council's information systems analyst about this report, call 04 381 6813 or 0800 286 801 extn 813.

Acknowledgements

The Medical Council would like to thank the doctors who completed the workforce survey.

We would also like to thank Christine Whiteford, who helped check the data, and Dr John Campbell, Dr Ian St George, Philip Pigou, Diane Latham and Bill Taylor for their valuable assistance in writing the report.