



Te Kaunihera Rata
o Aotearoa

Medical Council
of New Zealand

The New Zealand Medical Workforce

2024



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Foreword

Mahia te mahi, hei painga mō te iwi. Work for the betterment of the people.
– Te Puea Herangi

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) is pleased to present the results of 2024 Workforce Survey.

On behalf of the Council, thank you to the doctors who participated in the survey. The valuable information you have shared helps us to understand the medical workforce in Aotearoa New Zealand. I also want to extend our appreciation for your commitment and service in delivering skilled medical care across the motu to patients, whānau and communities.

The total number of doctors practising continues to increase, growing by 3.4 percent in 2024, from 19,346 to 20,012. We continue to see a slow increase in the percentage of Māori and Pacific Peoples in the medical workforce. Based on current trends, doctors identifying as female will outnumber males in the medical workforce by 2025.

The number of international medical graduates (IMGs) working in Aotearoa also continues to increase, reflecting the continuing high demand for doctors throughout the health system, and enabled by our accessible registration pathways.

We hope the workforce survey will be of use to many organisations, stakeholders and individuals. Council's data dashboard also provides a comprehensive and dynamic overview of registered and practising doctors in Aotearoa New Zealand (<https://www.mcnz.org.nz/data>).

As always, we welcome your feedback on the report (email: workforce@mcnz.org.nz), including what information you would like to see presented in future editions.

Noho ora mai

Dr Rachelle Love

Tumuaki | Council Chair
Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Key findings

- The proportion of Māori doctors increased**
 5.1 percent of doctors identified as Māori, over double the 2000 level (2.3 percent). However, Māori make up 17.8 percent of the population, so there is still much work needed to achieve a Māori medical workforce proportionate to population and need.
- The proportion of female doctors increased**
 48.9 percent of doctors in the active workforce were female, up 1.0 percentage point from 2023. We predict that women will outnumber men in the workforce by 2025.
- The number of practising doctors increased**
 The total number of doctors on the register with practising certificates increased by 3.4 percent in 2024 from 19,346 to 20,012.
- No change in the average age of doctors; doctors are more evenly distributed across age groups than they used to be**
 The average age of the workforce remained at 45.2 years in 2024. The peaks we previously observed in the 45-49 and 50-54 age groups in 2010 and 2015 have now flattened out.
- There are 11 registered doctors who identify as gender diverse**
 See the Gender section on page 13 for more information.

Key figures

Measure	2018	2019	2020	2021	2022	2023	2024
Size of the workforce ¹	16,292	16,908	17,671	18,247	18,780	19,350	20,012
Doctors per 100,000 population ²	333.5	344.7	347.6	357.2	366.7	372.2	374.8
Proportion of IMGs ³ (%)	40.1	40.4	40.2	41.2	41.2	41.4	41.7
Proportion of females (%)	45.1	46.3	46.9	46.5	47.4	47.9	48.9
Average age of workforce	46.1	46.0	45.9	45.4	45.3	45.2	45.2
Average weekly workload (hours)	43.8	44.5	44.1	44.4	44.5	44.6	44.6
Proportion of new IMGs retained after 1 year ⁴ (%)	61.3	64.9	71.3	76.6	71.2	69.9	-

¹ Figure is based on registration data. See Table 7 for more information.

² Figures are based on the size of the workforce as measured by registration data (see Table 7) and Stats NZ's estimated residential population as of 31 March of the survey period.

³ IMG: international medical graduate (see page 46 for definition). Figures are based on doctors who responded to the survey.

⁴ See 'Retention' on page 37 for more information and 'Survey method' on page 41 for information on how this figure was calculated.

Council's data dashboard available on our website

In 2023 we launched our [data dashboard](#). This dashboard provides a comprehensive and dynamic overview of registered and practising doctors in Aotearoa New Zealand.

The dashboard offers numerous functionalities, allowing users to:

- Explore current and historical trends: providing insights into shifts and patterns within the medical workforce over time.
- Analyse quantity and characteristics: a comprehensive overview of registered and practising doctors, including demographics.
- Identify shifts: demonstrating emerging trends within the medical workforce.

Key terms and definitions

Here are some of the key terms used in this publication, and their definition. Please see page 46 for the full list.

General practitioner (GP)

A GP is any respondent who indicated working in a GP work role at one of their work sites. It does not specifically refer to a doctor holding the Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP) qualification or a vocational scope of general practice. We sometimes need to use a different definition of GP. We will specify where we need to do this.

Specialist

This work role category is generally understood to require membership of the relevant specialist college (and registration within a vocational scope of practice). However, the data are self-reported and doctors who respond to the survey may apply the term more broadly. General practice is a specialty, and GPs are specialists. However, we ask doctors working in general practice, urgent care, and other primary care disciplines to use separate work role categories to help us analyse the data.

Registrar

A doctor who has at least 2 years of experience since graduation from medical school. Registrars are generally undertaking vocational training in their chosen specialty.

House officer

House officers are doctors in their first 2 to 3 years out of medical school. Doctors in their first year out of medical school are sometimes known as interns or PGY1s.

International medical graduate (IMG)

We define IMGs as doctors who obtained their primary medical qualification in a country other than New Zealand.

Please take care when comparing the proportion of IMGs employed in New Zealand to the proportion in other countries – many countries define IMG differently from us.

Ethnicity

Changes in ethnicity of the workforce over time

The proportion of Māori doctors is 5.1 percent. This is up from 3.4 percent in 2015 and 3.0 percent in 2010. The proportion of Pacific Peoples doctors is 2.4 percent – up slightly from 2015 (2.0 percent) and up by 1 percentage point from 2010 (1.3 percent).

The proportion of New Zealand European/Pākehā doctors is decreasing. Over three-quarters of doctors were New Zealand European/Pākehā in 2000, but this figure is down to just over 43 percent in 2024.

Table 1: Proportion of doctors by ethnic group (%)

Ethnicity	2000	2005	2010	2015	2020	2024
Māori	2.3	2.6	3	3.4	4.1	5.1
Pacific Peoples	1.1	1.5	1.3	2	1.9	2.4
Chinese	4.5	5.4	5.3	5.9	6.3	7.0
Indian	4.5	5.1	5.9	6	5.8	6.5
Other non-European	7.6	10.8	9.9	11.9	10.5	12.6
Other European ¹	-	15.4	19.7	20.5	18.9	19.5
New Zealand European/Pākehā	76.5	57.5	53.3	51.4	49.4	43.1
Not answered	3.2	1.5	1.5	2.4	3.0	3.7
Refused ²	0.2	0.2	0.2	0.0	-	-
Total³	100	100	100	100	100	100

¹ In 2000, other European and New Zealand European/Pākehā were combined in one category.

² From 2016, refused is no longer an available option.

³ Individual categories may not add up to the total due to rounding.

Proportion of doctors by ethnicity in the workforce compared with the New Zealand population

Māori and Pacific Peoples are noticeably under-represented compared to their proportion of the population.

Māori make up at least 17.8 percent of the population¹, but only 5.1 percent of doctors. Just under nine percent of New Zealanders identify as Pacific Peoples (8.9 percent) compared to 2.4 percent of doctors.

New Zealand needs more Māori and Pacific Peoples doctors at graduate level for all specialties to achieve demographic proportionality at specialist level. To achieve this in any meaningful timeframe will require Māori representation amongst medical students that is greater than Māori representation in the New Zealand population.

¹ The proportion is likely greater than this given the available census data is five years old.

What would a representative workforce look like?

There would be 3,556 Māori doctors and 1,774 Pacific Peoples doctors if the medical workforce reflected the makeup of the New Zealand population. The results of the survey show there are currently about 1,021 Māori doctors and 480 Pacific Peoples doctors².

Efforts are being made to close this gap. We talk more about the changes in this area at graduate and undergraduate level in the next section.

Table 2: Proportion of doctors and New Zealand population by ethnic group

Ethnicity ¹	Proportion of doctors (2024)	Proportion of New Zealand population (2023 Census) ²
Māori	5.1%	17.8%
Pacific Peoples	2.4%	8.9%

¹ Proportions calculated including the other ethnicity categories not shown in the table. The table includes only these two categories for ease of reading.

² Figures based on the results of the 2023 Census published by Stats NZ – see <https://www.stats.govt.nz/information-releases/2023-census-population-counts-by-ethnic-group-age-and-maori-descent-and-dwelling-counts/>

Changes in the ethnicity of graduates and undergraduates

While there is still a large gap in the representation of Māori and Pacific Peoples doctors in the medical workforce, the proportion of Māori and Pacific Peoples doctors is higher amongst more recently qualified doctors, especially house officers³. This reflects the progress that New Zealand’s medical schools are making at undergraduate and graduate levels to increase the numbers of Māori and Pacific Peoples doctors entering the workforce.

Ethnicity of undergraduates

16.2 percent of students beginning medical school between 2019 and 2023 identified as Māori. The proportion of students identifying as Māori was highest in 2020 and 2022 (18.7 percent) and lowest in 2023 (13.4 percent).

The proportion of students identifying as Pacific Peoples increased from 9.7 percent in 2019 to 10.6 percent in 2021 but dropped to 8.9 percent in 2022 before recovering to 8.9 percent in 2023. Overall, 9.7 percent of students beginning medical school between 2019 and 2023 identified as Pacific Peoples⁴.

Table 3: Ethnicity of undergraduates (2019-2023)

Ethnicity	2019	2020	2021	2022	2023	Total
Māori	14.5%	18.7%	15.2%	18.7%	13.4%	16.2%
Pacific Peoples	9.7%	9.9%	10.6%	9.6%	8.9%	9.7%
New Zealand European/Pākehā	56.4%	54.4%	53.6%	55.4%	54.1%	54.8%
Other ethnicity	39.4%	41.2%	43.0%	40.4%	44.6%	41.7%

² Applying the percentages for each group in Table 2 to the number of registered doctors with a current practising certificate as of 30 June 2024 – 20,012.

¹ ³ See the ethnicity by work role section on page 10.

² ⁴ New Zealand Medical Schools Outcomes Database (MSOD), *National report on students commencing medical school in New Zealand in 2019-2023*, <https://www.otago.ac.nz/oms/education/mbchb/about/accountability/external/msod-project/>.

Ethnicity of graduates

Otago University reported that, in 2023, they had 55 Māori graduates out of a total of 268 graduates (20.5 percent). In 2022, they had 54 Māori graduates out of a total of 284 graduates (19 percent). The equivalent figures for Pacific Peoples were 9.3 percent in 2022 (25 of 268 graduates) and 9.5 percent in 2023 (27 of 284 graduates).

Auckland University reported that in 2023, 12 percent of graduates were Māori (32 of 266) and 8.3 percent were Pacific Peoples. In 2022, 13.5 percent of medical graduates were Māori, and 6.3 percent were Pacific Peoples.

Ethnicity by age

The average age of doctors identifying as Māori, Pacific Peoples, and Chinese is lower than the overall average age of 45.2 years. Māori doctors have the lowest average age for both male and female doctors. This reflects the increasing number of Māori and Pacific Peoples doctors entering the medical workforce in more recent years.

Male doctors identifying as New Zealand European/Pākehā have the highest average age at 51.7 years.

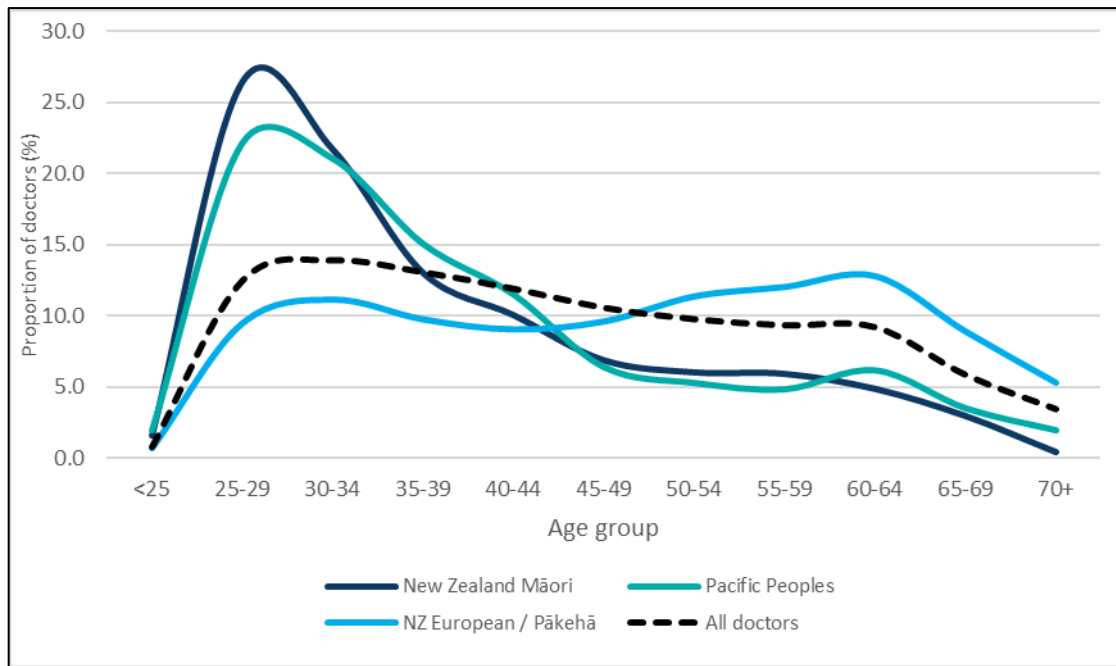
Table 4: Average age of doctors by ethnicity and gender

Ethnicity	Average age		
	Female	Male	Overall
Māori	37.4	39.9	38.5
Pacific Peoples	38.2	41.5	39.9
Chinese	37.8	41.5	39.8
Indian	42.8	47.4	45.5
Other non-European	41.0	43.7	42.4
Other European	42.7	46.4	44.4
New Zealand European/Pākehā	45.6	51.7	48.7
All doctors	42.8	47.5	45.2

Ethnicity by age group

Māori and Pacific Peoples doctors are more likely to be aged under 35 years compared with New Zealand European/Pākehā doctors and the overall workforce. 49.8 percent of Māori doctors and 45.1 percent of Pacific Peoples doctors are aged 34 and under, compared with 27.1 percent of the overall workforce.

Figure 1: Ethnicity by age group (selected groups)



Ethnicity by work role

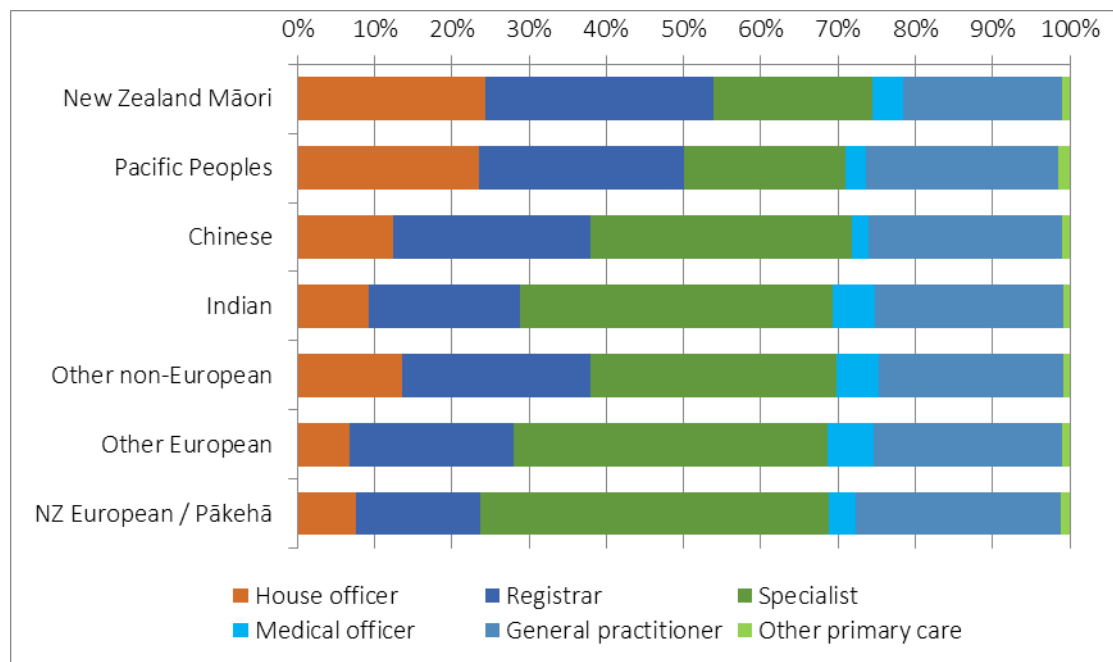
The proportion of Māori and Pacific Peoples doctors reporting their work roles as house officers and registrars is higher than that for New Zealand European/Pākehā (52.1 percent for Māori, 49.1 percent for Pacific Peoples, and 23.0 percent for New Zealand European/Pākehā). This reflects their greater representation amongst more recently qualified doctors.

Specialists

Conversely, the proportion of doctors reporting as specialists and medical officers is highest amongst New Zealand European/Pākehā doctors (47.2 percent), compared to only 23.8 percent for Māori and 23.0 percent for Pacific Peoples.

The proportion of doctors reporting as general practitioners (GPs) was a lot more consistent across ethnicities. New Zealand European/Pākehā doctors were most likely to be a GP with 25.7 percent reporting this work role. Māori doctors were least likely to work as GPs with only 19.9 percent reporting this work role.

Figure 2: Proportion of ethnic groups by work role at main work site



Māori working in general practice

Māori doctors are less represented in general practice than they are amongst the overall workforce. Māori doctors made up just 4.3 percent of doctors working as GPs (based on work role) compared to 5.1 percent of the overall workforce.

The Royal New Zealand College of General Practitioners' most recent workforce survey confirmed these findings. They also found that GPs reporting an ethnicity of Māori or Pacific Peoples were at a much lower rate than is found in the general population⁵.

Proportional representation at the graduate level may be insufficient

A major ongoing obstacle to general practice and other specialties increasing the representation of Māori doctors amongst their numbers is the limited pool of Māori doctors graduating from medical schools. The representation of Māori doctors amongst medical graduates remains lower than the percentage of Māori in the New Zealand population.

Table 5: Comparison of proportion of Māori (population/workforce/graduates)

Group	Proportion Māori
New Zealand population (2023 census)	17.8%
Medical workforce (2023-2024)	5.1%
Medical graduates (2023-2024)	16.3%

There were about 177 fully funded general practice training (GPEP1) places in 2023. To achieve its goal of 17.8 percent Māori representation, the RNZCGP would need to increase the number of Māori registrars to about 32.

New Zealand registered 529 new medical graduates in 2023-2024. Assuming about 17.8 percent of these were Māori, this is approximately 94 doctors. Therefore, the RNZCGP would need to recruit over a third of new Māori graduates to achieve their goal. This would leave the other specialties competing for the remaining graduates, all of which will have similar goals to increase their Māori representation.

⁵ 2022 General Practice Workforce Survey – Royal New Zealand College of General Practitioners – February 2023 - <https://www.rnzcgp.org.nz/resources/data-and-statistics/2022-workforce-survey/>

Gender

Gender diverse doctors

The Council supports the right of people to identify with non-binary genders and have this reflected in their official record. Doctors can update their recorded gender identity at any time through the myMCNZ portal.

As at 30 June 2024, there were 11 doctors on the register with a current practising certificate who identified as gender diverse. We have not presented these doctors as a separate group when data has been broken down by gender because of the small size of the group, and the need to preserve privacy.

Not all doctors who identify as a different gender from what they were assigned at birth will have chosen to identify as gender diverse. Some will have chosen to record the gender with which they do identify (e.g. male or female).

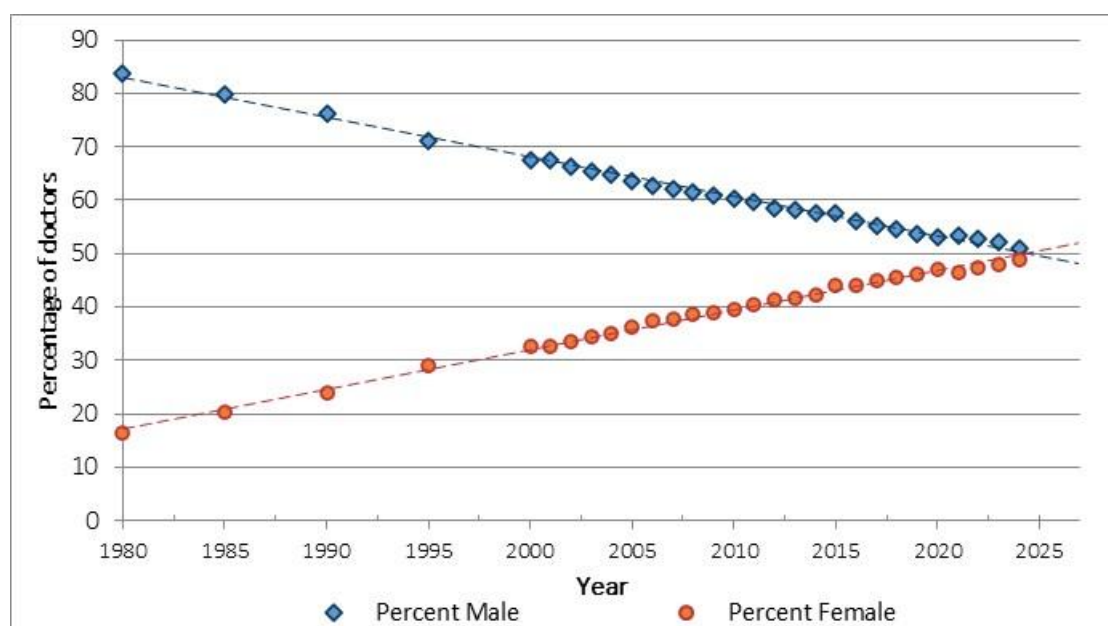
Gender distribution of the workforce

The proportion of women in the workforce according to survey data increased in 2024 (from 47.9 percent in 2023 to 48.9 percent in 2024). Women will outnumber men in the workforce by 2025 based on current trends.

This figure is supported by registration data. 49.1 percent of doctors on the register with a current practising certificate were women (as at 30 June 2024).

Figure 3 compares the proportion of females in the active workforce going back to 1980. The proportion of females was just 32.6 percent in 2000 but is increasing steadily.

Figure 3: Proportion of active doctors by gender (1980–2023) showing projected trend-forward to 2025.

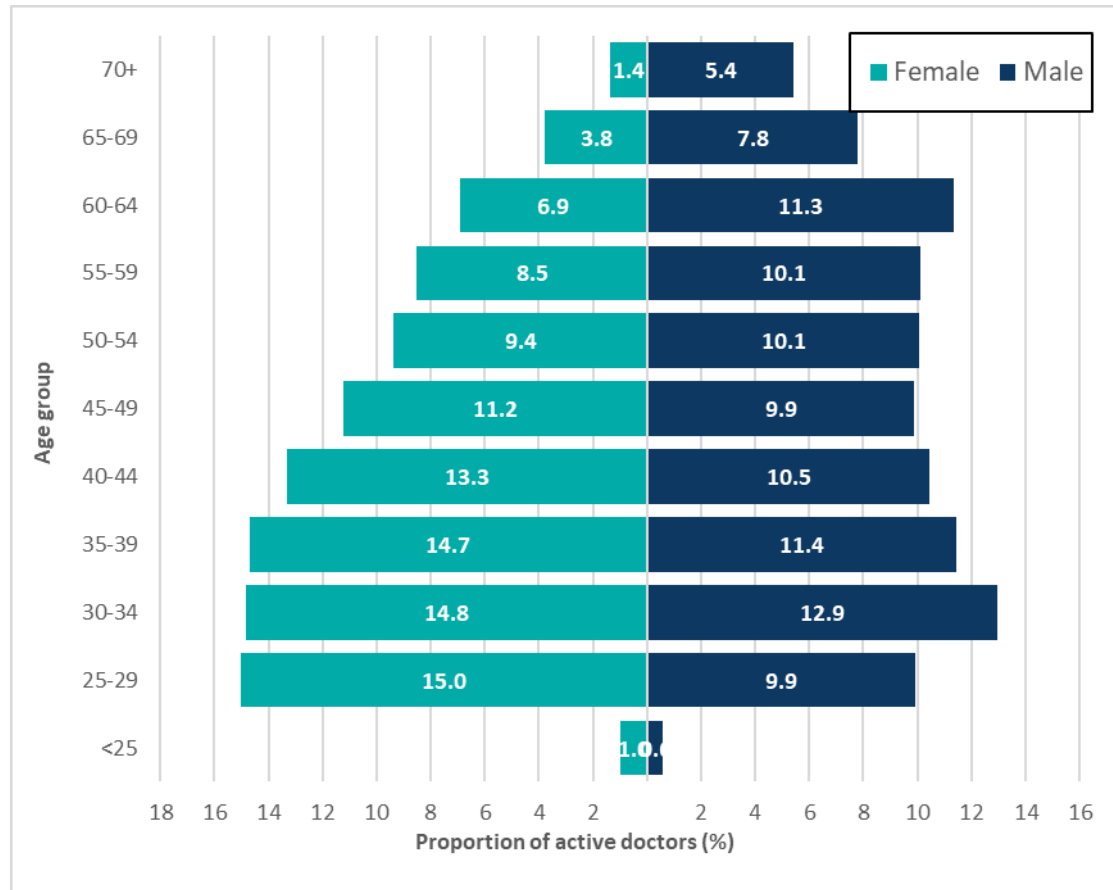


Distribution by age and gender

There are more young female doctors than young male doctors. The largest groups of female doctors are those aged between 25 and 34. Male doctors are more evenly distributed. The largest groups of male doctors are those aged 30-34 and 60-64.

The distribution of female doctors reflects that they have outnumbered men amongst medical school graduates for some time.

Figure 4: Distribution of active doctors by age and gender

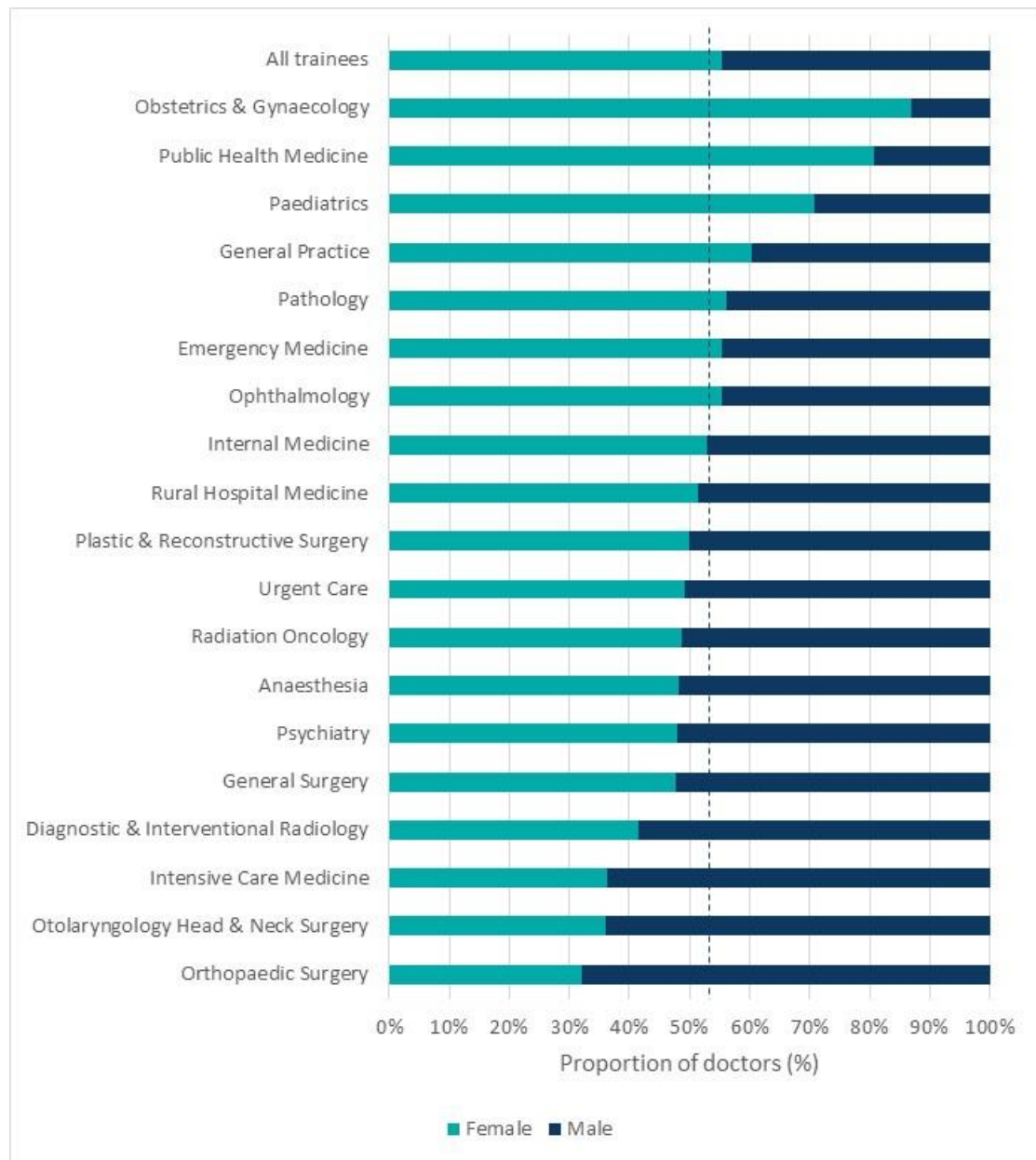


Vocational trainees

Female doctors outnumber male doctors in vocational training. 55.3 percent of trainees are female. Female doctors are most highly represented in obstetrics and gynaecology (87 percent), public health medicine (80.8 percent), paediatrics (70.7 percent) and general practice (60.4 percent).

Male doctors are most highly represented in orthopaedic surgery (68 percent), otolaryngology head and neck surgery (69.2 percent), and intensive care medicine (63.7 percent).

Figure 5: Vocational training area by gender (areas with more than 20 trainees)

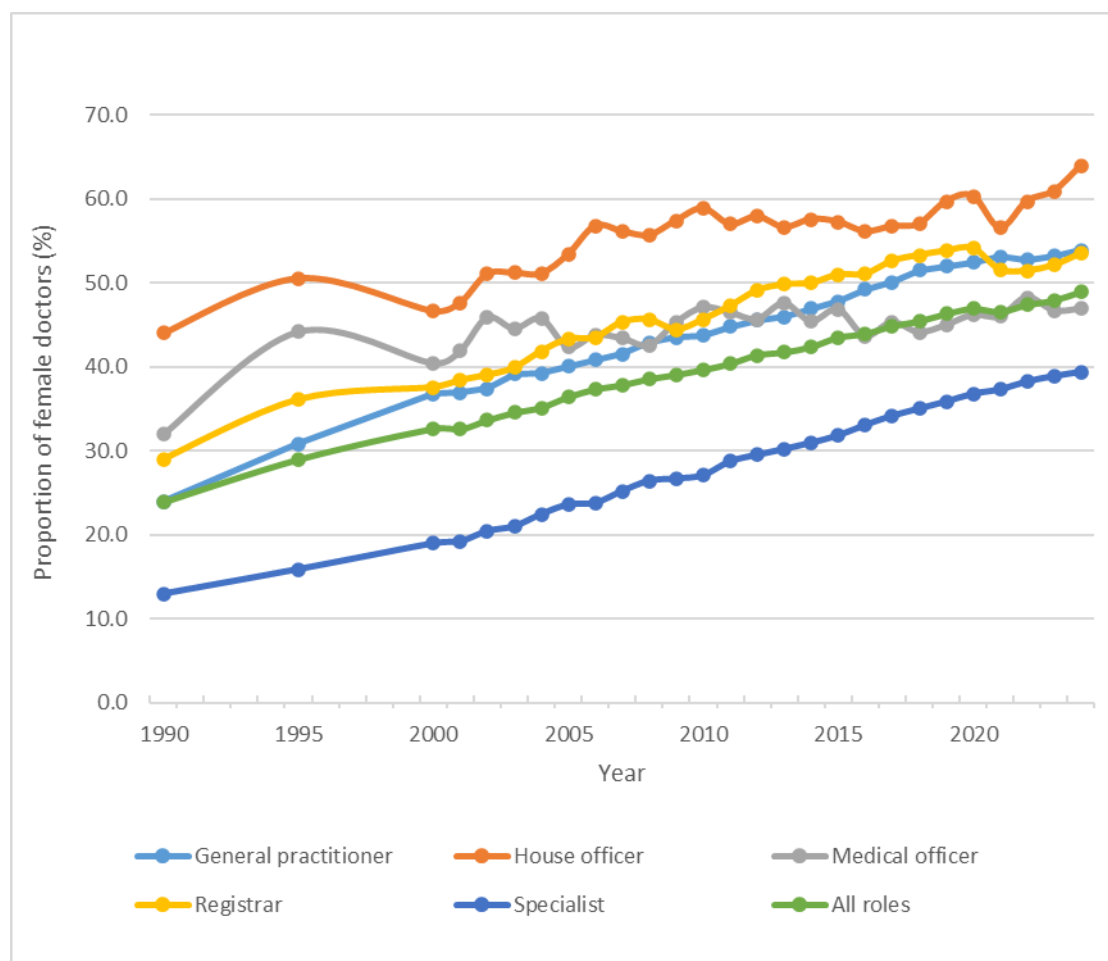


Work role

Women outnumber men amongst house officers (63.9 percent), registrars (53.5 percent) and GPs (53.9 percent).

Women are least represented amongst specialists, making up 39.4 percent. However, this is up from 31.8 percent in 2015, and 27.1 percent in 2010. This gap should continue to decrease as the doctors who are currently house officers and registrars complete their vocational training.

Figure 6: Proportion of females by work role at main work site (1990-2024)



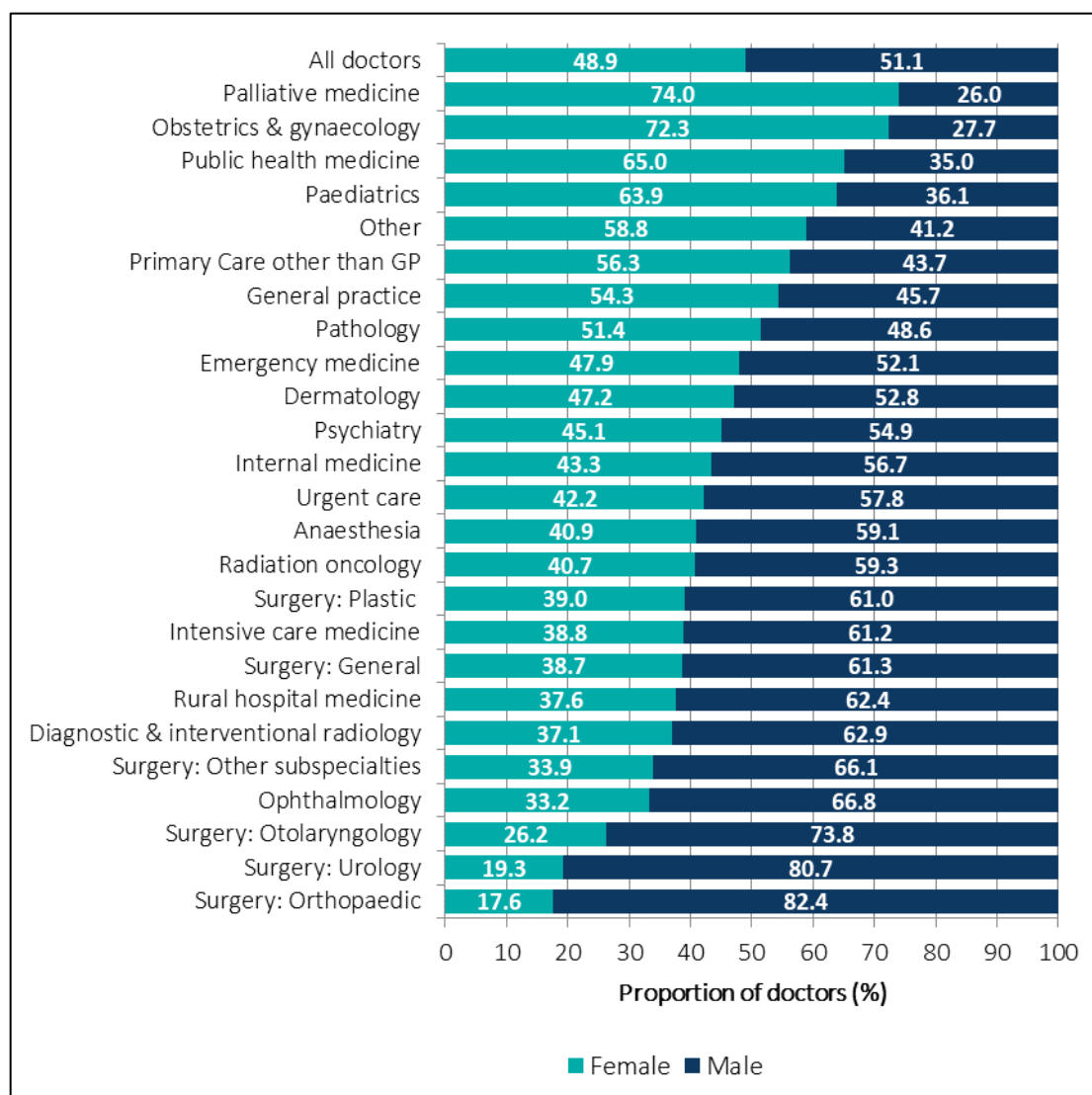
Work types

Women are most highly represented in the areas of palliative medicine (74 percent), obstetrics and gynaecology (72.3 percent), and public health medicine (65.0 percent).

Women are least represented in orthopaedic surgery (17.2 percent), urology (20.7 percent), otolaryngology head and neck surgery (23.2 percent) and other speciality surgery (26.2 percent).

Figure 7 shows the distribution by gender for work types with a total of 100 or more doctors.

Figure 7: Proportion of doctors by work type and gender



Women in surgery

Taking all surgical work types together, women make up 27.2 percent of doctors, slightly down from 28 percent in 2023. While down in 2024, the long-term trend is an increase in the proportion of women in surgical work types.

Table 6: Changes in proportion of women in surgery over time (2005-2024)

Work type at main work site	Year				
	2005	2010	2015	2020	2024
Surgery: Cardiothoracic	12.0	13.5	20.8	18.0	27.4
Surgery: General	11.6	17.4	23.0	30.1	38.7
Surgery: Neurosurgery	21.4	4.8	16.2	13.9	17.0
Surgery: Oral & maxillofacial	0.0	0.0	8.7	9.1	10.6
Surgery: Orthopaedic	5.1	6.4	10.0	13.0	17.6
Surgery: Other subspecialties	9.5	14.3	20.3	27.1	33.9
Surgery: Otolaryngology head & neck	10.7	13.4	20.4	22.0	26.2
Surgery: Paediatric	22.7	16.7	28.6	37.5	44.1
Surgery: Plastic	11.1	20.4	34.8	33.7	39.0
Surgery: Urology	10.2	8.8	14.6	17.0	19.3
Surgery: Vascular	0.0	5.0	11.8	25.0	19.3
All surgery	9.4	11.8	18.0	22.0	27.2

Changes in the medical workforce

Size of the workforce

The number of practising doctors increased by 9.6 percent between 2021 and 2024, from 18,247 to 20,007. This compares to an increase of 12.0 percent in the previous 3-year period (see Table 7).

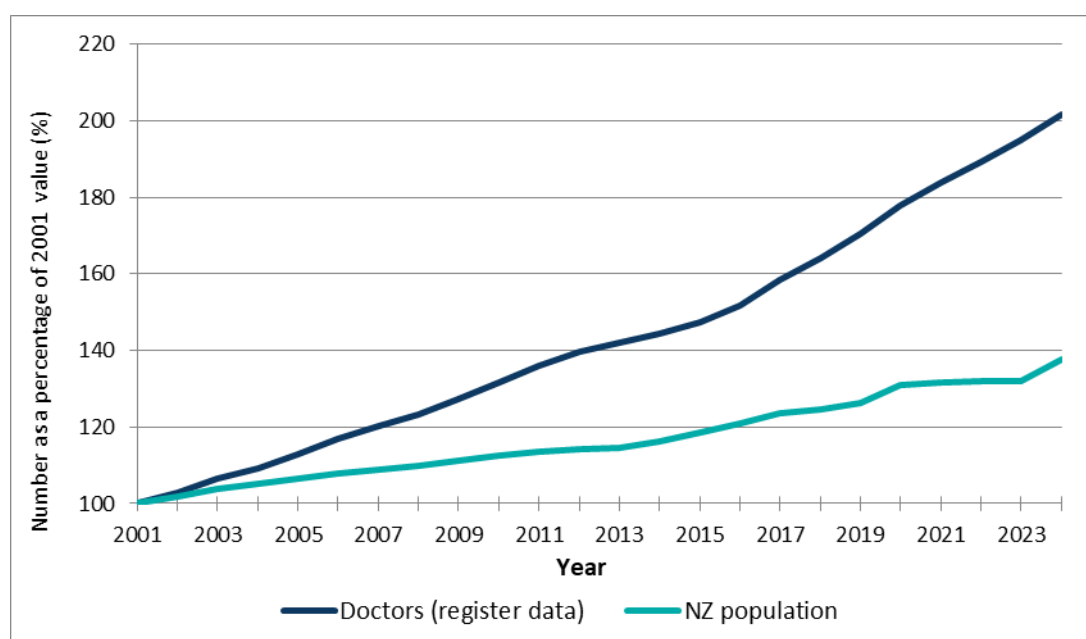
Table 7: Yearly workforce growth

	2003	2006	2009	2012	2015	2018	2021	2024
Total workforce (based on registration data)¹	10,590	11,604	12,641	13,879	14,616	16,291	18,247	20,007
Percentage change in total workforce over the previous three years based on registration data (%)	-	+9.6	+8.9	+9.8	+5.3	+11.5	+12.0	+9.6

¹ The total workforce according to registration data represents the number of doctors on the medical register with a current practising certificate as at 30 June of that year.

Figure 8 shows that the number of doctors continues to increase at an overall greater rate than the New Zealand population. This trend was not affected by COVID-19-related factors. Population growth was notably slow between 2020 and 2023 but jumped up significantly in 2024.

Figure 8: Change in size of the active medical workforce compared to change in the size of the New Zealand population (2001–2024)

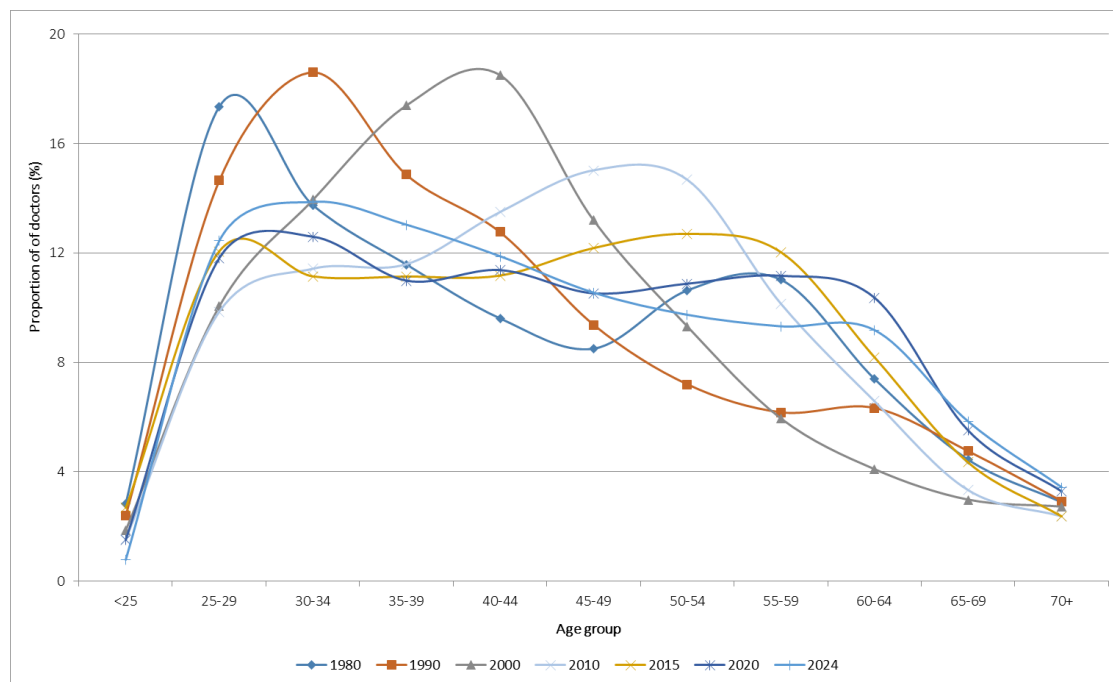


Age distribution of the workforce

The average age of the workforce remained at 45.2 years in 2024. The age distribution of doctors is more evenly spread than it used to be. The peaks previously seen in the 45-49 and 50-54 age groups in 2010 and 2015 have now flattened out due to increased numbers of new graduates entering the workforce.

In 2024, the largest group of doctors were those aged 30-34 (13.9 percent), followed closely by 35-39 (13.0 percent). This reflects the increased numbers of graduates from New Zealand's medical schools in recent years (see Table 22 on page 53).

Figure 9: Age distribution of the active⁶ workforce (1980–2024)



⁶ Active doctors are those who responded to the workforce survey and reported working 4 or more hours per week.

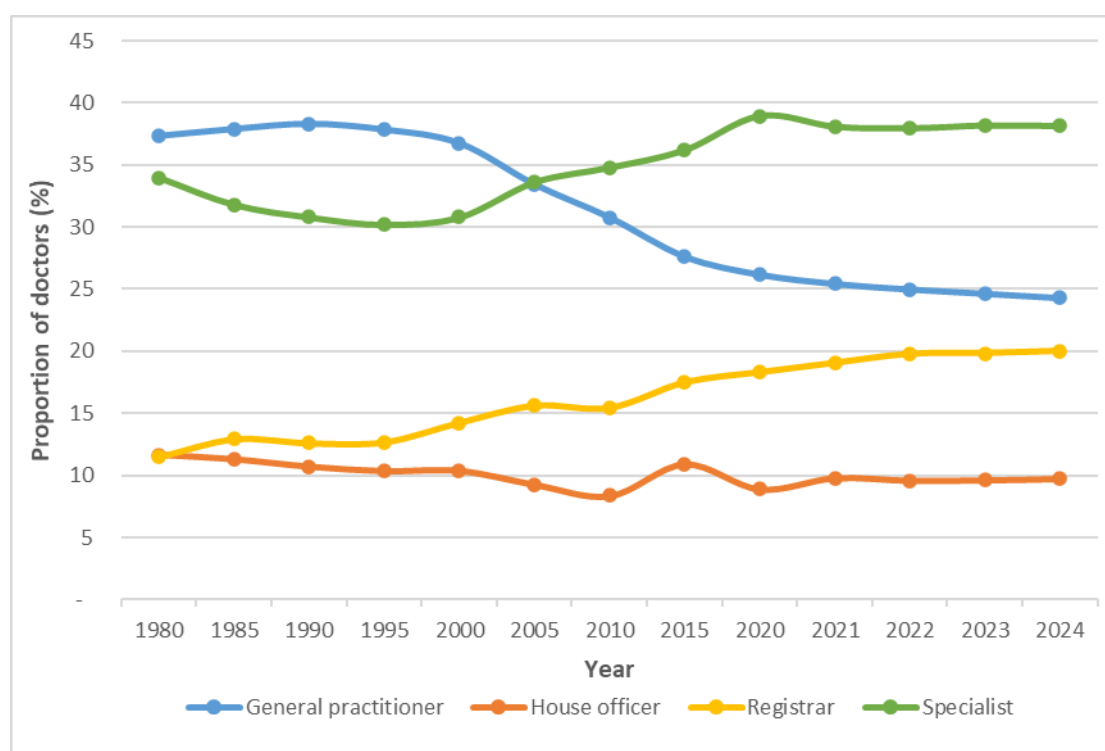
Changes by work role

GPs make up a smaller proportion of the workforce than they once did. Almost 40 percent of doctors were GPs between 1980 and 2000. Since that time, that proportion has dropped to below 25 percent.

The proportion of specialists increased during that same period. They are now the largest group within the workforce making up 38 percent of doctors. Registrars are the other group that is growing. The proportion of registrars has steadily increased from 11 percent in 1980 to 20 percent in 2024.

Figure 10 shows how the proportion of doctors by work role at their main work site has changed over time. It focuses on the four main work roles of specialist, GP, registrar, and house officer.

Figure 10: Proportion of active doctors by work role (1980–2024)*



* There is a break in the time series, changing from 5-yearly to yearly in 2020. This is so we can display the historic data, but also the more recent trends.

Clarification of terminology

The work roles in Figure 10 may not reflect current terminology in some cases but have been retained to enable the comparison of data over time. The main example of this is ‘house officers’ who are now more commonly known as interns or PGY1s and PGY2s (postgraduate year 1s and 2s).

General practitioner and specialist

General practice is a specialist scope of practice for the purposes of registration. Doctors registered in a vocational scope of general practice are specialists. However, for the purposes of the survey, specialists, and general practitioners (GP) are separate categories to help us to analyse and interpret the data. Because data are self-reported, not all doctors who report themselves as specialists or GPs will hold a vocational scope of practice.

Work type

This year, the greatest workforce increase was in the vocational scopes of intensive care medicine and general surgery. Intensive care medicine increased by 7.7 percent, with general surgery increasing by 5.5 percent.

General practice, the largest vocational scope with 3,978 doctors in 2024, increased by 1.6 percent. Internal medicine, the second largest with 1,462 doctors, increased by 4.2 percent.

The scopes of family planning, medical administration, occupational medicine, paediatric surgery, plastic and reconstructive surgery, and vascular surgery decreased in 2024. However, these decreases were small compared with the scopes which increased.

There was no change in the scope of rehabilitation medicine.

Table 8 shows the changes in the number of doctors registered in vocational scopes of practice. Only the 17 scopes with more than 100 doctors in 2024 are shown. The full list including all 36 vocational scopes can be found in Table 21 on page 51.

Table 8: Number of doctors by vocational scope for 2005–2024

Vocational scope	Year ¹						Percent change 2023–2024
	2005	2010	2015	2020	2023	2024	
Anaesthesia	488	577	737	879	972	993	+2.2
Diagnostic radiology	266	303	448	570	740	765	+3.4
Emergency medicine	88	135	224	350	436	454	+4.1
General practice	2,446	2,701	3,303	3,748	3,915	3978	+1.6
General surgery	227	235	262	298	329	348	+5.5
Intensive care medicine	44	58	81	111	117	126	+7.7
Internal medicine	656	761	958	1,222	1,403	1462	+4.2
Obstetrics and gynaecology	223	234	280	337	358	363	+1.4
Ophthalmology	107	124	134	166	176	181	+2.8
Orthopaedic surgery	211	237	273	311	330	344	+4.6
Otolaryngology head and neck surgery	85	97	108	119	132	133	+0.8
Paediatrics	219	289	353	422	468	479	+2.4
Pathology	225	238	278	324	343	344	+0.3
Psychiatry	425	489	559	671	709	711	+0.3
Public health medicine	130	157	177	180	191	195	+2.1
Rural hospital medicine	-	26	105	128	147	151	+2.7
Urgent care	103	119	136	249	296	310	+4.7
Total	6,389	7,310	9,069	10,863	11,901	12,188	+2.4

¹ Figures represent the number of doctors with vocational scope registration and current practising certificates as of 30 June of the year. Figures may differ slightly from those published in the 2023 report. This can occur when changes to a doctor's registration are backdated after the report data has been extracted.

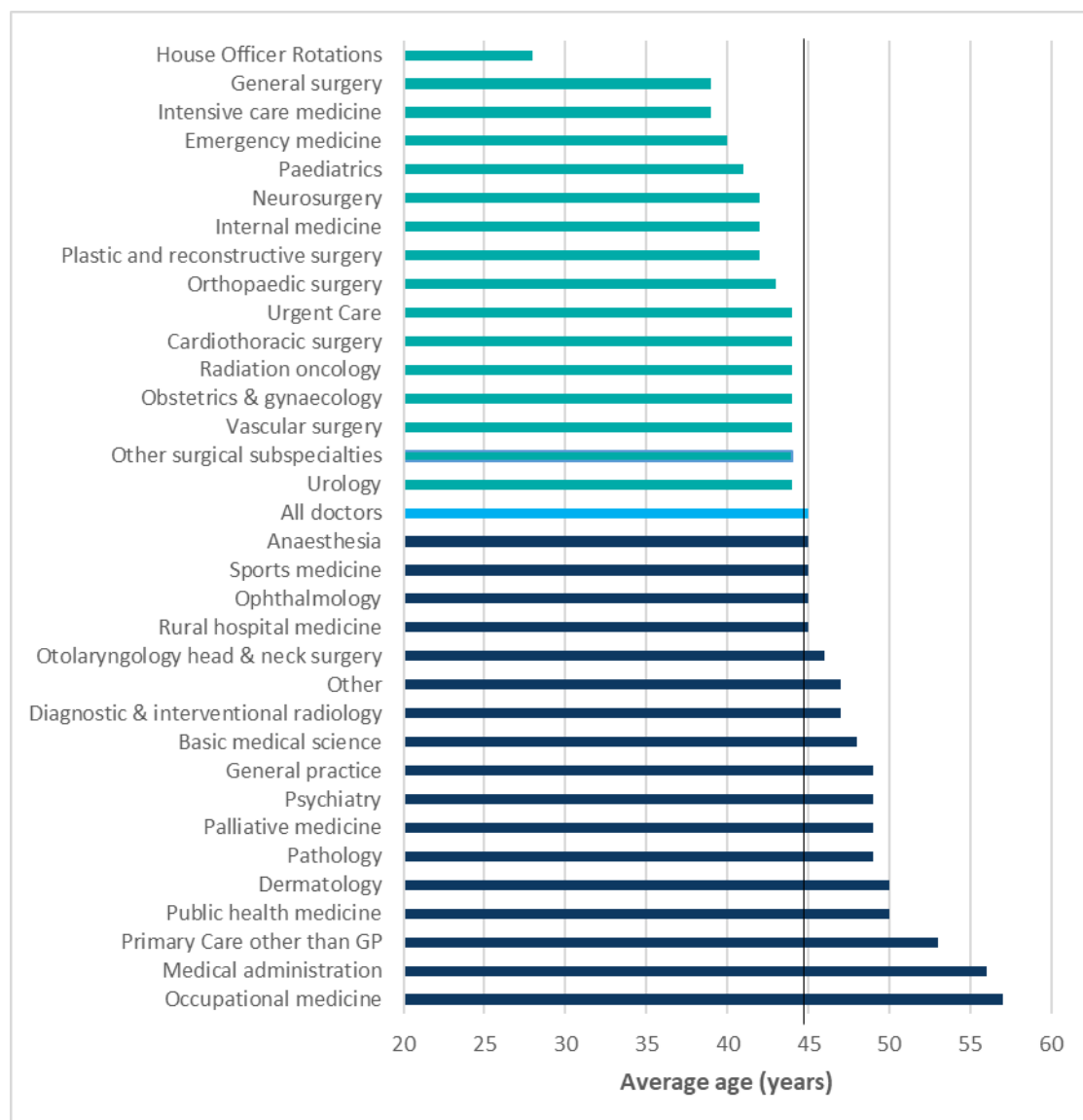
Work type and age

The average age is highest in occupational medicine (57 years), followed by medical administration (56 years) and primary care other than GP (53 years).

Aside from doctors working in house officer rotations, the average age is lowest in neurosurgery, general surgery, intensive care medicine, and emergency medicine. It is surprising to see general surgery and neurosurgery represented here. It is possible the average age of these groups is skewed by house officers reporting a specific area of medicine rather than house officer rotations. See page 24 for further analysis on this point.

Doctors working in house officer rotations are almost exclusively new graduates. As a result, they have the youngest average age (28 years).

Figure 11: Average age by work type at main work site (areas with more than 50 respondents)



Age and vocational scopes

The average ages in Figure 11 include doctors at all levels and so will be different to the average age of the specialist workforce in an area of medicine. We have therefore analysed the average age of doctors on the register by vocational scope of practice to provide more accurate figures.

Looking at vocational scopes with 100 or more doctors, psychiatry has the highest average age (55 years). Public health medicine has the second highest average age (54 years).

The youngest vocational scope is emergency medicine with an average age of 47 years. The next youngest are anaesthesia, diagnostic radiology, and intensive care medicine, all with an average age of 49 years.

The average age of all doctors with a vocational scope is 52 years in 2024, up from 48 years in 2005 and 50 years in 2010. However, the average age of doctors with a vocational scope is unchanged since 2020.

Table 9 focuses on scopes with 100 or more doctors. Table 22 on page 53 shows the same analysis but for all scopes.

Table 9: Average age of doctors on the register with a vocational scope (2005–2024)

Vocational scope	Year					
	2005	2010	2015	2020	2023	2024
Anaesthesia	46	48	49	49	49	49
Diagnostic radiology	48	49	49	49	49	49
Emergency medicine	41	43	45	46	46	47
General practice	49	51	53	53	53	53
General surgery	49	51	51	52	51	51
Intensive care medicine	46	48	49	49	50	49
Internal medicine	50	51	50	51	50	50
Obstetrics and gynaecology	49	51	52	52	51	51
Ophthalmology	49	50	51	51	52	52
Orthopaedic surgery	49	50	52	52	52	52
Otolaryngology head and neck surgery	49	51	53	54	53	54
Paediatrics	47	48	49	50	50	50
Pathology	49	50	51	51	51	51
Psychiatry	48	50	52	54	55	55
Public health medicine	47	49	51	52	54	54
Rural hospital medicine	-	47	49	51	51	51
Urgent care	45	48	51	52	51	51
All doctors with vocational scope	48	50	51	52	52	52

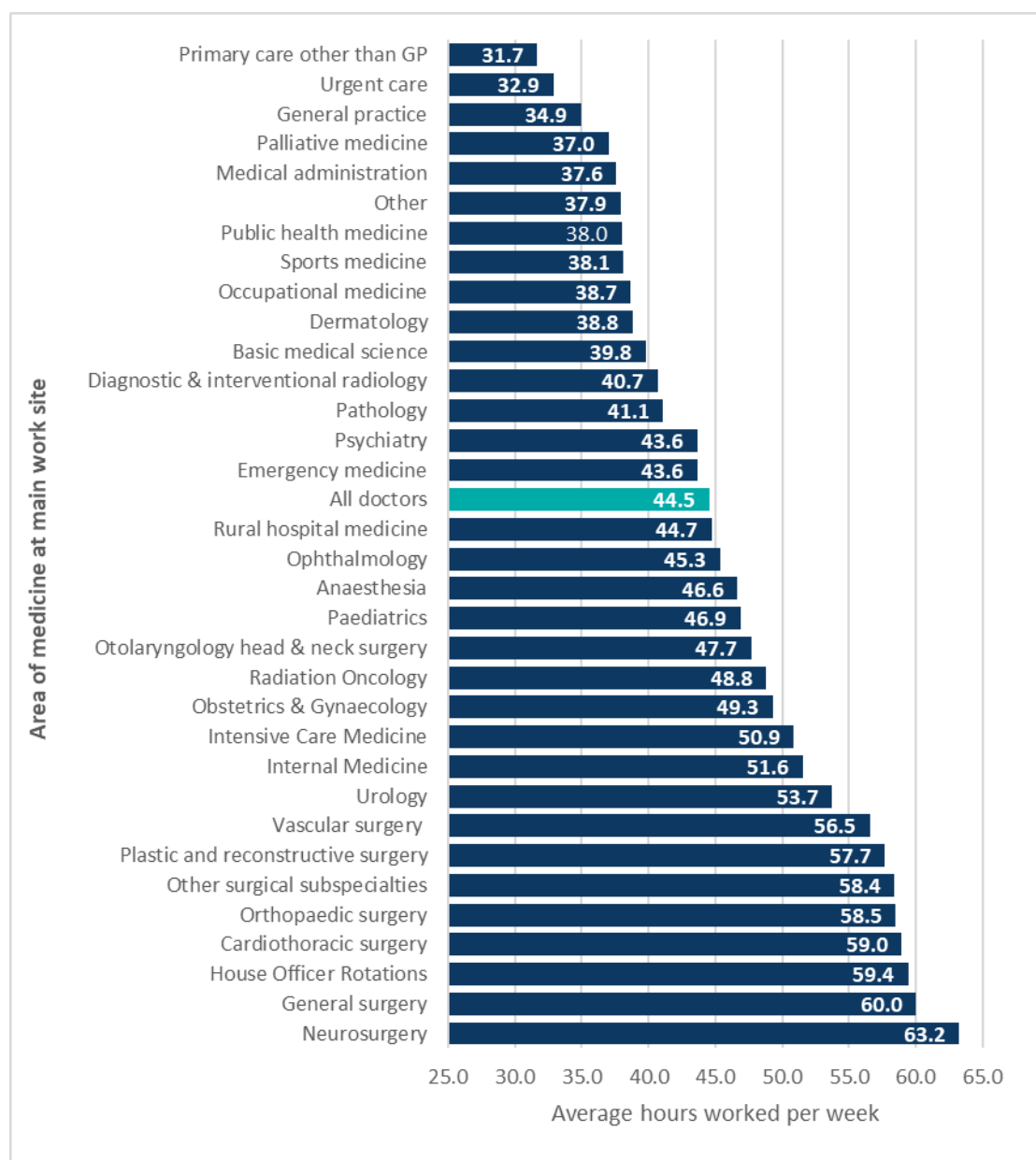
Workloads

Hours worked by work type

Doctors in neurosurgery report working the most hours (63.3 hours per week) followed by general surgery (60.0 hours), and house officer rotations (59.4 hours).

Doctors in primary care other than GP, urgent care, and general practice report working the fewest hours per week on average. This reflects the number of doctors working part-time in these specialties. 59.5 percent of doctors in general practice reported working less than 40 hours per week compared with only 7.9 percent of doctors working in surgery.

Figure 12: Average hours worked by work type (areas with more than 50 respondents)



Hours worked by work role

Overall, doctors report working less hours per week on average than they used to. Doctors reported working an average of 44.5 hours per week in 2024 compared to 47.1 hours per week in 2000. House officers and registrars report working the most hours, with GPs and specialists reporting the least hours.

Hours reported by house officers and registrars decreased between 2000 and 2010 but has increased in recent years. House officers are the only group reporting more hours worked than in 2000 (65.5 hours in 2024 compared with 52.1 hours in 2010).

Some house officers may be trying to report multiple rotations rather than their typical or most recent working week. However, even looking at just the hours reported at the main work site, house officers reported working 51.9 hours per week – more than the workforce average.

The multi-employer collective agreement (MECA)⁷ between the New Zealand Resident Doctors' Association and Te Whatu Ora | Health New Zealand sets out the terms and conditions of employment for resident medical officers (RMOs), which includes house officers. The terms of the MECA do not preclude the reported hours we are seeing. Under the MECA, RMOs can be rostered to work up to 16 hours in a single day, 72 hours in a 7-day period, or 140 hours in a 14-day period. It is therefore possible that house officers might work between 50 and 60 hours per week.

Average hours worked by specialists and GPs continue to decrease, with GPs down to 34.6 hours (from 42.2 in 2000) and specialists down to 42.7 hours (from 48.2 in 2000). This is another example of the increased tendency of GPs and specialists to work part-time compared with house officers and registrars. 60.3 percent of GPs and 26.3 percent of specialists work less than 40 hours per week compared to only 2.1 percent of house officers and 13.7 percent of registrars.

Table 10: Average hours worked each week by work role, at the doctor's main work site (2000–2024)

Work role	Year						
	2000	2005	2010	2015	2020	2023	2024
General practitioner	42.2	39.8	37.8	37.1	35.1	35.0	34.6
House officer	55.7	54.6	52.1	53.7	63.6	65.1	65.5
Registrar	55.0	53.1	51.6	51.4	52.3	52.5	52.6
Specialist	48.2	46.6	45.2	45.0	43.0	42.7	42.7
All doctors	47.1	45.5	43.9	44.4	44.4	44.6	44.5

⁷ As defined in [the Multi-Employer Collective Agreement \(MECA\) between the New Zealand Resident Doctors' Association and Te Whatu Ora | Health New Zealand](https://nzrda.org.nz/rmos/meca-faqs/) (<https://nzrda.org.nz/rmos/meca-faqs/>)

Hours worked by age and gender

Overall, women reported working 43.2 hours per week compared with 45.8 hours for men.

Doctors aged in their 20s report working the most hours per week, with women reporting slightly more hours than men (60.5 hours for women versus 59.7 hours for men). After the age of 30, men work more hours per week than women. This difference peaks in the 50–54 age group where men report working 45.4 hours compared with 37.9 for women.

Table 11: Average of total hours worked in 2024, by age and gender

Gender	Age group											All ages, average hours
	≤24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	
Female	62.8	60.4	49.9	40.7	37.9	38.1	37.9	37.3	36.0	33.1	27.3	43.2
Male	61.7	59.6	50.7	46.6	44.5	45.3	45.4	44.8	42.1	37.8	30.3	45.8
All doctors	62.3	60.1	50.3	43.4	40.9	41.5	41.9	41.4	39.9	36.3	29.7	44.5

Over time, the average number of hours worked continues to decrease for men but increase for women. Women worked 43.2 hours per week in 2024 compared with 41.2 hours in 2015, and 40.6 hours in 2005. Men reported working 45.8 hours per week in 2024 compared with 46.6 hours in 2010 and 48.3 hours in 2005.

Table 12: Average hours worked, by gender and year (2005–2024)

Gender	Year						
	2000	2005	2010	2015	2020	2023	2024
Female	41.2	40.6	39.8	41.2	42.0	43.0	43.2
Male	49.9	48.3	46.6	46.8	46.0	45.9	45.8
All doctors	47.1	45.5	43.9	44.4	44.0	44.6	44.5

Gender and part-time work

Women are much more likely to work part-time than men. Over 39 percent of women reported working fewer than 40 hours compared with 23 percent of men.

The most common reasons given by women for working part-time were personal preference (1,632 respondents), part-time work (898 respondents) and family commitments (548 respondents).

The most common reasons given by men for working part-time were personal preference (1,249 respondents), part-time work (304 respondents), and that they were retired or semi-retired (266 respondents). Only 85 men reported family commitments as a reason for part-time work.

Hours on-call by work role

'Hours on-call' measures the additional hours when doctors were on call but were not required to work. On-call hours where a doctor worked are reported in their average hours worked. If no additional on-call hours are reported, the doctor was either not on call or chose not to provide details of their on-call hours.

Most doctors did not report being on-call – 73.9 percent of doctors reported no on-call hours. Specialists reported the most on-call hours. 46.5 percent of specialists were on-call, with 28.8 percent reporting 10 or more hours. House officers reported the least on-call hours – 97 percent indicating no on-call hours. Similarly, just over 87 percent of registrars reported no on-call hours.

For house officers and registrars, the lower number of on-call hours reflects the higher number of hours they work on average. Where doctors are on-call and are required to work, we ask them to record these hours in their hours worked rather than their on-call hours.

Table 13: Doctors' on-call hours, shown by work role (%)

On-call hours, grouped	General Practitioner	House officer	Registrar	Medical officer	Specialist
No on-call hours	83.0	97.0	87.5	75.1	53.5
1–4	4.8	0.3	1.2	2.7	6.4
5–9	2.7	1.0	3.4	4.9	11.4
10–19	3.5	1.1	5.1	10.2	16.7
20–49	3.7	0.3	2.5	5.4	9.9
50 and over	2.4	0.3	0.4	1.8	2.2
Total¹	100.0	100.0	100.0	100.0	100.0

¹ Individual category may not add up to the total due to rounding.

Hours on-call by employer

84 percent of specialists who reported being on-call for 10 or more hours per week work in public hospitals.

Amongst other work roles, the largest group of doctors on-call for 10 or more hours per week worked in public hospitals (43 percent) and group private practices (34.7 percent). 70.9 percent of all doctors on-call for 10 or more hours per week worked in public hospitals.

Table 14: Proportion of doctors on call for 10 or more hours per week, by employer (%)

Main employer	Specialist	Other roles	Total
Commercial company	0.9	3.7	1.8
Government department/agency	3.2	2.6	3.0
Group private practice	4.0	34.7	13.7
Private hospital	3.2	0.9	2.5
Professional body	0.0	0.2	0.1
Public hospital	83.7	43.0	70.9
Solo private practice	2.5	5.8	3.5
University/polytechnic	0.5	0.6	0.6
Other	1.9	8.5	4.0
Total¹	100.0	100.0	100.0

¹ Individual categories may not add up to total due to rounding.

Hours on-call – changes over time

Hours on-call reported by doctors is decreasing. All work roles show fewer on-call hours in 2024 compared to 2005. Specialists reported the most on-call hours (7.7 hours) with house officers and registrars reporting the least (0.5 and 1.8 hours respectively). GPs reported an average of 4.1 on-call hours.

Table 15 shows the changes in the average on-call hours by work role between 2005 and 2024.

Table 15: Average on-call hours by work role (2005–2024)

Work role	Year						
	2005	2010	2015	2020	2022	2023	2024
General practitioner	5.6	5.3	4.8	4.5	4.5	4.5	4.1
House officer	1.3	0.8	0.5	0.4	0.4	0.4	0.5
Medical officer	5.6	4.6	6.7	5.0	4.5	3.8	5.3
Registrar	3.2	2.8	2.4	2.1	2.1	2.1	1.8
Specialist	13.1	11.0	10.2	9.0	8.3	8.2	7.7
All doctors	7.3	6.3	5.9	5.5	5.0	5.0	4.7

Geographic distribution

Limitations of geographic data

We recommend caution in interpreting and relying on figures in this section. Several limitations restrict how accurately we can report on where doctors work. This includes differing levels of precision in the workplace data we hold for doctors as well as challenges around representing the locations of doctors who routinely work across multiple regions, as we need to allocate each doctor to a single region for reporting purposes.

Where doctors tend to work across multiple regions the results tend to favour larger regions in areas — for example, in the wider Auckland and Wellington regions. Doctors might work across the entire region throughout the year but will only be represented against one in these figures. This tends to be the largest or central region — Auckland within the wider Auckland region and Capital & Coast in the wider Wellington region.

District Health Boards and Te Whatu Ora | Health New Zealand transition

District Health Boards (DHBs) were disestablished on 1 July 2022 and replaced by a new nationwide organisation - Te Whatu Ora | Health New Zealand. The geographic areas previously represented by DHBs still exist as regions within Te Whatu Ora. For example, what was Canterbury District Health Board is now a region called Te Whatu Ora | Health New Zealand Waitaha Canterbury.

Current region	Former DHB
Te Tai Tokerau	Northland DHB
Waitematā	Waitematā DHB
Te Toka Tumai Auckland	Auckland DHB
Counties Manukau	Counties Manukau DHB
Waikato	Waikato DHB
Lakes	Lakes DHB
Hauora a Toi Bay of Plenty	Bay of Plenty DHB
Tairāwhiti	Hauora Tairāwhiti
Taranaki	Taranaki DHB
Te Matau a Māui Hawke's Bay	Hawke's Bay DHB
Whanganui	Whanganui DHB
Te Pae Hauora o Ruahine o Tararua MidCentral	MidCentral DHB
Wairarapa	Wairarapa DHB
Hutt Valley	Hutt Valley DHB
Capital and Coast	Capital and Coast DHB
Nelson Marlborough	Nelson Marlborough DHB
Te Tai o Poutini West Coast	West Coast DHB
Waitaha Canterbury	Canterbury DHB
South Canterbury	South Canterbury DHB
Southern	Southern DHB

Distribution of doctors by region

The regions with the most doctors are Te Toka Tumai Auckland, Waitaha Canterbury, and Capital and Coast.

Over three-quarters of doctors are based in the North Island (76.2 percent). Waitaha Canterbury is by far the largest region in the South Island; over half of all doctors in the South Island and 12 percent of all doctors nationwide work in Waitaha Canterbury.

Table 16 shows the number of doctors and GPs in each region, along with the proportion of FTEs, proportion of GPs, and average hours worked.

Table 16: Distribution of doctors and GPs by region

Region	Population ¹	Number of doctors	Number of GPs	Proportion of total FTEs (%)	Proportion of GPs (%)	Average hours worked
Te Tai Tokerau	203,900	627	149	3.3	3.3	43.7
Waitematā	648,900	1,370	460	6.9	10.3	41.3
Te Toka Tumai Auckland	492,200	3,698	568	22.1	12.7	49.0
Counties Manukau	624,500	1,225	374	6.5	8.3	43.2
Waikato	458,600	1,606	390	9.0	8.7	45.8
Hauora a Toi Bay of Plenty	279,800	917	258	4.7	5.8	41.9
Lakes	120,100	324	63	1.8	1.4	44.9
Tairāwhiti	52,600	161	42	0.8	0.9	43.1
Te Matau a Māui Hawke's Bay	184,700	621	159	3.3	3.5	43.3
Taranaki	128,800	413	97	2.2	2.2	43.8
Te Pae Hauora o Ruahine o Tararua MidCentral	192,700	567	134	3.2	3.0	47.0
Whanganui	70,000	172	38	1.0	0.8	47.7
Wairarapa	51,200	82	39	0.4	0.9	39.9
Hutt Valley	162,300	373	124	1.8	2.8	40.5
Capital and Coast	326,700	1,860	409	10.1	9.1	44.3
Nelson Marlborough	167,200	556	191	2.7	4.3	40.1
Te Tai o Poutini West Coast	32,900	71	23	0.3	0.5	37.8
Waitaha Canterbury	602,000	2,275	572	12.0	12.8	43.1
South Canterbury	63,000	144	38	0.8	0.8	47.3
Southern	360,600	1,324	353	7.1	7.9	43.9
All regions	5,222,700	18,386	4,481	100.0	100.0	44.6

¹ Based on Statistics NZ's June 2023 subnational population estimates. The figures for June 2024 were not available at the time of publishing.

Limitations of method and effect on Auckland and Wellington regions

The figures for Te Toka Tumai Auckland and Capital & Coast will be exaggerated because of the limitations of allocating each doctor to a single region for reporting purposes. It is likely that the doctors in the wider Auckland and Wellington regions are more evenly spread.

Viewed together, the wider Auckland region contains 34.2 percent of doctors. This is consistent with the proportion of the population located in Auckland (33.8 percent). Similarly, the wider Wellington region makes up 12.6 percent of doctors and 10.3 percent of the population.

Distribution of GPs

The two largest regions in terms of numbers of GPs are Te Toka Tumai Auckland (568) and Waitaha Canterbury (572).

Te Toka Tumai Auckland is relatively over-represented compared to the proportion of the population (12.7 percent of GPs compared to 9.4 percent of the New Zealand population). However, the wider Auckland region (including Waitemata and Counties Manukau) is relatively underrepresented, with 33.8 percent of the population but only 31.3 percent of GPs. Waitemata is underrepresented by 2.2 percentage points and Counties Manukau by 3.6 percentage points.

Capital & Coast also has a proportion of GPs greater than its proportion of the population (+2.9 percentage points). Most other areas have GP numbers that are consistent with their proportion of the population (+/- 1 percentage point).

Hours worked

Doctors reported working the most hours in Te Toka Tumai Auckland (49 hours) followed by Whanganui (47.7 hours) and South Canterbury (47.3 hours).

Doctors reported working the least hours in Te Tai o Poutini West Coast (37.8 hours), Wairarapa (39.9 hours), and Nelson-Marlborough (40.1 hours).

The higher reported hours worked in Te Toka Tumai Auckland will be partly due to the larger numbers of house officers who work in this region. With house officer hours excluded, the average hours reported per week is just over 45 hours per week.

Hours worked by GPs

There is no clear pattern to hours worked by GPs by region. For example, the average hours worked reported by GPs in Capital & Coast was the same as GPs in Te Tai o Poutini West Coast (33.7 hours).

GPs reported working the most hours in South Canterbury (40.0 hours) followed by Te Pae Hauora o Ruahine o Tararua MidCentral (36.9 hours). GPs reported working the least hours in Hauora a Toi Bay of Plenty (32.3 hours) and Taranaki (32.8 hours).

Gender

Lakes has the highest proportion of female doctors (53.4 percent) and is one of seven regions with more female doctors than male doctors. The other regions with more female than male doctors are Te Tai Tokerau (53.1 percent), Te Tai o Poutini West Coast (52.1 percent), Capital and Coast (51.9 percent), Te Matau a Māui Hawke's Bay (50.7 percent), Nelson Marlborough (50.7 percent), and Te Toka Tumai Auckland (50.2 percent).

Wairarapa has the lowest proportion of female doctors (42.7 percent) followed by Te Pae Hauora o Ruahine o Tararua MidCentral (43.0 percent), and South Canterbury (43.1 percent).

The proportion of female doctors in the overall workforce is 48.9 percent.

International medical graduates

IMGs are more highly represented outside of the larger centres. West Coast has the highest percentage of IMGs (64.8 percent), followed by Wairarapa (63.4 percent), and Whanganui (62.8 percent).

The regions with the lowest percentages of IMGs are Te Toka Tumai Auckland (30.2 percent), Waitaha Canterbury (36.8 percent) and Capital and Coast (38.4 percent).

Age

Doctors outside of the main centres tend to be older on average. Doctors are the oldest in Wairarapa (50 years), Waitematā (48 years), and Te Tai o Poutini West Coast (47 years). The overall average age is 45 years.

Doctors are the youngest in Capital and Coast (43 years), Te Matau a Māui Hawke's Bay (43 years), and Te Toka Tumai Auckland (44 years). Most other areas are about the same as the overall average (+/- one year).

Table 17: Percentage female, percentage IMG and average age by region

Region	Population	Percentage female (%)	Percentage IMGs (%)	Average age
Te Tai Tokerau	203,900	53.1	50.7	45
Waitematā	648,900	49.0	42.6	48
Te Toka Tumai Auckland	492,200	50.2	30.2	44
Counties Manukau	624,500	47.7	44.1	47
Waikato	458,600	43.9	49.7	44
Hauora a Toi Bay of Plenty	279,800	48.7	48.7	44
Lakes	120,100	53.4	48.1	44
Tairāwhiti	52,600	46.0	47.8	45
Te Matau a Māui Hawke's Bay	184,700	50.7	52.0	43
Taranaki	128,800	47.5	46.7	44
Te Pae Hauora o Ruahine o Tararua MidCentral	192,700	43.0	47.8	44
Whanganui	70,000	44.8	62.8	45
Wairarapa	51,200	42.7	63.4	50
Hutt Valley	162,300	46.4	46.9	47
Capital and Coast	326,700	51.9	38.4	43
Nelson Marlborough	167,200	50.7	46.0	46
Te Tai o Poutini West Coast	32,900	52.1	64.8	47
Waitaha Canterbury	602,000	49.8	36.8	44
South Canterbury	63,000	43.1	56.3	47
Southern	360,600	47.5	43.9	46
All regions	5,222,700	48.9	41.7	45

International medical graduates

IMGs make up 41.9 percent of doctors who responded to the survey and 43.3 percent of doctors on the register.

IMGs play an important role in the workforce

IMGs are important to the medical workforce. IMGs fill gaps that we cannot fill with locally trained doctors.

Some IMGs come here to gain experience and expertise they cannot get in their home country. Other IMGs emigrate to New Zealand permanently, bringing with them the benefit of their experience and expertise.

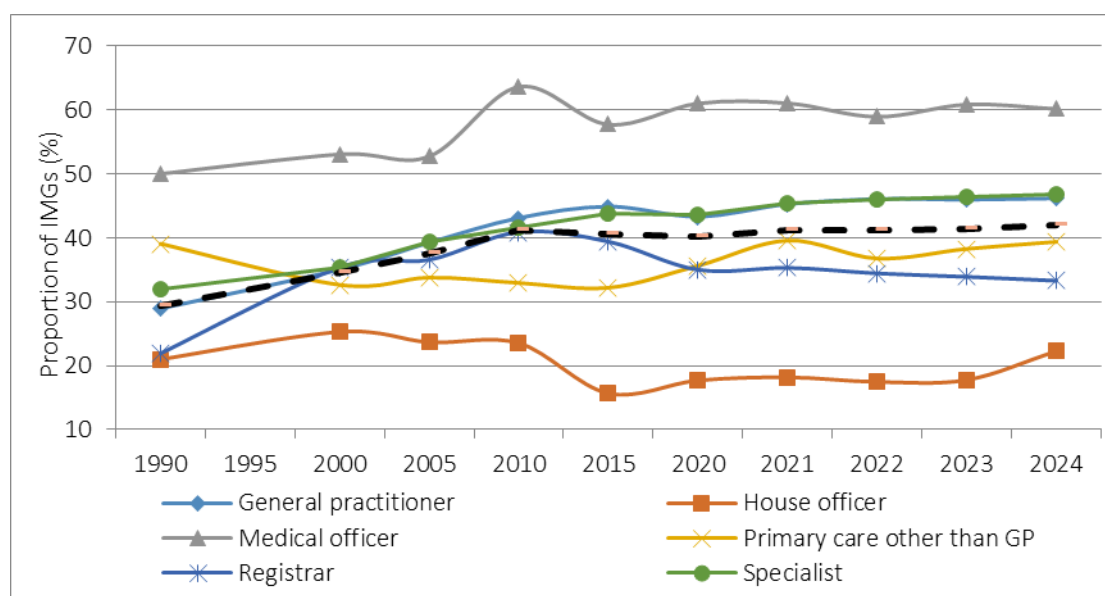
Movement of doctors between countries is normal and is not a one-way flow. Just as IMGs come to New Zealand to work, some New Zealand-trained doctors work in other countries – see the retention section on page 45 for more on this.

Work role

IMGs are most represented amongst medical officers – 60.2 percent. They are least represented amongst house officers (22.3 percent) and registrars (33.3 percent). This reflects that there are fewer training posts available for IMGs because we are training increasing numbers of local graduates.

Figure 13 shows changes in the proportion of IMGs by work role at their main work site between 1990 and 2024.

Figure 13: Proportion of IMGs by work role at the main worksite (1990–2024)*



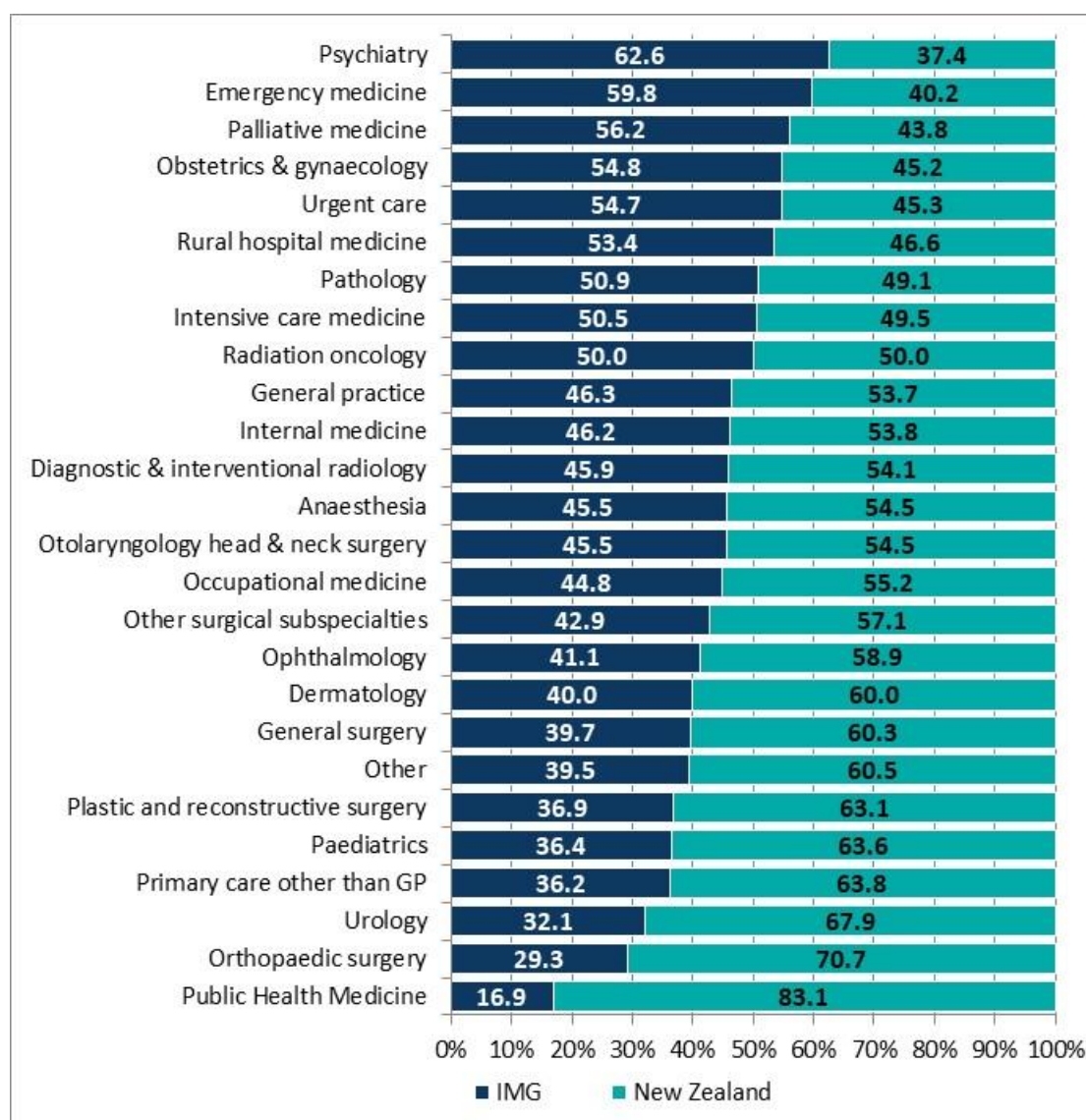
* There is a break in the time series, changing from 5-yearly to yearly in 2020. This is so we can display the historic data, but also the more recent trends.

Work type

IMGs are most represented in psychiatry (62.6 percent), emergency medicine (59.8 percent), and palliative medicine (56.2 percent).

IMGs are least represented in public health medicine (16.9 percent), orthopaedic surgery (29.3 percent) and urology (32.1 percent).

Figure 14: Proportion of IMGs by work type (areas with more than 50 doctors)



Retention — how long do our doctors stay

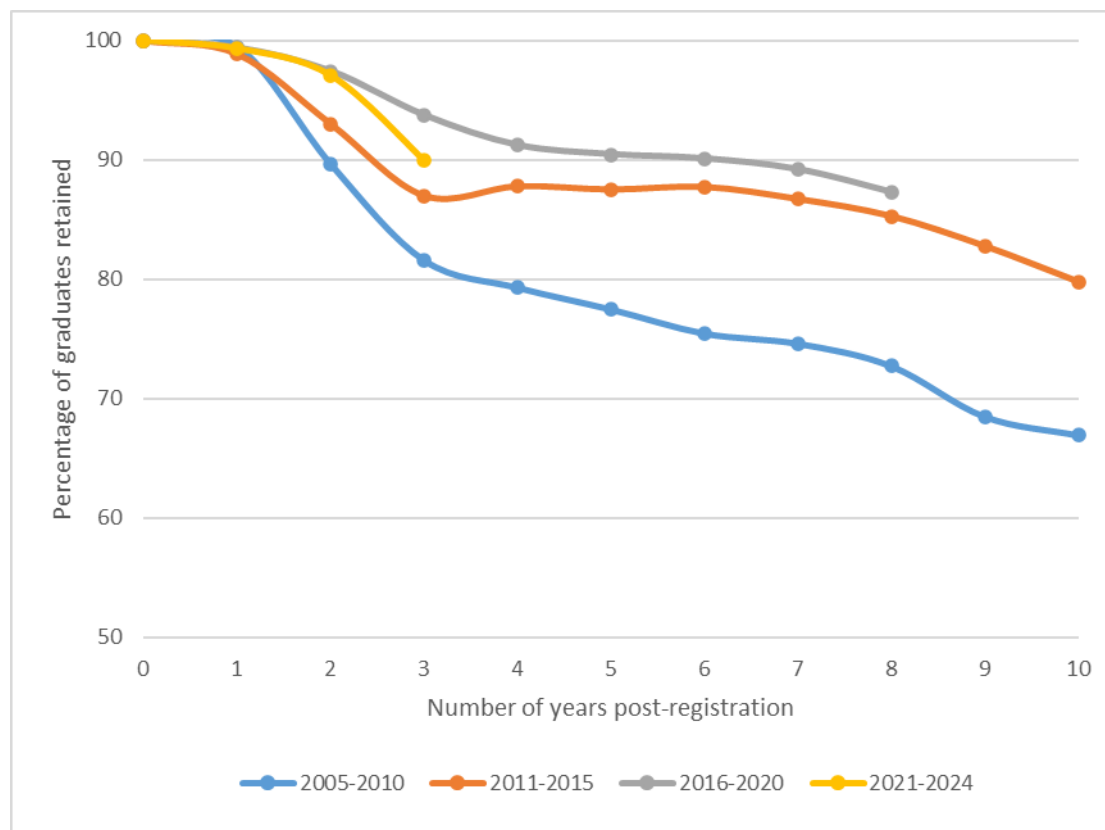
Retention of New Zealand graduates

On average, 99 percent of graduates are retained one year after their initial registration. This drops to just under 95 percent in the second year, and just under 90 percent in the third year. This includes graduates who were initially registered between 2005 and 2023.

Retention of graduates has improved in the last decade. Retention at two-years post registration tended to be around 90 percent. Since 2015, it has consistently been over 95 percent. Retention at three-years post registration is also up – around 93 percent since 2015 compared to 83 percent before 2015.

Figure 15 compares the retention rates at each year after graduation for successive classes of graduates from 2005 to 2024, combining these into 5-year cohorts (other than 2021-2024 which only has 4 years) to make it easier to see trends. See Table 24 on page 57 for more detailed retention data for New Zealand graduates.

Figure 15: Graduate retention of class years 2005–2024 (5-year cohorts)

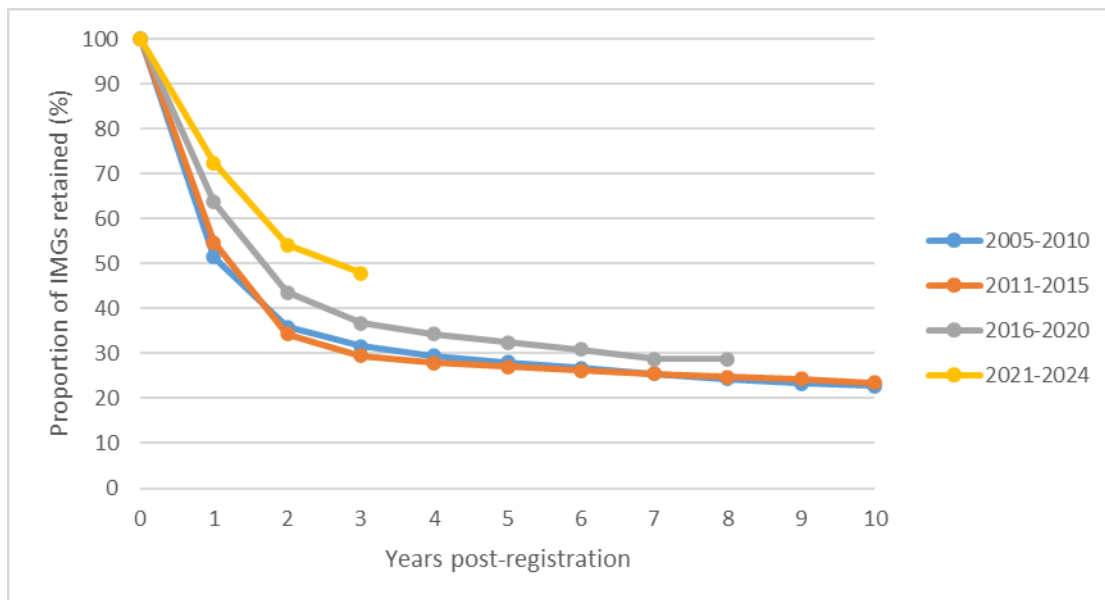


Retention of International medical graduates

Most IMGs who register in New Zealand do not stay for long periods. Just over 40 percent leave after one year, 60 percent after two years, and 75 percent after 10 years.

Figure 16 shows the overall retention rate for IMGs who registered in New Zealand between 2005 and 2024.

Figure 16: Retention rate for IMGs (2005–2024)



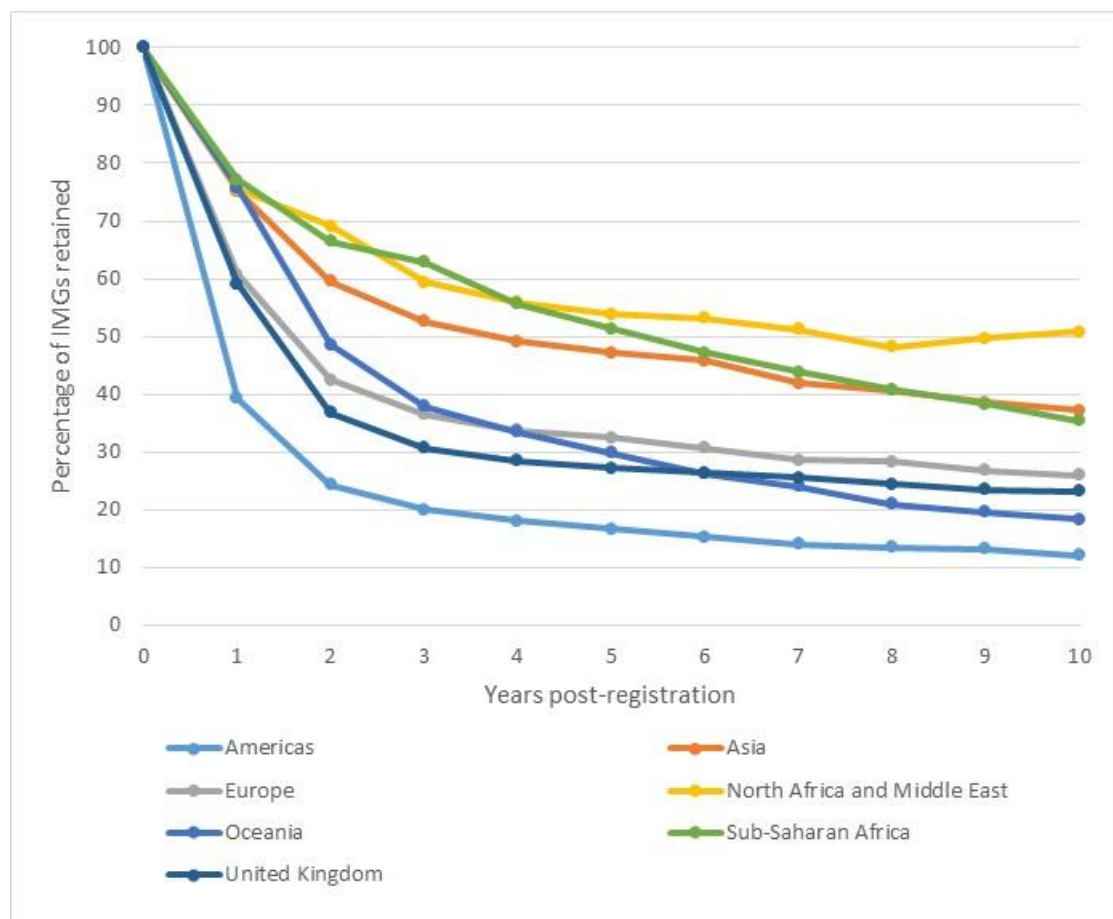
Retention by region of primary medical qualification

Doctors from Africa, the Middle East and Asia are most likely to stay. We retain over 70 percent of doctors from these regions for one year and about 50 percent for a further four years. Over half of doctors from North Africa and the Middle East are still in New Zealand up to seven years after they initially register.

Doctors from the Americas (mainly doctors from the USA and Canada) are least likely to stay in New Zealand followed by Oceania (mainly doctors from Australia and the Pacific), the United Kingdom (UK), and Europe. Only 39.2 percent of doctors from the Americas are retained one year after initial registration, dropping further to 24.2 and 20.1 percent in the second and third years. While around 60 percent of doctors from the UK are retained after one year, this then drops to 37 percent in the second year.

This suggests that doctors from the UK and the Americas are more likely to come to work in New Zealand temporarily or for short periods only (e.g., a working holiday). Doctors from Africa, the Middle East and Asia are more likely to relocate to New Zealand permanently.

Figure 17: Retention of IMGs by region of qualification (2005-2024)



Retention by age group and time since initial qualification

Doctors aged between 36 and 55 are more likely to stay compared to doctors in their 20s and those aged 65 and over. Doctors moving to New Zealand in the middle of their careers are more likely to stay compared with newer doctors in their first 10 years of practice.

Doctors aged under 30 are more likely to come to New Zealand for a short period of time compared with doctors in their 30s and 40s, who are more likely to be relocating permanently.

Figure 18: Retention rates for IMGs by age group (2005–2024)

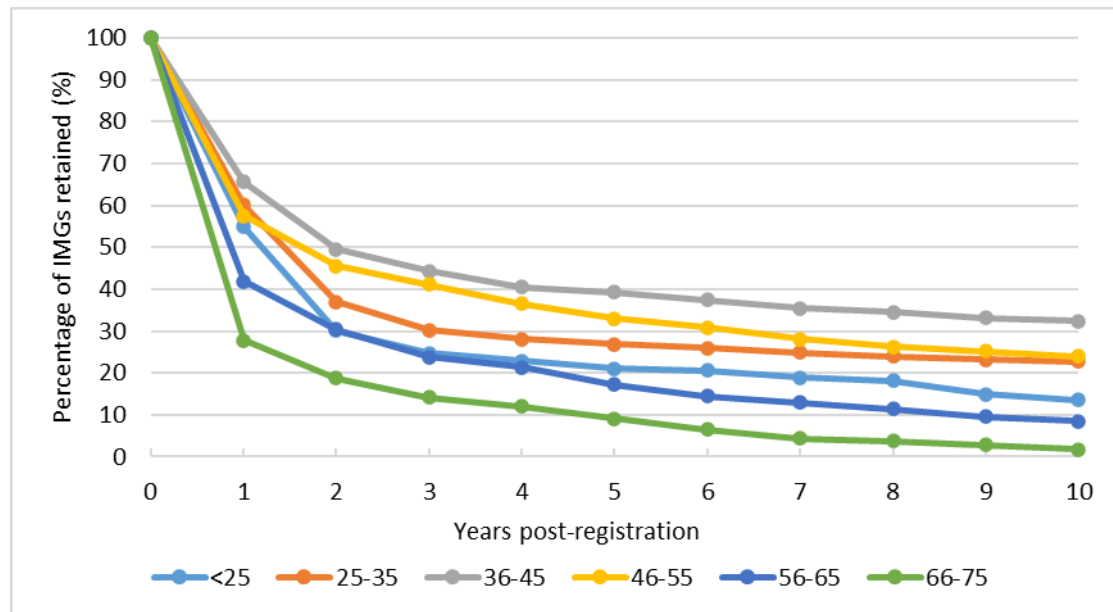
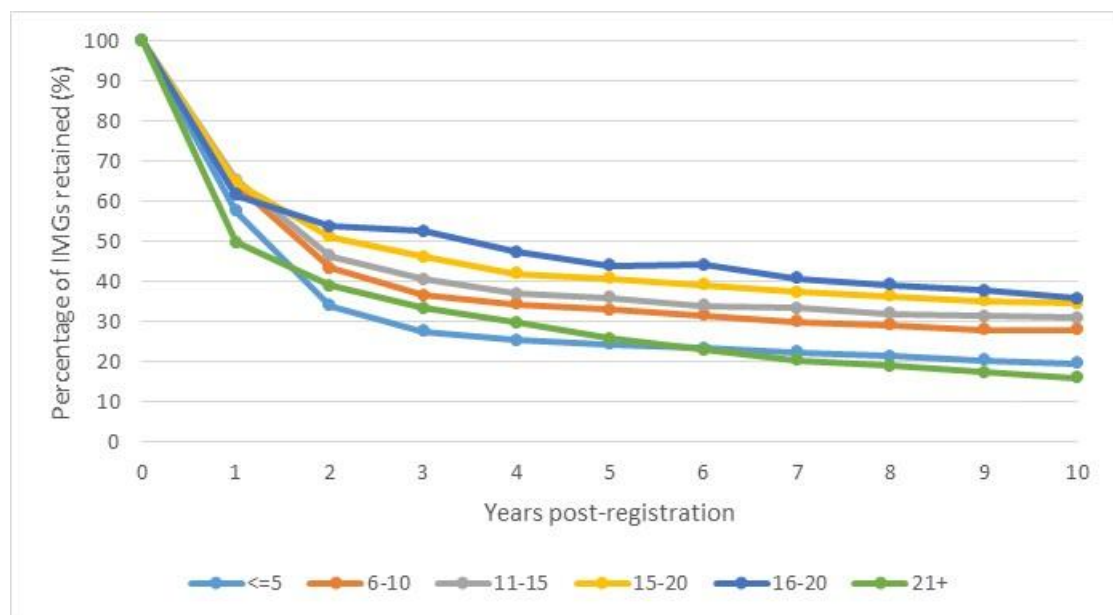


Figure 19: Retention rate for IMGs by time since initial qualification (2005–2024)



Data sources used in this publication

This report combines the results of the Council’s workforce survey for 2023-2024 with existing registration data. It also includes other non-register registration data collected from doctors as part of the initial registration process when they renew their practising certificates each year.

Register data and other non-register data

Register data

Register data are that used as part of the medical register. This includes doctors’ scopes of practice, practising certificate dates, and qualification data.

Non-register registration data

Non-register registration data are collected from doctors when they renew their practicing certificate each year or when doctors notify Council of changes during the year. This includes information on where doctors are employed, the level of their practice, the type of medicine, and whether they are in a vocational training programme.

Survey/workforce data

We ask doctors for workforce data as part of their application to renew their practising certificate. This section of the application collects detailed information from doctors about the work they are doing. This fills in the gaps not covered by register data and non-register registration data enriching these datasets.

Representativeness of the survey data

The response rate for the 2023-2024 survey is slightly higher than the previous year - 98.3 percent of doctors surveyed responded compared with 97.9 percent in 2023-2024.

We believe the response is representative and that valid conclusions can be drawn from the data. We make this assertion based on the population size and demographic comparison of the survey data with register data.

Survey statistical confidence – population size

A major factor in determining survey statistical confidence is the size of the population.

For our survey, the size of the population is the number of doctors on the register with current practising certificates – 20,012 as at 30 June 2024. For a population of this size, a response rate of 97.9 percent should provide 99 percent certainty⁸.

⁸ Great Brook, Survey Statistical Confidence: How Many is Enough? <https://greatbrook.com/survey-statistical-confidence-how-many-is-enough/>.

Demographic comparison – survey data versus register data

While the population size is important, the sample must accurately reflect the survey population. If it is, we can say that the survey data are representative.

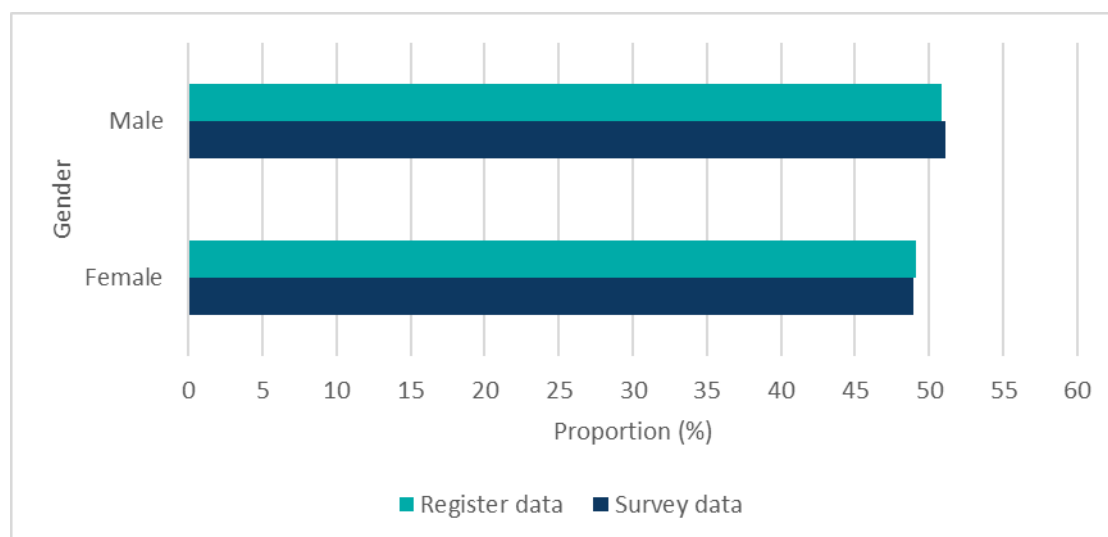
We compared the age and gender of those who responded to the survey with those on the medical register to test whether the survey data are representative. There were only very small differences in the breakdowns by age group and gender.

This further supports our conclusion that the survey response for 2023-2024 is representative.

Comparison by gender

Figure 20 illustrates that, when broken down by gender, the demographics of the two groups are effectively identical. In both cases, about 49 percent were female and 51 percent were male. As noted in the Gender section of the report on page 13, the number of doctors identifying as gender diverse was too small to report without breaching privacy standards.

Figure 20: Comparison of survey respondents with doctors on the medical register as at 30 June 2024 by gender



Comparison by age group

Figure 21 and Table 18 show only small differences between the two groups when they are broken down by age group.

There is a greater proportion of younger doctors (aged between 25 and 39) amongst doctors on the register, compared with those who responded to the survey. There is a corresponding larger proportion of doctors aged between 45 and 64 amongst survey respondents.

This reflects that there are younger doctors who only work in New Zealand for short periods and are not here for long enough to be captured by our survey.

Figure 21: Comparison of survey respondents with doctors on the medical register as at 30 June 2024 by age group



Table 18: Summary of differences between the proportions of survey respondents and doctors on the medical register as at 30 June 2024 by age group (selected age groups only)

Age group	25-29	30-34	35-39	40-49	50-54	55-59	60-64
<i>Survey difference to register</i>	-0.5	-0.3	-0.4	0.1	0.4	0.5	0.5

Comparison by country of qualification

The proportion of IMGs amongst doctors on the register is slightly higher compared to doctors who responded to the survey (43.3 percent versus 41.9 percent). This small difference will be because we do not ask some IMGs who come to New Zealand for short periods to complete the survey.

Survey method

Delivery method

We have collected our survey data electronically since 2015. We made this change when we moved our practising certificate renewal process online. Doctors renew their practising certificates online through myMCNZ (<https://mymcnz.org.nz/>).

Timing of the questionnaire

We ask doctors to renew their practising certificate (and complete the workforce survey) at one of four dates during the year, determined by the doctor's birthdate.

The 2023-2024 survey covers doctors who renewed their practising certificate from September 2023, December 2023, March 2024, June 2024.

Doctors can complete the survey up to 6 weeks before these dates. We collected all data within 3 months of a renewal period ending.

Sampling frame

We ask doctors to complete the survey if they:

- hold a current general, provisional general, vocational, or provisional vocational scope of practice, and
- hold a current practising certificate or held one at some point in the previous year, and
- have a New Zealand address.

We do not ask doctors who are registered for specific short-term purposes (special-purpose scope of practice) to complete the survey.

Responses to the survey

The response rate to the 2023-2024 survey is 98.3 percent. We asked 19,397 doctors to complete the survey; 19,075 doctors responded. 18,517 doctors reported working in the previous year. The remaining 558 doctors reported that they did not work.

This response rate is higher than in 2023 (97.9 percent) significantly higher than in 2020 (81.7 percent) and 2021 (90.8 percent). The increased response in recent years is because completing the workforce questionnaire is now a compulsory part of a doctor's application to renew their practising certificate. We made this change to comply with the 2019 amendment to the Health Practitioners Competence Assurance Act 2003.

This amendment requires us to provide the Director-General of Health with key workforce information on doctors⁹. Doctors must now complete the questionnaire but will be able to decline to answer specific questions – for example, ethnicity.

Active doctors

The results in this report reflect the responses from active doctors. Active doctors are those who reported working four or more hours per week. There were 18,462 active doctors in 2024.

³ ⁹ Health Practitioners Competence Assurance Amendment Act 2019, s134A – <http://www.legislation.govt.nz/act/public/2003/0048/latest/LMS193179.html>

Categories of data

We asked doctors completing the survey to report an employer type (e.g., public hospital), role type (e.g., registrar) and work type categories (e.g., cardiology) for up to three work sites.

Use of registration data

We combined survey data with registration information to avoid asking doctors unnecessary questions and make it easier for them to respond to the survey. This information included the doctor's age, gender, registration date, and year and country of graduation.

We also used registration data in this report where it was more reliable than survey data.

How we do geographical analysis

We assigned doctors' responses to a Te Whatu Ora | Health New Zealand region, based on the address information we held for them at the time they responded to the survey.

We used Stats NZ's Estimated Resident Population dataset as at 30 June 2023¹⁰ for Te Whatu Ora region populations.

Ethnicity

Doctors can report up to three ethnicities. However, when we report data, we assign each doctor a single ethnicity using a simplified version of Stats NZ's prioritisation standard. The priority order is:

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

The ethnicity we use in analysis is the one reported by the doctor with the highest priority.

Calculating retention rates

Retention of New Zealand graduates

We calculate the retention rates for New Zealand graduates by looking at graduates who registered each year and then checking whether they still held a practising certificate at yearly intervals (based on the date they registered).

Retention of international medical graduates

We calculate the retention rates for IMGs by looking at new registrations each year and then checking whether those IMGs still held a practising certificate at yearly intervals (based on the date they registered).

We express the retention rate as a percentage. If 100 doctors are in the initial cohort and 90 doctors hold a practising certificate in the following year, the retention rate is 90 percent.

⁴ ¹⁰ Stats NZ: Estimated Resident Population as at 30 June 2023.

Explanation of terms used

Active doctors

Active doctors are doctors who, by their own estimate, worked a total of at least 4 hours in medical (including non-clinical) work during a typical working week.

Full-time equivalent (FTE)

We base proportional calculation of FTEs on a 40-hour week. For example, 60 hours = 1.5 FTE. On-call time is only included in FTE when the doctor works.

General practitioner (GP)

A GP is any respondent who indicated working in the GP work role at one of their work sites. It does not specifically refer to a doctor holding the FRNZCGP qualification or a vocational scope of general practice. We sometimes need to use a different definition of GP. We will specify that we have done this in the text.

House officer

House officers are doctors in their first 2-3 years out of medical school. Doctors in their first year out of medical school are sometimes known as interns or PGY1s.

Hours on-call

Hours on-call are additional hours when doctors were on-call but did not work.

Hours worked

We ask doctors to report the hours they work across all work sites during a typical working week. Alternatively, we ask doctors to report their most recent week if they cannot identify a typical week.

International medical graduate (IMG)

A doctor who obtained their primary medical qualification in a country other than New Zealand. IMGs used to be called overseas-trained doctors.

Please take care when comparing the proportion of IMGs employed in New Zealand to the proportion in other countries – many countries define IMG differently from us.

Main work site

The work site where the doctor spends most of their working hours.

Medical officer

The multi-employer collective agreement (MECA) between the Association of Salaried Medical Specialists (ASMS) and DHBs¹¹ defines medical officer as “any medical practitioner who is registered under the Health Practitioners Competence Assurance Act 2003 ... who is not a medical specialist”. Medical officers were previously called medical officers of special scale (MOSS).

¹¹ <https://nzrda.org.nz/rmos/>

Registrar

A doctor who has at least 2 years of experience since graduation from medical school. Registrars are generally undertaking vocational training in their chosen specialty.

Registered within a vocational scope of practice

Doctors registered in a vocational scope of practice have completed an approved or equivalent postgraduate training programme leading to the award of an approved or equivalent postgraduate qualification.

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

Specialist

This work role category is generally understood to require membership of the relevant specialist college (and registration within a vocational scope of practice). However, the data are self-reported and doctors who respond to the survey may apply the term more broadly.

General practice is a specialty, and GPs are specialists. However, we ask doctors working in general practice, urgent care, and other primary care disciplines to use separate work role categories to help us analyse the data.

Work role

Work role category options for the survey are:

- GP
- primary care other than GP
- house officer
- registrar
- medical officer
- specialist/consultant
- other.

Work type

Work type is the area of medicine or specialty that the doctor is working in. For example, internal medicine or general surgery.

More information

Requesting further information

Please contact us for further information about this report. You can send email requests to workforce@mcnz.org.nz.

You can also get further information about the medical workforce from the Ministry of Health. Please see:

<https://www.health.govt.nz/nz-health-statistics/access-and-use/how-access-data>

Alternatively, you can contact the Ministry at the following address:

Analytical Services
National Collections & Reporting
National Health Board
PO Box 1043
Wellington
New Zealand

Email: data-enquiries@health.govt.nz

Website: www.health.govt.nz

Referencing this report

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Appendix 1 – Changes in the medical workforce by work role

Table 19 shows the changes in the distribution of the workforce by work role over time.

Table 19: Changes in the medical workforce

Workforce role ²	Proportion of active doctors (%) ¹						
	1980	1990	2000	2010	2020	2023	2024
GP	37	38	37	31	26	25	24
House officer	12	11	10	8	9	10	10
Medical officer	3	3	3	5	4	4	4
Primary care other than GP	1	3	2	1	1	1	1
Registrar	11	13	14	15	18	20	20
Specialist	34	31	31	35	39	38	38
Other	1	2	2	3	2	3	3
No answer	-	-	0	2	-	-	-
Total³	100	100	100	100	100	100	100

¹ Proportion of doctors who responded to the survey and reported working 4 or more hours per week.

² Work role at the doctor's main work site.

³ Categories may not add up to 100 due to rounding.

Appendix 2 – Proportion of doctors by work type and gender

Table 20: Proportion of doctors by work type and gender

Work type	Female (%)	Male (%)	Female	Male	Total
Family planning & reproductive health	82.6	17.4	19	4	23
Sexual health medicine	79.1	20.9	34	9	43
Obstetrics & gynaecology	73.9	25.8	465	162	629
Palliative medicine	73.1	26.1	98	35	134
Clinical forensic medicine	71.4	28.6	*	*	*
House officer rotations	66.6	33.4	575	288	863
Public health medicine	65.0	35.0	158	85	243
Paediatrics	64.9	35.1	504	273	777
Clinical genetics	64.3	35.7	9	5	14
Other	57.8	42.2	185	135	320
Other primary care	56.3	43.7	76	59	135
General practice	54.3	45.6	2,672	2,245	4,920
Basic medical science	52.2	47.8	36	33	69
Pathology	51.4	48.6	143	135	278
Emergency medicine	51.2	48.8	522	498	1,020
Dermatology	47.2	52.8	50	56	106
Psychiatry	45.3	54.6	485	584	1,070
Internal medicine	44.6	55.4	1,079	1,341	2,421
Surgery: Paediatric	44.4	55.6	16	20	36
Medical administration	43.0	57.0	34	45	79
Surgery: General	42.7	57.1	233	312	546
Urgent care	42.3	57.7	119	162	281
Rehabilitation medicine	41.5	58.5	17	24	41
Anaesthesia	41.1	58.9	524	752	1,276
Surgery: Plastic	40.9	59.1	63	91	154
Radiation oncology	40.9	59.1	47	68	115
Intensive care medicine	40.0	60.0	108	162	270
Rural hospital medicine	38.1	61.2	53	85	139
Diagnostic & interventional radiology	37.3	62.7	263	443	706
Surgery: other subspecialties	35.7	64.3	45	81	126
Ophthalmology	33.5	66.5	91	181	272
Sports medicine	30.8	69.2	20	45	65
Surgery: Cardiothoracic	27.3	72.7	18	48	66
Surgery: Otolaryngology head & neck	26.3	73.7	51	143	194
Occupational medicine	26.0	74.0	20	57	77
Surgery: Vascular	24.2	75.8	16	50	66
Surgery: Urology	20.9	79.1	29	110	139
Surgery: Neurosurgery	20.8	79.2	11	42	53
Surgery: Orthopaedic	20.5	79.5	126	488	614
Musculoskeletal medicine	15.4	84.6	4	22	26
Surgery: Oral & maxillofacial	10.6	89.4	5	42	47
Assisted dying	0.0	100.0	-	*	*
All doctors	48.9	51.0	9,028	9,424	18,462

² * Categories with <4 results and associated totals removed for privacy reasons.

Appendix 2 – Work type

Table 21: Number of doctors by vocational scope for selected years (2005–2024)

Vocational scope	Year ¹					
	2005	2010	2015	2020	2023	2024
Anaesthesia	488	577	737	879	972	993
Cardiothoracic surgery	19	23	28	31	36	37
Clinical genetics	6	7	12	16	18	20
Dermatology	50	56	63	77	78	80
Diagnostic and interventional radiology	266	303	448	570	740	765
Emergency medicine	88	135	224	350	436	454
Family planning and reproductive health	24	26	24	30	29	28
General practice	2,446	2,701	3,303	3,748	3,915	3,978
General surgery	227	235	262	298	330	348
Intensive care medicine	44	58	81	111	117	126
Internal medicine	656	761	958	1,222	1,403	1,462
Medical administration	12	15	25	30	32	29
Musculoskeletal medicine	20	22	20	24	26	29
Neurosurgery	18	20	23	24	23	26
Obstetrics and gynaecology	223	234	280	337	358	363
Occupational medicine	40	49	53	64	65	62
Ophthalmology	107	124	134	166	176	181
Oral and maxillofacial surgery	17	17	20	30	36	37
Orthopaedic surgery	211	237	273	311	329	344
Otolaryngology head and neck surgery	85	97	108	119	132	133
Paediatric surgery	15	14	19	24	24	22
Paediatrics	219	289	353	422	468	479
Pain medicine	-	-	23	34	36	39
Palliative medicine	32	42	54	71	77	79
Pathology	225	238	278	324	343	344
Plastic and reconstructive surgery	43	55	64	75	83	82
Psychiatry	425	489	559	671	709	711
Public health medicine	130	157	177	180	191	195
Radiation oncology	34	49	60	68	71	73
Rehabilitation medicine	11	16	24	27	29	29
Rural hospital medicine	-	26	105	128	147	151
Sexual health medicine	18	20	18	19	20	21
Sport and exercise medicine	12	19	26	33	41	42

Vocational scope	Year ¹					
	2005	2010	2015	2020	2023	2024
Urgent care	103	119	136	249	296	310
Urology	51	54	64	68	79	82
Vascular surgery	20	26	33	33	36	34
Total	6,389	7,310	9,069	10,863	11,901	12,188

¹ Figures represent the number of doctors with vocational scope and current practising certificate as of 30 June of the year. Figures may differ slightly from those published in the 2022 report. This can occur when changes to a doctor's registration are backdated after the report data has been extracted.

Appendix 3 – Age

Table 22: Average age of doctors on the register with a vocational scope (2005–2024)

Vocational scope	Year					
	2005	2010	2015	2020	2023	2024
Anaesthesia	46	48	49	49	49	49
Cardiothoracic surgery	48	52	53	52	52	54
Clinical genetics	42	46	46	46	49	50
Dermatology	51	51	52	52	51	52
Diagnostic radiology	48	49	49	49	49	49
Emergency medicine	41	43	45	46	46	47
Family planning	53	53	53	51	52	53
General practice	49	51	53	53	53	53
General surgery	49	51	51	52	51	51
Intensive care medicine	46	48	49	49	50	49
Internal medicine	50	51	50	51	50	50
Medical administration	53	56	58	57	58	58
Musculoskeletal medicine	52	55	58	60	56	56
Neurosurgery	54	55	52	53	51	51
Obstetrics & gynaecology	49	51	52	52	51	51
Occupational medicine	50	53	55	58	59	59
Ophthalmology	49	50	51	51	52	52
Oral & maxillofacial surgery	45	48	52	49	49	49
Orthopaedic surgery	49	50	52	52	52	52
Otolaryngology head & neck surgery	49	51	53	54	53	54
Paediatric surgery	49	53	55	54	51	52
Paediatrics	47	48	49	50	50	50
Pain medicine	-	-	54	53	55	55
Palliative medicine	50	54	56	52	52	52
Pathology	49	50	51	51	51	51
Plastic & reconstructive surgery	49	48	50	52	51	52
Psychiatry	48	50	52	54	55	55
Public health medicine	47	49	51	52	54	54
Radiation oncology	46	47	49	51	51	51
Rehabilitation medicine	51	51	51	53	53	54
Rural hospital medicine	-	47	49	51	51	51

Vocational scope	Year					
	2005	2010	2015	2020	2023	2024
Sexual health medicine	50	52	55	55	56	57
Sport medicine	46	46	47	48	49	50
Urgent care	45	48	51	52	51	51
Urology	50	52	51	51	51	52
Vascular surgery	48	50	50	54	56	56
All doctors with a vocational scope	48	50	51	52	52	52

Appendix 4 – Ethnicity by work type

Table 23: Distribution of ethnicity by work type at main work site (%)

Work type	Māori	Pacific Peoples	Chinese	Indian	Other non-European	Other European	New Zealand European/Pākehā	Refused	Total
Anaesthesia	3.4	1.3	7.0	4.9	9.1	21.4	49.1	3.8	100
Assisted dying	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100
Basic medical science	1.4	0.0	7.2	5.8	14.5	18.8	47.8	4.3	100
Clinical forensic medicine	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	100
Clinical genetics	7.1	0.0	7.1	0.0	0.0	21.4	64.3	0.0	100
Dermatology	3.8	0.0	11.3	3.8	10.4	20.8	49.1	0.9	100
Diagnostic & interventional radiology	2.1	0.8	9.6	6.9	13.9	18.1	44.5	4.0	100
Emergency medicine	3.9	1.6	4.8	3.4	8.6	37.2	36.1	4.4	100
Family planning & reproductive health	4.3	0.0	13.0	4.3	4.3	17.4	52.2	4.3	100
General practice	4.7	2.7	7.0	6.6	13.2	18.2	44.6	3.1	100
House officer rotations	14.5	5.3	8.9	5.7	16.8	9.3	36.0	3.5	100
Intensive care medicine	3.7	2.2	4.1	7.4	6.3	36.7	35.6	4.1	100
Internal medicine	3.5	1.6	9.3	8.0	15.7	18.9	38.8	4.2	100
Medical administration	8.9	3.8	1.3	5.1	7.6	11.4	62.0	0.0	100
Musculoskeletal medicine	0.0	3.8	3.8	3.8	7.7	23.1	57.7	0.0	100
Obstetrics & gynaecology	6.4	1.6	5.9	7.3	12.7	20.7	42.6	2.9	100
Occupational medicine	1.3	1.3	2.6	7.8	6.5	15.6	63.6	1.3	100
Ophthalmology	3.7	1.8	11.0	6.3	19.1	15.8	39.3	2.9	100
Other	8.1	3.1	3.1	3.4	8.8	20.3	49.1	4.1	100
Paediatrics	4.8	2.2	6.6	7.2	8.1	19.8	47.6	3.7	100
Palliative medicine	3.0	0.7	5.2	3.0	6.0	27.6	53.7	0.7	100
Pathology	1.1	1.1	6.1	8.6	14.4	17.6	48.2	2.9	100
Other primary care	4.4	4.4	5.2	3.0	9.6	14.1	57.8	1.5	100
Psychiatry	5.5	1.5	3.6	9.3	14.4	24.8	37.9	3.0	100
Public health medicine	11.5	4.1	2.1	3.7	7.8	7.8	60.1	2.9	100
Radiation oncology	2.6	2.6	9.6	13.9	17.4	12.2	30.4	11.3	100
Rehabilitation medicine	7.3	4.9	12.2	12.2	24.4	22.0	14.6	2.4	100
Rural hospital medicine	5.8	0.0	2.2	4.3	6.5	20.9	55.4	5.0	100
Sexual health medicine	4.7	0.0	2.3	7.0	9.3	25.6	48.8	2.3	100
Sports medicine	12.3	4.6	3.1	1.5	9.2	13.8	52.3	3.1	100
Surgery: Cardiothoracic	6.1	1.5	9.1	18.2	12.1	18.2	28.8	6.1	100
Surgery: General	7.9	5.3	8.2	5.7	12.1	12.6	42.9	5.3	100
Surgery: Neurosurgery	1.9	3.8	11.3	7.5	17.0	22.6	34.0	1.9	100
Surgery: Oral & maxillofacial	0.0	4.3	12.8	6.4	2.1	21.3	44.7	8.5	100

Work type	Māori	Pacific Peoples	Chinese	Indian	Other non-European	Other European	New Zealand European/Pākehā	Refused	Total
Surgery: Orthopaedic	7.8	5.2	7.5	4.9	9.0	12.2	47.6	5.9	100
Surgery: Other subspecialties	5.6	4.8	2.4	4.8	16.7	17.5	44.4	4.0	100
Surgery: Otolaryngology head & neck	4.6	1.5	8.2	9.8	12.9	12.4	45.9	4.6	100
Surgery: Paediatric	2.8	8.3	2.8	8.3	19.4	25.0	25.0	8.3	100
Surgery: Plastic and reconstructive surgery	4.5	3.2	9.7	5.2	14.3	19.5	39.0	4.5	100
Surgery: Urology	3.6	3.6	5.8	5.0	10.1	15.1	51.1	5.8	100
Surgery: Vascular	3.0	4.5	6.1	7.6	21.2	24.2	30.3	3.0	100
Urgent care	6.0	2.5	6.8	7.1	18.1	24.9	30.6	3.9	100
All work types	5.1	2.4	7.0	6.5	12.6	19.5	43.1	3.7	100

Appendix 5 – Retention of New Zealand graduates

Table 24: Proportion of New Zealand graduates retained by year post-registration (%)

Graduate cohort	Year post-registration										
	0	1	2	3	4	5	6	7	8	9	10
2005-2006	100.0	99.7	91.1	77.9	75.6	74.9	73.6	71.6	68.6	64.4	62.4
2006-2007	100.0	99.7	89.0	82.5	80.8	78.7	75.9	75.9	71.5	66.0	63.9
2007-2008	100.0	99.3	87.3	77.7	76.0	73.1	71.0	70.0	70.7	64.3	65.4
2008-2009	100.0	98.8	90.0	86.6	84.1	80.3	75.9	76.6	74.7	72.8	69.1
2009-2010	100.0	100.0	90.6	82.6	79.7	79.7	80.0	78.2	77.4	73.8	72.9
2010-2011	100.0	99.4	96.6	84.7	86.9	86.5	86.2	84.4	82.6	79.5	75.8
2011-2012	100.0	99.2	91.2	84.2	85.6	85.0	85.6	83.4	81.8	81.3	77.5
2012-2013	100.0	97.5	88.4	88.2	87.1	86.8	87.3	86.2	85.1	82.9	83.2
2013-2014	100.0	98.7	92.2	86.3	89.1	87.8	90.1	91.1	88.9	85.8	82.0
2014-2015	100.0	99.5	96.6	90.9	89.9	90.9	88.9	87.7	87.3	83.7	
2015-2016	100.0	99.3	96.2	90.8	88.7	90.6	91.3	89.2	87.3		
2016-2017	100.0	99.6	98.5	89.9	92.4	91.1	89.2	89.2			
2017-2018	100.0	99.4	95.7	95.5	93.1	91.0	89.9				
2018-2019	100.0	99.2	98.0	97.4	92.0	89.2					
2019-2020	100.0	99.6	98.5	94.6	89.7						
2020-2021	100.0	99.6	97.5	89.9							
2021-2022	100.0	99.1	96.6								
2022-2023	100.0	99.3									
All years	100.0	99.3	94.4	88.5	87.0	85.6	84.5	82.9	80.5	76.3	73.2

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