



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



GP

Heart of the community
Kāinga Tupu

Work & Wellbeing

Workforce Survey 2016



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FOREWORD

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

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

The 1820 valid responses were analysed, and this data has given us insights into these new topics and up-to-date information on crucial issues such as retirement intentions, vacancies and income, which is not collected in any other national survey. This year, we've spread the survey results over five individual reports.

This report, Work and Wellbeing, is the first to be published. It looks at the hours members work (approximately half work part-time) and analyses how their time is spent. As expected, much of a GP's work involves face-to-face consultations, but we also investigated how much time is given to paperwork and after-hours practice. In addition, we asked about the employment and voluntary commitments members have outside of their practice that relate to their expertise as doctors.

Reassuringly, most GPs responded positively when asked how likely it was that they would recommend a career in general practice. The majority of GPs felt motivated and involved in general practice and believed that they had a good work-life balance.

Despite the busyness of our working lives and the daily challenges of caring for a growing (and ageing) population, this report gives me confidence that, across the country, most respondents find being a GP a rewarding speciality. That said, general practice and GPs need to continue to be supported through adequate funding so patients can see them when they need to and we can train the next generation of GPs.

I'd like to thank everyone who participated in this survey. It's a valuable resource that will help us better serve our members.

Dr Tim Malloy

RNZCGP President

INTRODUCTION

There is great variety in New Zealand general practice. Individual general practitioners vary considerably in the hours they work and the number of patients they see. One-half of GPs (49 percent) work part-time in general practice.¹ Female GPs are twice as likely to work part-time as male GPs (63 percent compared with 32 percent).

Two-thirds of GPs have after-hours general practice commitments (66 percent), with 36 percent of all GPs having these commitments as often as every week or every second week.

The term ‘part-time’ can be misleading when applied to general practitioners, as 42 percent of all GPs report that they also have work or other commitments (outside of their general practice work) that relate to their expertise as a doctor. This includes time spent working for public or private organisations in an advisory or assessor capacity, and lecturing in tertiary education settings, as well as spending time organising or participating in community or cultural activities, meetings or hui (in a health-related capacity).

In general, as well as reporting longer general practice hours and more face-to-face patient consultations in the average week, male GPs report greater after-hours general practice commitments and more time spent on work or other commitments outside general practice than their female counterparts. Working hours also differ by other factors, in particular by age and rurality.

Those GPs who work longer hours are also more likely to report feeling ‘burnt-out’. GPs aged 40-64 years, owners/partners and those GPs who work in a practice that currently has a vacancy for a doctor are all also more likely to report feeling ‘burnt-out’.

Overall, 22 percent of survey respondents self-reported as being ‘burnt-out’. ‘Burn-out’ is associated with poorer self-reported health status, as well as less propensity to continue to work in general practice.

This year’s survey also investigated GPs’ general attitudes towards general practice. It is reassuring to find that most GPs would recommend general practice as a career. Most GPs feel motivated and involved in general practice, they feel that they can rely on their colleagues for help and support, and they believe that they have a good work-life balance. However, only about one-third (36 percent) of GPs feel that they have enough time to complete all of their daily tasks.

For the first time, the survey also investigated incidents of bullying, discrimination and sexual harassment in general practice. The majority (82 percent) of GPs had not personally experienced bullying, discrimination or sexual harassment from a health sector colleague in the past 12 months. However, 11 percent of GPs reported experiencing bullying, seven percent reported experiencing discrimination and one percent reported experiencing sexual harassment. Female GPs were slightly more likely to report incidents of bullying, discrimination or sexual harassment than male GPs. The rates experienced by registrars, overseas-trained GPs and Māori GPs are largely reflective of the rates experienced by all GPs.

¹ For the purposes of the survey ‘working part-time’ is defined as working less than 36 hours per week and includes time spent conducting face-to-face consultations as well the time spent on paperwork, practice management, teaching, and time actually worked when on call.

The incidence of 'burn-out' and bullying in general practice are of particular concern, and these are issues that the College will need to address. Some action is already under way. The College has recently revised its self-care resource to better support GPs who experience 'burn-out', bullying and other factors that impact on their wellbeing. In addition, we are taking steps to better allow the College to report and act on bullying of registrars. We will also be looking at other ways we can better protect GPs, and ensure they remain safe and well in their practice.

HOURS SPENT WORKING IN GENERAL PRACTICE

Half of all GPs spend less than 36 hours per week working in general practice

There is wide variation in the hours worked per week by GPs. However, one-half of GPs (51 percent) say they spend 36 hours or more in the average week working in general practice, with the remaining 49 percent working part-time (Table 1).

For the purposes of the survey, 'working part-time' is defined as working less than 36 hours per week and includes time spent conducting face-to-face consultations, as well as time spent on paperwork, practice management, teaching, and time actually worked when on call, or providing after-hours care, but not the time spent on any medical work outside of general practice.

The number of hours worked in general practice per week varies significantly by gender. Two-thirds (67 percent) of male GPs report they usually spend 36 hours or more working in general practice per week, compared with 36 percent of female GPs.

Table 1: Total hours worked in general practice per week (n=1,820)

Q3 Which one of the following best represents the total hours per week you usually work in general practice?

Unweighted base =	All GPs 1,820 %	Male GPs 824 %	Female GPs 976 %
1-10 hours per week	4	4	4
11-20 hours	12	7	16
21-30 hours	18	8	26
31-35 hours	15	13	17
36-40 hours	18	20	16
41-45 hours	13	17	10
46-50 hours	8	12	5
51-55 hours	5	7	2
56-60 hours	4	6	2
61 hours or more	3	5	1
Don't know	0	0	0
Total	100	100	100
Mean (hours spent working in general practice per week)	35	39	31

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

TIME SPENT DOING FACE-TO-FACE CONSULTATIONS AND PAPERWORK

The majority of a GP's working week is spent in face-to-face consultations

GPs working 36-40 hours per week were estimated to spend a mean of 29 hours per week in face-to-face consultations. There was little difference between male and female GPs, although the proportion of time spent on face-to-face consultations was slightly higher among male GPs (79 percent) than female GPs (76 percent) (Table 2).

The estimated mean number of face-to-face consultations per week was also higher for male GPs (102 consultations) than female GPs (87 consultations). The estimated mean number of consultations per hour was 3.3 per hour and again this was higher for male GPs (3.4 per hour) than for female GPs (3.0 per hour).

Some of this gender difference may result from the hours worked by female GPs tending to be towards the lower end of the 36-40 hour range compared with male GPs. This was noted in the 2015 survey where respondents had the opportunity to provide actual hours worked in addition to selecting the appropriate hours range.

Table 2: Hours spent consulting and number of face-to-face consultations per week (n=1,820)

	Estimated mean hours consulting per week	Estimated mean hours consulting per week as a % of total hours worked	Mean number of face-to-face consultations per week	Estimated mean consultations per hour consulting	Number of respondents
Male respondents	30	79	102	3.4	157
Female respondents	29	76	87	3.0	139
All respondents	29	76	95	3.3	298

Source: RNZCGP-Workforce Survey, 2016.

One-half of GPs spend at least five hours per week on patient-related paperwork

GPs were asked about the time they spent on the following activities: patient-related paperwork; liaising with other health providers; continuing professional development; teaching medical students or registrars; and practice management (e.g. dealing with staff).

Patient-related paperwork was the most time-consuming of these tasks, with almost one-half of GPs stating that they spend six hours or more on this task (43 percent) (Table 3). GPs working 36-40 hours per week were estimated to spend a mean of 5.3 hours per week on paperwork.

The estimated proportion of the week spent on paperwork was slightly higher among those working fewer hours per week. GPs working 36-40 hours per week spent an estimated 14 percent of their time on paperwork compared with an estimated 18 percent spent by those working 21-30 hours per week.

Table 3: Total hours spent on patient-related paperwork per week, by hours worked in general practice per week (n=1,820)

Q6. How much time per week do you spend on patient-related paperwork?

Hours spent on patient related paperwork per week	Hours worked per week (Unweighted base)						
	All GPs (1,820) %	1-20 (296) %	21-30 (328) %	31-35 (269) %	36-40 (324) %	41-50 (395) %	51 or more (205) %
Up to 1 hour	6	15	4	6	4	4	0
2 hrs	14	28	15	8	11	12	7
3 hrs	14	21	17	16	13	11	8
4 hrs	13	14	17	16	15	10	4
5 hrs	10	7	12	9	15	8	7
6 hrs	12	6	16	15	12	13	8
7 hrs	5	3	6	5	6	4	5
8 hrs	8	2	5	11	10	11	12
9 hrs	3	1	2	3	1	4	6
10 hrs or more	15	2	4	10	13	24	43
No time spent on this activity	0	1	0	0	0	0	0
Don't know	0	0	0	0	0	0	0
Total	100	100	100	100	100	100	100
Mean (hours spent on patient related paperwork per week)	5.3	3.2	4.6	5.3	5.3	6.2	7.7

Total may not sum to 100% due to rounding.

AFTER-HOURS COMMITMENTS

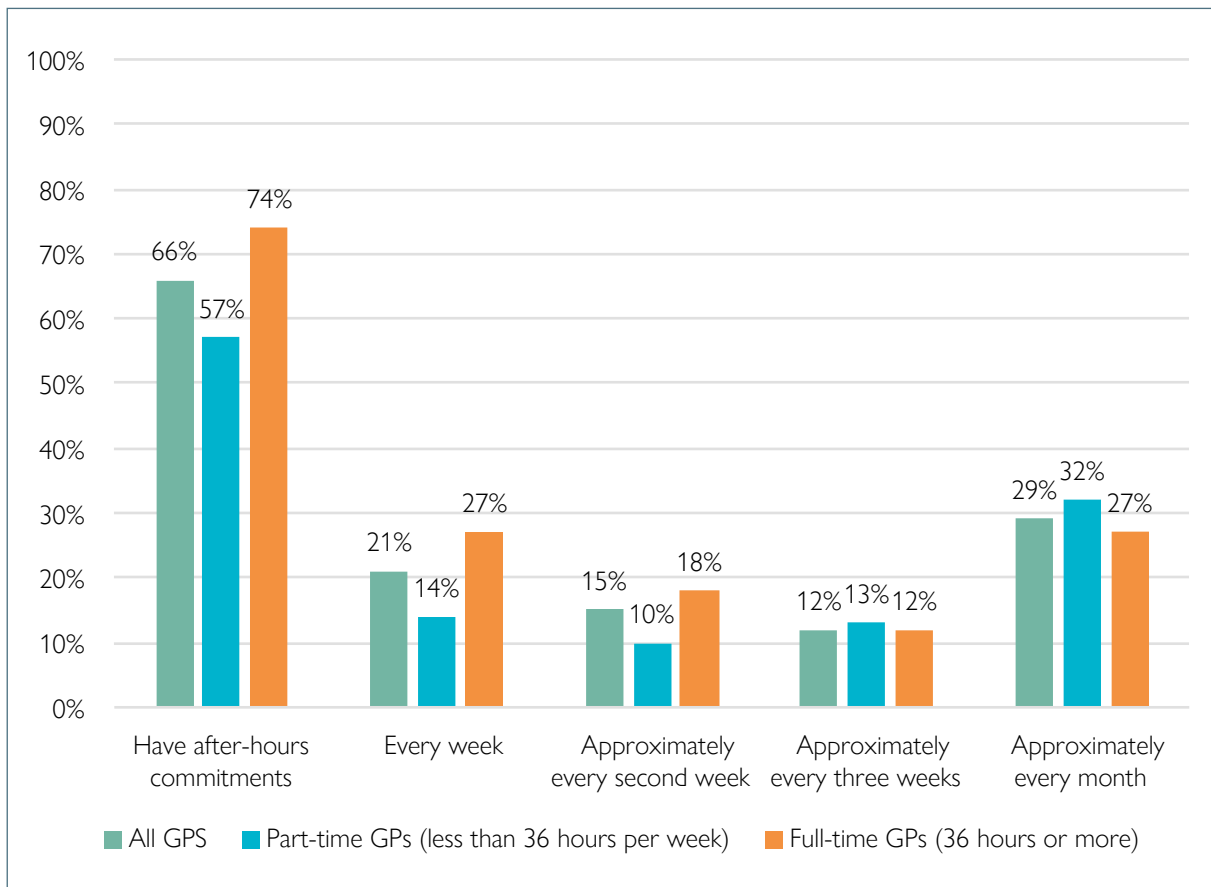
Many GPs have after-hours general practice commitments

GPs working full-time were more likely than GPs working part-time to have after-hours general practice commitments to provide acute care (74 percent and 57 percent respectively) (Figure 1).

Male and female GPs working full-time are as likely as each other to report they have after-hours general practice commitments to provide acute care (75 percent and 73 percent respectively).

Figure 1: After-hours general practice commitments, by full-time/part-time weekly status (n=1,820)

Q7. Do you have any after-hours general practice commitments to provide acute care?



Source: RNZCGP-Workforce Survey, 2016.
 Total may not sum to 100% due to rounding.

After-hours general practice commitments also vary depending on whether the GP is working in an urban practice or a rural practice. As shown in Table 4, when GPs working full-time are compared, rural GPs are more likely to have after-hours commitments than their urban-based counterparts (83 percent and 71 percent respectively).

Table 4: After-hours general practice commitments by full-time GPs, by urban or rural based (n=923*)

Q7. Do you have any after-hours general practice commitments to provide acute care?

	Full-time GPs (36 hours or more)	Urban	Rural	Not clearly urban or rural
Unweighted base =	923*	652	170	101
	%	%	%	%
No	26	29	17	20
Yes	74	71	83	80
Total	100	100	100	100
Unweighted base =	686**	464	141	81
Every week	27	20	52	19
Approximately every second week	18	17	21	22
Approximately every three weeks	12	14	5	12
Approximately every month	27	30	14	27
Less frequently than monthly	16	18	9	20
Total	100	100	100	100

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who stated they worked full-time (i.e. 36 hours or more).

**Sub-sample based on those respondents who stated they worked full-time (i.e. 36 hours or more) and have after-hours general practice commitments.

Furthermore, when the frequency of after-hours commitments is considered, the heavier load on rural GPs becomes even more evident. Among full-time rural GPs who reported having after-hours commitments, 52 percent stated they had after-hours commitments every week, compared with 20 percent of urban GPs.

OTHER PAID OR VOLUNTARY ACTIVITIES

In addition to their general practice work, many GPs also engage in other paid or voluntary activities that relate to their expertise as a doctor

Forty-two percent of all GPs report that they spend time on other activities (outside of their general practice work) that relate to their expertise as a doctor. This includes work for organisations such as the Ministry of Health, district health boards, ACC, Medical Council of New Zealand, universities, insurance companies or the College and they also do work, which is often voluntary, organising or participating in health-related community or cultural activities, meetings or hui.

Table 5 shows that most GPs spending time on these other activities spend less than six hours per week (62 percent). However, GPs working part-time who spend time on such activities are more likely to spend more than 10 hours per week on such activities (32 percent) compared with full-time GPs (eight percent).

Table 5: Time spent on non-general practice activities per week, by full-time/part-time weekly status (n=1,820)

Q9. On average, about how many hours per week, in total, do you usually spend doing these activities?

	All GPs	Part-time GPs (less than 36 hours per week)	Full-time GPs (36 hours or more)
Unweighted base =	1,820	893	924
	%	%	%
No non-general practice activities	58	59	57
Spend time each week on non-general practice:	42	41	43
Total	100	100	100
Unweighted base =	767*	369	396
• Up to 5 hours per week	62	51	73
• 6-10 hours	15	15	15
• 11-15 hours	5	8	2
• 16-20 hours	5	7	2
• 21-25 hours	3	5	1
• 26-30 hours	2	4	1
• 31-35 hours	2	4	1
• More than 35 hours	2	4	1
• Don't know	4	3	5
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who spend time on non-general practice activities each week.

The extent to which GPs spend time on these activities also varies by gender. Full-time male GPs are more likely than full-time female GPs to engage in such activities (46 percent and 38 percent respectively) (Table 6).

Table 6: Time spent on non-general practice activities per week by full-time GPs, by gender (n=924*)

Q9. On average, about how many hours per week, in total, do you usually spend doing these activities?

	Full-time GPs (36 hours or more)	Male GPs	Female GPs
Unweighted base =	924*	559	355
	%	%	%
No non-general practice activities	57	54	62
Spend time each week on non-general practice:	43	46	38
Total	100	100	100
Unweighted base =	396**	257	136
• Up to 5 hours per week	73	74	71
• 6-10 hours	15	16	14
• 11-15 hours	2	2	2
• 16-20 hours	2	2	3
• 21-25 hours	1	1	1
• 26-30 hours	1	1	0
• 31-35 hours	1	1	0
• More than 35 hours	1	0	1
• Don't know	5	2	8
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who stated they worked full-time (i.e. 36 hours or more).

**Sub-sample based on those respondents who stated they worked full-time (i.e. 36 hours or more) and spend time on non-general practice activities each week.

MOTIVATION AND INVOLVEMENT IN GENERAL PRACTICE

GPs feel motivated and involved in general practice, and most would recommend it as a career

This year's survey also investigated GPs' attitudes towards general practice, with the results showing more than three-quarters of GPs agreed they were motivated and involved in general practice (78 percent) (Table 7).

Eighty-one percent agreed that they could rely on their colleagues for help and support. However, much smaller proportions felt they had good work-life balance (58 percent) and that they have enough time to complete all their daily tasks (36 percent). Overall, nearly three-quarters would recommend a career in general practice (73 percent).

For the first time, the survey also investigated incidents of bullying, discrimination and sexual harassment in general practice. The majority of GPs (82 percent) had not personally experienced bullying, discrimination or sexual harassment from a health sector colleague in the past 12 months. However, 11 percent of GPs reported experiencing bullying, seven percent reported experiencing discrimination and one percent reported experiencing sexual harassment.

Registrars, GPs who qualified overseas and GPs who identify as Māori are as likely as other groups of GPs to report rates of bullying, discrimination or sexual harassment. On the other hand, GPs who work in rural general practices are more likely than those working in urban-based general practices to state they have been bullied.

Tables 7, 8 and 9 present these results by age, location and gender. There are significant differences by age, with GPs aged 40-64 years recording less positive results than those aged 25-39 years, and those aged 65 years and over on many of these questions.

For example, 74 percent of GPs aged 40-64 years felt motivated and involved in general practice and 79 percent could rely on their colleagues for help and support, which is significantly fewer than younger GPs aged 25-39 years (85 percent and 88 percent respectively).

GPs aged 40-64 years were also less likely to feel they had good work-life balance (53 percent) and enough time to complete all their daily tasks (32 percent), compared with younger GPs aged 25-39 years (70 percent and 41 percent respectively). GPs aged 40-64 years were also less likely to recommend a career in general practice (68 percent compared with 87 percent for younger GPs aged 25-39 years).

Table 7: Attitudinal profile of GP groups by age (n=1,820)

Unweighted base =	All GPs 1,820 %	25-39 412 %	40-64 1248 %	65+ 152 %
% agreeing:*				
• I feel motivated and involved in general practice	78	85	74	82
• I usually have enough time to complete all my daily tasks	36	41	32	53
• I can rely on my colleagues for help and support	81	88	79	85
• I believe I have good work-life balance at present	58	70	53	63
% experienced bullying	11	12	12	7
% experienced discrimination	7	7	7	6
% experienced sexual harassment	1	1	0	1
% reporting none of the above	82	82	82	88
% rating their health positively**	77	72	77	79
% who would recommend a career in general practice^	73	87	68	77

Source: RNZCGP-Workforce Survey, 2016.

* Percentage of GPs 'strongly agreeing' or 'agreeing' with the statement, based on a 5-point agreement scale.

** Percentage of GPs rating their health 4 or 5, based on a 5-point rating scale where 1 = 'poor' and 5 = 'excellent'.

^ Percentage of GPs rating the likelihood of recommending a career in general practice with a 6-10, based on an 11-point rating scale where 0 = 'not at all likely' and 10 = 'extremely likely'.

There are also significant differences by location, with GPs working in urban locations being slightly less likely than GPs working in rural locations, for example, to state they feel motivated and involved in general practice (78 percent and 81 respectively) (Table 8).

On the other hand, GPs working in rural locations are more likely than GPs working in urban locations, for example, to state they have experienced some form of bullying, harassment or discrimination in the last 12 months (24 percent and 16 percent respectively).

Table 8: Attitudinal profile of GP groups by location (n=1,820)

Unweighted base =	All GPs 1,820 %	Urban 1,352 %	Rural 280 %	Not clearly urban or rural 184 %
% agreeing*				
• I feel motivated and involved in general practice	78	78	81	75
• I usually have enough time to complete all my daily tasks	36	38	34	34
• I can rely on my colleagues for help and support	81	81	82	83
• I believe I have good work-life balance at present	58	58	57	54
% experienced bullying	11	10	17	11
% experienced discrimination	7	6	8	7
% experienced sexual harassment	1	1	0	1
% reporting none of the above	82	84	76	80
% rating their health positively**	77	76	75	74
% who would recommend a career in general practice^	73	75	74	68

Source: RNZCGP-Workforce Survey, 2016.

* Percentage of GPs 'strongly agreeing' or 'agreeing' with the statement, based on a 5-point agreement scale.

** Percentage of GPs rating their health with a 4 or 5, based on a 5-point rating scale where 1 = 'poor' and 5 = 'excellent'.

^ Percentage of GPs rating the likelihood of recommending a career in general practice with a 6-10, based on an 11-point rating scale where 0 = 'not at all likely' and 10 = 'extremely likely'.

There are fewer differences by gender, although male GPs were more likely than female GPs to report having enough time to complete all their daily tasks (40 percent, compared with 33 percent for female GPs) (Table 9).

Female GPs were more likely to rate their health positively than male GPs (80 percent and 75 percent respectively), but they were more likely than male GPs to report they had experienced some form of bullying, discrimination or sexual harassment in the last 12 months (19 percent compared with 15 percent respectively).

Table 9: Attitudinal profile of GP groups by gender (n=1,820)

Unweighted base =	All GPs 1,820 %	Male 770 %	Female 641 %
% agreeing:*			
• I feel motivated and involved in general practice	78	76	79
• I usually have enough time to complete all my daily tasks	36	40	33
• I can rely on my colleagues for help and support	81	79	83
• I believe I have good work-life balance at present	58	56	60
% experienced bullying	11	10	13
% experienced discrimination	7	5	8
% experienced sexual harassment	1	0	1
% reporting none of the above	82	85	81
% rating their health positively**	77	75	80
% who would recommend a career in general practice^	73	74	73

Source: RNZCGP-Workforce Survey, 2016.

* Percentage of GPs 'strongly agreeing' or 'agreeing' with the statement, based on a 5-point agreement scale.

** Percentage of GPs rating their health with a 4 or 5, based on a 5-point rating scale where 1 = 'poor' and 5 = 'excellent'.

^ Percentage of GPs rating the likelihood of recommending a career in general practice with a 6-10, based on an 11-point rating scale where 0 = 'not at all likely' and 10 = 'extremely likely'.

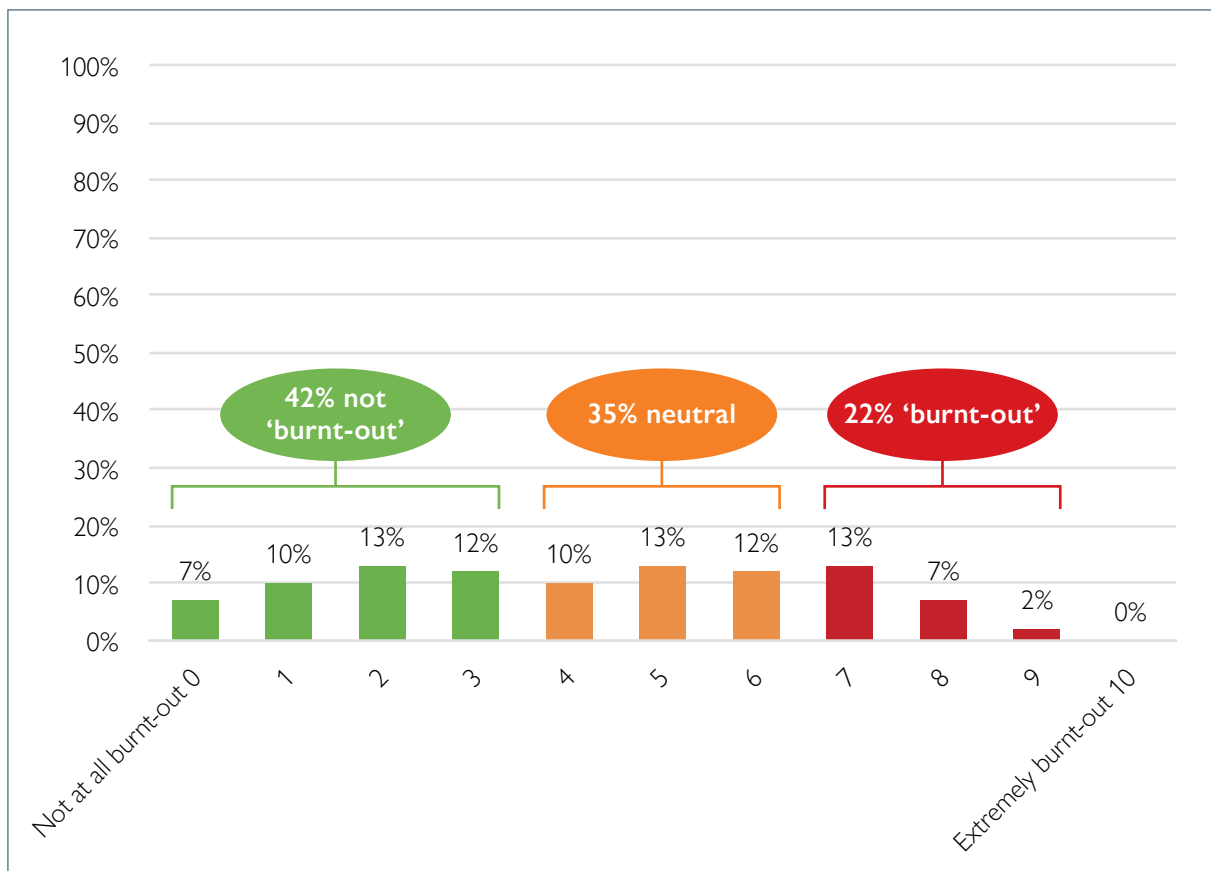
‘BURN-OUT’

One-in-every five GPs feels ‘burnt-out’

Figure 2 shows that 22 percent of GPs rate themselves 7 or above, on a 0-10 point scale measuring self-assessed ‘burn-out’.

Figure 2: Extent to which GPs feel ‘burnt-out’ (n=1,820)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = ‘Not at all burnt-out’ and 10 = ‘Extremely burnt-out’?



Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

Who is 'burnt-out'?

Table 10 and Figure 3 profile GPs in the three groups reflecting the extent to which they state they are or are not 'burnt-out'. Table 10 shows that, in terms of their work practice, the group of GPs who feel 'burnt-out' are significantly different from the group who state they are not 'burnt-out':

- They are **more likely** to work full-time in general practice (66 percent of those 'burnt-out' work full-time in general practice compared with 42 percent of those who are not 'burnt-out').
- They are **more likely** to have after-hours general practice commitments (71 percent, compared with 62 percent of those who are not 'burnt-out').

Table 10: Working profile of GP groups based on the extent to which GPs report themselves as being 'burnt-out' (n=1,820)

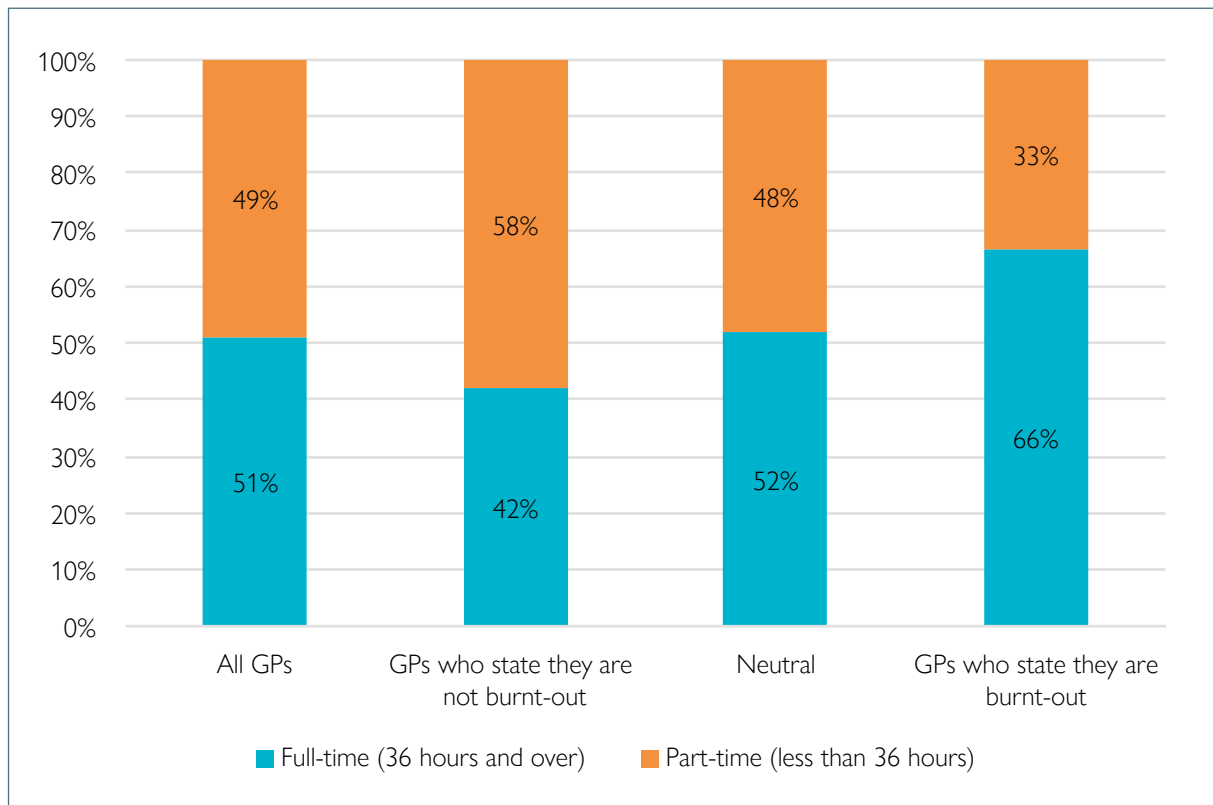
Unweighted base =	All GPs 1,820 %	GPs who state they are not 'burnt-out' 770 %	Neutral 641 %	GPs who state they are 'burnt-out' 409 %
% who spend 26 hours or more per week consulting with patients*	35	29	35	45
% who have 81 or more face-to-face consultations per week*	43	37	40	55
% who spend six or more hours per week on patient-related paperwork*	53	46	55	61
% who have weekly after-hours general practice commitments	66	62	66	71

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

* Based on the mean for all GPs.

Figure 3: Levels of ‘burnt-out’ by full-time/part-time weekly status (n=1,820)



Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

As shown in Tables 11 to 16, GPs who report feeling ‘burnt-out’ are also **more likely** than GPs who state they are not ‘burnt-out’ to be:

- Working in general practice on a full-time basis (29 percent of GPs working 36 hours or more in general practice per week, compared with 15 percent of GPs working up to and including 35 hours per week).
- Aged 40-54 years or 55-64 years (25 percent and 26 percent respectively, compared with 16 percent of GPs aged 25-39 years and 15 percent of those aged 65 years and older).
- A practice owner or partner (29 percent, compared with 19 percent of long-term employees and 15 percent of short-term employees).
- Planning to retire within the next five years (30 percent compared with 20 percent of those GPs who are planning to retire in six years’ time or more).
- Working in a practice that currently has a vacancy for a full-time-equivalent doctor (27 percent compared with 21 percent of those GPs who had a vacancy in the last 12 months, and 20 percent of those who had not had a vacancy in the last 12 months).

GPs who work in rural general practices, GPs who are registrars, GPs who qualified overseas and GPs who identify as Māori are as likely as other groups to state they are ‘burnt-out’ or not ‘burnt-out’.

Table 11: Levels of 'burn-out' by full-time GPs, by gender (n=924*)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = 'Not at all burnt-out' and 10 = 'Extremely burnt-out'?

	Full-time GPs (36 hours or more)	Male GPs	Female GPs
Unweighted base =	924* %	559 %	355 %
Not 'burnt-out' (0-3)	35	36	33
Neutral (4-6)	36	35	37
'Burnt-out' (7-10)	29	29	30
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who stated they worked full-time (i.e. 36 hours or more).

Table 12: Levels of 'burn-out' by part-time GPs, by gender (n=893*)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = 'Not at all burnt-out' and 10 = 'Extremely burnt-out'?

	Part-time GPs (35 hours or less)	Male GPs	Female GPs
Unweighted base =	893* %	263 %	620 %
Not 'burnt-out' (0-3)	50	51	50
Neutral (4-6)	35	33	35
'Burnt-out' (7-10)	15	16	15
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who stated they worked part-time (i.e. 35 hours or less).

Table 13: Levels of 'burn-out' by age (n=1,820)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = 'Not at all burnt-out' and 10 = 'Extremely burnt-out'?

Unweighted base =	All GPs 1,820 %	25-39 years 412 %	40-54 years 678 %	55-64 years 570 %	65+ years 152 %
Not 'burnt-out' (0-3)	42	44	39	39	63
Neutral (4-6)	35	39	36	35	22
'Burnt-out' (7-10)	22	16	25	26	15
Total	100	100	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

Table 14: Levels of 'burn-out' by whether a practice owner or not (n=1,816*)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = 'Not at all burnt-out' and 10 = 'Extremely burnt-out'?

Unweighted base =	All GPs 1,816 %	Practice owner/ partner 697 %	Long-term employee/ contractor 837 %	Short-term employee/ contractor (e.g. locum or GP registrar) 258 %
Not 'burnt-out' (0-3)	42	36	44	53
Neutral (4-6)	35	35	36	33
'Burnt-out' (7-10)	22	29	19	15
Total	100	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

Table 15: Levels of ‘burn-out’ by those planning to retire within five years and those planning to retire later (n=1,816*)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = ‘Not at all burnt-out’ and 10 = ‘Extremely burnt-out’?

Unweighted base =	Total 1,816* %	1 to 5 years from now 413 %	6 years or longer 1,403 %
Not ‘burnt-out’ (0-3)	42	43	42
Neutral (4-6)	35	27	38
‘Burnt-out’ (7-10)	22	30	20
Total	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

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

Table 16: Levels of ‘burn-out’ by current GP vacancies (n=1,804*)

Q13 How would you currently rate yourself on a 0 to 10 scale, where 0 = ‘Not at all burnt-out’ and 10 = ‘Extremely burnt-out’?

Unweighted base =	All GPs 1,804* %	Current GP vacancy 517 %	GP vacancy within the past 12 months 680 %	No GP vacancies within the past 12 months 607 %
Not ‘burnt-out’ (0-3)	42	38	44	43
Neutral (4-6)	35	34	35	36
‘Burnt-out’ (7-10)	22	27	21	20
Total	100	100	100	100

Source: RNZCGP-Workforce Survey, 2016.

Total may not sum to 100% due to rounding.

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

FACTORS ASSOCIATED WITH ‘BURN-OUT’

What are the factors associated with being ‘burnt-out’?

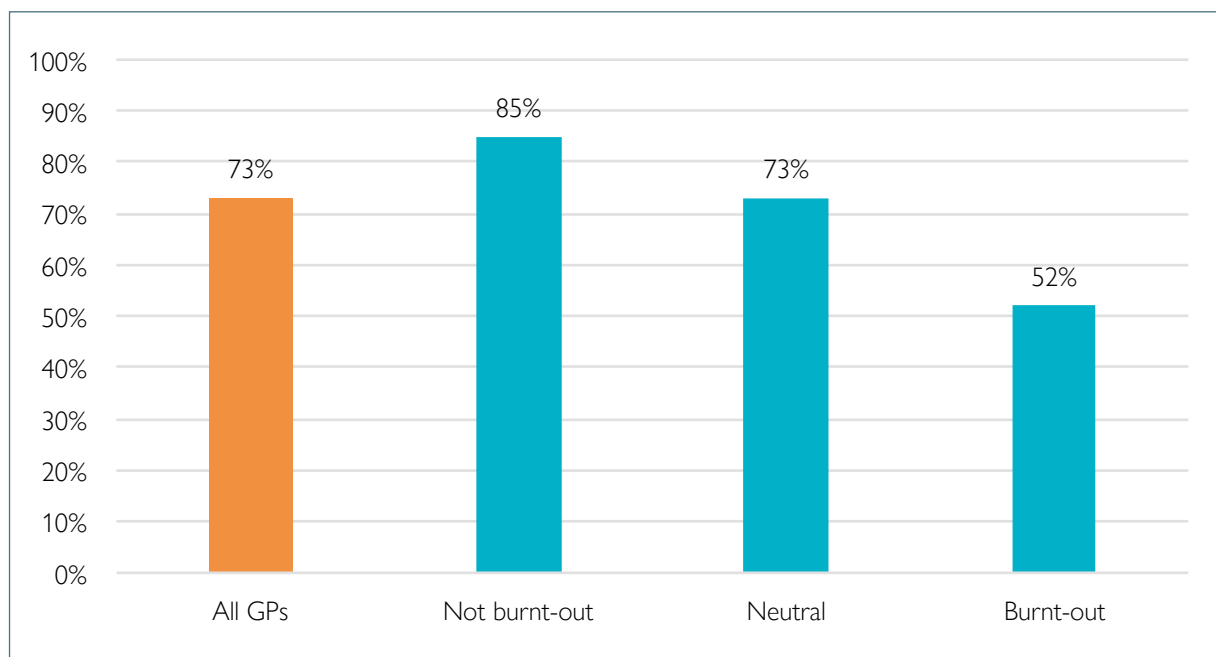
‘Burn-out’ is also associated with a GP’s reported health and general outlook about a career in general practice.

As shown in Table 17, GPs who report feeling ‘burnt-out’ are generally less likely to respond positively to questions about their motivation, or their health, and to recommend general practice as a career:

- As shown in Figure 4, they are **less likely** to recommend a career in general practice (52 percent, compared with 85 percent of those GPs who state they are not ‘burnt-out’).

Figure 4: Percentage of GPs likely to recommend a career in general practice by levels of ‘burn-out’ (n=1,820)

Q10. How likely is it that you would recommend a career in general practice?



Source: RNZCGP-Workforce Survey, 2016.

Percentage of GPs rating the likelihood of recommending a career in general practice with a 6-10, based on an 11-point rating scale where 0 = ‘not at all likely’ and 10 = ‘extremely likely’.

- A **lower percentage** of those feeling ‘burnt-out’ state they feel motivated and involved in general practice (57 percent, compared with 88 percent of those GPs who state they are not ‘burnt-out’).
- A **lower percentage** also state they usually have time to complete all their daily tasks (13 percent, compared with 55 percent of those GPs who state they are not ‘burnt-out’).
- A **lower percentage** also state they have good work-life balance (23 percent, compared with 81 percent of those GPs who state they are not ‘burnt-out’).

- A **higher proportion** state they have been bullied (18 percent) and experienced discrimination (11 percent), compared with seven percent and four percent respectively of those GPs who state they are not ‘burnt-out’.
- A **lower proportion** rate their health as good or excellent (54 percent, compared with 89 percent of those GPs who state they are not ‘burnt-out’).

Table 17: Attitudinal profile of GP groups based on the extent to which GPs report themselves ‘burnt-out’ (n=1,820)

Unweighted base =	All GPs 1,820 %	Not ‘burnt-out’ 770 %	Neutral 641 %	‘Burnt-out’ 409 %
% agreeing:*				
• I feel motivated and involved in general practice	78	88	78	57
• I usually have enough time to complete all my daily tasks	36	55	28	13
• I can rely on my colleagues for help and support	81	87	81	72
• I believe I have good work-life balance at present	58	81	53	23
% experienced bullying	11	7	12	18
% experienced discrimination	7	4	6	11
% experienced sexual harassment	1	1	0	1
% reporting none of the above	82			
% rating their health positively**	77	89	75	54
% who would recommend a career in general practice^	73	85	73	52

Source: RNZCGP-Workforce Survey, 2016.

* Percentage of GPs ‘strongly agreeing’ or ‘agreeing’ with the statement, based on a 5-point agreement scale.

** Percentage of GPs rating their health with a 4 or 5, based on a 5-point rating scale where 1 = ‘poor’ and 5 = ‘excellent’.

^ Percentage of GPs rating the likelihood of recommending a career in general practice with a 6-10, based on an 11-point rating scale where 0 = ‘not at all likely’ and 10 = ‘extremely likely’.

METHODOLOGY

The 2016 Workforce Survey was conducted in May and June 2016. Research New Zealand, an independent research company, was commissioned to design and conduct the survey, and to analyse and report the results. In this regard, Research New Zealand worked closely with College staff and an advisory group comprising a GP, an Otago University academic and a Health Workforce New Zealand staff member.

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

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

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

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

A comparison of the age and gender profile of survey respondents to the age and gender profile of those on the College database was also undertaken. As this showed a close match between the two profiles, the survey data has not been weighted to correct for any variations.

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



The Royal New Zealand
College of General Practitioners

Level 4, 50 Customhouse Quay, Wellington
PO Box 10440, Wellington, 6143
T +64 4 496 5999
F +64 4 496 5997
rncgcp@rncgcp.org.nz
www.rncgcp.org.nz