Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

The New Zealand Medical Workforce

2025

Contents

Foreword

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

Te Kaunihera Rata o Aotearoa I Medical Council of New Zealand (the Council) is pleased to present the results of the 2025 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 2.6 percent in 2025, from 20,012 to 20,530. 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 June 2026.

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 I Medical Council of New Zealand

Key findings

- **Workforce growth:** The number of practising doctors increased by 2.6 percent, reaching 20,530, continuing a steady upward trend.

- **Retention:** Retention of New Zealand graduates remains high, with 99% retained after one year and 88% after three years. IMG retention is lower, with 40% retained after two years.

- **Gender shift:** 49.6% of doctors are now female, up from 48.9% in 2024. Females are projected to outnumber males in the workforce by mid-2026.

- **Ethnic Diversity:** Māori doctors make up 5.5% of the workforce, and Pacific Peoples 2.7%. Younger cohorts show increasing diversity, with nearly half of Māori and Pacific doctors aged under 35.

- **Vocational Scope Trends:** The number of doctors with vocational registration grew by 15% since 2020. Emergency medicine and diagnostic radiology saw the largest increases.

- **Regional Distribution:** Over 76.9% of doctors are based in the North Island. Auckland, Canterbury, and Capital & Coast/Hutt Valley regions have the highest FTE counts.

Key figures

Measure	2020	2021	2022	2023	2024	2025
Size of the workforce[1]	17,671	18,247	18,780	19,350	20,012	20,530
Doctors per 100,000 population[2]	347.6	357.2	366.7	372.2	374.8	388.3
Proportion of IMGs[3] (%)	40.2	41.2	41.2	41.4	41.7	42.1
Proportion of females (%)	46.9	46.5	47.4	47.9	48.9	49.6
Average age of workforce	45.9	45.4	45.3	45.2	45.2	45.2
Average weekly workload (hours)	44.1	44.4	44.5	44.6	44.6	44.8
Proportion of new IMGs retained after 1 year[4] (%)	76.9	80.6	78.0	76.4	76.4	-
Proportion of new IMGs retained after 2 years	49.0	53.7	54.6	50.1		

1 Numbers are based on registration data. It is the number of doctors on the medical register with a current practising certificate as of 30 June of that year.

2 Represents the number of doctors on the medical register with a current practising certificate as of 30 June of that year

3 Figures are based on the size of the workforce as measured by registration data and Statistics New Zealand's estimated residential population as of 31 March of the survey period.

4 International medical graduates (IMGs) are doctors who obtained their primary medical qualification in a country other than New Zealand. Figures are based on doctors who responded to the survey.

5 See 'Retention' on page 30 for more information and 'Survey method' on page 35 for information on how this figure was calculated.

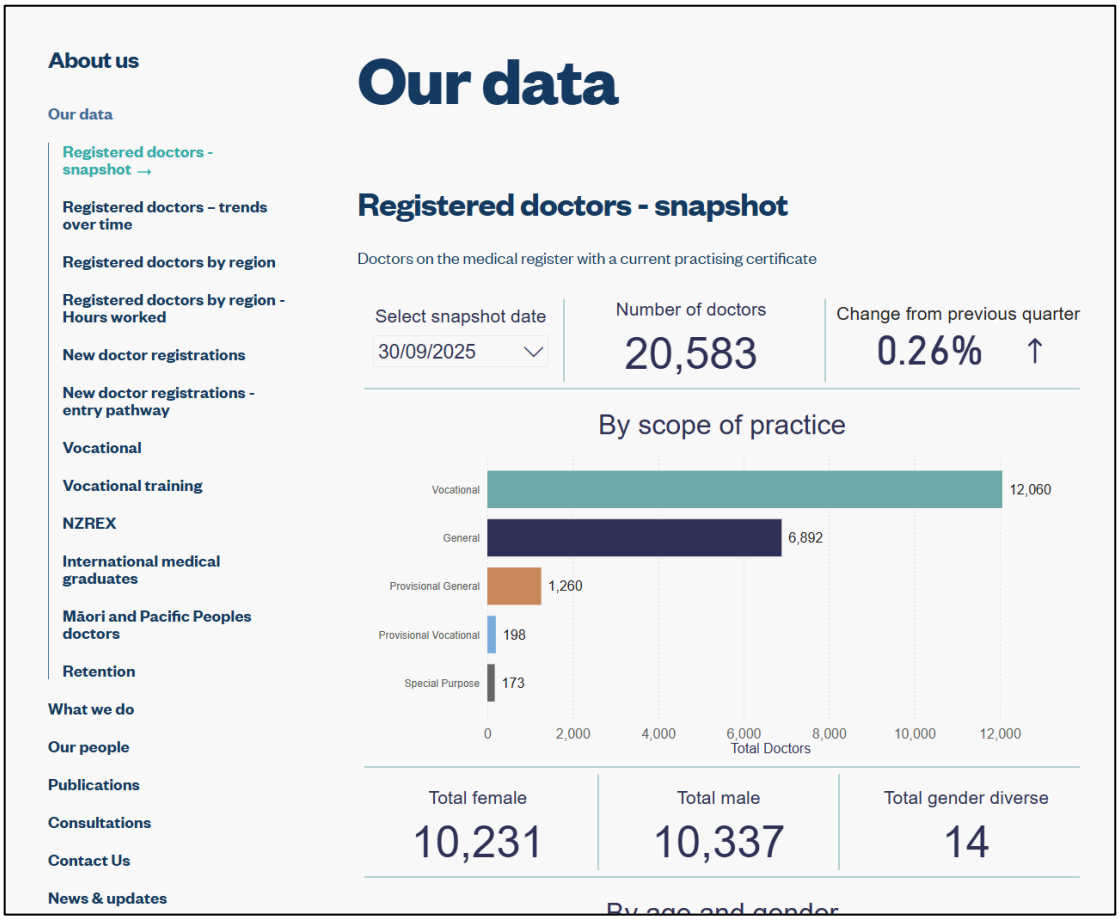
Council's data dashboard available on our website

This dashboard provides a comprehensive and dynamic overview of registered and practising doctors in Aotearoa New Zealand.

https://www.mcnz.org.nz/data/

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.



Torohia – medical training survey

Another of Council's initiatives is Torohia, an annual online survey for doctors in training across Aotearoa New Zealand to feed back on their training experiences. See the Torohia website for more information.

https://www.torohia.org.nz/

Key terms and definitions

Here are some of the key terms used in this publication, and their definitions. Please see page 40 for the full list.

General practitioner (GP)

A GP is any respondent who indicated working in a GP 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 specialties.

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 qualifications 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.

Changes in the medical workforce

Size of the workforce

The number of practising doctors increased by 2.6 percent between 2024 and 2025, from 20,012 to 20,530. This compares to increases of 3.4 and 3.1 percent in the preceding two years.

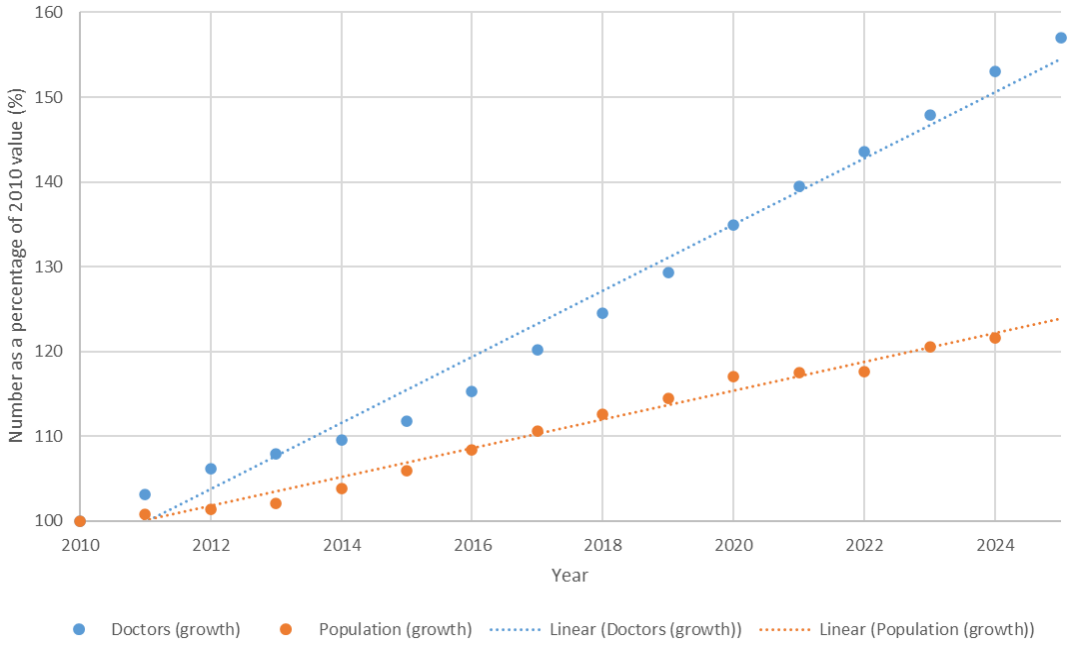
Table 1: Number of practising doctors by year (2020–2025)

	2020	2021	2022	2023	2024	2025
Total workforce (based on registration data)[1]	**17,653**	**18,247**	**18,773**	**19,345**	**20,012**	**20,530**
Percentage change from previous year (%)	4.4	3.4	2.9	3.1	3.4	2.6

[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.

The number of doctors is increasing at an overall greater rate than the New Zealand population.

Figure 1: Change in size of the medical workforce compared to change in the size of the New Zealand population (2010–2025)



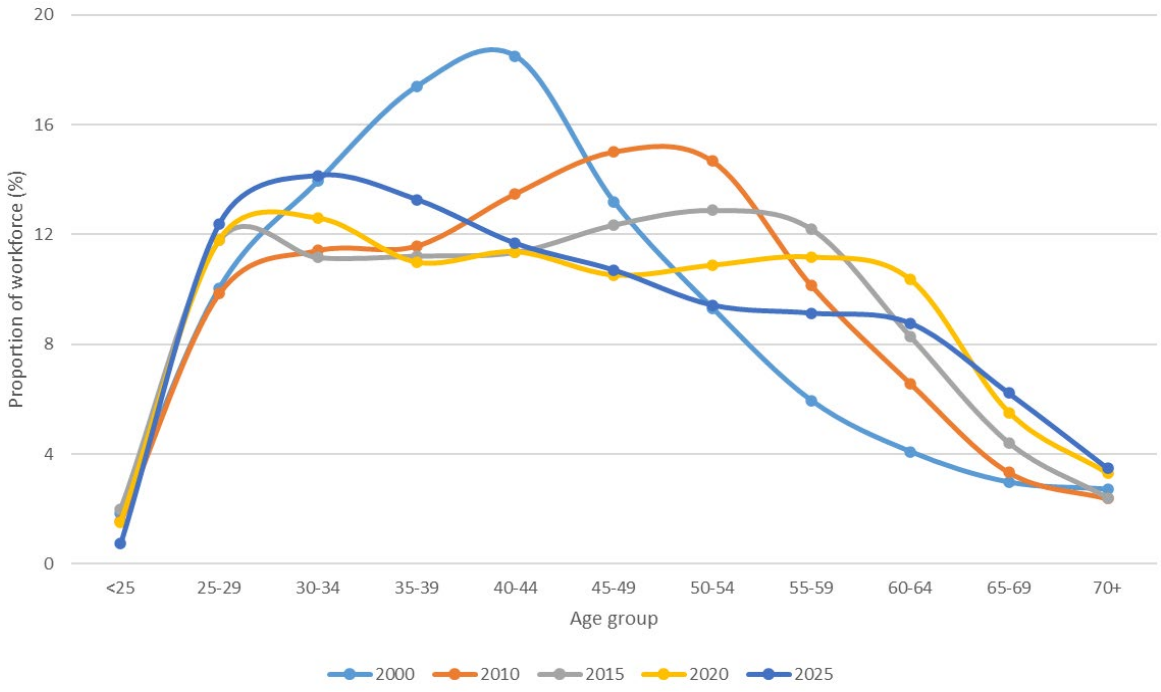
Distribution by age

Age distribution of the workforce

The average age of the active workforce was 45.2 years in 2025, the same as in the two previous years. However, the age distribution of doctors is changing. One significant reason is the increased numbers of new graduates entering the workforce.

In 2025, the largest groups of doctors were those aged 30-34 (14.2 percent), and 35-39 (13.3 percent). In 2010, the largest groups were those aged 45-49 and 50-54.

Figure 2: Age distribution of the active workforce (2000–2025)

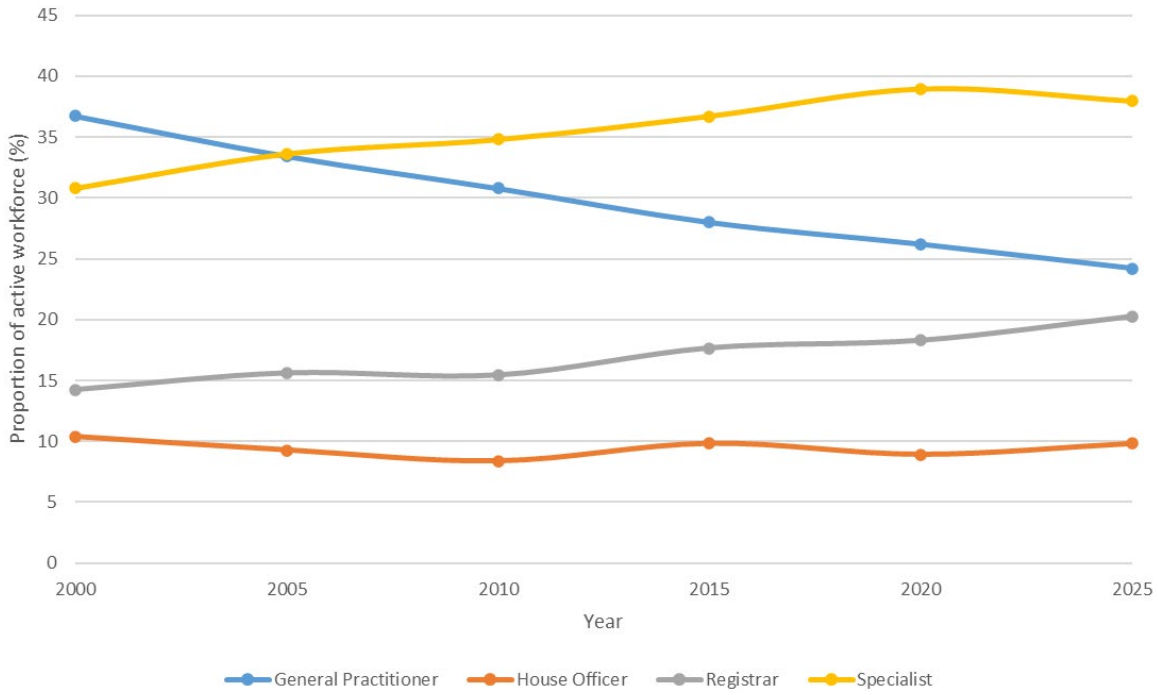


Distribution by work role

GPs as a proportion of the active workforce are decreasing. In 2000, GPs made up almost 37 percent of the workforce in 2000; in 2025, less than a quarter of doctors are GPs.

Conversely, the proportion of specialists increased over the same period. They have been largest group in the workforce since 2005, making up 38 percent of doctors in 2025. Registrar is the other group that is increasing, up from 14.2 percent in 2000 to 20.2 percent in 2025.

Figure 3: Proportion of active doctors by work role (2000–2025)



Clarification of terminology

The work roles in Figure 3 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 GPs are separate categories to help us to analyse and interpret the data. Because data is self-reported, not all doctors who report themselves as specialists or GPs will hold a vocational scope of practice.

Work type

Doctors with a vocational scope of practice

The number of practising doctors with a vocational scope of practice increased by 15 percent between 2020 and 2025. The largest increase was in diagnostic radiology, which increased by 40 percent over that period (from 570 to 800), followed by emergency medicine, which increased by 37.1 percent (from 350 to 480).

General practice, the largest vocational scope with 4,081 doctors in 2025, increased by 8.9 percent. Internal medicine, the second largest with 1,515 doctors, increased by 24 percent.

Table 2 shows the changes in the number of doctors registered in vocational scopes of practice. Only the 17 scopes with more than 100 doctors in 2025 are shown. The full list, including all 36 vocational scopes, can be found in Table 16 on page 45.

Table 2: Number of doctors by vocational scope for 2005–2025 (scopes with >100 doctors)

Vocational scope	Year[1]					
	2005	2010	2015	2020	2025	Percent change 2020-2025 (%)
Anaesthesia	488	576	737	879	1,033	+17.5
Diagnostic radiology	266	302	448	570	800	+40.4
Emergency medicine	88	135	224	350	480	+37.1
General practice	2,446	2,698	3,303	3,747	4,081	+8.9
General surgery	227	235	262	297	354	+19.2
Intensive care medicine	44	58	81	111	133	+19.8
Internal medicine	656	759	958	1,222	1,515	+24.0
Obstetrics and gynaecology	223	234	280	337	370	+9.8
Ophthalmology	107	123	134	166	188	+13.3
Orthopaedic surgery	211	237	273	311	362	+16.4
Otolaryngology head and neck surgery	85	97	108	119	133	+11.8
Paediatrics	219	288	353	422	484	+14.7
Pathology	225	236	278	324	357	+10.2
Psychiatry	425	486	559	671	735	+9.5
Public health medicine	130	157	177	180	200	+11.1
Rural hospital medicine	-	26	105	128	159	+24.2
Urgent care	103	119	136	249	335	+34.5
All doctors with a vocational scope[2]	**6,389**	**7,049**	**8,690**	**10,332**	**11,974**	**+15.0**

[1] Figures represent the number of doctors with vocational scope registration and current practising certificates as of 30 June of the year.

[2] Total includes doctors with vocational scopes with < 100 doctors.

Age and vocational scopes

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 diagnostic radiology with an average age of 49 years.

The average age of all doctors with a vocational scope is 52 years in 2025, up from 48 years in 2005 and 50 years in 2010.

Table 3 shows scopes with 100 or more doctors. Table 17 on page 46 shows the same analysis but for all scopes.

Table 3: Average age of doctors on the register with a vocational scope (2005–2025)

Vocational scope	Year				
	2005	2010	2015	2020	2025
Anaesthesia	46	48	49	49	50
Diagnostic radiology	48	49	49	49	49
Emergency medicine	41	43	45	46	47
General practice	49	51	53	53	53
General surgery	49	51	51	52	52
Intensive care medicine	46	48	49	49	50
Internal medicine	50	51	50	51	50
Obstetrics and gynaecology	49	51	52	52	51
Ophthalmology	49	50	51	51	52
Orthopaedic surgery	49	50	52	52	52
Otolaryngology head and neck surgery	49	51	53	54	54
Paediatrics	47	48	49	50	50
Pathology	49	50	51	51	52
Psychiatry	48	50	52	54	55
Public health medicine	47	49	51	52	54
Rural hospital medicine	-	47	49	51	51
Urgent care	45	48	51	52	51
All doctors with vocational scope	**48**	**50**	**51**	**52**	**52**

Ethnicity

Doctors by ethnicity

The largest group by ethnicity was New Zealand European, with 52 percent of doctors identifying with this group. The next largest groups were Other European (18.7 percent), Chinese (9.6 percent), and Indian (7.9 percent).

Doctors identifying as Māori made up 5.5 percent, with 2.7 percent identifying with a Pacific Peoples ethnic group.

Table 4: Doctors by ethnicity

Ethnicity[3]	Number	Frequency (%)
African	152	0.80
Asian nfd[4]	19	0.10
Chinese	1,824	9.58
Cook Islands Māori	87	0.46
European nfd	170	0.89
Fijian	60	0.32
Indian	1,506	7.91
Latin American	97	0.51
Māori	1,053	5.53
Middle Eastern	429	2.25
New Zealand European	9,959	52.29
Niuean	43	0.23
Other Asian	942	4.95
Other Ethnicity	264	1.39
Other European	3,554	18.66
Other Pacific Peoples	36	0.19
Pacific Peoples nfd	7	0.04
Refused to Answer	214	1.12
Samoan	226	1.19
Southeast Asian	384	2.02
Tokelauan	6	0.03
Tongan	113	0.59
African	152	0.80
Asian nfd	19	0.10
Total[5]	**19,047**	**100.00**

[3] Ethnicity data are collected at Level 4 of the Statistics New Zealand classification and reported at Level 2, the lowest level we can report while still retaining confidentiality.

[4] The acronym "nfd" stands for "not further defined".

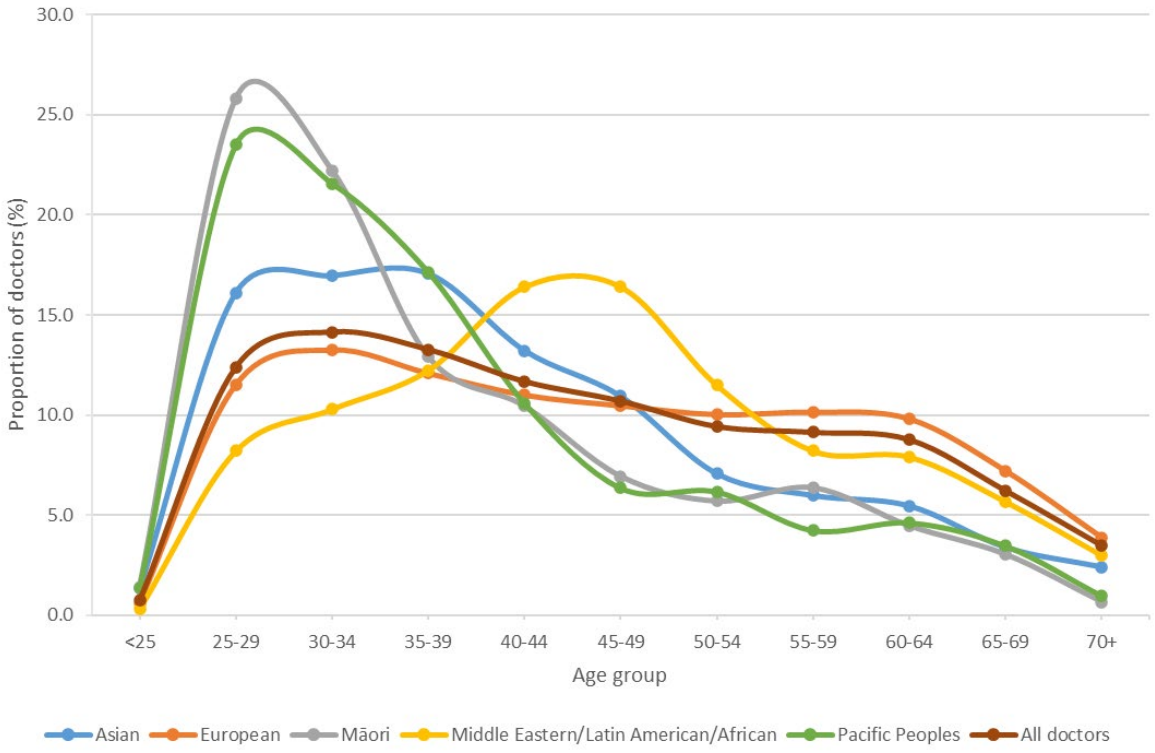
[5] Total will be less than the collective total for all groups. Doctors can select >1 ethnicity when responding to the survey as required by the Statistics New Zealand standards around collection of ethnicity data.

Ethnicity by age

Māori and Pacific Peoples doctors are more likely to be aged under 35 years compared with European doctors and the overall workforce. This is also true for doctors identifying with Asian ethnicities, although to a smaller extent.

49.5 percent of Māori doctors and 46.4 percent of Pacific Peoples doctors are aged 34 and under, compared with 27.3 percent of the overall workforce.

Figure 4: Ethnicity[6] by age group



[6] Ethnicity data are collected at Level 4 of Statistics New Zealand's classification but presented at Level 1 in Figure 4 for easier comparison of categories.

Ethnicity by work role

House officers and registrars

The proportion of Māori and Pacific Peoples doctors reporting their work roles as house officers and registrars is higher than that for doctors identifying as European (51.9 percent for Māori and 53.0 percent for Pacific Peoples, compared with 27.4 percent for European). This reflects their greater representation amongst more recently qualified doctors.

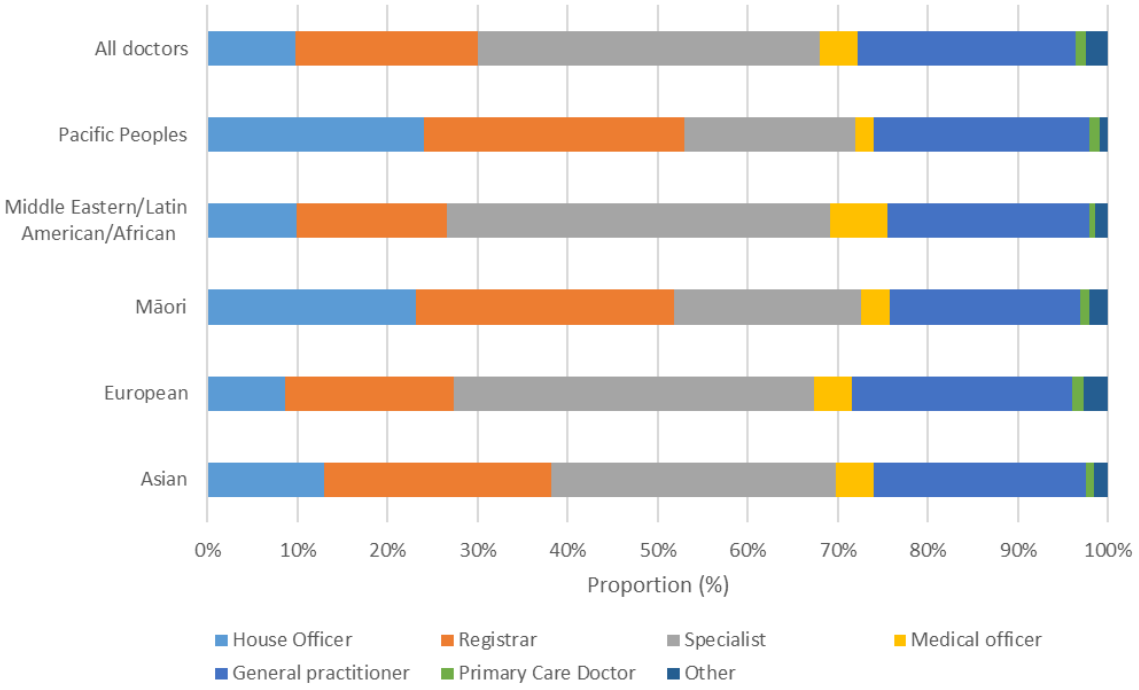
Specialists

European doctors are more likely to report their work role as specialist; 40.7 percent compared to only 20.7 percent for Māori and 18.9 percent for Pacific Peoples.

General practitioners

The proportion of doctors reporting as GPs is relatively consistent across ethnicities. European doctors are most likely to report their work role as GP (24.5 percent) followed by Pacific Peoples doctors (23.9 percent) and Asian doctors (23.5 percent). Māori doctors were least likely to work as GPs with only 21.1 percent reporting this work role.

Figure 5: Doctors by ethnicity[7] and work role at main work site



[7] Ethnicity data are collected at Level 4 of Statistics New Zealand's classification but presented at Level 1 in Figure 5 for easier comparison of categories.

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 of 30 June 2025, there were 15 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).

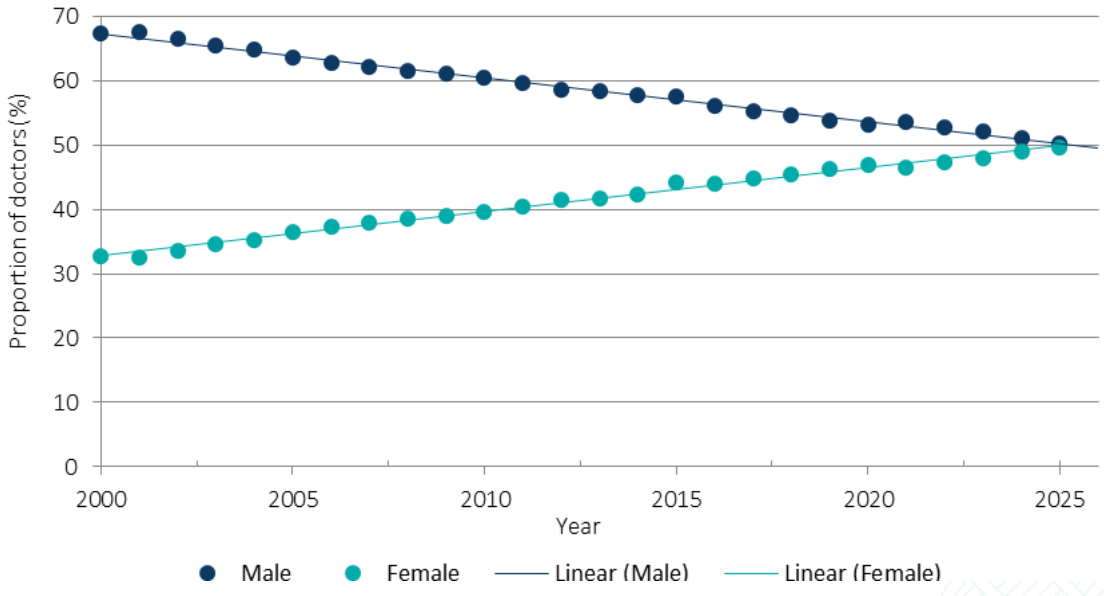
Gender distribution

The proportion of females in the workforce according to survey data increased in 2025 (from 48.9 percent in 2024 to 49.6 percent in 2025). This figure aligns with registration data – the same proportion (49.6 percent) of doctors on the register with a current practising certificate were female as of 30 June 2025.

Table 5: Active doctors by gender (2021-2025)

	2021		2022		2023		2024		2025	
Gender	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Female	7,243	46.6	8,270	47.4	8,528	47.9	9,027	48.9	9,454	49.6
Male	8,313	53.4	9,193	52.6	9,281	52.1	9,426	51.1	9,579	50.3
Diverse	-	-	-	-	-	-	10	0.1	15	0.1
Total	**15,556**	**100.0**	**17,463**	**100.0**	**17,809**	**100.0**	**18,463**	**100.0**	**19,047**	**100.0**

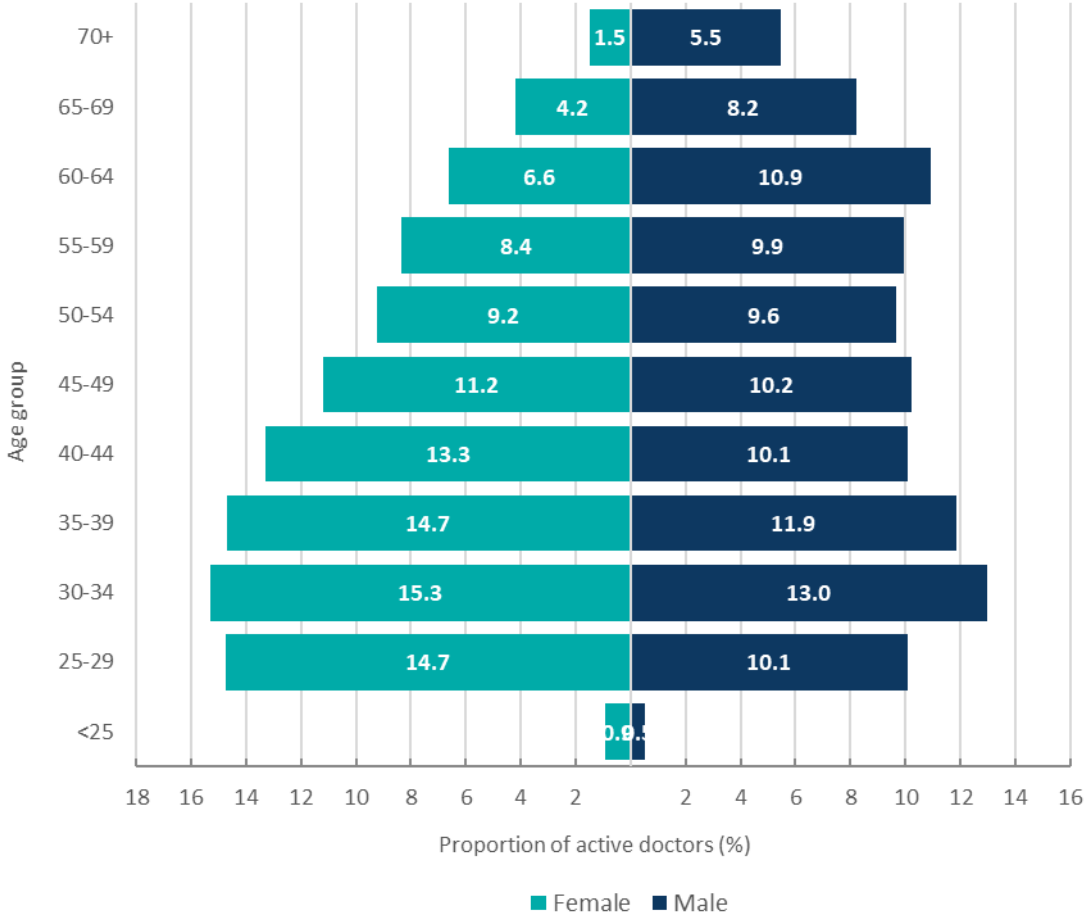
Figure 6: Proportion of active doctors by gender (2000–2025)



Distribution by age and gender

The average age of doctors in the workforce is 45.2 years, the same as it was in 2024 and 2023. There are more young female doctors than young male doctors. 30.9 percent of female doctors are <30 years old compared with 23.6 percent of male doctors. Conversely, almost a quarter of male doctors are >60 years old compared to 12.3 percent of female doctors.

Figure 7: Distribution of active doctors by age and gender

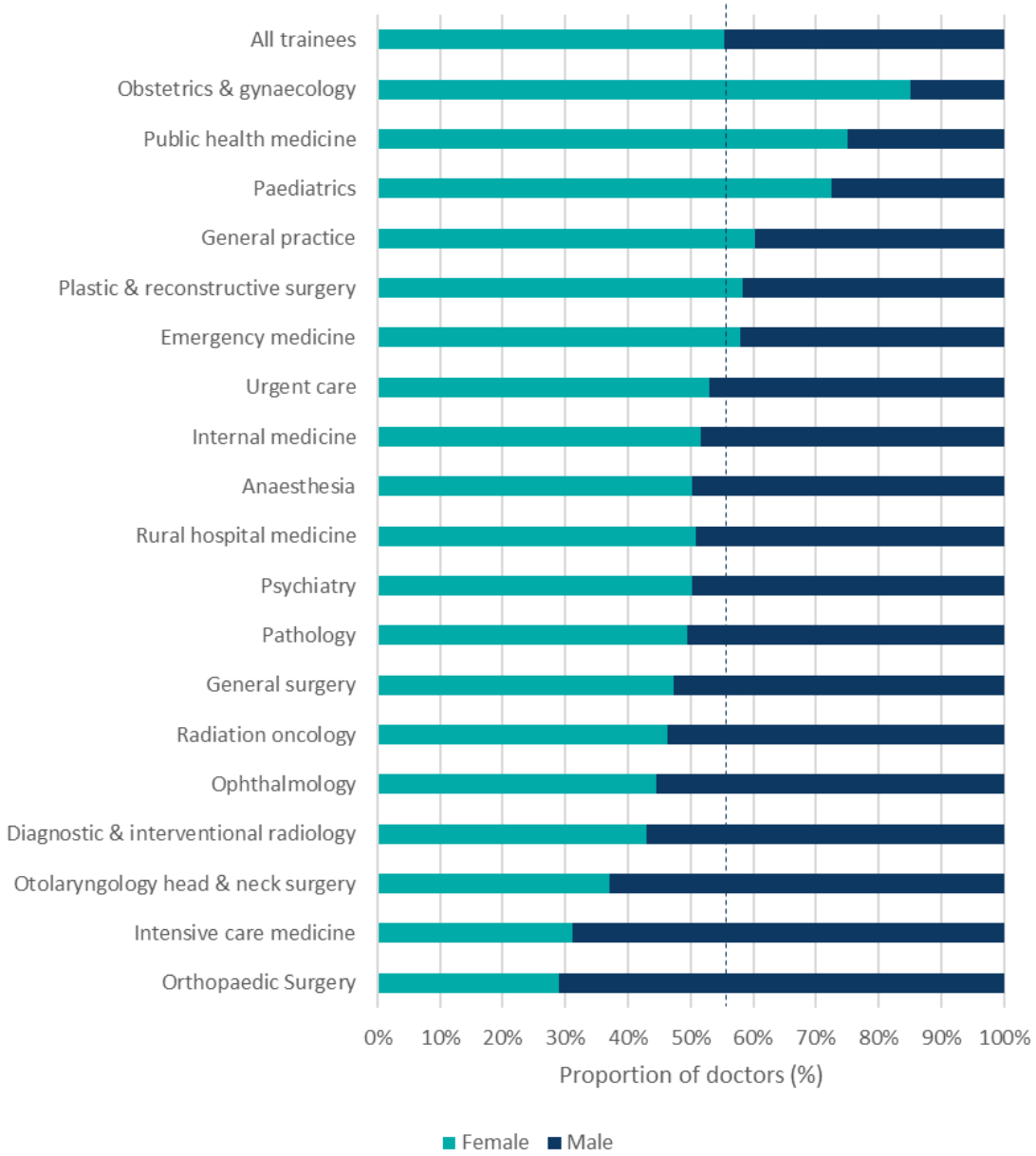


Vocational trainees

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 (83 percent), public health medicine (75.0 percent), paediatrics (72.5 percent) and general practice (60.3 percent).

Male doctors are most highly represented in orthopaedic surgery (71 percent), intensive care medicine (68.8 percent), and otolaryngology head and neck surgery (63.0 percent).

Figure 8: Vocational training area by gender (areas with more than 20 trainees)

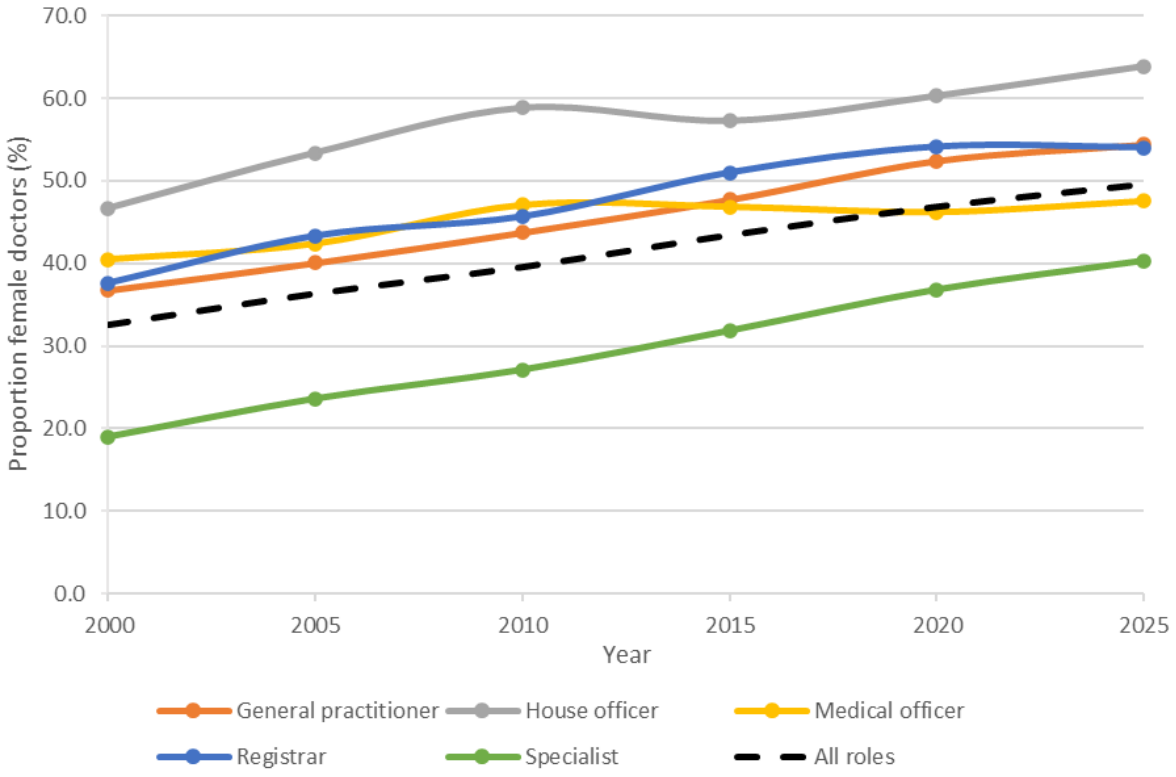


Work role

Females outnumber males amongst house officers (63.9 percent), registrars (54.0 percent) and GPs (54.4 percent).

Females are least represented amongst specialists, making up 40.3 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 9: Proportion of females by work role at main work site (2000-2025)

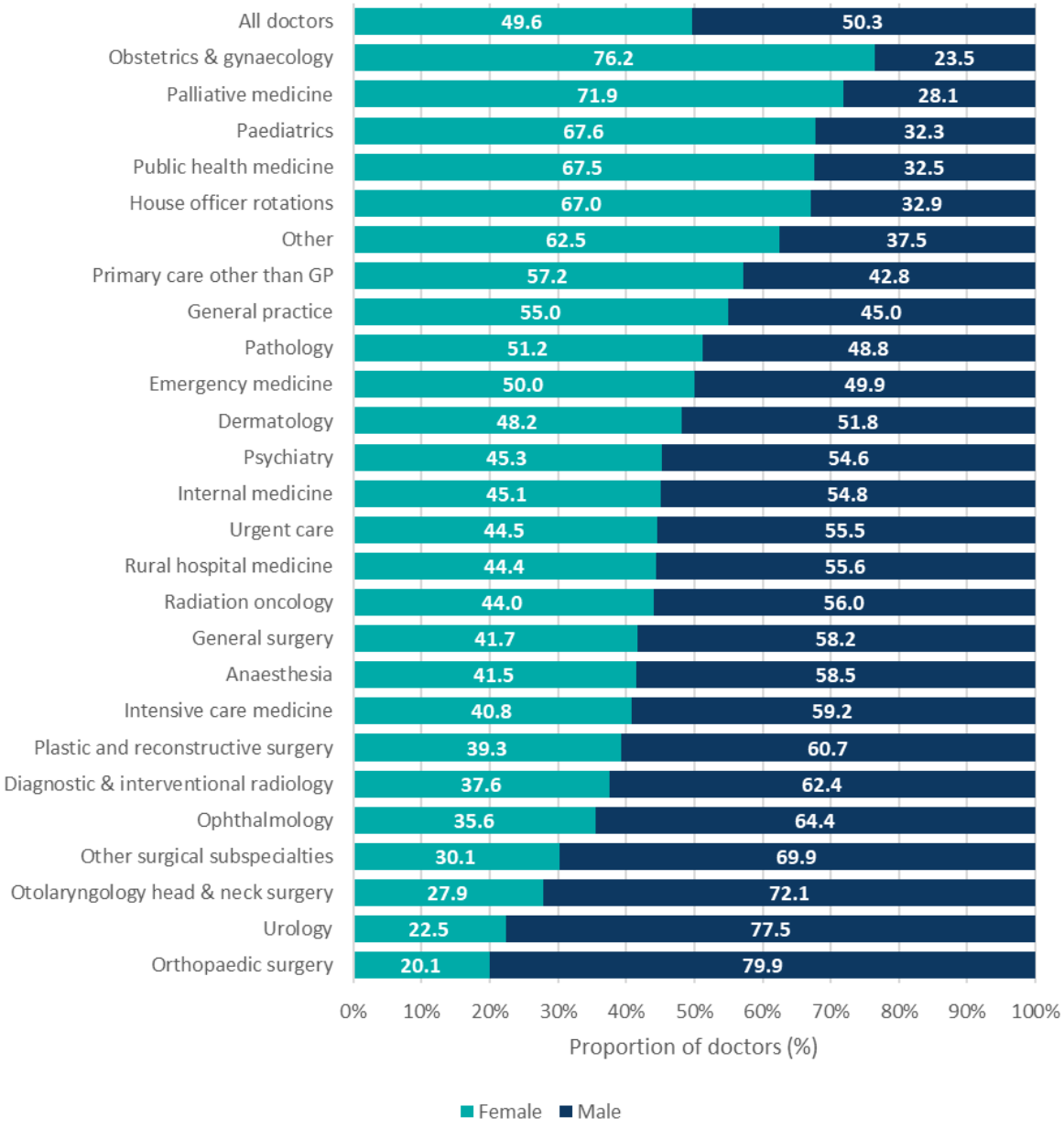


Work types

Females are most highly represented in obstetrics and gynaecology (76.2 percent), palliative medicine (71.9 percent), and paediatrics (67.6 percent).

Females are least represented in orthopaedic surgery (20.1 percent), urology (22.5 percent), otolaryngology head and neck surgery (27.9 percent) and other speciality surgery (30.1 percent).

Figure 10: Proportion of doctors by work type and gender



Female doctors in surgery

The proportion of females working in surgical specialties is increasing. Taking all surgical work types together, females make up 30.1 percent of doctors, up from 22 percent in 2020, 18 percent in 2015, and 11.8 percent in 2010.

Females are most highly represented in paediatric surgery (51.4 percent) followed by general surgery (41.7 percent) and plastic surgery (39.3 percent).

Females are least represented in oral and maxillofacial surgery (11.8 percent), urology (22.5 percent), and neurosurgery (23.3 percent).

Table 6: Changes in proportion of female doctors in surgery over time (2005-2025)

	Year				
Work type at main work site	**2005**	**2010**	**2015**	**2020**	**2025**
Cardiothoracic surgery	12.0	13.5	20.8	18.0	27.4
General surgery	11.6	17.4	23.0	30.1	41.7
Neurosurgery	21.4	4.8	16.2	13.9	23.3
Oral & maxillofacial surgery	0.0	0.0	8.7	9.1	11.8
Orthopaedic surgery	5.1	6.4	10.0	13.0	20.1
Other surgical subspecialties	9.5	14.3	20.3	27.1	30.1
Otolaryngology head & neck surgery	10.7	13.4	20.4	22.0	27.9
Paediatric surgery	22.7	16.7	28.6	37.5	51.4
Plastic surgery	11.1	20.4	34.8	33.7	39.3
Urology	10.2	8.8	14.6	17.0	22.5
Vascular surgery	0.0	5.0	11.8	25.0	36.8
All surgical specialties	**9.4**	**11.8**	**18.0**	**22.0**	**30.1**

Workloads

Hours worked by work type

Doctors in neurosurgery report working the most hours (69.9 hours per week) followed by house officer rotations (61.1 hours), and cardiothoracic surgery (60.3 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. 60.1 percent of doctors in general practice reported working less than 40 hours per week with 30.1 percent reporting less than 30 hours. By comparison, 7.5 percent of doctors working in surgery reported working less than 40 hours with 3.6 percent reporting less than 30 hours.

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

Hours worked by work role

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 (66.9 hours in 2025 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 51.4 hours per week – more than the workforce average.

Average hours worked by specialists and GPs continue to decrease, with GPs down to 34.3 hours (from 42.2 in 2000) and specialists down to 42.7 hours (from 48.2 in 2000). This reflects that GPs and specialists are more likely to work part-time compared with house officers and registrars. 61.4 percent of GPs and 26.3 percent of specialists work less than 40 hours per week compared with only 2.5 percent of house officers and 12.7 percent of registrars.

Table 7: Average hours worked each week by work role, at the doctor's main work site (2000–2025)

Work role	Year					
	2000	2005	2010	2015	2020	2025
General practitioner	42.2	39.8	37.8	37.1	35.1	34.3
House officer	55.7	54.6	52.1	53.7	63.6	66.9
Registrar	55	53.1	51.6	51.4	52.3	53.5
Specialist	48.2	46.6	45.2	45	43	42.7
All doctors	**47.1**	**45.5**	**43.9**	**44.4**	**44.4**	**44.9**

Table 8: Doctors by work type and hours group

Work type	Hours group							
	04-09	10-19	20-29	30-39	40-49	50-59	60-69	70+
General practitioner	1.6	7.6	21.4	30.8	28.4	6.4	2.7	1.1
House officer	0.2	0.3	1.1	0.9	20.0	37.1	18.3	22.1
Medical Officer	1.2	4.1	16.5	21.1	41.1	10.5	2.2	3.2
Primary Care Doctor	2.8	8.8	25.5	29.2	27.8	6.0	0.0	0.0
Registrar	0.3	0.9	5.2	6.3	26.6	29.4	19.5	11.9
Specialist	1.1	1.9	7.6	15.7	44.0	21.0	6.6	2.1
All doctors	**1.1**	**3.3**	**10.5**	**16.3**	**34.0**	**19.9**	**9.1**	**5.8**

Hours worked by age and gender

Overall, female doctors reported working 43.7 hours per week compared with 45.9 hours for male doctors.

Doctors aged in their 20s report working the most hours per week. After the age of 30, male doctors reported working more hours per week than female doctors. This difference peaks in the 55–59 age group where males reported working 44.7 hours per week compared with 37.1 for females.

Table 9: Average of total hours worked by age group and gender

Age group	Female	Male	Overall
≤24	61.4	66	**63.1**
25–29	62.7	60	**61.6**
30–34	50.3	52.2	**51.2**
35–39	40.9	45.9	**43.1**
40–44	38.4	44.9	**41.2**
45–49	38.2	44.6	**41.3**
50–54	38.2	44.9	**41.6**
55–59	37.1	44.7	**41.2**
60–64	36.1	42.2	**39.9**
65–69	32.6	37.9	**36.2**
70+	29.7	31.3	**30.9**
All age groups	61.4	66	**63.1**

Over time, the average number of reported hours worked is decreasing for males but increasing for females. Female doctors reported working 43.7 hours per week in 2025 compared with 41.2 hours in 2015, and 40.6 hours in 2005. Male doctors reported working 45.9 hours per week in 2025 compared with 46.6 hours in 2010 and 48.3 hours in 2005.

Table 10: Average hours worked, by gender and year (2005–2025)

Gender	Year					
	2000	**2005**	**2010**	**2015**	**2020**	**2025**
Female	41.2	40.6	39.8	41.2	42.0	43.7
Male	49.9	48.3	46.6	46.8	46.0	45.9
All doctors	**47.1**	**45.5**	**43.9**	**44.4**	**44.0**	**44.8**

Gender and part-time work

Female doctors are more likely to work part-time than male doctors. 38.9 percent of female doctors reported working fewer than 40 hours each week compared with 23.5 percent of male doctors.

The most common reasons given by female doctors for working part-time were personal preference (1,655 respondents), part-time work (907 respondents) and family commitments (591 respondents). The most common reasons given by male doctors for working part-time were personal preference (1,265 respondents), part-time work (314 respondents), and that they were retired or semi-retired (273 respondents). 95 male respondents reported family commitments as a reason for part-time work.

Geographic distribution

Distribution of doctors by region

The regions with the most doctors (by FTE) are Te Toka Tumai Auckland, Waitaha Canterbury, and Capital, Coast and Hutt Valley.

Over three-quarters of doctors are based in the North Island (76.9 percent).
Waitaha Canterbury is by far the largest region in the South Island with over half of all FTEs in the South Island (51 percent) and 12 percent of all FTEs.

Table 11 shows the total FTEs and GP FTEs reported in each region. In 2025 we began asking doctors to record the Te Whatu Ora region for each work site they reported working. This provides more granular data and should provide a better indication of the distribution of doctors compared with previous years, especially where doctors report work against >1 region. The figures in Table 12 present the aggregated results of all work sites doctors reported grouped by the region reported at each work site.

Table 11: Distribution of doctors and GPs by region

Region	Population[1]	Doctors (FTE)	GPs (FTE)	Proportion of total FTEs (%)	Proportion of GP FTE (%)
Northland	200,800	762.4	173.7	3.6	3.9
Waitematā	676,100	1,802.0	392.7	8.4	8.8
Auckland	503,300	3,904.8	670.8	18.2	15.0
Counties Manukau	645,100	1,873.5	371.6	8.7	8.3
Waikato	463,000	1,867.3	365.3	8.7	8.2
Bay of Plenty	278,500	1,075.9	243.9	5.0	5.5
Tairāwhiti	53,000	175.7	48.4	0.8	1.1
Lakes	119,300	386.9	80.7	1.8	1.8
Hawke's Bay	181,000	715.7	154.1	3.3	3.5
Taranaki	130,600	461.7	98.2	2.2	2.2
Whanganui	70,000	238.4	65.2	1.1	1.5
MidCentral	192,600	652.5	116.6	3.0	2.6
Wairarapa	51,300	127.6	40.9	0.6	0.9
Capital, Coast, and Hutt Valley	479,900	2,428.7	452.5	11.3	10.1
Nelson Marlborough	165,700	588.0	185.2	2.7	4.2
West Coast	34,300	92.5	29.0	0.4	0.6
Canterbury	622,200	2,520.7	554.4	11.8	12.4
South Canterbury	63,500	211.7	50.4	1.0	1.1
Southern	357,100	1,526.1	369.3	7.1	8.3
All regions	**5,287,300**	**21,412.2**	**4,462.7**	**100**	**100**

[1] Based on Statistics Stats NZ's June 2024 subnational population estimates. The figures for June 2025 were not available at the time of publishing.

Distribution of GPs

The regions with the most GP FTEs are Auckland (670.8), Canterbury (554.4), and Capital, Coast and Hutt Valley (452.5).

Auckland is relatively over-represented amongst GP FTEs compared to its proportion of the population (15 percent of GP FTEs compared to 9.5 percent of the New Zealand population). However, the wider Auckland region (including Waitematā and Counties Manukau) is relatively underrepresented, with 34.5 percent of the population but only 32.2 percent of GPs. Waitematā is underrepresented by 4.0 percentage points and Counties Manukau by 3.9 percentage points.

Capital, Coast and Hutt Valley also has a proportion of GPs greater than its proportion of the population (+2.3 percentage points). Most other areas have GP FTEs consistent with their proportion of the population (+/- 1 percentage point).

Gender

Counties Manukau has the highest proportion of female doctors (52.4 percent) and is one of eight regions with more female doctors than male doctors. The other regions with more female than male doctors are Northland, Waitematā, Auckland, Lakes, Capital, Coast and Hutt Valley, Nelson Marlborough, and Canterbury.

Wairarapa has the lowest proportion of female doctors (39.5 percent) followed by West Coast (42.0 percent), and Tairāwhiti (42.9 percent).

The proportion of female doctors in the overall workforce is 49.6 percent.

International medical graduates

The overall proportion of IMGs in the workforce is 42.1 percent. However, IMGs tend to be more highly represented outside of the larger centres. South Canterbury has the highest percentage of IMGs (61.0 percent), followed by Whanganui (60.4 percent), and West Coast (52.9 percent).

The regions with the lowest percentages of IMGs are Counties Manukau (35.0 percent), Auckland (35.5 percent), and Canterbury (35.9 percent).

Age

The average age of the overall workforce is 45.2 years. Doctors outside of the main centres tend to be older on average, with the highest average ages seen in South Canterbury (48.7 years), West Coast (48.3 years), and Whanganui (47.9 years).

Doctors in Counties Manukau have the youngest average age at 44.1 years. Most other areas are about the same as the overall average.

Table 12: Percentage female, percentage IMG and average age by region

Region	Population[1]	Percentage female (%)	Percentage IMGs (%)	Average age
Northland	200,800	50.9	49.2	47.0
Waitematā	676,100	50.2	36.1	45.8
Auckland	503,300	50.3	35.5	47.3
Counties Manukau	645,100	52.4	35.0	44.1
Waikato	463,000	43.5	49.6	45.8
Bay of Plenty	278,500	49.8	49.0	45.8
Tairāwhiti	53,000	42.9	51.6	47.6
Lakes	119,300	52.2	49.1	45.9
Hawke's Bay	181,000	49.5	50.5	45.1
Taranaki	130,600	49.7	47.7	45.4
Whanganui	70,000	46.3	60.4	47.9
MidCentral	192,600	43.8	49.7	45.7
Wairarapa	51,300	39.5	49.0	47.7
Capital, Coast and Hutt Valley	479,900	52.3	40.3	45.5
Nelson Marlborough	165,700	51.1	47.5	47.3
West Coast	34,300	42.0	52.9	48.3
Canterbury	622,200	50.5	35.9	45.7
South Canterbury	63,500	48.8	61.0	48.7
Southern	357,100	48.5	45.4	47.5
All regions	**5,287,300**	**49.6**	**42.1**	**46.2**

International medical graduates

IMGs make up 42.1 percent of doctors who responded to the survey and 43.5 percent of doctors on the register (as of 30 June 2025).

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.

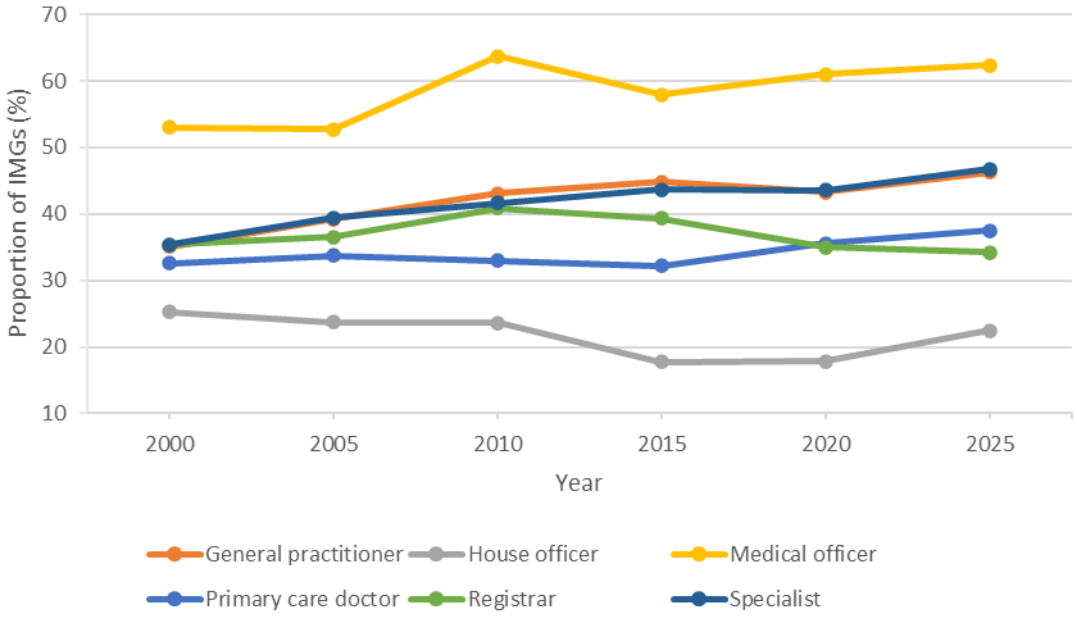
Movement of doctors between countries is normal and is not a one-way flow. Just as IMGs come to New Zealand to work, some New Zealand-trained doctors work in other countries – see the retention section on page 39 for more on this.

Work role

IMGs are most represented amongst medical officers – 62.3 percent. They are least represented amongst house officers (22.4 percent) and registrars (34.2 percent). This reflects that there are fewer training posts available for IMGs because we are training increasing numbers of local graduates.

Figure 12 shows changes in the proportion of IMGs by work role at their main work site between 2000 and 2025.

Figure 12: Proportion of IMGs by work role at the main worksite (2000–2025)

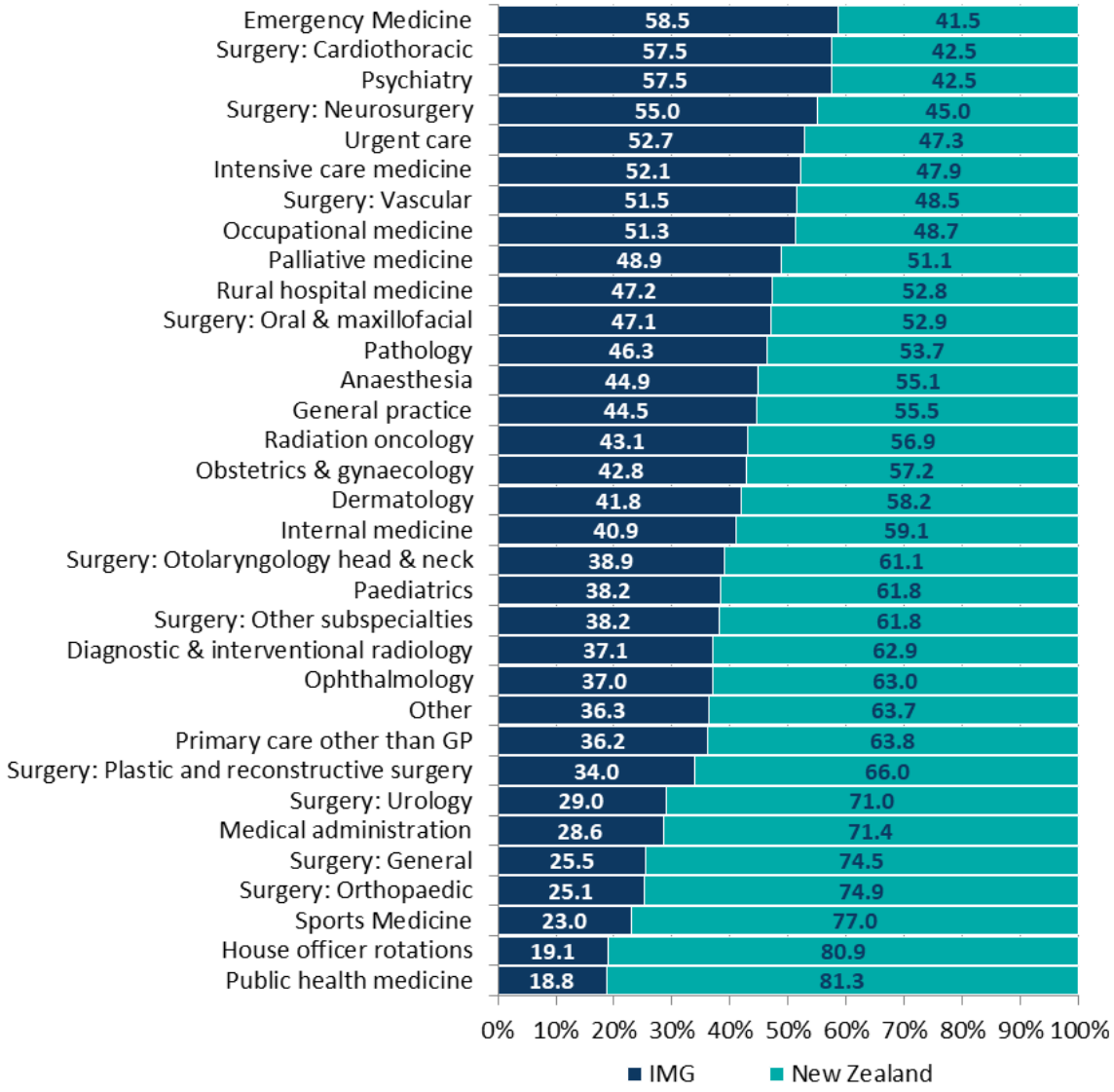


Work type

IMGs are most represented in emergency medicine (58.5 percent), cardiothoracic surgery (57.5 percent) and psychiatry (57.5 percent).

IMGs are least represented in public health medicine (18.8 percent), sports medicine (23.0 percent) and orthopaedic surgery (25.1 percent). Only a small percentage of doctors working in house officer rotations are IMGs which is expected.

Figure 13: Proportion of IMGs by work type (areas with more than 50 doctors)



Retention — how long do our doctors stay

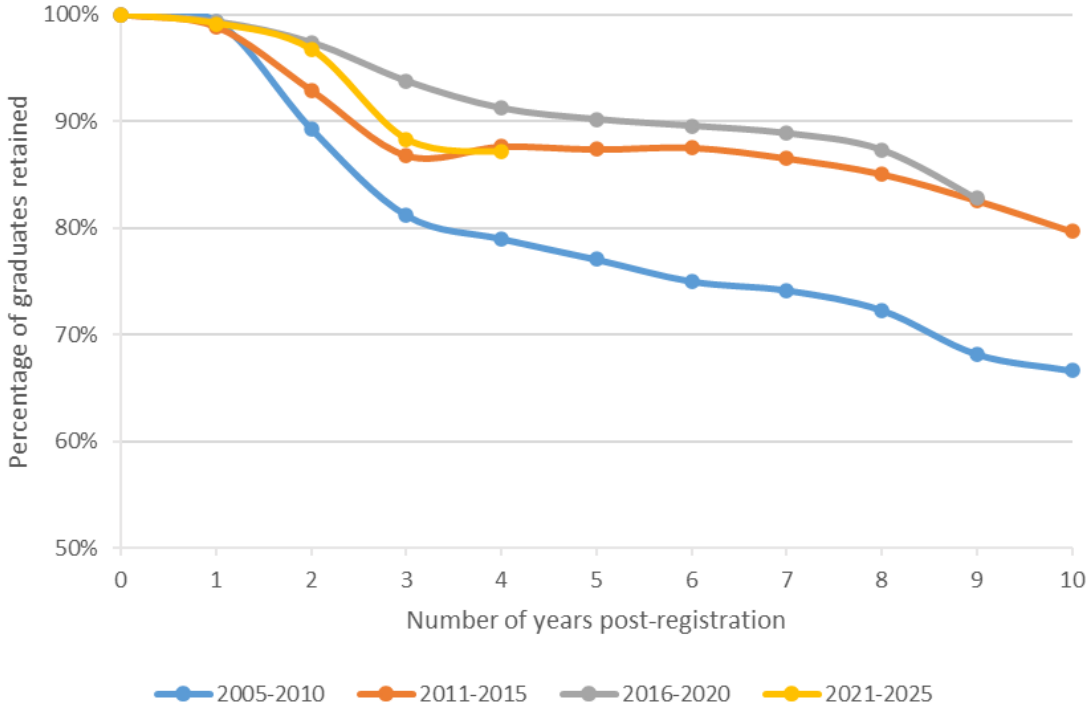
Retention of New Zealand graduates

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 2024.

Retention rates for graduates at two-years post-registration is increasing. Historically 90 percent. Since 2015, it has consistently been over 95 percent. Retention at three-years post registration is increasing overall but is down in the 2021-2022 and 2022-2023 cohorts.

Figure 14 compares the retention rates at each year after graduation for successive classes of graduates from 2005 to 2025, combining these into 5-year cohorts to make it easier to see trends. See Table 19 on page 49 for more detailed retention data for New Zealand graduates.

Figure 14: Graduate retention of class years 2005–2024 (5-year cohorts)

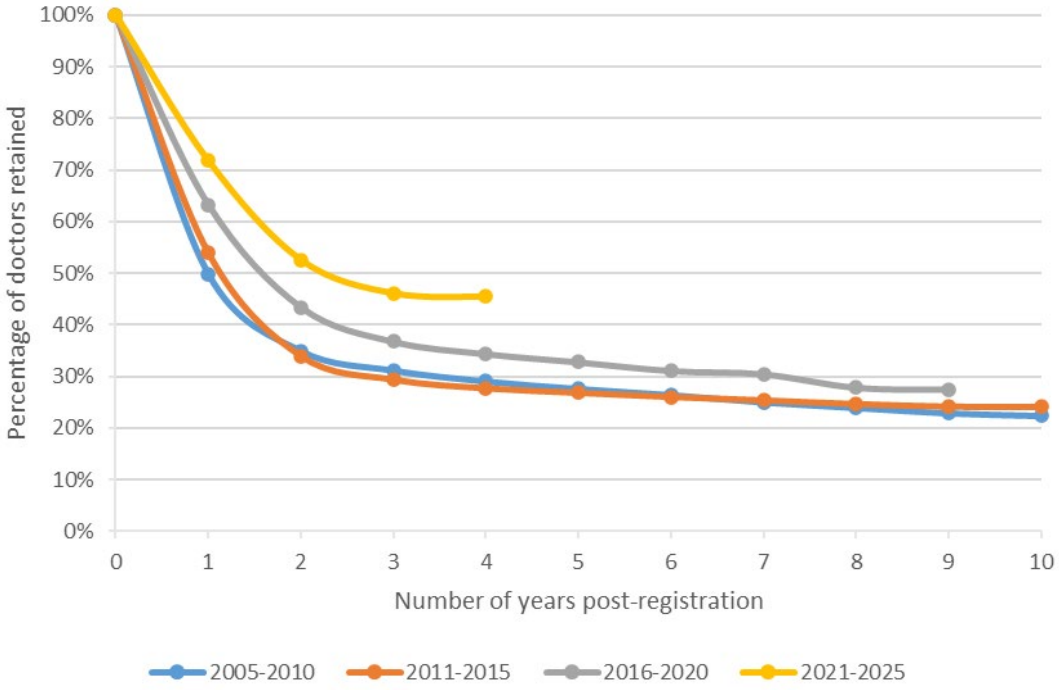


Retention of International medical graduates

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 15 shows the overall retention rate for IMGs who registered in New Zealand between 2005 and 2025.

Figure 15: Retention rate for IMGs (2005–2025)



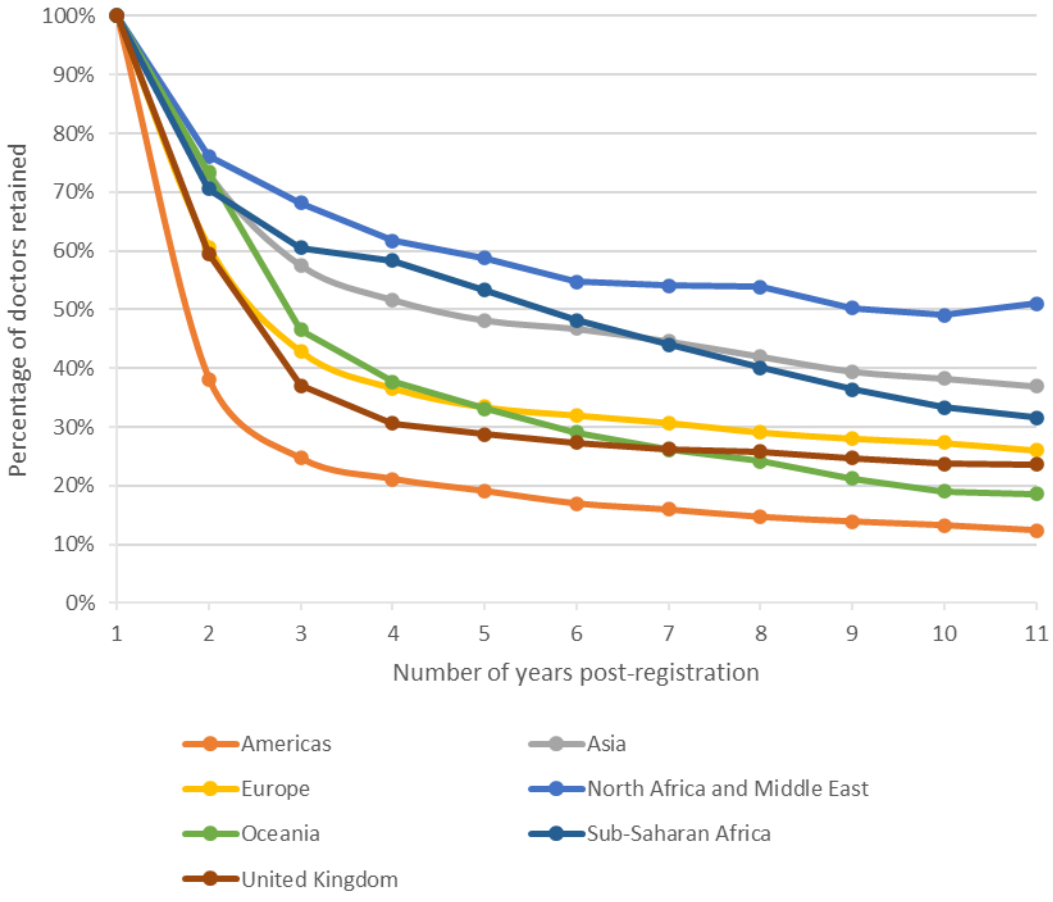
Retention by region of primary medical qualification

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 38.1 percent of doctors from the Americas are retained one year after initial registration, dropping further to 24.7 and 21.2 percent in the second and third years. 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. Doctors from Africa, the Middle East and Asia are more likely to relocate to New Zealand permanently.

Figure 16: Retention of IMGs by region of qualification (2005-2025)



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 17: Retention rates for IMGs by age group (2005–2025)

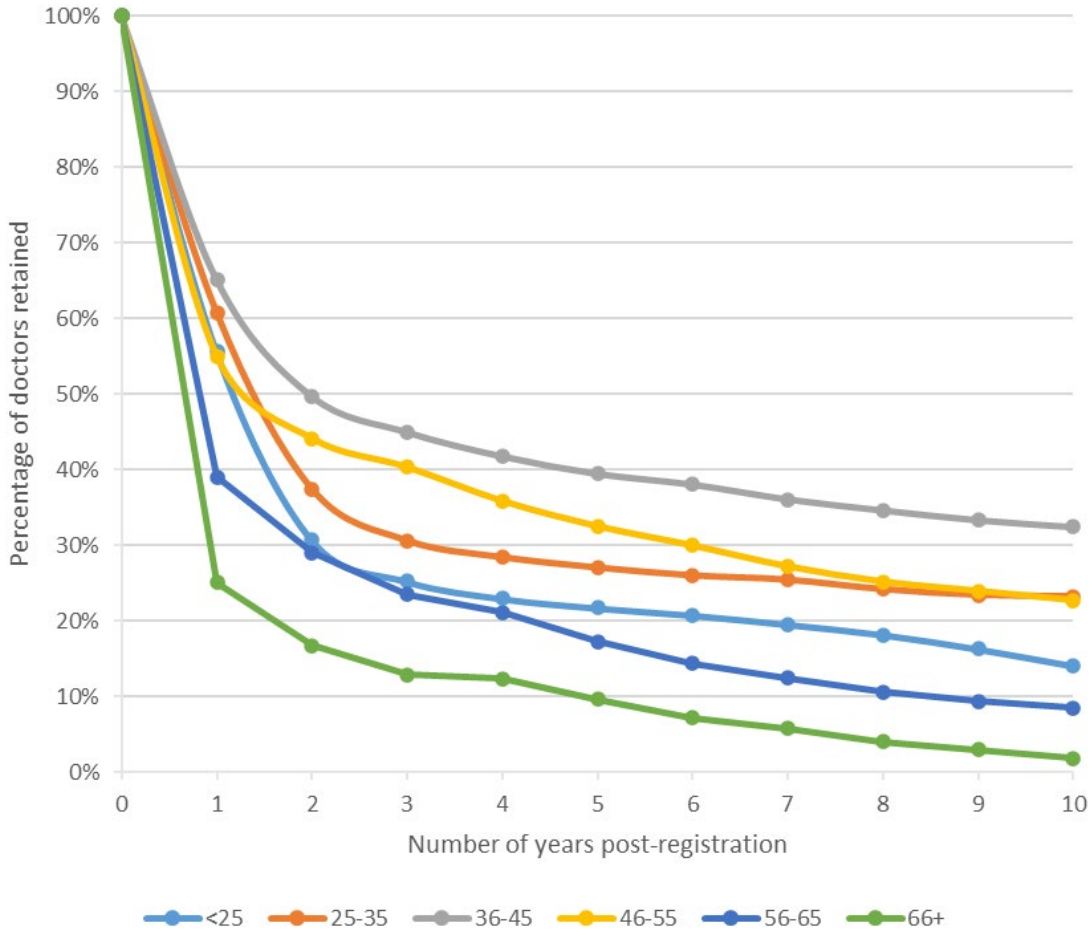
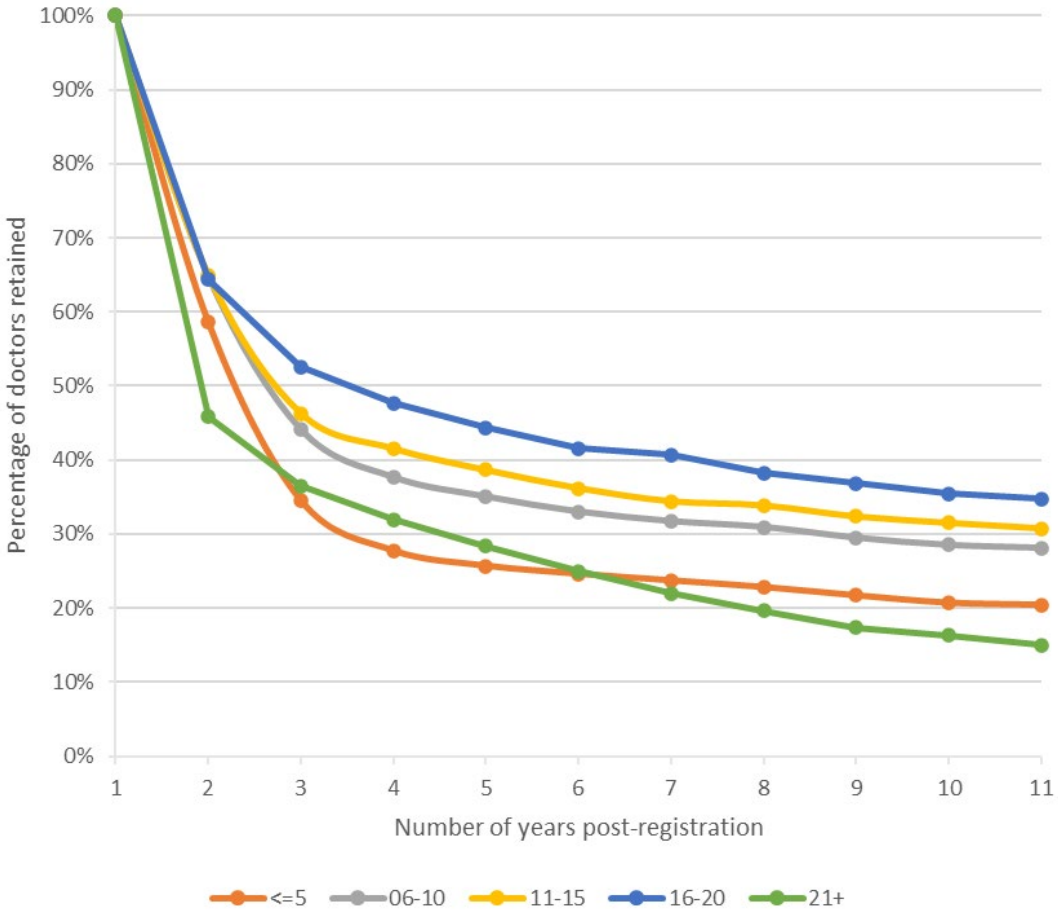


Figure 18: Retention rate for IMGs by time since initial qualification (2005–2025)



Data sources used in this publication

This report combines the results of the Council's workforce survey for 2024-2025 with existing registration data. It also includes other non-register registration data collected from doctors as part of the initial registration process and 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 certificates 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 2024-2025 survey is slightly lower than the previous year - 97.9 percent of doctors surveyed responded compared with 98.3 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 – 20,530 as at 30 June 2025. For a population of this size, a response rate of 97.9 percent should provide 99 percent certainty[8].

[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.

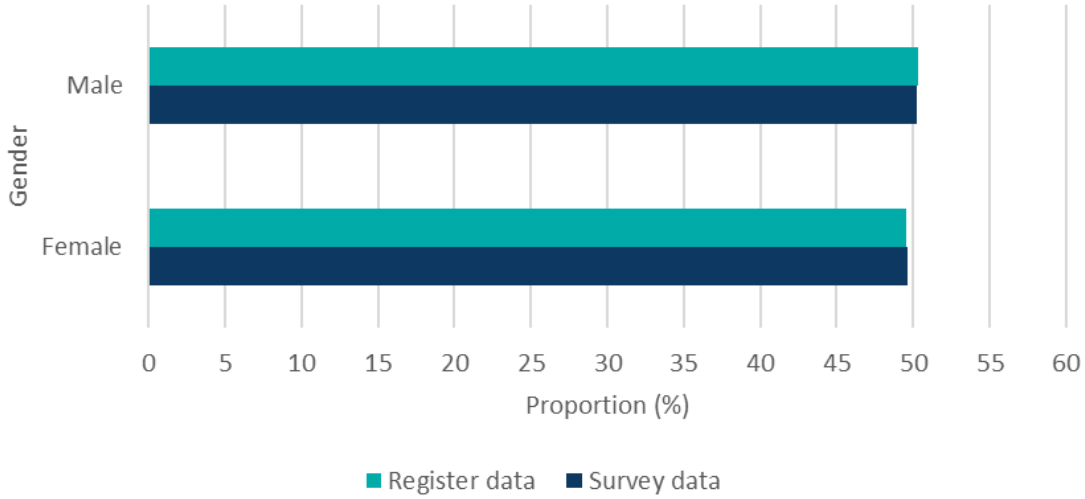
We compared the age and gender of those who responded to the survey with those on the medical register to test whether the survey data are representative. There were only very small differences in the breakdowns by age group and gender.

This further supports our conclusion that the survey response for 2024-2025 is representative.

Comparison by gender

Figure 19 illustrates that, when broken down by gender, the demographics of the two groups are effectively identical. In both cases, just under 50 percent of respondents were female and just over 50 percent were male. As noted in the Gender section of the report on page 16, the number of doctors identifying as gender diverse was too small to report without breaching privacy standards.

Figure 19: Comparison of survey respondents with doctors on the medical register as at 30 June 2025 by gender



Comparison by age group

Figure 20 and Table 13 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 20: Comparison of survey respondents with doctors on the medical register as at 30 June 2025 by age group

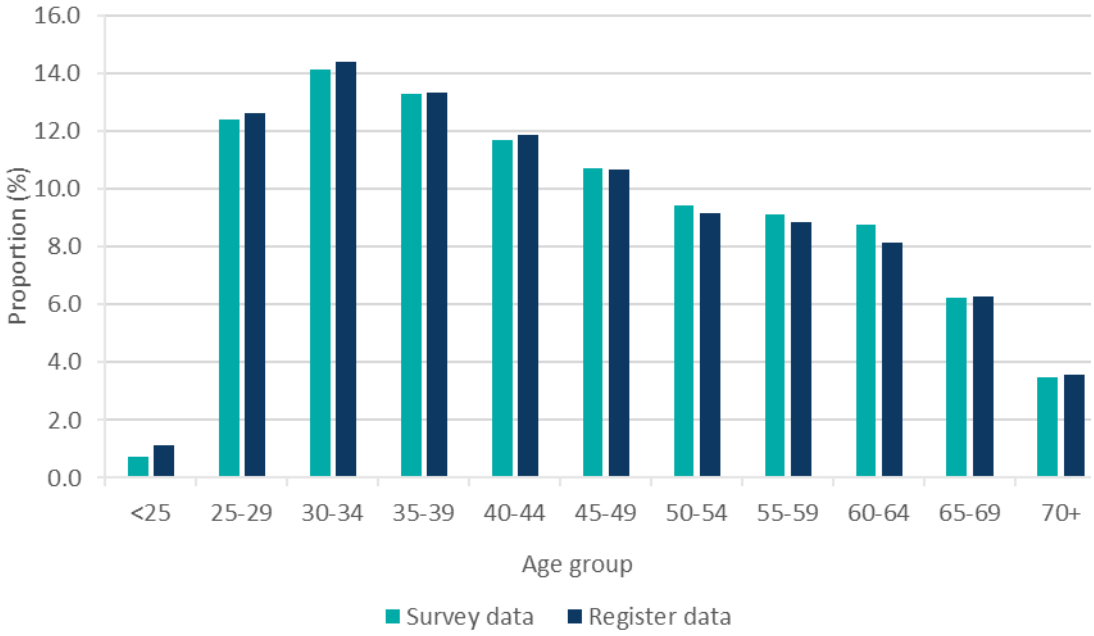


Table 13: Summary of differences between the proportions of survey respondents and doctors on the medical register as at 30 June 2024 by age group (selected age groups only)

Age group	25–29	30–34	35–39	40–49	50–54	55–59	60–64
Survey difference to register	-0.4	-0.3	-0.1	0.2	0.3	0.3	0.6

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 (43.5 percent versus 42.1 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 certificates (and complete the workforce survey) at one of four dates during the year, determined by the doctors' birthdates.

The 2024-2025 survey covers doctors who renewed their practising certificate from September 2024, December 2024, March 2025, and June 2025.

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:

- registered in a general, provisional general, vocational, or provisional vocational scope of practice,
- 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 2024-2025 survey is 97.9 percent. We asked 20,323 doctors to complete the survey; 19,891 doctors responded. 19,106 doctors reported working in the previous year. The remaining 785 doctors reported that they did not work.

This response rate is similar to that in 2023 and 2024 (97.9 and 98.3 percent) but 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 doctors[9]. Doctors must now complete the questionnaire but are 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 19,048 active doctors in 2025.

[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 of 30 June 2024[10] for Te Whatu Ora region populations.

Ethnicity

Doctors can report up to six ethnicities. Where possible, we report in a way that reflects all a doctor's responses. However, in some cases we must assign each doctor a single ethnicity using Statistics New Zealand's prioritisation standard.

The ethnicity we use is the one reported by the doctor with the highest priority. This is aggregated up to lowest level possible that still ensures anonymity, usually level 1.
The priority order at level 1 of Statistics New Zealand's classifications is:

1. Māori
2. Pacific Peoples
3. Asian
4. Middle Eastern/Latin American/African
5. Other Ethnicity
6. European
7. Residual Categories.

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.

1 [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 DHBs[11] 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/statistics-research

Referencing this report

Please use the following details when referencing this report:

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- Edition: n/a

Appendix 1 – Changes in the medical workforce by work role

Table 14 shows the changes in the distribution of the workforce by work role over time.

Table 14: Changes in the medical workforce

Workforce role[2]	Proportion of active doctors (%)[1]					
	2000	2005	2010	2015	2020	2025
General practitioner	36.7	33.4	30.8	28.0	26.2	24.2
House officer	10.4	9.3	8.4	9.8	8.9	9.8
Medical officer	3.2	3.5	4.6	3.8	4.2	4.3
Primary care doctor	2.2	1.8	1.4	1.3	1.3	1.1
Registrar	14.2	15.6	15.4	17.7	18.3	20.2
Specialist	30.8	33.6	34.8	36.7	38.9	37.9
Other	2.4	2.8	4.6	2.8	2.3	2.4
Total[3]	**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.

Appendix 2 – Proportion of doctors by work type and gender

Table 15: Proportion of doctors by work type and gender

Work type	Female (%)	Male (%)	Female	Male	Total
Clinical forensic medicine	100.0	0.0	7	0	7
Family planning & reproductive health	87.0	13.0	20	3	23
Sexual health medicine	85.4	14.6	35	6	41
Obstetrics & gynaecology	76.2	23.5	497	153	652
Palliative medicine	71.9	28.1	97	38	135
Paediatrics	67.6	32.3	555	265	821
Public health medicine	67.5	32.5	162	78	240
House officer rotations	67.0	32.9	566	278	845
Other	62.5	37.5	222	133	355
Clinical genetics	61.5	38.5	8	5	13
Primary care other than GP	57.2	42.8	87	65	152
General practice	55.0	45.0	2,780	2,274	5,058
Basic medical science	53.7	46.3	29	25	54
Surgery: paediatric	51.4	48.6	19	18	37
Pathology	51.2	48.8	147	140	287
Emergency medicine	50.0	49.9	544	543	1,088
Dermatology	48.2	51.8	53	57	110
Rehabilitation medicine	45.7	52.2	21	24	46
Psychiatry	45.3	54.6	492	594	1087
Internal medicine	45.1	54.8	1,137	1,382	2,521
Urgent care	44.5	55.5	130	162	292
Rural hospital medicine	44.4	55.6	63	79	142
Radiation oncology	44.0	56.0	51	65	116
Surgery: general	41.7	58.2	232	324	557
Anaesthesia	41.5	58.5	556	783	1,339
Intensive care medicine	40.8	59.2	126	183	309
Medical administration	40.3	59.7	31	46	77
Surgery: plastic and reconstructive surgery	39.3	60.7	59	91	150
Diagnostic & interventional radiology	37.6	62.4	266	441	707
Surgery: vascular	36.8	63.2	25	43	68
Ophthalmology	35.6	64.4	100	181	281
Sports medicine	32.8	67.2	20	41	61
Surgery: other subspecialties	30.1	69.9	41	95	136
Surgery: otolaryngology head & neck	27.9	72.1	53	137	190
Surgery: cardiothoracic	27.4	72.6	20	53	73
Occupational medicine	25.6	74.4	20	58	78
Musculoskeletal medicine	24.3	75.7	9	28	37
Surgery: neurosurgery	23.3	76.7	14	46	60
Surgery: urology	22.5	77.5	31	107	138
Surgery: orthopaedic	20.1	79.9	123	490	613
Surgery: oral & maxillofacial	11.8	88.2	6	45	51
All doctors	**49.6**	**50.3**	**9,454**	**9,579**	**19,047**

Appendix 3 – Work type

Table 16: Number of doctors by vocational scope for selected years (2005–2025)

Vocational scope	Year				
	2005	2010	2015	2020	2025
Anaesthesia	488	577	879	972	993
Cardiothoracic surgery	19	23	31	36	37
Clinical genetics	6	7	16	18	20
Dermatology	50	56	77	78	80
Diagnostic and interventional radiology	266	303	570	740	765
Emergency medicine	88	135	350	436	454
Family planning and reproductive health	24	26	30	29	28
General practice	2,446	2,701	3,748	3,915	3,978
General surgery	227	235	298	330	348
Intensive care medicine	44	58	111	117	126
Internal medicine	656	761	1,222	1,403	1,462
Medical administration	12	15	30	32	29
Musculoskeletal medicine	20	22	24	26	29
Neurosurgery	18	20	24	23	26
Obstetrics and gynaecology	223	234	337	358	363
Occupational medicine	40	49	64	65	62
Ophthalmology	107	124	166	176	181
Oral and maxillofacial surgery	17	17	30	36	37
Orthopaedic surgery	211	237	311	329	344
Otolaryngology head and neck surgery	85	97	119	132	133
Paediatric surgery	15	14	24	24	22
Paediatrics	219	289	422	468	479
Pain medicine	-	-	34	36	39
Palliative medicine	32	42	71	77	79
Pathology	225	238	324	343	344
Plastic and reconstructive surgery	43	55	75	83	82
Psychiatry	425	489	671	709	711
Public health medicine	130	157	180	191	195
Radiation oncology	34	49	68	71	73
Rehabilitation medicine	11	16	27	29	29
Rural hospital medicine	-	26	128	147	151
Sexual health medicine	18	20	19	20	21
Sport and exercise medicine	12	19	33	41	42
Urgent care	103	119	136	249	335
Urology	51	54	64	68	84
Vascular surgery	20	26	33	33	38
Total	**6,389**	**7,310**	**9,069**	**10,863**	**11,974**

Appendix 4 – Age

Table 17: Average age of doctors on the register with a vocational scope (2005–2025)

Vocational scope	Year				
	2005	2010	2015	2020	2025
Anaesthesia	46	48	49	49	50
Cardiothoracic surgery	48	52	53	52	54
Clinical genetics	42	46	46	46	50
Dermatology	51	51	52	52	52
Diagnostic radiology	48	49	49	49	49
Emergency medicine	41	43	45	46	47
Family planning	53	53	53	51	53
General practice	49	51	53	53	53
General surgery	49	51	51	52	52
Intensive care medicine	46	48	49	49	50
Internal medicine	50	51	50	51	50
Medical administration	53	56	58	57	58
Musculoskeletal medicine	52	55	58	60	55
Neurosurgery	54	55	52	53	52
Obstetrics & gynaecology	49	51	52	52	51
Occupational medicine	50	53	55	58	59
Ophthalmology	49	50	51	51	52
Oral & maxillofacial surgery	45	48	52	49	49
Orthopaedic surgery	49	50	52	52	52
Otolaryngology head & neck surgery	49	51	53	54	54
Paediatric surgery	49	53	55	54	52
Paediatrics	47	48	49	50	50
Pain medicine	-	-	54	53	55
Palliative medicine	50	54	56	52	52
Pathology	49	50	51	51	52
Plastic & reconstructive surgery	49	48	50	52	52
Psychiatry	48	50	52	54	55
Public health medicine	47	49	51	52	54
Radiation oncology	46	47	49	51	51
Rehabilitation medicine	51	51	51	53	53
Rural hospital medicine	-	47	49	51	51
Sexual health medicine	50	52	55	55	56
Sport medicine	46	46	47	48	50
Urgent care	45	48	51	52	51
Urology	50	52	51	51	52
Vascular surgery	48	50	50	54	55
All doctors with a vocational scope	**48**	**50**	**51**	**52**	**52**

Appendix 5 – Ethnicity by work type

Table 18: Distribution of ethnicity by work type at main work site (%)

Work type	Māori	Pacific Peoples	European	Asian	Middle Eastern/Latin American/African	Other Ethnicity	Residual Categories
Anaesthesia	4.3	1.3	70.5	18.6	2.5	1.5	1.3
Basic medical science	1.9	0.0	59.3	33.3	1.9	1.9	1.9
Clinical forensic medicine	14.3	0.0	85.7	0.0	0.0	0.0	0.0
Clinical genetics	7.7	0.0	92.3	0.0	0.0	0.0	0.0
Dermatology	4.5	0.0	70.9	23.6	0.9	0.0	0.0
Diagnostic & interventional radiology	3.1	1.0	61.4	27.6	4.4	1.6	1.0
Emergency medicine	4.0	1.7	72.7	16.1	3.4	0.7	1.4
Family planning & reproductive health	0.0	0.0	78.3	21.7	0.0	0.0	0.0
General practice	5.4	2.7	62.4	24.3	3.2	1.3	0.6
House officer rotations	14.1	5.6	44.9	30.9	3.9	0.4	0.4
Intensive care medicine	4.2	0.6	73.8	16.5	1.3	1.3	2.3
Internal medicine	4.1	1.7	57.9	30.7	3.7	0.7	1.2
Medical administration	10.4	1.3	75.3	11.7	0.0	1.3	0.0
Musculoskeletal medicine	5.4	0.0	67.6	13.5	5.4	2.7	5.4
Obstetrics & gynaecology	7.8	2.5	62.0	21.8	4.3	0.6	1.1
Occupational medicine	2.6	1.3	80.8	12.8	1.3	1.3	0.0
Ophthalmology	4.6	1.8	54.4	29.9	6.8	0.7	1.8
Other	8.7	3.1	64.5	18.6	2.3	1.1	1.7
Paediatrics	4.4	2.3	68.3	20.7	2.2	1.1	1.0
Palliative medicine	3.0	0.0	77.0	13.3	2.2	1.5	3.0
Pathology	1.4	1.4	64.1	24.7	4.5	2.1	1.7
Primary care other than GP	7.2	1.3	71.1	13.8	2.6	2.6	1.3
Psychiatry	4.6	1.8	63.7	21.7	5.0	2.1	1.1
Public health medicine	10.0	4.6	74.2	9.2	0.8	0.4	0.8
Radiation oncology	2.6	1.7	44.0	41.4	5.2	2.6	2.6
Rehabilitation medicine	8.7	0.0	32.6	50.0	4.3	2.2	2.2
Rural hospital medicine	3.5	0.7	80.3	9.2	3.5	0.7	2.1
Sexual health medicine	2.4	2.4	73.2	17.1	0.0	4.9	0.0
Sports medicine	13.1	1.6	72.1	9.8	1.6	0.0	1.6
Surgery: cardiothoracic	5.5	2.7	52.1	38.4	0.0	0.0	1.4
Surgery: general	8.8	3.9	56.4	25.0	3.6	0.5	1.8
Surgery: neurosurgery	1.7	3.3	51.7	35.0	6.7	0.0	1.7
Surgery: oral & maxillofacial	0.0	3.9	60.8	27.5	2.0	2.0	3.9
Surgery: orthopaedic	8.5	5.1	60.4	22.7	1.6	1.3	0.5

Work type	Māori	Pacific Peoples	European	Asian	Middle Eastern/Latin American/African	Other Ethnicity	Residual Categories
Surgery: other subspecialties	6.6	3.7	58.8	22.1	5.9	2.2	0.7
Surgery: otolaryngology head & neck	4.2	1.1	61.6	26.3	5.3	1.1	0.5
Surgery: paediatric	2.7	8.1	43.2	37.8	5.4	2.7	0.0
Surgery: plastic and reconstructive surgery	3.3	4.7	60.7	24.7	4.7	0.0	2.0
Surgery: urology	4.3	4.3	67.4	17.4	3.6	1.4	1.4
Surgery: vascular	7.4	4.4	50.0	32.4	5.9	0.0	0.0
Urgent care	5.5	2.4	55.8	28.8	5.5	0.0	2.1
All doctors	**5.5**	**2.4**	**62.6**	**23.8**	**3.4**	**1.1**	**1.1**

Appendix 6 – Retention of New Zealand graduates

Table 19: 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	80.5
2015-2016	100.0	99.3	96.2	90.8	88.7	90.6	91.3	89.2	87.3	82.8	
2016-2017	100.0	99.6	98.5	89.9	92.4	91.1	89.2	89.2	87.5		
2017-2018	100.0	99.4	95.7	95.5	93.1	91.0	89.9	88.3			
2018-2019	100.0	99.2	98.0	97.4	92.0	89.2	88.9				
2019-2020	100.0	99.6	98.5	94.6	89.7	89.2					
2020-2021	100.0	99.6	97.5	89.9	87.2						
2021-2022	100.0	99.1	96.6	86.8							
2022-2023	100.0	99.3	96.2								
2024-2025	100.0	98.7									
All years	**100.0**	**99.2**	**94.4**	**88.2**	**86.9**	**85.8**	**84.6**	**83.3**	**81.0**	**76.9**	**73.8**

Appendix 7 – List of tables and figures

Tables

Figures