



Te Kaunihera Rata
o Aotearoa

Medical Council
of New Zealand

The New Zealand Medical Workforce

2026



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Foreword

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

Te Kaunihera Rata o Aotearoa I Medical Council of New Zealand (the Council) is pleased to present the results of the 2026 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.

Doctors identifying as female now make up the majority of doctors on the medical register. This marks a major demographic shift in the profession. The total number of doctors grew by 2.8 percent in 2026, from 20,530 to 21,097, continuing to outpace population growth. We continue to see a slow increase in the percentage of Māori and Pacific Peoples in the medical workforce.

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, especially outside the major cities, 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 Kenneth Clark

Tumuaki | Council Chair

Te Kaunihera Rata o Aotearoa I Medical Council of New Zealand

Key findings

- **Workforce growth:** The medical workforce grew to 21,097 practising doctors in 2026 and continues to grow faster than New Zealand's population.
- **Gender shift:** Doctors identifying as female now make up the majority of doctors on the medical register, marking a major demographic shift in the profession. They made up 49.8 percent of survey respondents in 2026.
- **Ethnic Diversity:** Māori and Pacific medical workforces continue to grow, with almost half of Māori and Pacific doctors aged under 35.
- **Vocational Scope Trends:** Doctors with vocational registration increased by 14.6%, with particularly strong growth in diagnostic radiology, emergency medicine, and urgent care.
- **High retention of New Zealand graduates:** Ninety-nine percent of graduates remain in New Zealand after one year and 88% after three years. Recent cohorts have shown improved retention in the second year after graduation.
- **Regional Distribution:** International medical graduates remain essential to New Zealand's health system, comprising 42.4 percent of doctors and forming the majority of the workforce in some regional areas.

Key figures

Measure	2021	2022	2023	2024	2025	2026
Size of the workforce ¹	18,247	18,772	19,344	20,012	20,530	21,097
Doctors per 100,000 population ²	357.2	366.7	372.2	374.8	388.3	392.1
Proportion of IMGs ³ (%)	41.2	41.2	41.4	41.7	42.1	42.4
Proportion of females ⁴ (%)	47.0	47.8	48.5	49.1	49.6	50.0
Average age of workforce	45.4	45.3	45.2	45.2	45.2	45.3
Average weekly workload (hours)	44.4	44.5	44.6	44.6	44.8	44.5
Proportion of new IMGs retained after 1 year ⁴ (%)	76.57	71.16	69.9	70.6	67.9	
Proportion of new IMGs retained ⁶ after 2 years	53.7	54.6	50.1	49.6		

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 30 June of the survey period.

⁴ Figures based on doctors on the medical register with a current practising certificate as of 30 June of that year who identified as female.

⁵ 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.

⁶ See 'Retention' on page 29 for more information and 'Survey method' on page 37 for information on how this figure was calculated.

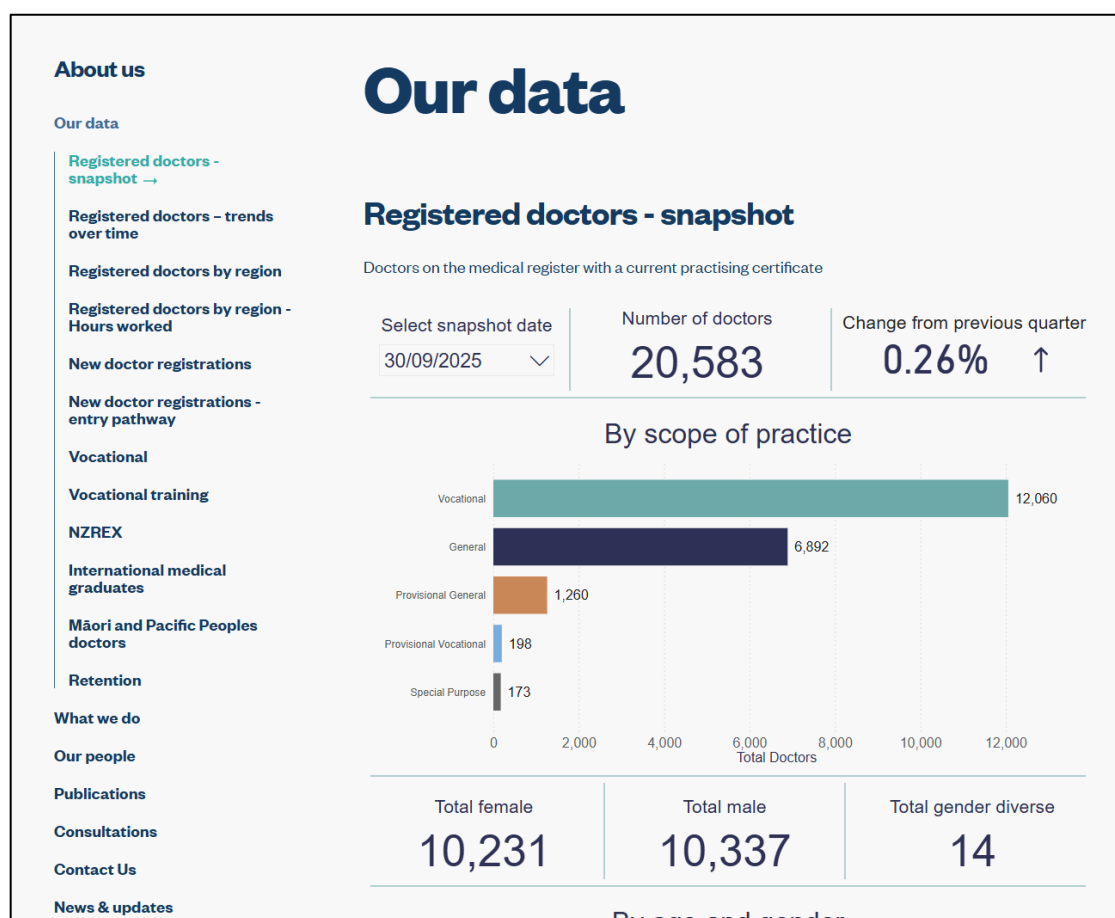
Council's data dashboard available on our website

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 across Aotearoa New Zealand who are not yet vocationally registered to feed back on their 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 39 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 2.8 percent between 2025 and 2026, from 20,530 to 21,097. This compares to increases of 2.6 and 3.4 percent in the preceding two years.

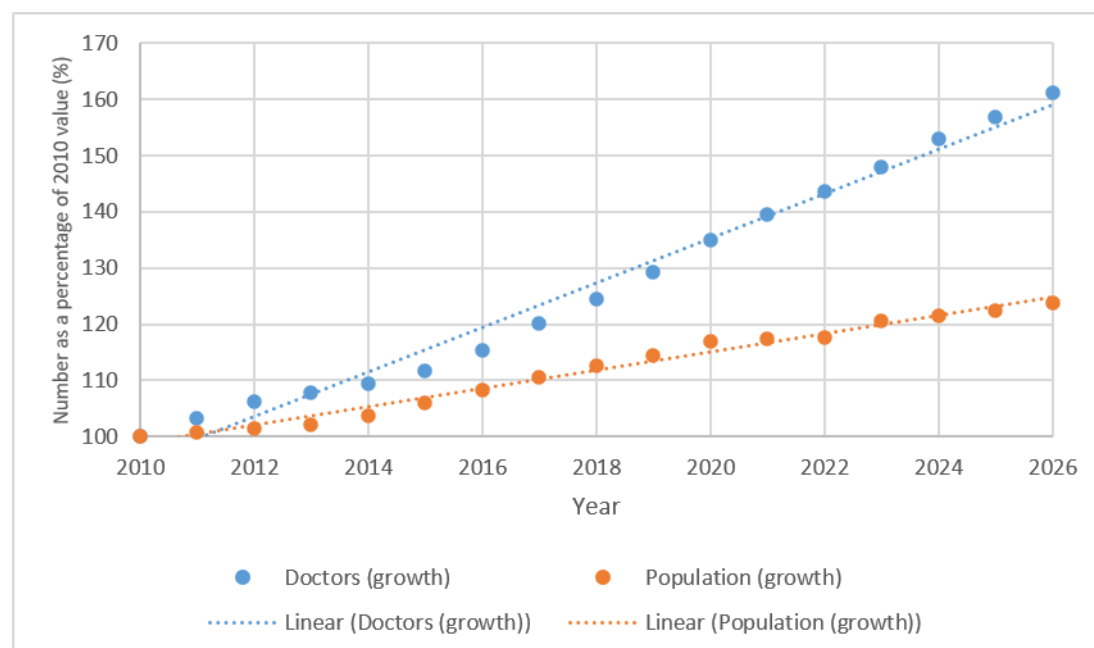
Table 1: Number of practising doctors by year (2021–2026)

	2021	2022	2023	2024	2025	2026
Total workforce (based on registration data)¹	18,247	18,772	19,344	20,012	20,530	21,097
Percentage change from previous year (%)	3.4	2.9	3.1	3.4	2.6	2.8

¹ The total workforce according to registration data represents the number of doctors on the medical register with a current practising certificate as of 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 (2010–2026)



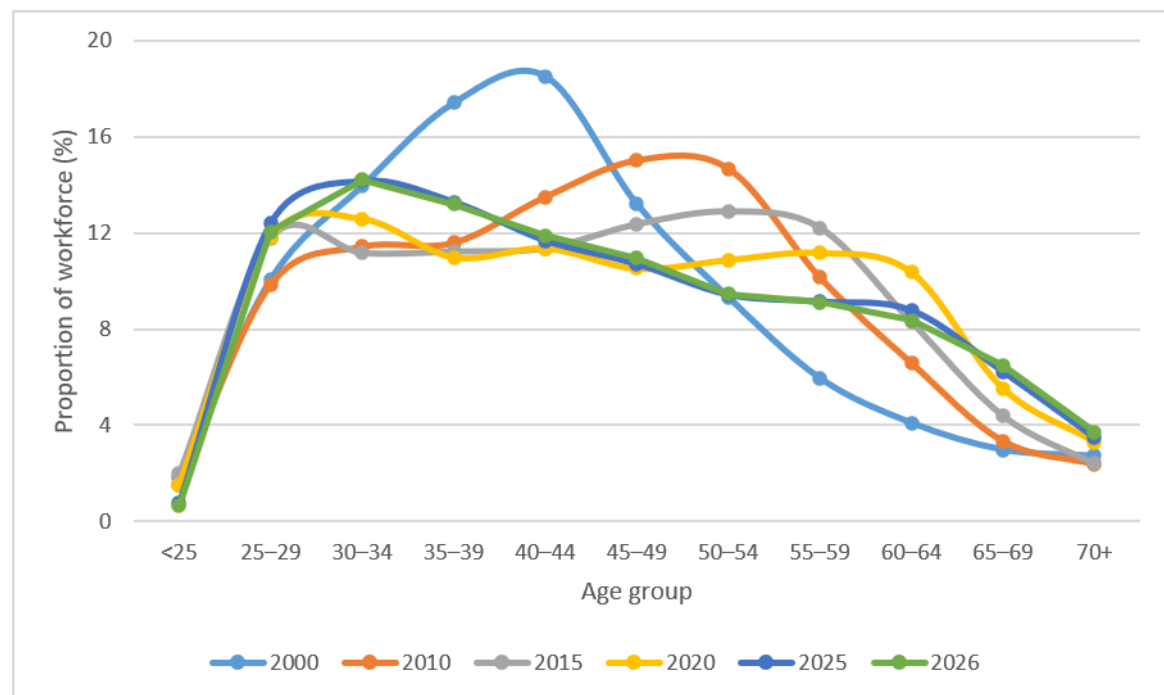
Distribution by age

Age distribution of the workforce

The average age of the active workforce was 45.3 years in 2026, a slight increase from the previous three years (45.2 years). The age distribution of doctors is changing with more doctors in younger age groups. This reflects the increased numbers of new graduates entering the workforce.

In 2026, the largest groups of doctors were those aged 30–34 (14.2 percent), and 35–39 (13.2 percent). In 2010, the largest groups were those aged 45–49 and 50–54.

Figure 2: Age distribution of the active workforce (2000–2026)

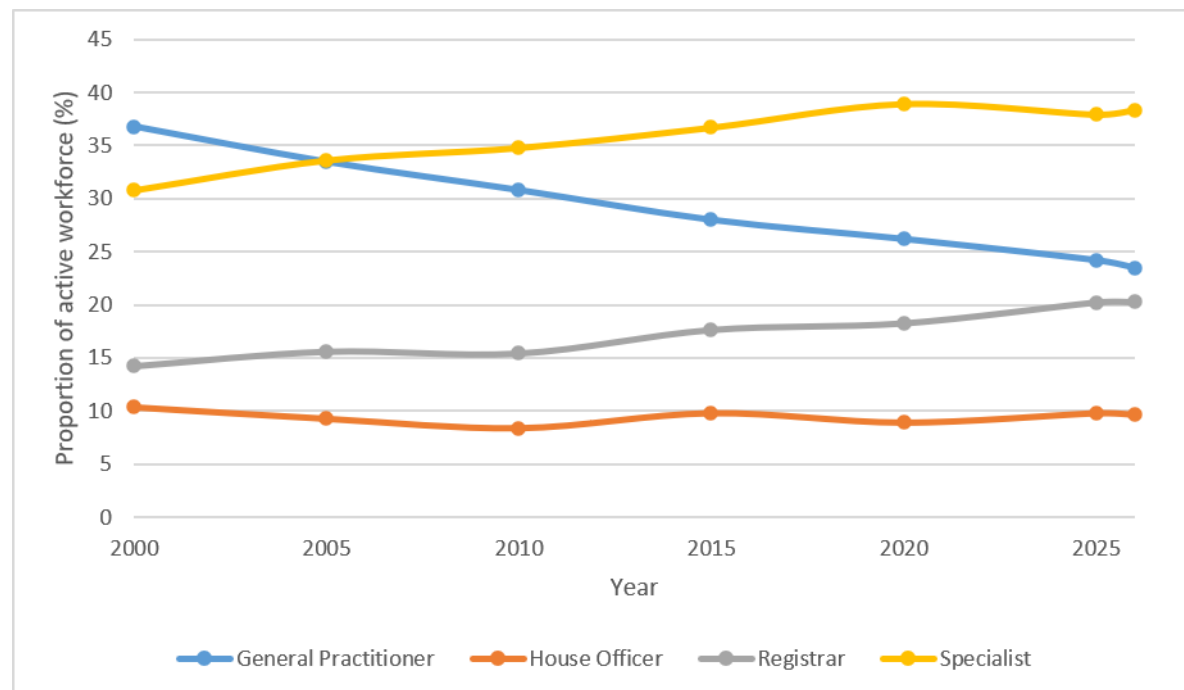


Distribution by work role

GPs as a proportion of the active workforce are decreasing. GPs made up almost 37 percent of the workforce in 2000; in 2026, less than a quarter of doctors are GPs (23.5 percent).

Conversely, the proportion of specialists increased over the same period. They have been the largest group since 2005, making up 38.4 percent of doctors in 2026. The proportion of registrars is also increasing, up from 14.2 percent in 2000 to 20.3 percent in 2026.

Figure 3: Proportion of active doctors by work role (2000–2026)



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 14.6 percent between 2021 and 2026. The largest increase was in urgent care, which increased by 34.7 percent over that period (from 268 to 361), followed by diagnostic radiology which increased by 28 percent (from 629 to 805), and (emergency medicine, which increased by 27.5 percent (from 397 to 506).

General practice, the largest vocational scope with 4,144 doctors in 2026, increased by 8.1 percent. Internal medicine, the second largest with 1,565 doctors, increased by 21 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 44.

Table 2: Number of doctors by vocational scope for 2006–2026 (scopes with >100 doctors)

Vocational scope	Year ¹					Percent change 2021-2026 (%)
	2006	2011	2016	2021	2026	
Anaesthesia	481	602	770	921	1,073	16.5
Diagnostic radiology	255	313	452	629	805	28.0
Emergency medicine	96	148	247	397	506	27.5
General practice	2,413	2,792	3,439	3,835	4,144	8.1
General surgery	217	252	268	313	375	19.8
Intensive care medicine	44	62	91	113	142	25.7
Internal medicine	655	795	1,008	1,292	1,565	21.1
Obstetrics and gynaecology	210	236	292	345	375	8.7
Ophthalmology	111	125	137	166	195	17.5
Orthopaedic surgery	207	246	272	316	361	14.2
Otolaryngology head and neck surgery	84	96	109	124	136	9.7
Paediatrics	220	303	368	431	503	16.7
Pathology	216	241	286	327	366	11.9
Psychiatry	402	493	571	665	750	12.8
Public health medicine	124	160	175	182	198	8.8
Rural hospital medicine	-	39	109	132	167	26.5
Urgent care	108	117	162	268	361	34.7
All doctors with a vocational scope²	6,074	7,314	9,019	10,713	12,278	14.6

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 and otolaryngology head and neck surgery have the second highest average age (54 years).

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

The average age of all doctors with a vocational scope is 52 years in 2026, up from 49 years in 2006 and 51 years in 2011.

Table 3 shows scopes with 100 or more doctors. Table 17 on page 45 shows the same analysis but for all scopes.

Table 3: Average age of doctors on the register with a vocational scope (2006–2026)

Vocational scope	Year				
	2006	2011	2016	2021	2026
Anaesthesia	47	48	49	49	49
Diagnostic radiology	47	49	49	49	49
Emergency medicine	41	44	45	46	47
General practice	49	52	53	53	53
General surgery	49	51	51	51	51
Intensive care medicine	47	49	49	49	50
Internal medicine	50	51	50	50	50
Obstetrics and gynaecology	49	51	52	52	51
Ophthalmology	49	50	51	52	52
Orthopaedic surgery	49	51	52	52	52
Otolaryngology head and neck surgery	50	52	54	54	54
Paediatrics	47	48	49	50	50
Pathology	50	51	51	51	52
Psychiatry	48	51	52	55	55
Public health medicine	47	49	51	53	54
Rural hospital medicine		48	50	51	51
Urgent care	44	48	51	52	51
All doctors with vocational scope	49	51	51	52	52

Ethnicity

Doctors by ethnicity

The largest group by ethnicity was New Zealand European, with 52.2 percent of doctors identifying with this group. The next largest groups were Other European (18.2 percent), Chinese (9.6 percent), and Indian (8.0 percent).

Doctors identifying as Māori made up 5.8 percent, with 2.7 percent identifying with a Pacific Peoples ethnic group.

Table 4: Doctors by ethnicity

Ethnicity³	Number	Frequency (%)
African	170	0.87
Asian nfd ⁴	14	0.07
Chinese	1,870	9.57
Cook Islands Māori	95	0.49
European nfd	172	0.88
Fijian	61	0.31
Indian	1,568	8.03
Latin American	116	0.59
Māori	1,125	5.76
Middle Eastern	461	2.36
New Zealand European	10,196	52.20
Niuean	49	0.25
Other Asian	1,004	5.14
Other Ethnicity	247	1.26
Other European	3,546	18.16
Other Pacific Peoples	27	0.14
Pacific Peoples nfd	9	0.05
Refused to Answer	208	1.06
Samoan	244	1.25
Southeast Asian	416	2.13
Tokelauan	6	0.03
Tongan	116	0.59
Total⁵	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”.

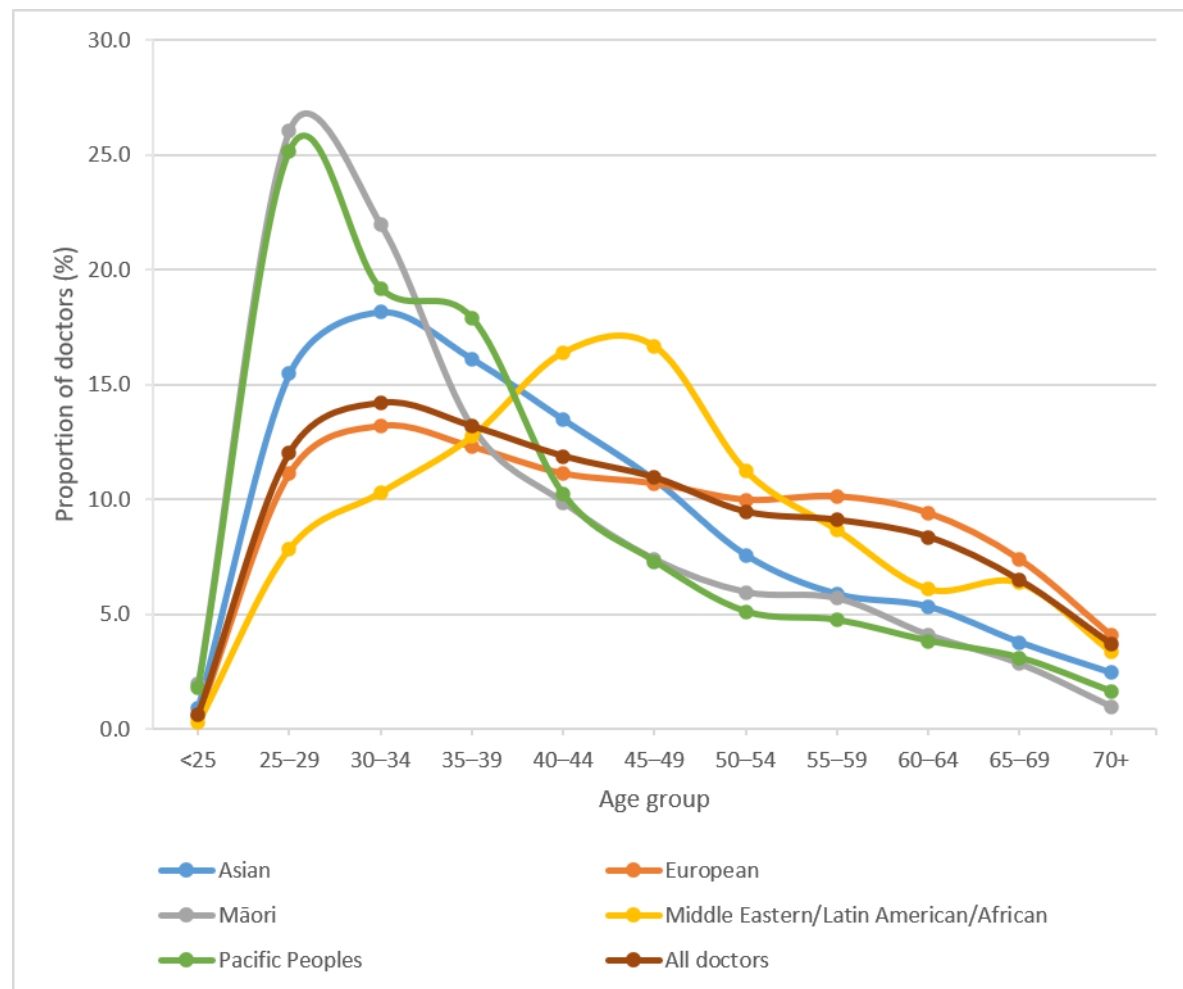
⁵ Total will be less than the collective total for all groups. Doctors can select >1 ethnicity when responding to the survey as required by the Statistics New Zealand standards around collection of ethnicity data.

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.

50.0 percent of Māori doctors and 46.2 percent of Pacific Peoples doctors are aged 34 and under, compared with 26.9 percent of the overall workforce.

Figure 4: Ethnicity⁶ 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 (52.1 percent for Māori and 52.7 percent for Pacific Peoples, compared with 27.3 percent for European). This reflects their greater representation amongst more recently qualified doctors.

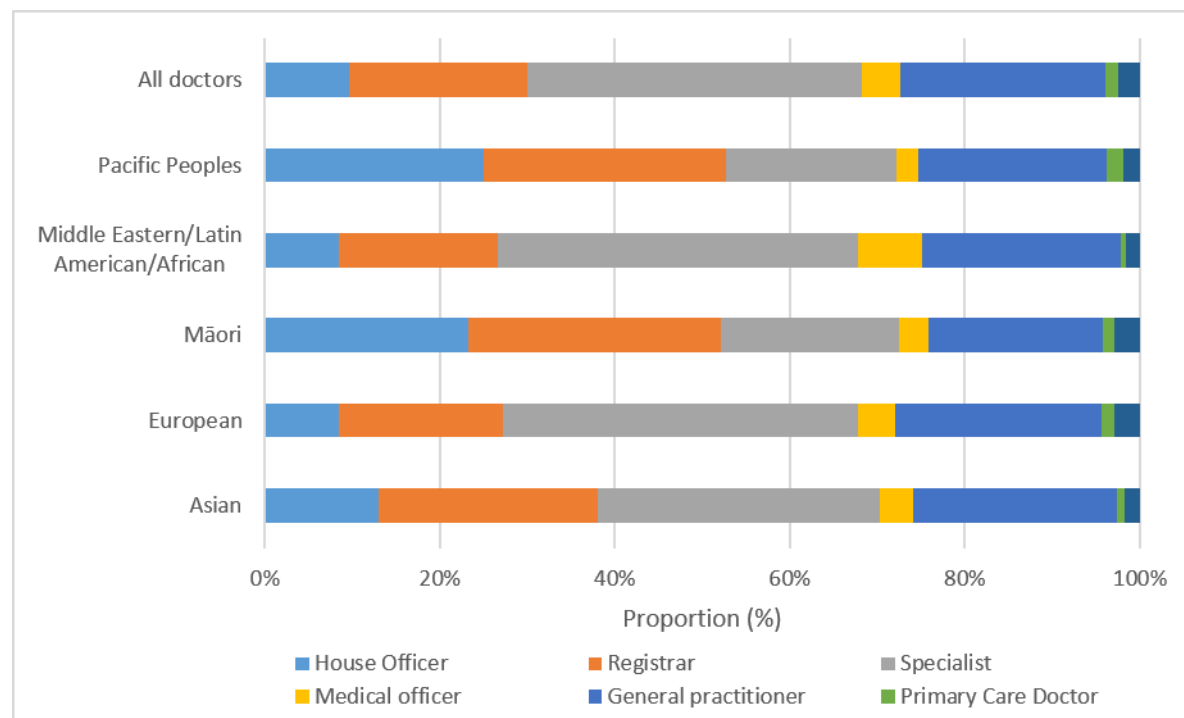
Specialists

European doctors are more likely to report their work role as specialist; 40.4 percent compared to only 20.4 percent for Māori and 19.5 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 (23.2 percent) followed by Asian doctors (23.2 percent). Māori doctors were least likely to work as GPs with only 19.9 percent reporting this work role.

Figure 5: Doctors by ethnicity⁷ 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 2026, there were 13 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).

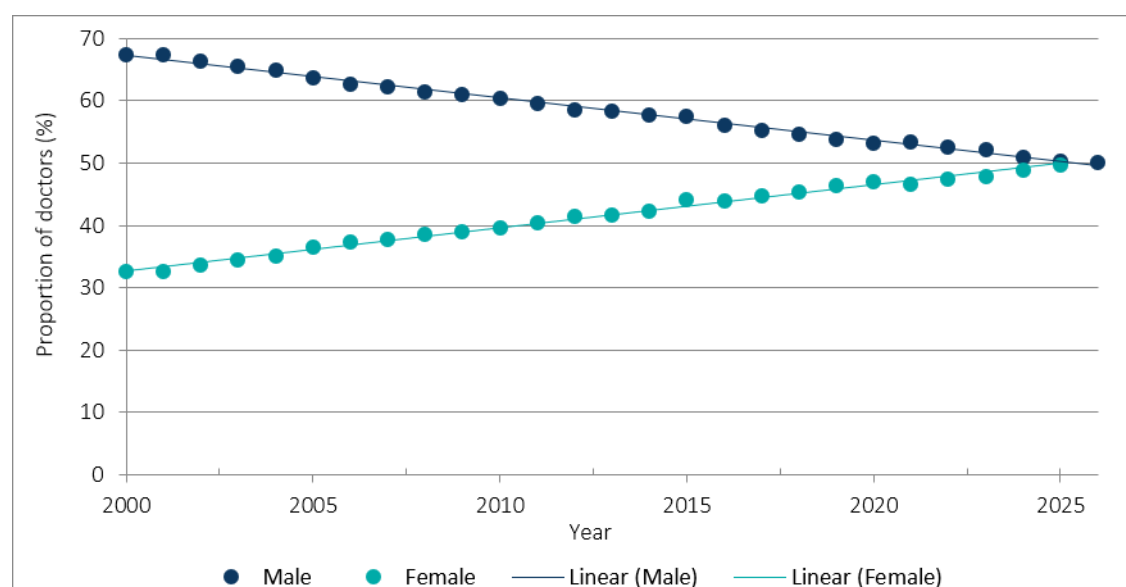
Gender distribution – survey data

While females are now the majority of doctors on the medical register, this is not yet reflected in the survey data, due to new doctors registered at the beginning of 2026 who are not captured in the 2026 survey. We expect female doctors to outnumber male doctors in the 2027 survey results.

Table 5: Active doctors by gender (2022–2026)

Gender	2022		2023		2024		2025		2026	
	n	%	n	%	n	%	n	%	n	%
Female	8,270	47.4	8,528	47.9	9,027	48.9	9,454	49.6	9,671	49.8
Male	9,193	52.6	9,281	52.1	9,426	51.1	9,579	50.3	9,739	50.1
Diverse	-	-	-	-	10	0.1	14	0.1	13	0.1
Total	17,463		17,809		18,463		19,047		19,423	

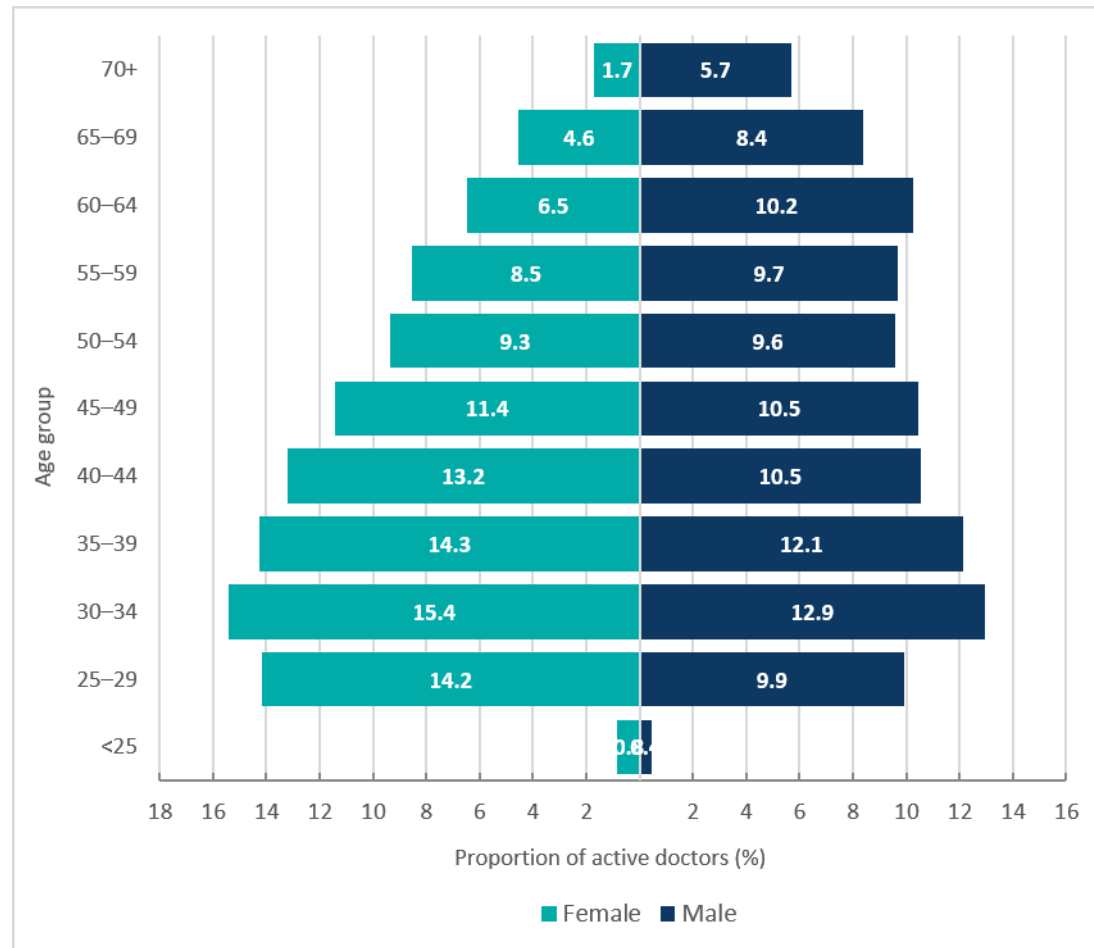
Figure 6: Proportion of active doctors by gender (2000–2026)



Distribution by age and gender

The average age of doctors in the workforce is 45.3 years, up slightly from 45.2 years in 2025. There are more young female doctors than young male doctors. 30.4 percent of female doctors are <35 years old compared with 23.3 percent of male doctors. Conversely, almost a quarter of male doctors are >60 years old compared to 12.7 percent of female doctors.

Figure 7: Distribution of active doctors by age and gender

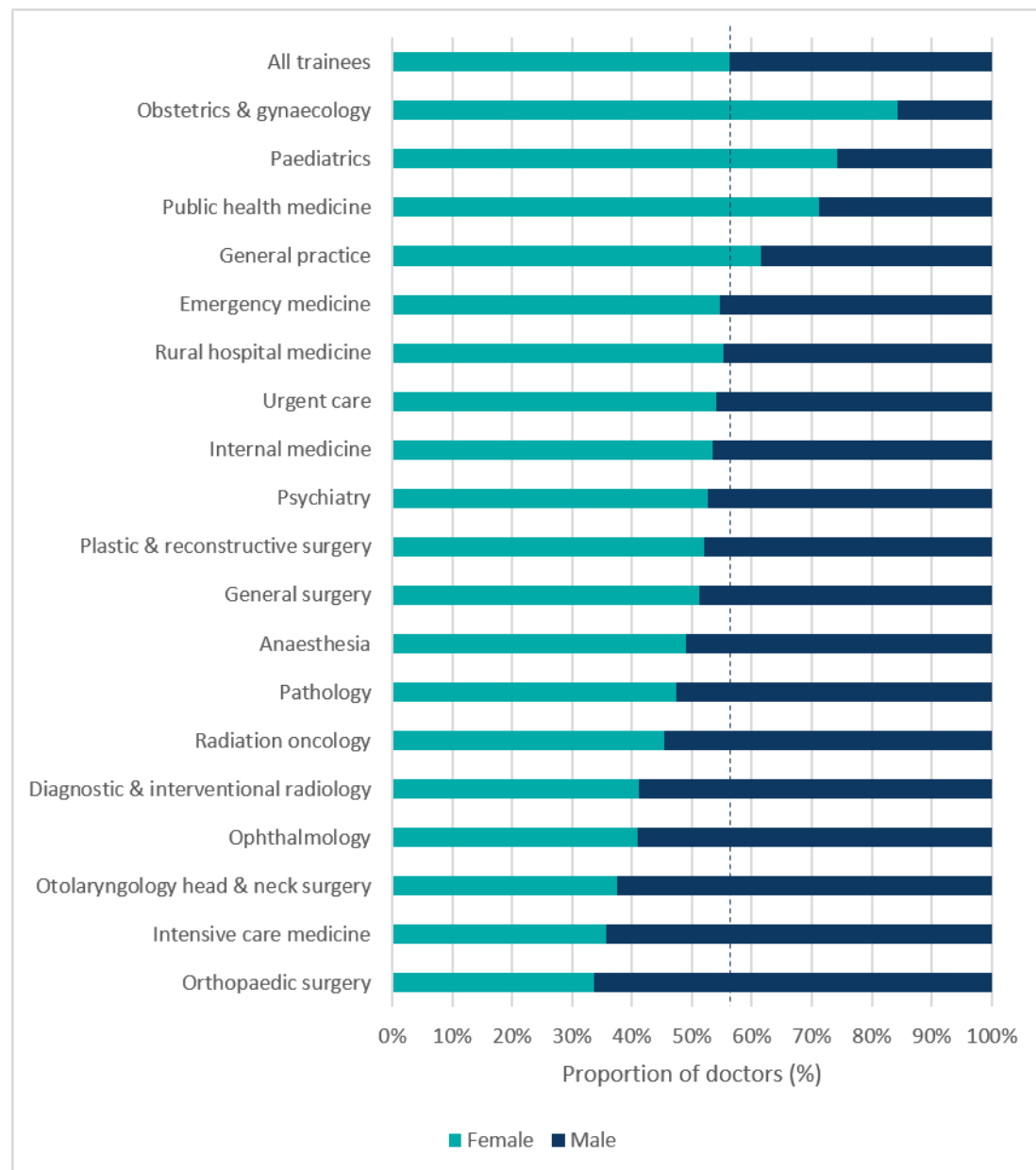


Vocational trainees

Female doctors outnumber male doctors in vocational training. 56.2 percent of trainees are female. Female doctors are most highly represented in obstetrics and gynaecology (83.8 percent), paediatrics (74.2 percent), and public health medicine (71.1 percent).

Male doctors are most highly represented in orthopaedic surgery (66.2 percent), intensive care medicine (64.3 percent), and otolaryngology head and neck surgery (62.5 percent).

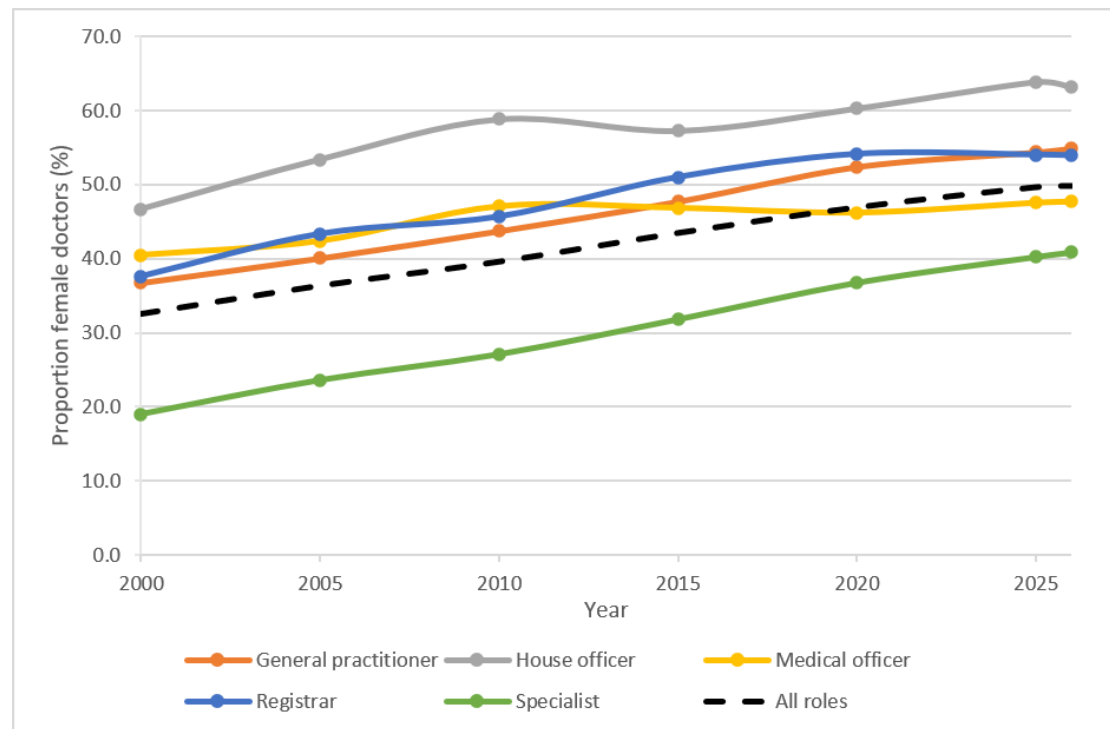
Figure 8: Vocational training area by gender (areas with more than 20 trainees)



Work role

Females make up the majority of house officers (63.2 percent), registrars (53.9 percent), and GPs (54.9 percent). Females are least represented amongst specialists, making up 40.9 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 (2000–2026)

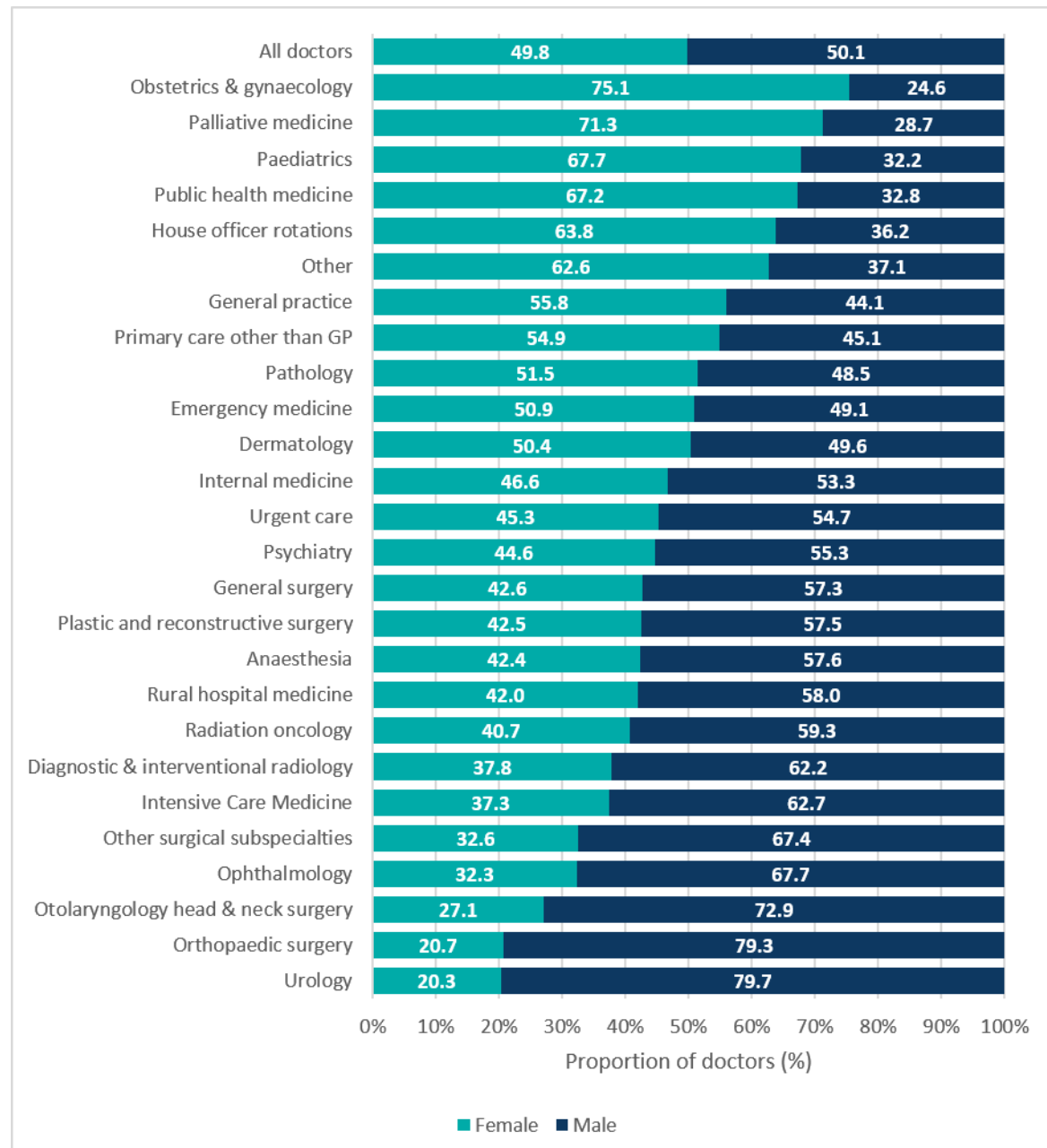


Work types

Females are most highly represented in obstetrics and gynaecology (75.1 percent), palliative medicine (71.3 percent), and paediatrics (67.7 percent).

Females are least represented in urology (20.3 percent), orthopaedic surgery (20.7 percent), otolaryngology head and neck surgery (27.1 percent) and ophthalmology (32.3 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 30.7 percent of doctors, up from 26.3 percent in 2021, 21.6 percent in 2016, and 13.4 percent in 2011.

Females are most highly represented in paediatric surgery (46.3 percent) followed by general surgery (42.6 percent) and plastic surgery (42.5 percent).

Females are least represented in oral and maxillofacial surgery (11.9 percent), urology (20.3 percent), and neurosurgery (22.6 percent).

Table 6: Changes in proportion of female doctors in surgery over time (2006–2026)

Work type at main work site	Year				
	2006	2011	2016	2021	2026
Cardiothoracic surgery	5.9	8.3	16.7	29.1	25.0
General surgery	15.2	16.9	27.3	35.0	42.6
Neurosurgery	15.4	3.4	17.0	21.1	22.6
Oral & maxillofacial surgery	0.0	0.0	10.3	14.6	11.9
Orthopaedic surgery	5.0	8.6	15.3	14.8	20.7
Other surgical subspecialties	24.3	15.4	28.3	32.6	32.6
Otolaryngology head & neck surgery	12.2	20.4	22.1	26.2	27.1
Paediatric surgery	18.2	15.0	41.2	38.7	46.3
Plastic surgery	17.0	20.0	32.2	40.3	42.5
Urology	10.6	12.7	12.5	22.9	20.3
Vascular surgery	15.0	8.0	16.0	25.0	37.1
All surgical specialties	11.4	13.4	21.6	26.3	30.7

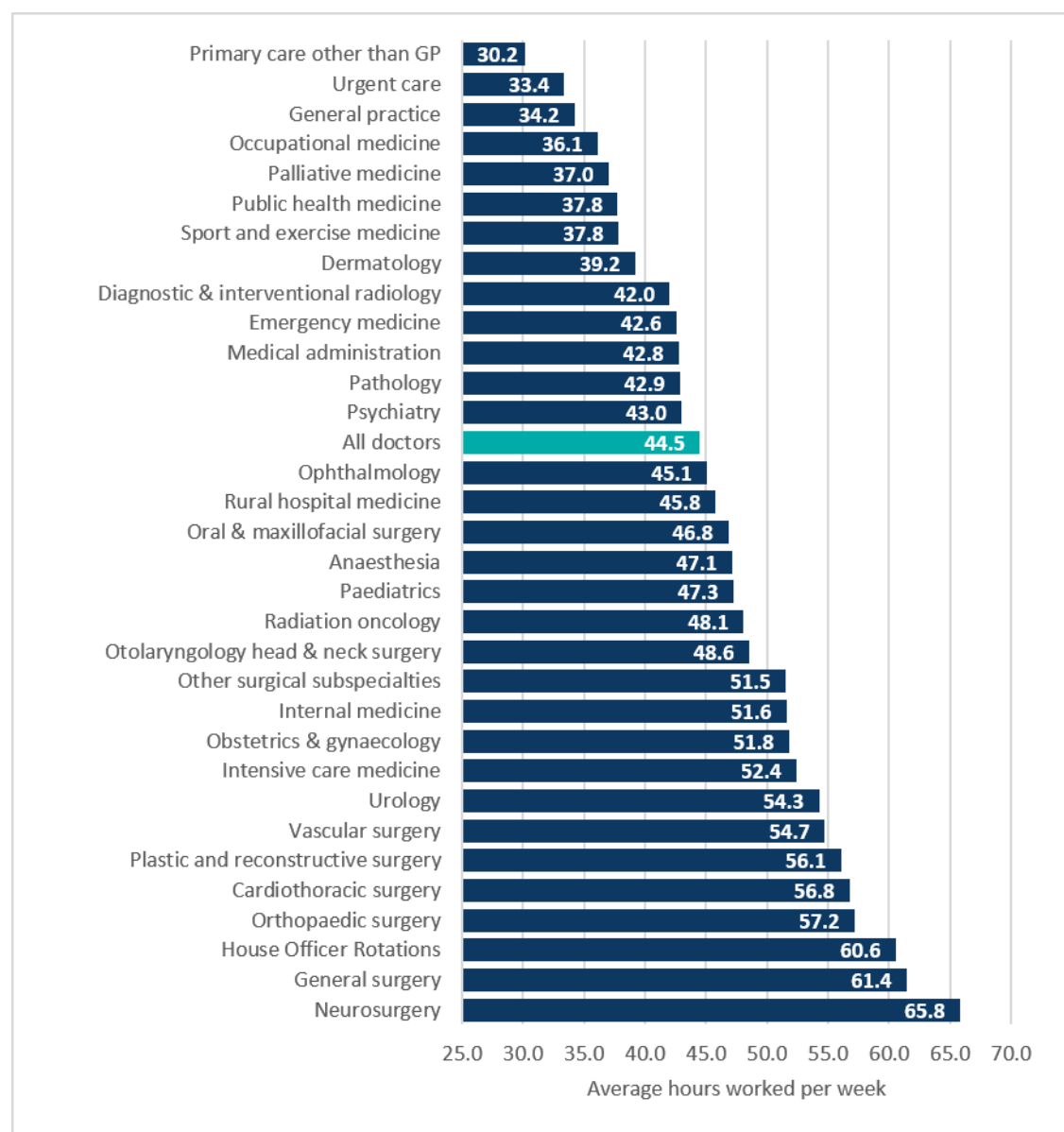
Workloads

Hours worked by work type

Doctors in neurosurgery report working the most hours (65.8 hours per week) followed by general surgery (61.4 hours), and house officer rotations (60.6 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. 62 percent of doctors in general practice reported working less than 40 hours per week with 31.1 percent reporting less than 30 hours. By comparison, 8.3 percent of doctors working in surgery reported working less than 40 hours with 3.9 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 are increasing. House officers reported working 65.7 hours per week on average compared to 60.1 hours in 2016 and 53.1 hours in 2006. Registrar hours are also up, although not to the same extent – 53.8 hours in 2026, up from 52.6 hours in 2016.

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 51.3 hours per week – more than the workforce average.

Average hours worked by specialists and GPs continue to decrease, with GPs down to 33.9 hours (from 39.6 in 2006) and specialists down to 42.3 hours (from 46.4 in 2006). This reflects that GPs and specialists are more likely to work part-time compared with house officers and registrars. 62.1 percent of GPs and 28.0 percent of specialists work less than 40 hours per week compared with only 2.6 percent of house officers and 13.8 percent of registrars.

Table 7: Total average hours (all work sites) worked each week, by work role at the doctor's main work site (2006–2026)

Work role	Year				
	2006	2011	2016	2021	2026
General practitioner	39.6	37.3	36.4	34.9	33.9
House officer	54.2	53.2	60.1	63.6	65.7
Registrar	53.1	51.5	52.6	52.5	53.8
Specialist	46.4	45	44.5	42.9	42.3
All doctors	45.3	43.7	44.7	44.4	44.5

Table 8: Proportion of 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	8.3	22.0	30.2	28.5	5.9	2.2	1.2
House officer	0.1	0.4	1.0	1.0	20.3	37.3	19.4	20.4
Medical officer	1.4	3.0	14.0	21.8	44.1	9.5	4.1	2.1
Primary care doctor	3.0	10.6	21.1	35.5	23.8	4.2	0.4	1.1
Registrar	0.2	1.1	5.0	7.5	26.9	27.7	18.7	12.8
Specialist	1.0	2.3	8.3	16.4	43.8	20.1	5.7	2.4
All doctors	1.0	3.5	10.7	16.9	34.1	19.2	8.7	5.9

Hours worked by age and gender

Overall, female doctors reported working 43.2 hours per week compared with 45.8 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 44.2 hours per week compared with 36.7 for females.

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

Age group	Female	Male	Overall
≤24	71.1	65.7	69.3
25–29	62.3	60.6	61.6
30–34	49.9	52.0	50.8
35–39	40.3	46.1	43
40–44	37.9	44.8	41
45–49	37.7	43.8	40.6
50–54	38.1	45.1	41.7
55–59	36.7	44.2	40.7
60–64	35.6	42.8	40
65–69	32.8	37.5	35.9
70+	27.8	31.7	30.8
All age groups	43.2	45.8	44.5

Over time, the average number of reported hours worked is decreasing for males but increasing for females. Female doctors reported working 43.2 hours per week in 2026 compared with 41.8 hours in 2016, and 40.9 hours in 2006. Male doctors reported working 45.8 hours per week in 2026 compared with 47.0 hours in 2016 and 47.9 hours in 2006.

Table 10: Average hours worked, by gender and year (2006–2026)

Gender	Year				
	2006	2011	2016	2021	2026
Female	40.9	39.8	41.8	42.6	43.2
Male	47.9	46.4	47	45.9	45.8
All doctors	45.3	43.7	44.7	44.4	44.5

Gender and part-time work

Female doctors are more likely to work part-time than male doctors. 40.2 percent of female doctors reported working fewer than 40 hours each week compared with 24.1 percent of male doctors.

The most common reasons given by female doctors for working part-time were personal preference (1,786 respondents), part-time work (990 respondents) and family commitments (563 respondents). The most common reasons given by male doctors for working part-time were personal preference (1,331 respondents), part-time work (334 respondents), and that they were retired or semi-retired (291 respondents). 92 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 (76.6 percent). Waitaha Canterbury is by far the largest region in the South Island with over half of all FTEs in the South Island (50.1 percent) and 11.9 percent of all FTEs.

Table 11 shows the total FTEs and GP FTEs reported in each region. From 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	203,600	758.6	162.6	3.5	3.7
Waitematā	692,100	1,791.6	377.6	8.3	8.6
Auckland	510,400	3,938.3	651.3	18.2	14.8
Counties Manukau	663,100	1,897.1	372.2	8.8	8.4
Waikato	472,400	1,918.5	369.6	8.9	8.4
Bay of Plenty	280,700	1,067.8	241.3	4.9	5.5
Tairāwhiti	53,100	186.6	48.6	0.9	1.1
Lakes	121,600	386.0	85.8	1.8	1.9
Hawke's Bay	181,500	714.9	158.3	3.3	3.6
Taranaki	132,100	477.9	99.2	2.2	2.2
Whanganui	70,400	227.9	61.2	1.1	1.4
MidCentral	193,400	657.5	117.3	3.0	2.7
Wairarapa	51,900	125.4	32.5	0.6	0.7
Capital, Coast, and Hutt Valley	484,000	2,418.5	442.2	11.2	10.0
Nelson Marlborough	167,200	630.4	183.6	2.9	4.2
West Coast	34,900	96.4	33.6	0.4	0.8
Canterbury	641,100	2,530.8	570.0	11.7	12.9
South Canterbury	63,900	209.4	51.9	1.0	1.2
Southern	363,500	1,587.3	356.7	7.3	8.1
All regions	5,380,900	21,620.7	4,415.6	100	100

¹ Based on Statistics Stats NZ's June 2026 subnational population estimates.

Distribution of GPs

The regions with the most GP FTEs are Auckland (651.3), Canterbury (570.0), and Capital, Coast and Hutt Valley (442.2).

Auckland is relatively over-represented amongst GP FTEs compared to its proportion of the population (14.8 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 34.7 percent of the population but only 31.7 percent of GPs. Waitematā is underrepresented by 4.3 percentage points and Counties Manukau by 3.9 percentage points.

Southern is slightly overrepresented amongst GP FTEs with 8.1 percent of GP FTEs compared to 6.8 percent of the population. 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 (52.5 percent) and is one of seven regions with more female doctors than male doctors. The other regions with more female than male doctors are Northland, Lakes, Hawke's Bay, Capital, Coast and Hutt Valley, Nelson Marlborough, and Canterbury.

Wairarapa has the lowest proportion of female doctors (40.4 percent) followed by West Coast (42.3 percent), and Tairāwhiti (42.4 percent).

The proportion of female doctors in the overall workforce is 49.8 percent.

International medical graduates

The overall proportion of IMGs in the workforce is 42.4 percent. However, IMGs tend to be more highly represented outside of the larger centres. Whanganui has the highest percentage of IMGs (65.8 percent), followed by South Canterbury (63.0 percent), and West Coast (54.1 percent).

The regions with the lowest percentages of IMGs are Counties Manukau (33.9 percent), Auckland (35.4 percent), and Canterbury (36.2 percent).

Age

The average age of the overall workforce is 45.3 years. Doctors outside of the main centres tend to be older on average, with the highest average ages seen in West Coast, Tairāwhiti, and Wairarapa. Auckland is an exception to this trend, with an average age of 46.3 years.

Doctors in Counties Manukau have the youngest average age at 44.0 years, with Taranaki the next lowest average age (44.4 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	203,600	52.0	48.9	46.5
Waitematā	692,100	49.9	37.7	45.4
Auckland	510,400	49.8	35.4	46.3
Counties Manukau	663,100	52.5	33.9	44.0
Waikato	472,400	43.9	50.2	45.0
Bay of Plenty	280,700	50.0	49.1	45.3
Tairāwhiti	53,100	42.4	51.3	46.9
Lakes	121,600	52.1	50.9	46.0
Hawke's Bay	181,500	50.4	51.4	44.5
Taranaki	132,100	49.2	45.6	44.4
Whanganui	70,400	44.6	65.8	48.5
MidCentral	193,400	45.5	51.8	44.9
Wairarapa	51,900	40.4	55.5	49.1
Capital, Coast and Hutt Valley	484,000	52.3	40.5	44.7
Nelson Marlborough	167,200	50.2	48.1	45.7
West Coast	34,900	42.3	54.1	50.0
Canterbury	641,100	50.6	36.2	44.7
South Canterbury	63,900	46.9	63.0	48.4
Southern	363,500	48.1	45.6	46.3
All regions	5,380,900	49.8	42.4	45.3

International medical graduates

IMGs make up 42.4 percent of doctors who responded to the survey and 43.7 percent of doctors on the register (as of 30 June 2026).

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.

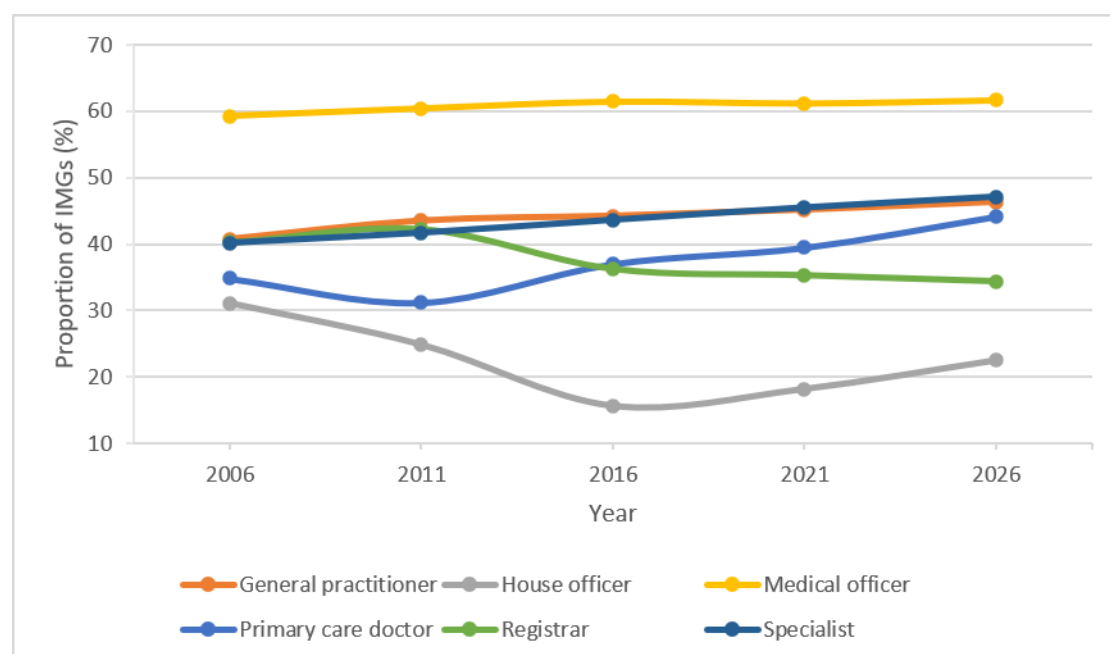
Movement of doctors between countries is normal and is not a one-way flow. Just as IMGs come to New Zealand to work, some New Zealand-trained doctors work in other countries – see the retention section on page 29 for more on this.

Work role

IMGs are most represented amongst medical officers – 61.7 percent. They are least represented amongst house officers (22.5 percent) and registrars (34.3 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 2006 and 2026.

Figure 12: Proportion of IMGs by work role at the main worksite (2006–2026)

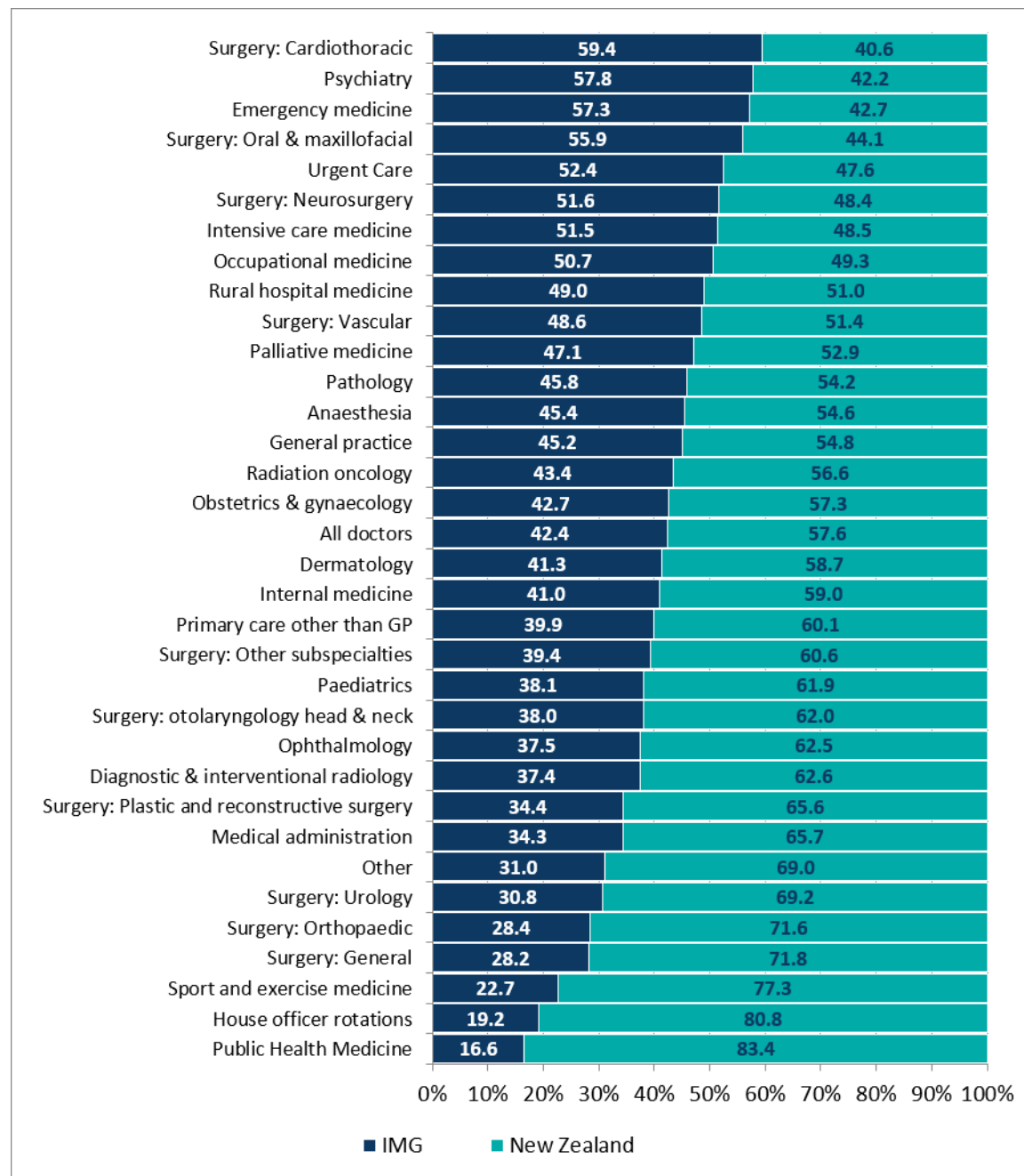


Work type

IMGs are most represented in cardiothoracic surgery (59.4 percent), psychiatry (57.8 percent), and emergency medicine (57.3 percent).

IMGs are least represented in public health medicine (16.6 percent), sport and exercise medicine (22.7 percent) and general surgery (28.2 percent). Less than 20 percent 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

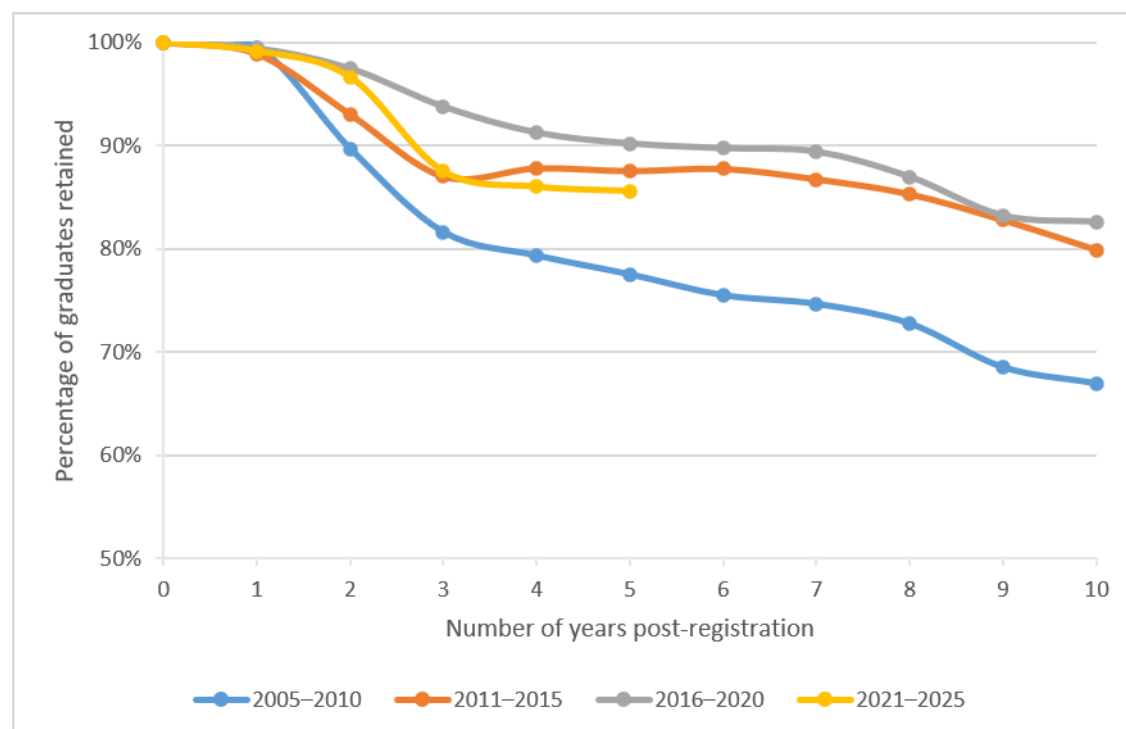
Retention of New Zealand graduates

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 88 percent in the third year. This includes graduates who were initially registered between 2005 and 2025.

Retention rates for graduates at one-year post-registration is stable – consistently between 98 and 99 percent. Retention two-years post-registration is increasing. Historically 90 percent, since 2015, it has consistently been over 95 percent. The trend at three-years post registration is less clear. It has declined in recent years (85.9 percent for the 2022-2023 cohort compared to the peak of 97.4 percent in 2018-2019) but is still above the historical baseline.

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 48 for more detailed retention data for New Zealand graduates.

Figure 14: Graduate retention of class years 2005–2025 (5-year cohorts)



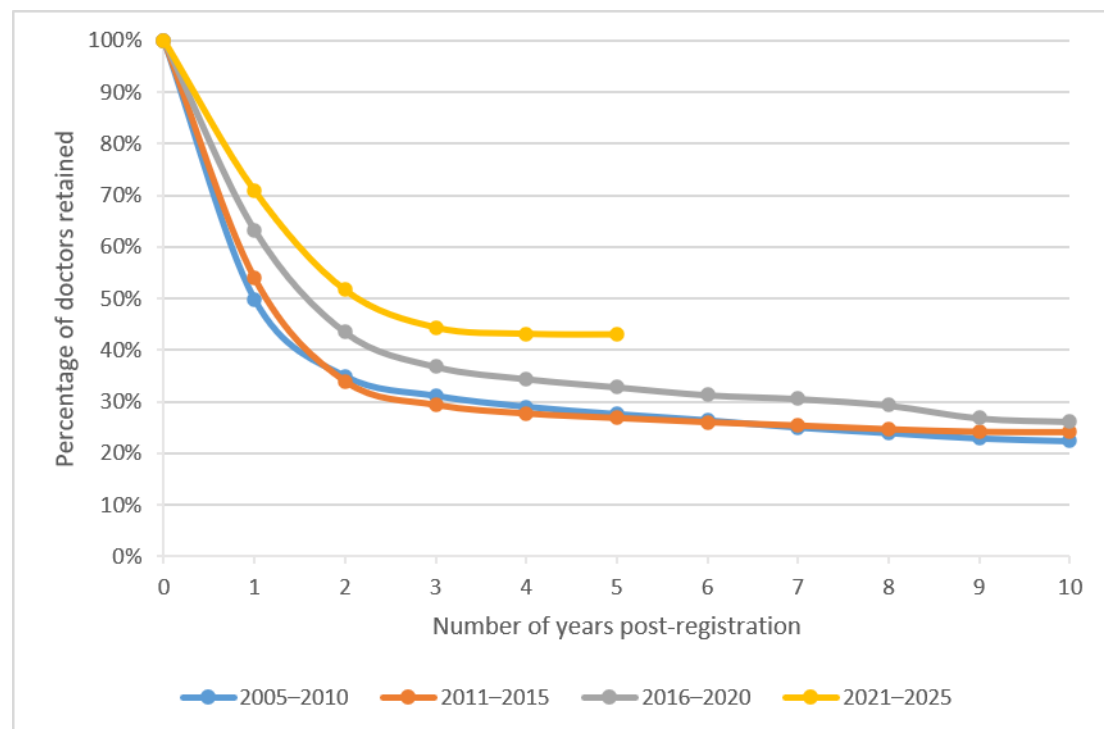
Retention of International medical graduates

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.

Retention rates have followed a similar trend over time. However, retention in recent years is improving. Retention at three-years post-registration was 44.4 percent for the 2021–2025 cohort, compared with 36.8 percent for the 2016–2020 cohort, and 29.4 percent for the 2011–2015 cohort.

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)



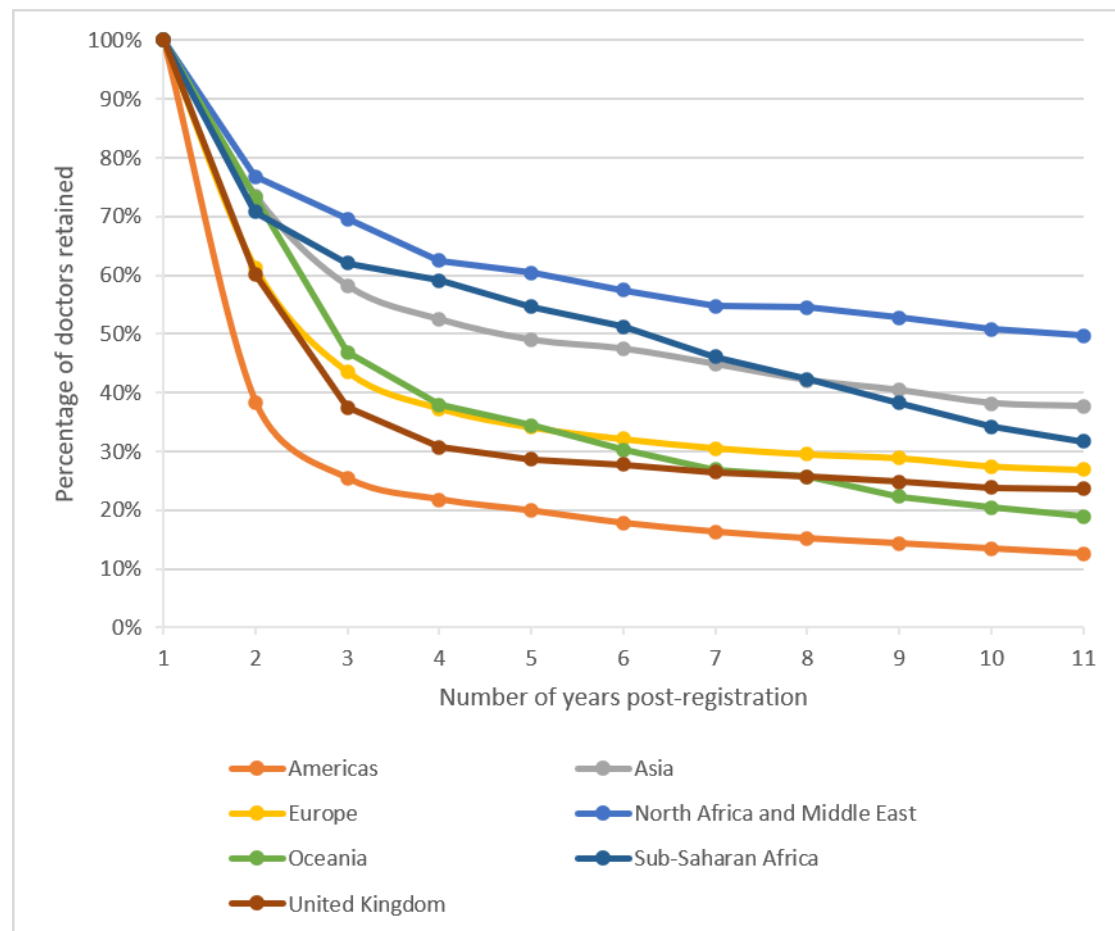
Retention by region of primary medical qualification

Doctors from Africa, the Middle East and Asia are most likely to stay. We retain over 75 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 eight 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 38.3 percent of doctors from the Americas are retained one year after initial registration, dropping further to 25.4 and 21.8 percent in the second and third years. Around 60 percent of doctors from the UK are retained after one year, this then drops to 37.5 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)

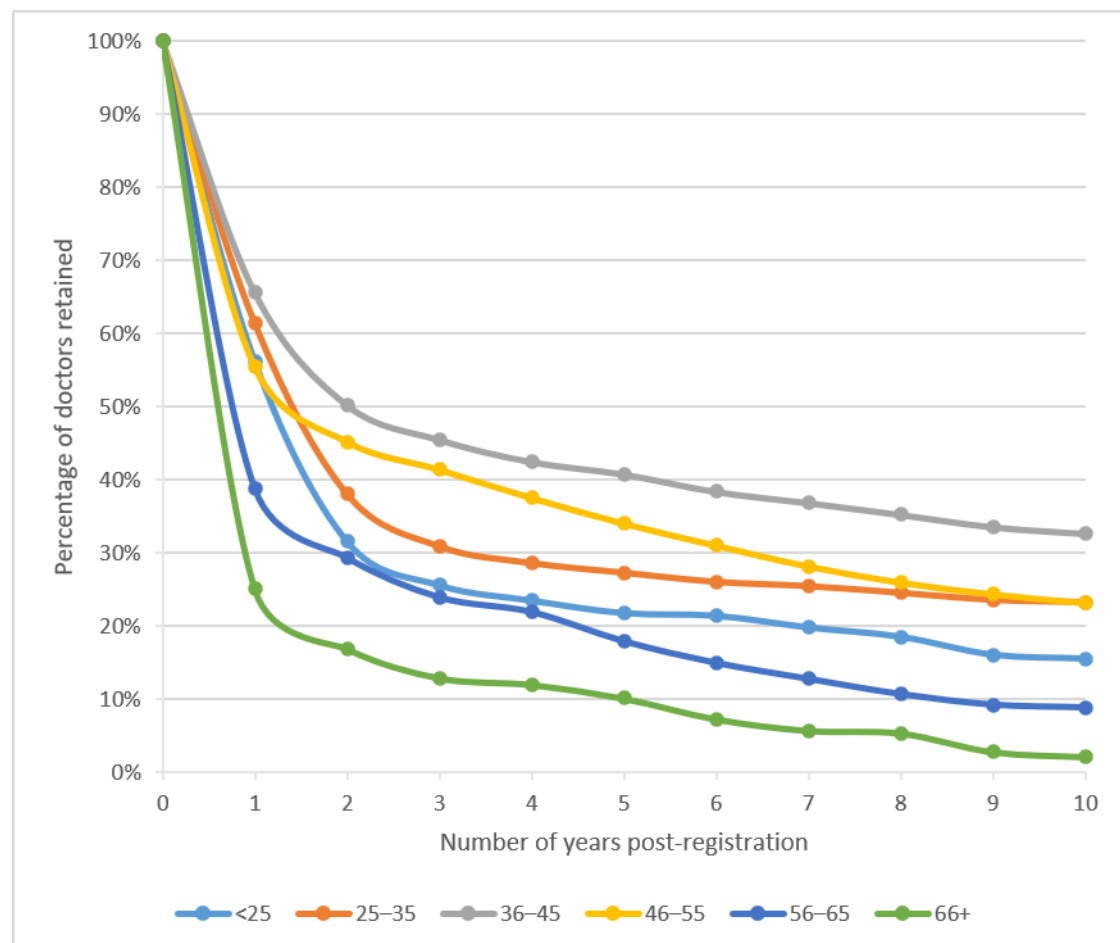
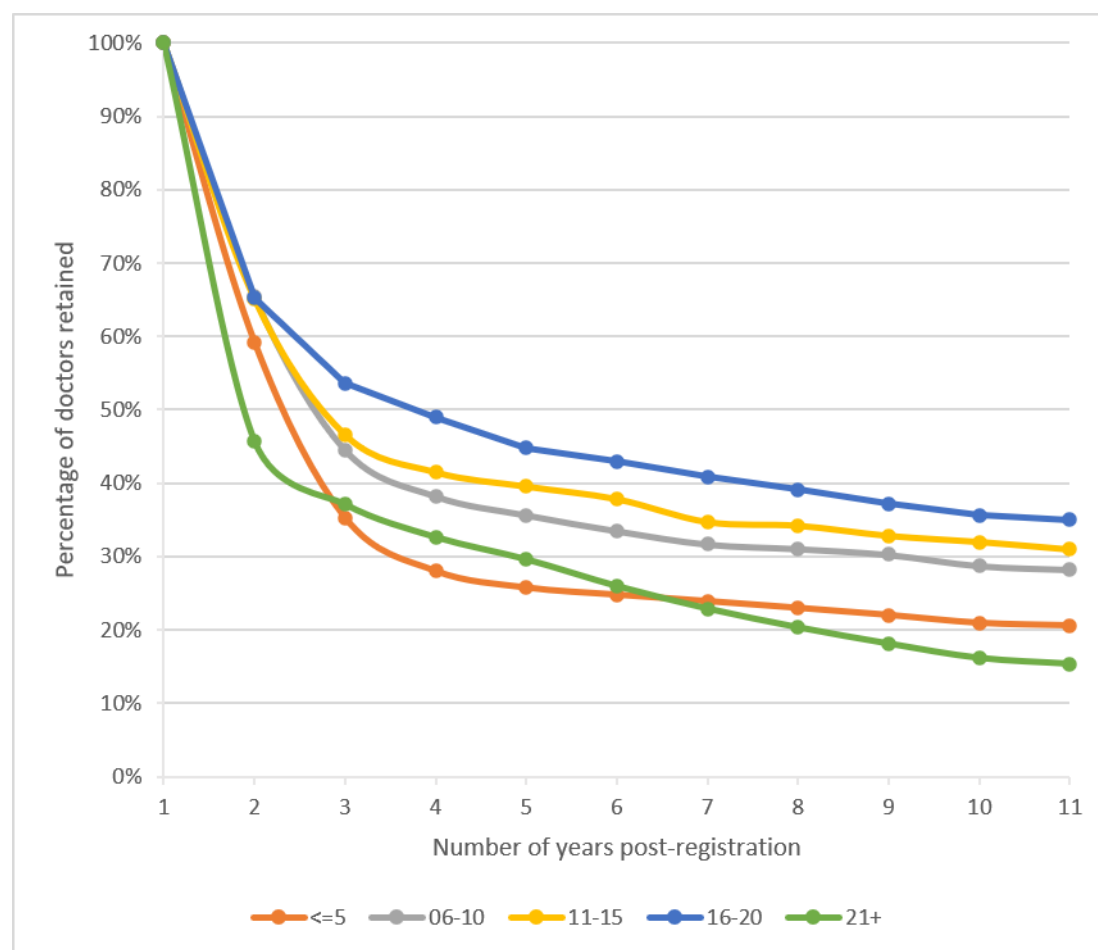


Figure 18: Retention rate for IMGs by time since initial qualification (2005–2025)



Data sources used in this publication

This report combines the results of the Council's workforce survey for 2025–2026 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 data 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 practising 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 gaps not covered by register data and non-register registration data, enriching these datasets.

Representativeness of the survey data

The response rate for the 2025–2026 survey is slightly lower than the previous year – 97.3 percent of doctors surveyed responded compared with 97.9 percent in 2024–2025.

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 – 21,097 as at 30 June 2026. For a population of this size, a response rate of 97.3 percent should provide 99 percent certainty⁸.

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

Demographic comparison – survey data versus register data

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

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

This further supports our conclusion that the survey response for 2025–2026 is representative.

Comparison by gender

Figure 19 illustrates that, when broken down by gender, the demographics of the two groups are effectively identical. Female doctors are slightly more represented on the register, having passed the 50 percent threshold during the survey year. We expect female doctors to outnumber male doctors in both survey and registration data next year.

As noted in the Gender section of the report on page 15, 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 2026 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 2026 by age group



Table 13: Summary of differences between the proportions of survey respondents and doctors on the medical register as at 30 June 2026 by age group (selected age groups only)

Age group	25–29	30–34	35–39	40–49	50–54	55–59	60–64
<i>Survey difference to register</i>	-0.1	0.0	-0.7	0.1	0.1	0.5	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 (43.7 percent versus 42.3 percent). This small difference will be because we are unable to survey IMGs who come to New Zealand for short periods⁹.

⁹ Council's workforce survey is administered via the practising certificate renewal process. IMGs who come to New Zealand on a special purpose scope do not renew via this process. In addition, IMGs who come to New Zealand for less than one year may leave before they need to renew their practising certificate.

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 2025–2026 survey covers doctors who renewed their practising certificate from September 2025, December 2025, March 2026, and June 2026.

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.

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 2025–2026 survey is 97.3 percent. We asked 20,912 doctors to complete the survey; 20,352 doctors responded. 19,531 doctors reported working in the previous year. The remaining 821 doctors reported that they did not work.

This response rate is slightly less than previous years (97.9 percent in 2024–2025, 98.3 percent in 2023–2024, and 98.3 percent in 2022–2023) but significantly higher than in 2020 (81.7 percent) and 2021 (90.8 percent). The increased response since 2021 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 doctors¹⁰. 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 based on survey data reflect the responses from active doctors. Active doctors are those who reported working four or more hours per week. There were 19,423 active doctors in 2026.

¹⁰ 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 2026¹¹ 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, as set down by Statistics New Zealand. This is aggregated to the lowest level 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.

¹¹ Stats NZ: Estimated Resident Population as at 30 June 2026.

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 the 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 DHBs¹² 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).

¹² <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 doctor
- House officer
- Registrar
- Medical officer
- Specialist
- 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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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				
	2006	2011	2016	2021	2026
General practitioner	32.5	30.9	27.9	25.4	23.5
House officer	9.5	8.8	9.4	9.8	9.7
Medical officer	3.4	4.5	4.2	4.0	4.4
Primary care doctor	1.9	1.2	1.0	1.2	1.4
Registrar	15.8	15.3	18.0	19.0	20.3
Specialist	33.3	35.8	37.1	38.1	38.4
Other	3.6	3.5	2.3	2.4	2.5
Total³	100.0	100.0	100.0	100.0	100.0

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	76.5	23.5	26	8	34
Obstetrics & gynaecology	75.1	24.6	498	163	663
Palliative medicine	71.3	28.7	97	39	136
Paediatrics	67.7	32.2	567	270	838
Public health medicine	67.2	32.8	162	79	241
Clinical genetics	66.7	33.3	10	5	15
House officer rotations	63.8	36.2	538	305	843
Other	62.6	37.1	216	128	345
General practice	55.8	44.1	2,826	2,230	5,061
Rehabilitation medicine	55.6	44.4	25	20	45
Primary care other than GP	54.9	45.1	95	78	173
Pathology	51.5	48.5	153	144	297
Emergency medicine	50.9	49.1	579	558	1137
Dermatology	50.4	49.6	61	60	121
Basic medical science	48.3	51.7	28	30	58
Internal medicine	46.6	53.3	1,226	1,403	2,631
Surgery: paediatric	46.3	53.7	19	22	41
Urgent care	45.3	54.7	139	168	307
Psychiatry	44.6	55.3	492	610	1103
Surgery: general	42.6	57.3	258	347	606
Surgery: plastic and reconstructive surgery	42.5	57.5	68	92	160
Anaesthesia	42.4	57.6	575	781	1,356
Rural hospital medicine	42.0	58.0	60	83	143
Radiation oncology	40.7	59.3	46	67	113
Diagnostic & interventional radiology	37.8	62.2	271	445	716
Intensive care medicine	37.3	62.7	124	208	332
Surgery: vascular	37.1	62.9	26	44	70
Medical administration	35.8	64.2	24	43	67
Surgery: other subspecialties	32.6	67.4	43	89	132
Ophthalmology	32.3	67.7	92	193	285
Sport and exercise medicine	31.8	68.2	21	45	66
Musculoskeletal medicine	31.4	68.6	11	24	35
Surgery: otolaryngology head & neck	27.1	72.9	52	140	192
Occupational medicine	25.3	74.7	19	56	75
Surgery: cardiothoracic	25.0	75.0	16	48	64
Surgery: neurosurgery	22.6	77.4	14	48	62
Surgery: orthopaedic	20.7	79.3	130	497	627
Surgery: urology	20.3	79.7	29	114	143
Surgery: oral & maxillofacial	11.9	88.1	7	52	59
All doctors	49.8	50.1	9,671	9,739	19,423

Appendix 3 – Work type

Table 16: Number of doctors by vocational scope for selected years (2006–2026)

Vocational scope	Year				
	2006	2011	2016	2021	2026
Anaesthesia	481	602	770	921	1,073
Cardiothoracic surgery	21	27	28	32	39
Clinical genetics	7	9	15	16	22
Dermatology	47	56	66	78	91
Diagnostic and interventional radiology	255	313	452	629	805
Emergency medicine	96	148	247	397	506
Family planning and reproductive health	22	26	22	31	26
General practice	2,413	2,792	3,439	3,835	4,144
General surgery	217	252	268	313	375
Intensive care medicine	44	62	91	113	142
Internal medicine	655	795	1,008	1,292	1,565
Medical administration	12	17	29	29	25
Musculoskeletal medicine	19	22	20	24	30
Neurosurgery	17	21	22	24	26
Obstetrics and gynaecology	210	236	292	345	375
Occupational medicine	41	52	57	64	61
Ophthalmology	111	125	137	166	195
Oral and maxillofacial surgery	13	17	23	29	41
Orthopaedic surgery	207	246	272	316	361
Otolaryngology head and neck surgery	84	96	109	124	136
Paediatric surgery	15	16	18	25	25
Paediatrics	220	303	368	431	503
Pain medicine		0	25	38	41
Palliative medicine	32	41	53	76	80
Pathology	216	241	286	327	366
Plastic and reconstructive surgery	42	54	64	76	86
Psychiatry	402	493	571	665	750
Public health medicine	124	160	175	182	198
Radiation oncology	37	47	65	68	79
Rehabilitation medicine	11	19	23	28	32
Rural hospital medicine		39	109	132	167
Sexual health medicine	17	20	18	19	22
Sport and exercise medicine	12	21	25	36	48
Urgent care	108	117	162	268	361
Urology	50	57	63	74	83
Vascular surgery	20	28	32	32	43
All doctors with vocational scope	6,074	7,314	9,019	10,713	12,278

Appendix 4 – Age

Table 17: Average age of doctors on the register with a vocational scope (2006–2026)

Vocational scope	Year				
	2006	2011	2016	2021	2026
Anaesthesia	47	48	49	49	49
Cardiothoracic surgery	49	50	53	51	53
Clinical genetics	42	45	47	47	51
Dermatology	51	51	52	52	51
Diagnostic radiology	47	49	49	49	49
Emergency medicine	41	44	45	46	47
Family planning	53	54	54	52	54
General practice	49	52	53	53	53
General surgery	49	51	51	51	51
Intensive care medicine	47	49	49	49	50
Internal medicine	50	51	50	50	50
Medical administration	54	57	58	57	58
Musculoskeletal medicine	53	56	59	61	53
Neurosurgery	54	53	53	52	52
Obstetrics & gynaecology	49	51	52	52	51
Occupational medicine	50	53	55	58	60
Ophthalmology	49	50	51	52	52
Oral & maxillofacial surgery	45	49	49	51	49
Orthopaedic surgery	49	51	52	52	52
Otolaryngology head & neck surgery	50	52	54	54	54
Paediatric surgery	50	52	55	54	53
Paediatrics	47	48	49	50	50
Pain medicine	-	-	54	54	56
Palliative medicine	51	54	56	52	51
Pathology	50	51	51	51	52
Plastic & reconstructive surgery	48	49	51	53	52
Psychiatry	48	51	52	55	55
Public health medicine	47	49	51	53	54
Radiation oncology	46	48	50	51	52
Rehabilitation medicine	53	51	51	51	54
Rural hospital medicine	-	48	50	51	51
Sexual health medicine	52	53	55	56	56
Sport and exercise medicine	46	43	48	49	48
Urgent care	44	48	51	52	51
Urology	50	52	51	51	53
Vascular surgery	50	50	51	55	54
All doctors with a vocational scope	49	51	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	1.5	70.4	18.2	2.4	1.5	1.7
Basic medical science	0.0	1.7	56.9	36.2	3.4	1.7	0.0
Clinical forensic medicine	0.0	0.0	100.0	0.0	0.0	0.0	0.0
Clinical genetics	0.0	0.0	93.3	6.7	0.0	0.0	0.0
Dermatology	5.0	0.0	65.3	27.3	1.7	0.0	0.8
Diagnostic & interventional radiology	2.7	0.8	62.2	27.0	4.7	1.5	1.1
Emergency medicine	5.4	2.1	71.2	16.4	3.3	0.6	1.0
Family planning & reproductive health	4.3	0.0	60.9	30.4	4.3	0.0	0.0
General practice	5.6	2.8	61.8	24.5	3.6	1.2	0.7
House officer rotations	16.0	5.1	41.8	33.3	2.8	0.5	0.5
Intensive care medicine	4.2	1.2	73.2	18.4	0.9	0.6	1.5
Internal medicine	4.4	1.9	56.8	30.8	4.3	0.8	1.0
Medical administration	9.0	1.5	74.6	11.9	0.0	3.0	0.0
Musculoskeletal medicine	5.7	0.0	68.6	20.0	5.7	0.0	0.0
Obstetrics & gynaecology	7.1	3.3	59.7	24.1	3.9	0.5	1.4
Occupational medicine	0.0	1.3	82.7	12.0	1.3	1.3	1.3
Ophthalmology	3.9	1.4	53.7	30.9	7.7	1.1	1.4
Other	11.9	2.0	65.8	16.8	2.6	0.3	0.6
Paediatrics	4.4	2.9	67.2	20.9	2.9	0.8	1.0
Palliative medicine	2.2	0.0	79.4	15.4	2.2	0.0	0.7
Pathology	2.0	1.3	64.0	24.9	4.7	1.7	1.3
Primary care other than GP	4.6	1.7	74.0	15.0	1.7	2.3	0.6
Psychiatry	5.7	1.4	62.2	21.9	5.4	1.8	1.6
Public health medicine	12.0	4.1	70.5	10.8	1.7	0.4	0.4
Radiation oncology	1.8	1.8	47.8	40.7	4.4	2.7	0.9
Rehabilitation medicine	4.4	0.0	26.7	57.8	8.9	2.2	0.0
Rural hospital medicine	5.6	0.0	79.0	7.7	4.9	0.7	2.1
Sexual health medicine	2.9	0.0	73.5	17.6	0.0	5.9	0.0
Sport and exercise medicine	16.7	3.0	66.7	12.1	1.5	0.0	0.0
Surgery: cardiothoracic	3.1	3.1	59.4	29.7	4.7	0.0	0.0
Surgery: general	7.8	5.6	54.9	26.4	3.6	1.0	0.7
Surgery: neurosurgery	1.6	1.6	51.6	40.3	3.2	0.0	1.6

Work type	Māori	Pacific Peoples	European	Asian	Middle Eastern/Latin American/African	Other Ethnicity	Residual Categories
Surgery: oral & maxillofacial	1.7	5.1	61.0	23.7	3.4	1.7	3.4
Surgery: orthopaedic	8.5	4.5	60.1	22.3	2.9	0.8	1.0
Surgery: other subspecialties	6.8	3.8	62.9	18.2	5.3	0.8	2.3
Surgery: otolaryngology head & neck	3.6	2.1	60.4	25.0	7.8	1.0	0.0
Surgery: paediatric	4.9	12.2	46.3	34.1	0.0	0.0	2.4
Surgery: plastic and reconstructive surgery	6.3	3.1	58.1	25.6	5.0	0.0	1.9
Surgery: urology	3.5	1.4	67.8	23.8	3.5	0.0	0.0
Surgery: vascular	5.7	2.9	45.7	35.7	7.1	0.0	2.9
Urgent care	4.9	2.9	57.0	27.4	5.2	0.7	2.0
All doctors	5.8	2.5	61.8	24.2	3.7	1.0	1.0

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	80.3
2015–2016	100.0	99.3	96.2	90.8	88.7	90.6	91.3	89.2	87.3	83.1	82.6
2016–2017	100.0	99.6	98.5	89.9	92.4	91.1	89.2	89.2	87.6	83.3	
2017–2018	100.0	99.4	95.7	95.5	93.1	91.0	89.9	88.4	86.1		
2018–2019	100.0	99.2	98.0	97.4	92.0	89.2	88.8	90.6			
2019–2020	100.0	99.6	98.5	94.6	89.7	89.2	89.6				
2020–2021	100.0	99.6	97.5	89.9	87.1	85.6					
2021–2022	100.0	99.1	96.5	86.7	85.0						
2022–2023	100.0	99.3	96.2	85.9							
2023–2024	100.0	98.7	96.4								
2024–2025	100.0	99.1									
All years	100.0	99.2	94.7	88.1	86.8	85.9	85.3	84.1	81.7	77.8	75.0

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