

# New Zealand Locums Survey 2024

November 2024



The purpose of the survey was to gain an understanding of Aotearoa New Zealand-based psychiatrists choosing to work in locum positions and capacity for supervision. The Survey was distributed via the Tu Te Akaaka Roa Newsletter and the RANZCP Psyche news section.

The survey was divided into two sections:

- Section 1. Demographics and general information
- Section 2. Experiences in locum

The full survey is provided in Appendix 1. Sixteen members responded to the survey. The result will inform ongoing workforce-related discussions with external agencies such as the Ministry of Health, and priority setting for Tu Te Akaaka Roa. The information is not intended for research or wider dissemination.

## Key Points

The main themes emerging from the open-ended questions were:

- Working as a locum psychiatrist offers flexibility and autonomy but less support than a permanent position
- Most respondents were not supervising a registrar in their locum position and were not interested in becoming a supervisor
- The main barriers for becoming a supervisor were time constraints

## Section 1: Demographics and general information

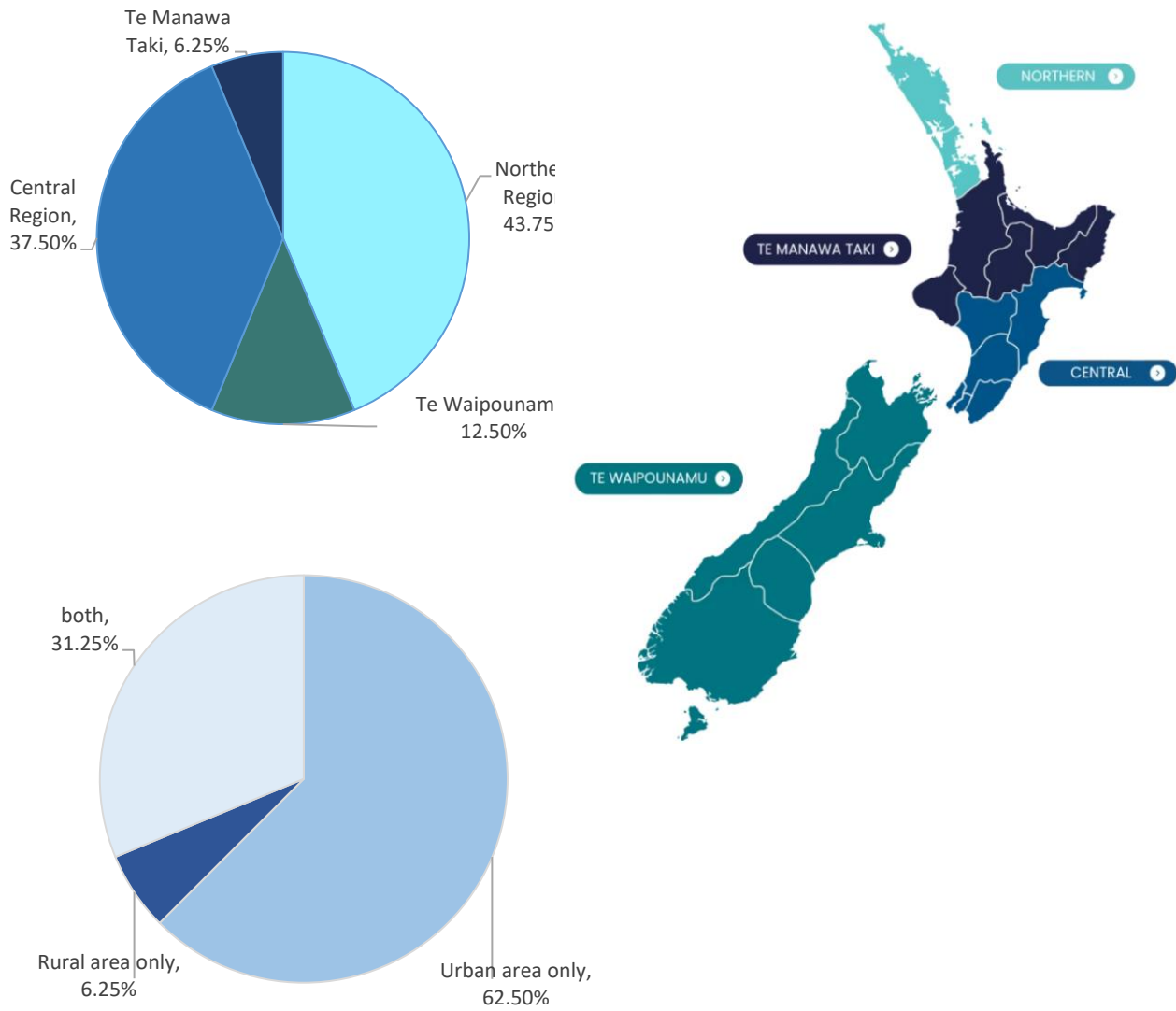
**Table 1.** Characteristics of Respondents.

		Number of Respondents (n = 16)	Percentage
<b>Age</b>	25-34	2	12.5
	35-44	1	6.3
	45-54	4	25
	55-64	4	25
	65+	5	31.3
<b>Gender</b>	Female	7	43.8
	Male	6	37.5
	Non-binary/gender diverse	0	0
	Other	0	0
	Prefer not to say	3	18.8
<b>Ethnicity*</b>	Māori	1	6.3
	Pacific Peoples	0	0
	NZ European/Pākehā	9	56.3
	Asian	2	12.5
	Other European	3	18.8
	Middle Eastern, Latin American, African	0	0
	Other	0	0
	Prefer not to say	3	18.8
<b>Years post Fellowship</b>	less than 10	7	43.8
	10 to 20	2	12.5
	more than 20	7	43.8

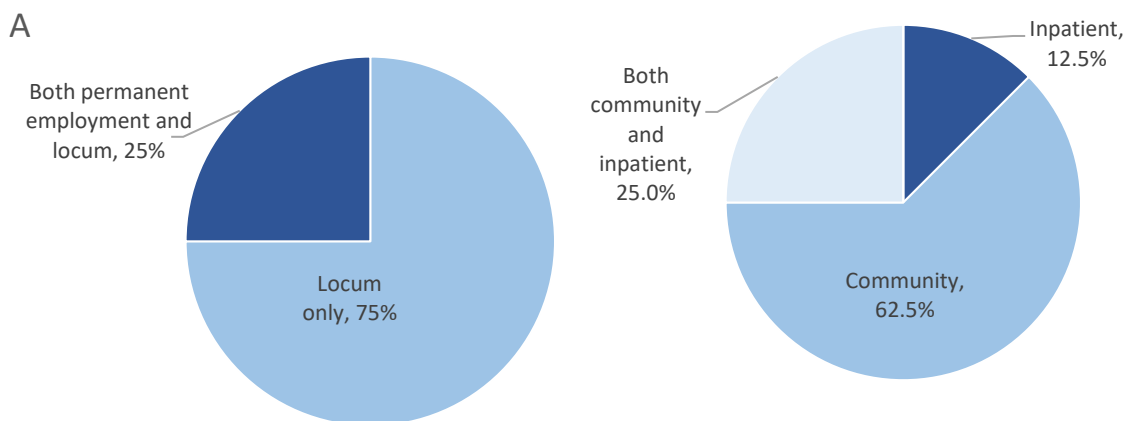
\*total response ethnicity as per Stats NZ standard. The total exceeds 100% as two members selected multiple ethnicities. Length of Fellowship ranged from 3 to 42 years with an average length of Fellowship of  $18.3 \pm 3.3$  (Mean  $\pm$  Standard Error of Mean (SEM)) years.

### Location and type of employment

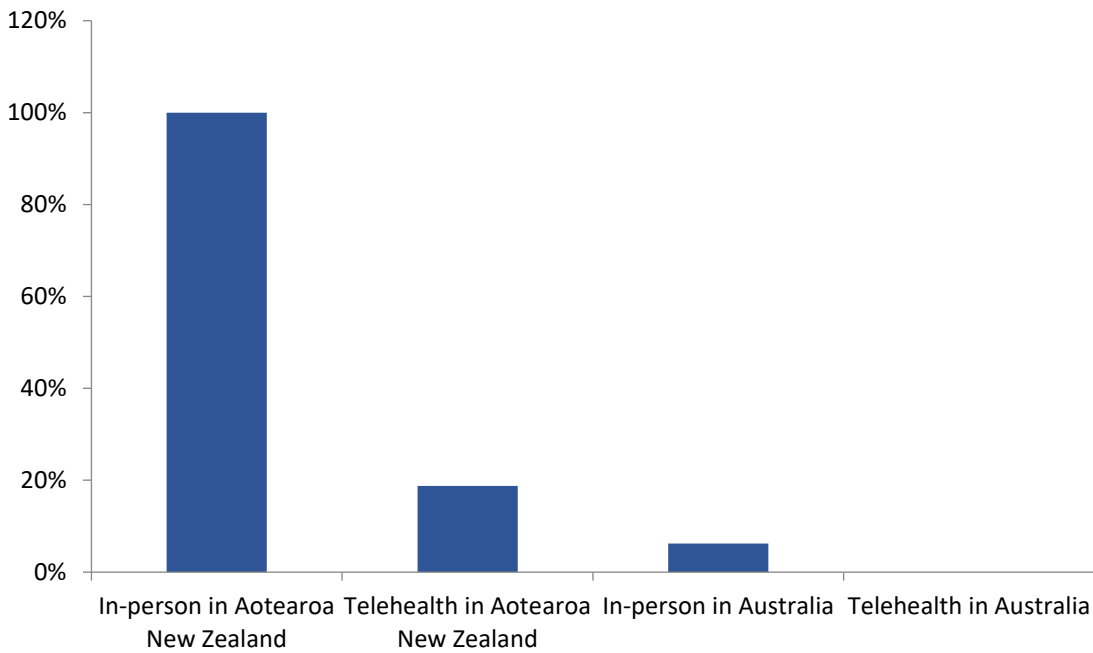
Survey respondents' length of time working as a locum psychiatrist varied between zero to seven years. While some remained in a permanent clinical role, the majority (75%; Figure 2A) practiced in a locum role only at the time of the survey. Respondents' current locum position was predominantly in an urban setting (Figure 1) and in community service (Figure 2B). All respondents indicated that they provided in-person services as a locum psychiatrist but three also offered telehealth in Aotearoa New Zealand and one respondent additionally provided in-person services in Australia (Figure 3).



**Figure 1.** Location of current employment.



**Figure 2.** Participants' current employment by type of contract (A) and type of service (B).



**Figure 3.** Type of service delivery.

### Supervision as a locum psychiatrist

Participants were asked whether they were currently supervising trainees as well as their interest in becoming a supervisor and their reasons why. Only three out of sixteen respondents were currently supervising a trainee in their locum role, two were supervisors in their permanent clinical role (Table 2). The main factors for not being engaged as a supervisor were insufficient time alongside clinical practice (7) and the frequency or length of contracts (5). Two respondents mentioned a lack of knowledge or clarity of College requirements.

Out of those who were not an active supervisor in their locum role, 38% (5) were open to supervising a registrar.

**Table 2.** Respondents' current engagement as a supervisor.

	Number of respondents (n=16)	Percentage
I am not registered as a supervisor	6	37.5
I am registered as a supervisor but not currently active	5	31.3
I am an active supervisor in my permanent employment role, but not my locum role	2	12.5
I am an active supervisor in my locum role only	3	18.8
I am an active supervisor in both my permanent employment and locum roles	0	0

## Section 2. Experience working as a locum psychiatrist

Participants were asked about the main benefits and downsides of working as a locum psychiatrist, and why they chose to work in a locum position.

The main benefits mentioned by respondents were conceptualised as flexibility (11), which included flexibility in when and where and how much they chose to work. Four respondents mentioned not having to have to worry about 'internal politics', e.g.,

*"Autonomy, able to choose work hours, able to "take leave" and not work when needing to take holidays or attend family events. Don't have to deal with politics of work places as know you will be leaving soon. Feel more motivated to work as essentially working for self."*

The main downsides mentioned by respondents were travel/time away from family (4), and the lack of benefits (4) such as paid leave, cover for expenses related to travel and professional development. Other comments included, insufficient pay, lack of stability and difficulty working with different IT system with little support. However, five participants did not see any or few downsides of working as a locum psychiatrist.

*"Locuming away from my town of residence, is challenging and somewhat disruptive of friendship and family contacts."*

The main reason for choosing to work as a locum psychiatrist was stress or burnout, mentioned by 8 out of 15 participants who answered this question. Five made the decision for financial reasons and four had issues with management. Two participants were in the late stage of their career and were transitioning to retirement.

*"I became burnt out working in local rural community mental health team because of severe short staffing and one in three on call despite working 0.8FTE. Service refused to allow me to reduce to 0.6FTE and pro rata on call so I resigned my permanent position. The other psychiatrist then also left the service so now they have no one and rely totally on locums and telepsychiatry."*

*"I am able to limit to less than full time work, which is beneficial because I am now over 70 years old. I am able to resist management pressures to fulfill "extra" hours or responsibilities outside my anticipated physical capacity, or professional remit. "*

**Table 3.** Perceived value and support in locum position (Mean  $\pm$  Standard Error of Mean (SEM)). Sliding scale between 0 and 100.

	Mean $\pm$ SEM	Range
How supported do you feel in your role?	78.2 $\pm$ 5.2	22 - 100
How valued do you feel in your role?	85.9 $\pm$ 4	40 - 100
How much are you involved in service leadership?	33.7 $\pm$ 8.7	0-77

## **Additional comments**

While there was a mixed sentiment regarding the reasons and benefits for working as a locum psychiatrist, the quote below captures the underlying sentiment.

*“Psychiatrists in New Zealand are undervalued and underpaid. Due to the short staffing, we are struggling in permanent jobs with the workload, the increased acuity of cases, and the increased complexity of cases. If Te Whatu Ora paid us fairly and treated us well including acknowledging and supporting us with the short-staffing (e.g. capping caseloads, additional duties), more of us would stay in permanent roles. I am going to Australia as would get paid twice the amount there compared to New Zealand in a permanent role. I cannot afford to buy a reasonable house in [my region] at the current time due to the cost of housing and living and Australia is a better option for me and my family. “*

## **Conclusions**

This report provides anecdotal insights into some of the key issues experienced by psychiatrists in Aotearoa New Zealand which contributed to their choice to work as a locum psychiatrist. Respondents highlighted issues related to lack of flexibility and poor management within their permanent employment, while working as a locum psychiatrists enabled them to balance their work, take breaks or work less as required. While only a small number of psychiatrists responded to the survey the results provide highlight key themes that warrant further exploration.

## Appendix 1. Survey Questions



*Tū Te Akaaka Roa*  
New Zealand National Office

**Thank you for agreeing to take part in this survey. Tu Tu Akaaka Roa is interested in better understanding the drivers behind psychiatrists choosing to work in locum positions.**

**The survey is divided into three sections:**

- **Section 1 will help us understand a little about you**
- **Section 2 is focused on your experiences working in a locum position**

**It should take between 10-15 minutes to complete. You will not be asked for your name to preserve your privacy. All data will be analysed and presented in a manner that does not identify individuals or services.**

**Survey results will be used in the following manner:**

- **to inform ongoing workforce-related discussions with external agencies such as the Ministry of Health, and**
- **for feedback to the national committee and NZ membership via College-related events and newsletters (not research publications).**

**Please reach out to [regina.hegemann@ranzcp.org](mailto:regina.hegemann@ranzcp.org) if you have any further questions or concerns about completing this survey.**



*Tū Te Akaaka Roa*  
New Zealand National Office

### Section 1

**Please tell us a little about yourself:**

\* 1. What is your age?

- 18-24
- 25-34
- 35-44
- 55-64

45-54

65+



\* 2. With which gender do you identify?

- Non-binary/gender diverse
- Female
- Male
- Other
- Prefer not to say

\* 3. To which ethnic group do you belong? Select all that apply.

- Māori
- NZ European/Pākehā
- Pacific Peoples
- Asian
- Other European
- Middle Easter/ Latin American/ African
- Other
- Prefer not so say

\* 4. How many years post Fellowship are you? Please enter a number only.

\* 5. Where do you currently work? Select all that apply.



- Northern
- Region Te
- Manawa Taki
- Central Region
- Te
- Waipounamu

\* 6. Do you currently work in an urban or rural area?

- Urban
- area  Rural
- area  both

\* 7. What type of role do you currently hold (for your clinical practice)?

- Permanent Employment
- only  Locum Only
- both

\* 8. How long have you worked as a locum psychiatrist? Please enter a number only.

9. What type of services do you provide (as a locum psychiatrist)? Select all that apply.

- In-person in Aotearoa New Zealand
- Telehealth in Aotearoa New Zealand
- Telehealth in Australia
- Other (please specify)

\* 10. What type of service are you working for (in your locum position)?

- Inpatient
- Community
- Both
- Other (please specify)

\* 11. Are you a supervisor?

- I am not registered as a supervisor
- I am registered as a supervisor but not currently active
- I am an active supervisor in my permanent employment role, but not my locum role
- I am an active supervisor in my locum role only
- I am an active supervisor in both my permanent employment and locum roles

\* 12. Would you be open to being a supervisor for psychiatry registrars as part of your locum role?

- Yes
- No

13. What factors would make you more or less likely to accept a supervisor role in your locum position?



*Tu Te Akaaka Roa*  
New Zealand National Office

## Section 2

**Please tell us about your experience of working as a locum psychiatrist:**

\* 14. What are the best parts of working as a locum psychiatrist?

\* 15. What are the downsides of working as a locum psychiatrist?

\* 16. Why did you choose a locum position?

\* 17. How supported do you feel in your role?

0 (no support at all) 100 (all the support needed)

\* 18. How valued do you feel in your role?

0 100

19. How much are you involved in service leadership?

0 100

20. Do you have any final comments or things you think we should know?

## Appendix 2

Example quotes for each sections discussed above.

### Strength and Weaknesses of RANZCP

#### What do you think the RANZCP does well for you?

The most mentioned benefit was conceptualized as “professional development” (51) which included mentioning of the CPD programme, educational resources and conferences. For example:

*“Access to learning materials and timely response”*

*“Organising webinars and other relevant activities for CPD”*

*“RANZCP Guidelines, Podcasts “Provision of professional guidelines, organization of conferences”*

## **What do you think the RANZCP does not do so well for you?**

The two main issues raised were encompassed in “inclusion” (40 respondents) and “pathway to fellowship” (28 respondents).

### **Inclusion**

*“[The college] Keeps us as second class citizens, permits us to train registrars and provide service (often in areas of need) but with no voting rights and no progression/graduate pathway, to fellowship, no voting rights. Especially for those of us who have dedicated our careers as psychiatrist serving New Zealand public health sector. The College may want to review this, in its "inclusivity kaupapa”*

*“They don't make you feel valued as an equivalent consultant, I've said this already , I'm doing the same job as a RANZCP fellow but calling me an affiliate puts a barrier up. I feel less worthy”*

*“I think it is an utter shame that affiliate members are not allowed on the advanced training pathways of the College. For instance, I am not allowed to join the training pathway for advanced psychotherapy formally. I attend all the training informally. Two registrars attend the training with me; they are allowed formal training - I am not. I find it non-sensical and think this rule should change.”*

### **Pathway to fellowship**

*“ Treats us like pariahs. There is no practical mechanism in NZ for overseas trained psychiatrists to gain RANZCP fellowship - fellowship is not required in NZ so no one wants to pay for it, nor to jump through the ridiculous and duplicitous hoops to gain fellowship. Even though my education and training as a psychiatrist in the US far exceeds that of a NZ-trained psychiatrist, I am considered "less than" in the eyes of RANZCP, inexplicably am not eligible for fellowship, and am forever banished to affiliate status where I can't even vote in our elections. This is despite being fully board certified in psychiatry as a Diplomate of the American Board of Psychiatry and Neurology, and awarded Fellowship status of the American Psychiatric Association. Not cool, New Zealand. It also defies logic that RANZCP is thrilled to have me be a training supervisor for psychiatric registrars, but won't offer me fellowship.”*

*“No pathway to fellowship without significant cost and time despite completing training and higher training and specialist registration in UK. Seemingly equivalent but nit recognized as such....”*

*“I have trained registrars for more than 10 years, in NZ for 17 years, and difference between Fellow and Affiliate is not validating, considering my contributions to other doctors now becoming fellows, having been trained by me.”*

## **Representation and Rights of Affiliate Members**

Out of 76 respondents, 21 mentioned they felt “excluded” and 12 respondents suggested there was a lack of focus on issues relevant to NZ Affiliates, either in relation to their member status or Aotearoa in general.

### **Feeling excluded**

*"Many committees have restrictions on what numbers or roles (eg chair etc) can be assigned to affiliates"*

*"Numerous committees I've been interested in seen to only have openings for fellows"*

*"RANZCP suffers from systemic racism: (...) On this background I do not feel any obligation to the RANZCP, and I cannot say that I have a lot of respect for RANZCP (I kept my 10 years needle though - in contrast of many foreign trained colleagues who threw it in the bin). With this loss of respect and obligation foreign trained colleagues disengage, and do not bring their wealth of knowledge into the systems - not that there is any feeling that there is interest by RANZCP in this pool of knowledge anyway! (what is paradox, seeing how much is invested to send SMOs abroad to gain knowledge when often specialists of these countries work here already). (...)"*

### **Lack of focus on relevant issues**

*"I feel quite distant from the college. It feels very centred on Australian affairs and as a NZ affiliate I am left feeling a bit like a second class citizen despite my 30+ years of experience in psychiatry."*

*"Disconnected from particular needs of overseas trained specialists; subrecognition of experience acquired elsewhere."*

*"It is not a matter of full members vs affiliates. what is the outcome from these committees? Deliberations in these committees, how relevant are the issues that are discussed, to day to day practice and service delivery in New Zealand? not much, that will be my guess."*

### **Lack of equality**

Voting rights and opportunities were described as "lacking equality" by 48 respondents, including comments suggesting 'token' representation, lacking power or the ability to vote on significant issues.

*"As much as I am aware, there is clear barrier to practice and voting rights imposed by locally trained psychiatrists towards psychiatrists trained elsewhere regardless of their clinical skills. There is this anachronism regarding training and experience match between home grown and OTPs which favours local, and UK, USA and Canada trained, against the doctors who come from the rest of the world. Even if OTP works 20 - 30 years in AUS/NZ, OTP still does not have the same rights as locally grown, regardless of actual clinical skills and expertise. "*

*"I have been a number of RANZCP committees as it becomes quite apparent that affiliates, only have a token role with a very low ceiling"*

*"Because we get no vote on substantive matters"*

### **Interest in full College membership**

Respondents expressed a desire to be recognised (29) and have equal rights and opportunities (24). Seven respondents considered training or working in Australia, mostly for short-term locum work, secondments, or telehealth.

### **Recognition**

*"This would acknowledge the profession/skills of overseas trained specialists."*

*"It would make me feel part of the NZ college in a way which currently simply isn't the case. It would acknowledge my contribution to MH care in NZ. The pathway to fellowship"*

*for foreign medical graduates is very much focussed on Australian regulatory requirements and is not well structured for those of us working in NZ."*

*"To feel valued and actually feel part of things, given my rigorous uk training and long experience in nz"*

## **Equal Rights and Opportunities**

*"Equality and the same opportunities with fellows"*

*"I am only pursuing Fellowship in order to be allowed to train 'formally' in advanced psychotherapy."*

*"Even trainees now have a place on the RANZCP board! Whereas affiliates are held to the same standards as fellows and have to pay the exact same amount in fees, yet we are not given the same status as fellows"*

## **Work/Training in Australia**

*"...It gives you the option to experience Australia - and to come back to improve NZ after the experiences there! Not everybody wants to live in AUS, but a comparison by working there would help a lot!"*

*"Would provide affiliate members working in New Zealand like me to help with the chronic psychiatrist shortages in Australia by doing short-term locum work, telehealth etc."*

## **Support from Tu Te Akaaka Roa for NZ Affiliates and new OTPs**

### **Support for Current NZ Affiliates**

Respondents, called for more advocacy and/or NZ specific guidance (32), and more engagement (10) to promote the connection between NZ psychiatrists and the College.

*"...There should be stronger College representation and engagement with the Government, various Ministries and Districts - there is a severe workforce and morale shortage in the trenches. The College should have a stronger advocacy role - it is not achieving on this front"*

*"More obvious active engagement"*

*"Being more representative of Kiwi psychiatrists."*

*"More regular updates and guidance the health service and MHS in particular are in crisis and the college is largely silent."*

### **Support for new OTPs**

To provide more support for new arrivals, respondents suggested establishing a personal connection with OTPs (30), providing a better induction/orientation (12) and ongoing support (12); respondents also proposed collaboration with other agencies, such as the medical council or employers (12), to streamline the integration and ensure appropriate support is offered.

*"Offer the opportunity to meet with Tu Te Akaaka Roa, organize meetings with a social and informative goal and the ability to ask questions."*

*"Work with Te Whatu Ora to provide cultural and organisational information relevant to NZ."*



*“Strongly recommend supporting Induction and settling in collaboration with employers and MCNZ.”*

*“Orientation to the NZ health system. Orientation to history of mental health care in NZ. Information on legal aspects of mental health care- consent, Mental health act. Supporting one to one supervision in first year”*