



**A UK GP's guide
to working in
New Zealand**



PULSE

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Good Together is a New Zealand-based medical recruitment and workforce support organisation, working across primary care and hospital services. While we have a strong focus on general practice, we support doctors across a range of specialties, as well as clinics and services navigating ongoing workforce challenges.

We work with both international and locally based doctors, supporting them through every stage of their journey, from initial conversations and registration through to permanent placement, locum work and onboarding, with ongoing support in practice. Our role extends beyond recruitment, we aim to provide clarity, context and continuity throughout what can often be a multi-step transition, bringing structure and consistency at each stage.

We were pleased to contribute to this guide, as we believe it is important that doctors considering a move to New Zealand have a clear and balanced understanding of what working and living here involves. While New Zealand offers a professionally and personally appealing lifestyle for many, it may not be the right fit for everyone. Our focus is on ensuring doctors are well informed and well supported, so they can make decisions that are right for them.

Our approach is relationship led and grounded in long-term outcomes. We take the time to understand each doctor's professional interests, personal circumstances and motivations for change, recognising that the right role looks different for everyone. This focus on fit supports both individual wellbeing and more sustainable outcomes for practices and the communities they serve, while also helping doctors feel connected, supported and part of the wider medical community as they settle into life in New Zealand.

Alongside our recruitment work, Good Together is actively involved in supporting the wider integration of international doctors into New Zealand's health system. This includes contributing to sector conversations, developing structured orientation and support resources, and working closely with stakeholders to improve consistency, experience and long-term retention across the system.

At the heart of our work is a simple goal: to support good doctors into the right roles, and to ensure they are set up to stay.

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List of abbreviations

AAC	Accident Compensation Corporation
APC	Annual Practising Certificate
BPAC	Best Practice Advocacy Centre
CSC	Community Service Cards
GPA	General Practitioners Aotearoa
GPEP	General Practice Education Programme
MCNZ	Medical Council of New Zealand
PHOs	Primary Health Organisations
RNZCGP	Royal New Zealand College of General Practice
RNZCUC	Royal New Zealand College of Urgent Care

Resources

Useful resources for GPs considering a move from the UK to New Zealand.

• **Good Together Health Recruitment**
goodtogetherhealth.com

• **Best Practice Advocacy Centre**
CPD provider. bpac.org.nz/cpd.aspx

• **CareHQ**
Telehealth service. carehq.co.nz

• **Health New Zealand (Te Whatu Ora)**
Government health body. healthnz.govt.nz

• **Medical Council of New Zealand**
Regulatory body. mcnz.org.nz

• **Royal New Zealand College of General Practitioners**
Professional body. rnzcgp.org.nz

• **Royal New Zealand College of Urgent Care**
Professional body. rnzuc.org.nz

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Introduction

UK general practice is grappling with reduced employment opportunities for both salaried and locum roles. In such a climate, many doctors are beginning to consider a move overseas – including to the other side of the world. In a [recent Pulse survey](#)¹, a third (32%) of UK GPs said they had considered relocating to Aotearoa New Zealand (the Māori-language name for New Zealand), ranking it just behind Canada (41%) and Australia (39%) as the most sought-after location.

The growing interest comes at a time of need for New Zealand. Overseas-trained doctors already [make up 45% of New Zealand's GP workforce](#)² and with [the country facing a shortage of at least 220 GPs](#), international recruitment continues to be a priority.³ Health New Zealand, the government body responsible for the delivery of publicly funded health services, has recently partnered with the Royal New Zealand College of General Practitioners (RNZCGP) to increase the number of international GPs coming to the country.⁴ It is also easier than ever for UK GPs, thanks to a [fast-track registration pathway](#)⁵ introduced by the Medical Council of New Zealand in late 2024, which typically processes

complete applications within 20 working days.

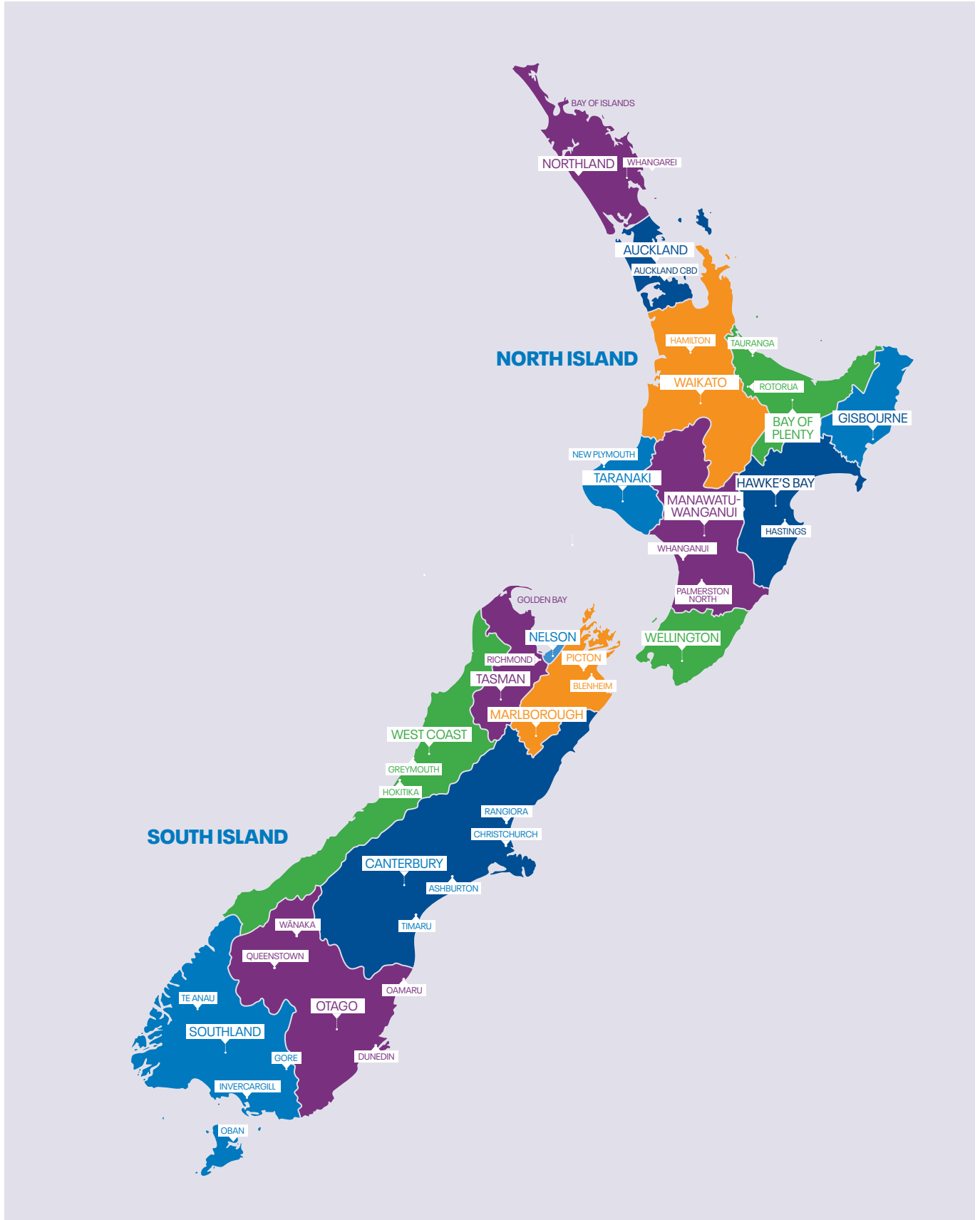
For UK GPs, the attraction is clear. Home to just 5.3 million people, New Zealand is consistently [ranked among the most peaceful nations in the world](#)⁶ and no part of the country is more than 75 miles from the ocean.

The outdoor lifestyle, improved quality of life and a calmer political climate are among the major advantages cited by UK GPs who have emigrated to New Zealand. They report feeling more valued, and having a broader scope of practice and the ability to spend more time with patients.

Many also warm to the rich history of the country's indigenous population and value the development opportunities that arise from providing care to Māori communities.

There are, however, some key differences to adjust to – including the patient co-payment model – as well as similar frustrations to those in UK general practice, such as the administrative burden.

This booklet aims to provide UK-based GPs with an insight into what it means to live and work as a GP in New Zealand, and the key considerations involved in making the move.





Part 1 The basics

All you need to know about the health system, general practice, pay, pensions and taxation, and certification to work in New Zealand

Chapter 1

Overview of the NZ health service

Similarly to the UK's NHS, the New Zealand health system was founded on the principle of equitable access for all, regardless of ability to pay. It is primarily funded through general taxation and provides universal health coverage to the population. Core public hospital services, including inpatient and outpatient, maternity and mental health care, are all free to patients.⁷

One significant difference is that patients aged 14 and over are required to contribute a co-payment for GP visits at the point of care, and for many services provided by nurses within GP practices. The Government has generally not set limits on the fees GPs can charge but for New Zealanders living in low-income areas co-payments can be capped at lower levels, often around NZ\$20 (£9.00) for eligible populations.⁸

Around a third of New Zealanders also have some form of private insurance, which is mostly used to cover cost-sharing requirements, elective surgery in private hospitals and private outpatient specialist consultations.⁹ Most private health insurance is sold on an individual basis.

The Government sets an annual health budget, managed and distributed by Health New Zealand. In te reo Māori, the language of the country's indigenous Māori population, the body is called Te Whatu Ora, which means 'the weaving together of wellness'. It was established in July 2022 as a Crown Agent, meaning it must implement government health policy.

Health New Zealand contracts 30 Primary Health Organisations (PHOs), which are mostly not-for-profit networks of practices, to provide primary care services within geographical areas. PHOs distribute population-based funding and provide support programs for general practice.

Reducing health inequities experienced by Māori and Pacific peoples is central to the country's health policy. Te Tiriti o Waitangi (The Treaty of Waitangi) is the founding document of New Zealand, signed in 1840, and places a responsibility on the Government to protect Māori health, improve equity and enhance long-term outcomes.¹⁰ Separately, the Government published its first ever legislated Pacific Health Strategy in 2023, Te Mana Ola, which sets out the long-term priorities for improving health outcomes for Pacific communities over a 10-year period.¹¹

Chapter 2

General practice in New Zealand

As in the UK, GPs are the front door to the health service, and the day-to-day tasks of diagnosing, treating and referring patients to specialists are the same. However, the scope of practice is broader in New Zealand. It can include minor surgery, such as skin cancer excisions, low-risk fracture management, joint injections and ADHD prescribing for adults.

Continuity of care is the core component of general practice in New Zealand. The standard appointment length is 15 minutes and most practices operate with a named GP model, where patients are enrolled with a 'usual GP' at their practice. 'That relationship-based model of being able to look after patients over a long period of time, which a lot of us got into general practice for in the first place, is still very much findable out here,' says RNZCGP president Dr Luke Bradford, who moved over from the UK in 2010.

GPs refer directly to specialists in the public and private systems. 'The public system is quick enough for cancer and children, but non-urgent cases can be fairly delayed,' Dr Bradford says. GPs can also make referrals via the Accident Compensation Corporation (ACC), the country's 'no fault' personal injury scheme, with many orthopaedic cases going through this route.

Practices are typically privately owned by either individual GPs or corporates. There are also some Iwi-owned (tribal-owned) healthcare practices and Kaupapa Māori clinics, which are led by the local Māori communities and deliver culturally safe, wraparound primary care including GP consultations. Most GPs are employed in salaried roles or work as independent contractors on a self-employed basis. Home visits are usually reserved for palliative care, Dr Bradford says.

Specialist areas of practice

For doctors with specific professional interests, there are opportunities to specialise. Some common areas include skin cancer medicine, women's health and rural medicine. GPs are in particularly high demand in rural areas and this work often involves a broader scope, greater autonomy and responsibility, and a closer connection with the local community. There are 25 rural hospitals in New Zealand, 14 in the North Island and 11 in the South Island.¹²

Urgent care, which sits between general practice and hospital emergency departments, is also a specialty in its own right in New Zealand, with a separate medical college and fellowship. Urgent care clinics offer walk-in appointments seven days a week, usually from 8am to 8pm. Many GPs choose to work in this area and it often appeals to those with an interest in emergency medicine. Separately, practices in rural towns can offer after-hours services, although doing so is no longer a contractual obligation for all practices across the country.

Key health and social challenges

It's important to understand that general practice in New Zealand sits within the broader context of some complex health and social challenges. The country has high rates of psychological distress among young people¹³ and GPs may encounter a significant burden of mental health presentations, including suicide risk and crisis care. Issues relating to family wellbeing and substance misuse are also common and can have a profound impact on patients' lives.

New Zealand also has well-recognised health inequities, particularly for Māori and Pacific communities. Māori and Pacific peoples experience a higher burden of chronic disease, earlier onset of illness and, in some areas, reduced access to care compared with other population groups. Addressing these inequities is a priority across the health system.

For GPs, this means developing an understanding of the wider social and cultural context of health in New Zealand, alongside a commitment to culturally safe and equitable care. While this can be a new and sometimes challenging area of practice for international doctors, many find it to be one of the most meaningful and rewarding aspects of working here.

Payment models

New Zealand has a blended model for general practice funding with two main streams: government-determined capitation and patient co-payments. Around half of GP income typically comes from capitation, while patient fees and other subsidies (see more below) account for the remainder.¹⁴ Funding is distributed to practices by PHOs, through the Primary Health Organisation Services Agreement.¹⁵ This is the core contract between PHOs and Health New Zealand and is updated annually to reflect funding and policy changes.

Capitation

Capitation funding was introduced in New Zealand in 2002 and is the core funding for general practice, aiming to support both equity and access.¹⁶ Practices receive a set payment per enrolled patient per year. It is primarily calculated based on age and gender. While the core structure has remained largely unchanged over the past 20 years, it is expected to be updated in July 2026 to include multimorbidity, rurality and socioeconomic deprivation factors.¹⁷

According to Health New Zealand, capitation funding helps cover the costs of essential services, including general consultations, routine checks and preventive care, and it allows

practices to 'focus on providing continuous, relationship-based care for patients'.

In 2025, an additional NZ\$60m (£26m) funding stream, known as 'contingent capitation', was introduced to support improved access and system performance.¹⁸ Health New Zealand said it signified a move towards performance-based funding for GP services, but participation is currently voluntary. This year, the focus is on improving primary care data-sharing.

Up to NZ\$30m (£13m) was also available to improve six-week immunisation rates, with practices having existing rates lower than 85% expected to improve by 10 percentage points.

High-needs access

A proportion of New Zealand's GP practices receive additional capitation funding to support populations with higher health needs. In return, they cap co-payments at a lower rate for those that struggle to afford care. The Very Low Cost Access (VLCA) scheme is voluntary but to be eligible practices must be serving a 50% high-needs population, defined as Māori, Pacific or patients living in an area that is classified as New Zealand Deprivation Index quintile 5.¹⁹

The VLCA capped co-payments apply to all patients enrolled at a practice. There are also Community Services Cards (CSC) available to people on low or medium incomes, which provide



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similarly low fees. However, cardholders are eligible for CSC fees at any practice they attend.

Co-payments

Capitation funding does not cover the full costs of service delivery, which is where out-of-pocket fees for patients come in. Co-payments are typically set at practice level, with fees reflecting the practice's funding model, patient population and operating costs. While the Government has not generally imposed strict limits, it does publish an annual guideline on how much practices can increase the fees. There are no co-payments for children under 14 and fees are capped for New Zealanders with low-income, older adults and people with 12 or more GP visits per year.

Dr Buzz Burrell, chair of the GP advocacy organisation, General Practitioners Aotearoa (GPA), estimates co-payment fees currently range from NZ\$40 to NZ\$90 (£17–£39) per visit among practices, not including those delivering low-cost access. 'When the Government first established capitation over 20 years ago, they were hoping there would be a relatively standardised fee to see the GP,' Dr Burrell says. 'But different GPs set their fees according to what they thought patients could afford, what the market was driving at the time and what their overheads were.'



'It's strange charging patients – but you can become the GP you want to be'

Dr Jordan Singh is about to start GP training in New Zealand, having spent 16 months working as a non-training registrar in a practice on the Kāpiti Coast



I completed my medical training in the UK, having moved there with my family from New Zealand at age 11. As a dual citizen, returning was simple and I decided to go back to New Zealand to work as a non-training registrar in 2023, before starting GP training.

I had worked in UK general practice for four months as an FY2 doctor, based in a deprived area of South Yorkshire. It was rewarding work but I found the conditions and pay weren't great. You also don't have the opportunity to learn too much in that short period of time – I tended to do longer appointments and saw around 12 patients a day.

In New Zealand I was expected to contribute to the running of the practice, see more patients and manage admin. The working environment was relaxed, with laid-back and friendly colleagues. It was a steep learning curve but I was able to ask questions and get support.

It can feel strange to charge patients for care, especially when you're not used to it. It can also lead to a feeling of pressure – sometimes you see patients who don't need anything, but because they are paying for your time you feel you should do something. Follow-up appointments can be tricky too, because each time the patient will pay again, and they might also need to pay for transport to see you. Whereas in the UK, follow-up appointments are free.

I have decided to complete my GP training in New Zealand because I think the General Practice Education Programme (GPEP) is much more flexible than the UK version. If you are employed through RNZCGP, you do get placed in two practices for six months in your first year of training. But you can also be employed through a single practice, where you can stay for the full three years of training if you so wish, or even choose to work in six different practices throughout the three years, moving regions regularly.

The GPEP also offers the opportunity to become the GP you want to be. There is the option to pursue urban general practice, rural medicine or dual training in urgent care or rural hospital medicine – my next job will be in a rural hospital. If you're interested in a specialist area, you can find a practice with a supervisor with that knowledge and work with them. You can build your portfolio as you want it.

There were several other draws for me. I love New Zealand's nature and green spaces. The lifestyle is more laid back and the political climate is better suited to me, especially with the way things are going in the UK at the moment.

In 2025/26, the annual reasonable GP fee guideline said practices with a 50/50 split of capitation and co-payment funding could increase their fees by 3.16%.²⁰ Another source of income for GPs is Accident Compensation Corporation subsidies. The ACC provides personal injury cover for everyone in New Zealand, paying a set fee for GP consultations that are injury related. However, this usually only partially covers the cost, so patients can expect to contribute a co-payment for an ACC consultation.²¹

Salary and taxation

Most UK GPs moving to New Zealand will initially take on a salaried role, where they can expect to earn an average of between NZ\$220,000 and NZ\$260,000 (£97,000 - £114,000), according to medical recruitment consultants Good Together. However, it is important to note that this range is based on working 10 clinical sessions a week, and most international GPs coming to New Zealand will begin by working eight sessions.

Good Together says some salaried packages might sit outside this range depending on location, patient population and practice model. New Zealand has a statutory minimum of four weeks' paid annual leave, and paid sick leave is 10 days per year. The country also observes 11 annual public holidays. Most GP clinics will cover the cost of indemnity insurance and Annual Practising Certificate (APC) fees for their doctors. They also often provide an allowance for CPD, as well as a contribution towards relocation costs, although this can vary between employers.

All income tax is collected nationally in New Zealand (see table, above) and employers will deduct PAYE contributions automatically. Doctors arriving in the country will need to apply for an Inland Revenue Department (IRD) tax ID number, which Good Together advises is simpler to do after arrival than in advance. Most overseas medical graduates (including those from the UK) joining a permanent role are on tax code M, but this can vary depending on individual circumstances.

Once GPs have obtained full registration with the Medical Council of New Zealand, they can also work as self-employed independent contractors. Arrangements could involve supporting a practice on a long-term basis or working as a locum. Independent contractors are responsible for their own tax, ACC levies and retirement savings. Working as a locum is a popular option for GPs who want to experience different practice settings and explore different regions of New Zealand.

Short-term locum rates typically range from around NZ\$550 to NZ\$750 (£240-£325) per session depending on experience, location and demand.²² GPs who locum in areas away from where they live are often provided with accommodation for the duration of the placement, and reimbursement of travel costs. Dr Valerie Kuan, who moved from the UK in 2022, has been working as a locum in Auckland: 'It has been lovely – it's a great way to live flexibly and while you have to be prepared for uncertainty, I haven't had any problems finding work.' (See case study, page 17.)

National PAYE income tax rates

For each dollar of income	Tax rate
Up to NZ\$15,600	10.5%
NZ\$15,601 - NZ\$53,500	17.5%
NZ\$53,501 - NZ\$78,100	30%
NZ\$78,101 - NZ\$180,000	33%
NZ\$180,001 and over	39%

Source: Inland Revenue Department, New Zealand²³

Pensions

KiwiSaver is the main pension scheme, administered by the IRD. Employers are required to pay a minimum 3% contribution, while GPs can contribute anywhere between 3% and 10%, as well as making additional voluntary contributions. GPs working as independent contractors can also make voluntary contributions to the scheme, but their employer doesn't contribute. Both salaried doctors and independent contractors who are eligible members can receive a government contribution of up to NZ\$260 (£114) per year.²⁴

Some GPs choose not to join straight away because KiwiSaver funds are typically locked away until retirement, unless you leave New Zealand permanently, Good Together says. However, if you choose to leave New Zealand before retirement you can withdraw all funds, with the exception of any contributions made by the government. Meanwhile, the state pension, NZ Super, is available to permanent residents, but this is dependent on how long you have lived in the country. People born after 1977 must have resided in New Zealand for 20 years to qualify.²⁵

Elsewhere, Dr Bradford says the private pension model doesn't exist in the same way as the UK. Many people in New Zealand generate retirement savings through investments such as rental property, shares or businesses instead, he says.

A private pension scheme is most likely to be used by UK GPs who wish to transfer their NHS pension. To do this, the NHS Business Services Authority (NHSBSA) says the following criteria must be met:

- The receiving scheme is registered with HMRC as a Qualifying Recognised Overseas Pension Scheme (QROPS), which can be checked using its publicly available list
- The member has two or more years' qualifying membership in the NHS Pension Scheme and the receiving QROPS is an occupational scheme that provides defined benefits
- The member has less than two years' qualifying membership in the NHS Pension Scheme, the receiving QROPS is an occupational scheme that provides defined benefits, or a QROPS that provides 'flexible benefits'.²⁶

Defined benefit schemes are usually based on annual salary and length of service and offer a guaranteed retirement income. 'Flexible benefits' are defined by the UK Pensions Act as a money purchase benefit, a cash balance benefit, or a benefit other than these calculated by reference to an amount available for the provision of benefits to or in respect of a member.²⁷

The NHSBSA provides an overseas pension transfer and guide²⁸, where GPs can find the overseas transfer request form. They will also need to complete form APSS263, which can be found on the gov.uk website.²⁹

Working conditions and job satisfaction

The outdoor lifestyle New Zealand offers is frequently cited as a major reason for relocation by UK GPs, who say it has led to improvements in job satisfaction and quality of life. GPs in New Zealand typically work an average 34-hour week, while 30% work fewer than 30 hours a week.³⁰ Some practices also offer flexibility around working hours.

However, New Zealand GPs report similar levels of burnout to their UK counterparts. More than a third (38%) of those responding to a 2025 Commonwealth Fund survey said they were experiencing burnout, compared with 34% of UK GPs. Dissatisfaction with time spent on administrative work was also high among GPs in both countries, at 92% in New Zealand and 89% in the UK.³¹

However, the survey showed GPs in New Zealand were much less likely to associate burnout with having too little time to spend with their patients. Only 6% reported this, compared with 54% in the UK.³² 'Most GPs come out here and can't get over the luxury of seemingly spending at least twice as long with patients as they were used to in the UK,' Dr Burrell says.

Dr Burrell says that the 'user pays' model, which involves a subtle shift in the dynamic with patients, can often be the biggest culture shock for UK GPs. But he says many doctors quickly adapt: 'I think quite a lot of people enjoy it and genuinely feel valued by it.'

It is also 'much easier to breathe' in New Zealand's medicolegal environment, Dr Burrell says. This is largely due



to the existence of the ACC, which means patients cannot sue their doctors for personal injury caused by medical error. Instead, the ACC offers patient compensation.

GP advocacy

The New Zealand Medical Association folded four years ago, temporarily leaving the country's GPs without an advocacy organisation. To fill the gap, General Practice Aotearoa (GPA) was formed in 2023. This would be considered the equivalent of the British Medical Association.

Dr Burrell, who also moved from the UK to work in New Zealand in the 1990s, is currently GPA chair. He says there are some frustrations shared by UK and New Zealand GPs. These include underfunding of primary care, the administrative burden, the extended scope of practice policy agenda – particularly in relation to physician associates – and an imperfect 'capacity match' between primary and secondary care, meaning patient referrals from GPs can sometimes be rejected.



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'I'm earning twice as much as I was in the UK for fewer hours'

Dr Lucy Harrison is a FY3 doctor working in an urgent care clinic in Auckland. She moved with her partner, who works in medical sciences, in January 2025

I had finished my foundation years in the UK and I wasn't sure whether I wanted to pursue general practice or emergency medicine. Rather than go straight into specialty training, I decided I wanted a change of scenery while I made up my mind.

We looked at both New Zealand and Australia, but the fact that the weather is cooler in New Zealand and there are no animals that can kill you were big draws for me! All my hobbies are outdoors too and here you can easily drive to surf, climb and ski – everything is accessible.

I had never been to New Zealand before so I wasn't really sure where to look for jobs. We settled on Auckland because we needed to be somewhere that was big enough to offer jobs within my partner's industry; it's easily accessible and there is a lot going on. We knew it would offer a good climate all year round – you never have to de-ice your car.

It is a big city so rent is more expensive than in other areas, but because my salary is higher, it's definitely affordable. I'm earning twice as much as I was in the UK, for fewer hours.

I chose a role in urgent care, which is a recognised specialty in New Zealand, because it seemed like a good mix of GP and more acute presentations. I work as an urgent care registrar in a non-training role at an urgent care clinic, on a 32-hour-per-week contract.

The clinic is open seven days a week, from 8am to 8pm, but because I am a junior doctor, I usually work four

days a week, 9am to 5.30pm. Weekend work varies, I am contracted to work one weekend in three, but sometimes it can be more or less than this.

The New Zealand healthcare pressures are similar to those in the UK – the emergency departments are busy, GPs are busy and patients can't always get in for an appointment.

Urgent care centres offer a 'turn up on the day' service, which means not everything we see will be a heart attack or a broken bone. Some days my workload is much more GP focused, which means you do get to have that continuity of care and follow-up, if that's what you like.

It is hard to compare working conditions with the UK because I came from a hospital role where at times I was working a 60-hour week depending on the department. But here there is no night shift, which was a big plus for me. I knew I wanted to enjoy living in New Zealand, so I didn't want a job where I was going to be doing nights all the time or working unsociable hours.

Overall, work-life balance is recognised and encouraged in New Zealand and my quality of life is 100% better here. It pains me to say that, because I feel that you shouldn't have to move so far away to achieve this. I think it is hobby dependent though – if you're not someone who is particularly outdoorsy then your quality of life might be similar to that in the UK.

There are other factors to consider, especially how you are going to cope with the distance and being away from family. My family came to visit a few months ago, which was really nice, but if they weren't in a position to do that, it would be harder.

Chapter 3

The regulatory process

Entering New Zealand

In late 2024, the Medical Council of New Zealand (MCNZ) introduced a fast-track registration pathway that makes it more straightforward than ever for UK GPs to make the move. The new specialist pathway is open to general practice, as well as other specialties, including emergency medicine, psychiatry, anaesthesia, internal medicine, obstetrics and gynaecology, anatomical pathology and dermatology. The pathway leads to provisional vocational registration, and application processing times are typically 20 working days for a complete application.

To apply, GPs must intend to work in New Zealand general practice and have all of the following:

- An acceptable primary medical degree from a recognised medical school
- An approved overseas postgraduate medical qualification
- A minimum of 24 months' clinical experience in UK general practice in the past five years, working at least 0.5 full-time equivalent, including 12 months within the 18 months immediately prior to application
- A job offer in New Zealand.³³

The MCNZ also offers a general registration pathway, designed for junior doctors who wish to work as non-specialists or for GPs working in the UK who do not meet the vocational registration criteria. The Competent Authority Pathway is available to UK and Irish graduates who hold a primary medical degree from an approved medical school and have completed their internship within the UK or Ireland. You must also meet the regulator's fitness-for-registration requirements, which include good command of the English language and no health conditions that would affect your ability to practise medicine.³⁴

One other route worth noting is the Comparable Health System Pathway, which is available to GPs who did not complete their medical degree in the UK, but have work experience there. One of the requirements is to have practised clinically as a GP in the UK, or another health system comparable with New Zealand's, for at least 33 months in the 48 months prior to application, for at least 20 hours per week.³⁵

Regardless of which route you take, any international doctor coming in on a permanent pathway can only start on provisional registration. You will progress to full registration only after completing a period of supervision, which is typically six months for those who completed their primary medical degree in the UK. This is to support doctors to become familiar with the New Zealand health system and the practice standards expected of them.³⁶

Locum Tenens registration is one of several temporary pathways available to UK GPs who meet specific criteria. It is open to those who intend to work temporarily in New Zealand for a maximum of 12 months.

After the MCNZ approves registration, you will receive a letter of eligibility to support your visa application. GPs are on New Zealand's Green Tier list of in-demand roles, meaning those aged 55 or under can apply for the Straight to Residence Visa. Applicants must be of an acceptable standard of health and meet character requirements. Residence can be applied for on or offshore and can include your partner and children.

Another option is the Accredited Employer Work Visa. This is a temporary visa, valid for up to five years and restricted to a contract of at least 30 hours a week with a single employer, in a specific region of the country. A GP with this visa can support applications for their partner and children. Both options, and all registration pathways, require a confirmed job offer in New Zealand.³⁷

Regulation

In New Zealand, doctors working in general practice can be registered under either a general scope or a vocational scope of practice. Some international medical graduates (IMGs) working under a general scope may be fully trained overseas but are not yet recognised vocationally in New Zealand. Those registered under a vocational scope have completed



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a recognised training programme and are recognised as specialists.

UK doctors who have completed the Foundation Programme and meet the necessary criteria may be eligible to work in a 'non-trainee registrar' role, working in general practice under supervision. This represents a valuable opportunity for doctors who have not yet specialised but wish to gain experience in general practice. These roles can also be filled by doctors already working in New Zealand hospitals who are looking to transition into general practice. Working with a clinic that can offer appropriate supervision and support to these doctors is essential.

Vocational registration refers to a doctor's scope of practice, while fellowship is a professional college qualification. The two often align, but fellowship is not automatically conferred. Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP) can be obtained through completion of the General Practice Education Programme (GPEP) or, for those with recognised overseas GP training, via application through the RNZCGP's relevant pathways.

Unlike the UK, it is therefore possible to work in general practice in New Zealand without having completed specialist GP training.

Ongoing regulation, training and CPD

Like the GMC, the MCNZ oversees fitness to practise and investigates concerns about professional conduct and competence. Meanwhile, the Health and Disability Commissioner (HDC) is an independent watchdog that protects patients' rights. The HDC does have the power to investigate doctors, but must notify the Medical Council if it intends to do so.

The MCNZ sets the CPD requirements for doctors, which are generally a minimum of 50 hours per year. CPD material must be endorsed by the RNZCGP and there are two routes of

logging CPD activity – GPs can either join the college or use the Best Practice Advocacy Centre (BPAC). Junior doctors who come through the general registration pathway can only use BPAC.

All UK GPs moving to New Zealand must undertake mandatory cultural training to ensure they have an understanding of Māori and Pacific health, the Treaty of Waitangi and health equity. The RNZCGP's Dr Bradford says that at least a quarter of annual CPD must focus on these cultural and equity aspects.

GPs who choose to work rurally will often be provided with additional training, including educational courses on emergency response and high-level trauma medicine.

While New Zealand has no direct equivalent to the UK's National Institute for Health and Care Excellence (NICE), an online manual called HealthPathways was established in 2008. GPs use it to assess, manage and initiate referrals for more than 600 conditions. Rather than traditional guidelines, the manual is considered to represent 'an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context'.³⁸

A range of national and international guidelines are also endorsed on an individual basis.

College fellowship

UK-trained GPs who are members or fellows of the UK RCGP can apply for RNZCGP's Prior Specialist Training Pathway to Fellowship. You will need to hold a practising certificate in a general or vocational scope of practice with the MCNZ and have a current Advanced Cardiac Life Support (ACLS) certificate.

Once enrolled on the pathway, you will be expected to undertake cultural training and have demonstrable clinical time in New Zealand. This will be assessed at a practice visit.³⁹

FRNZCGP can also be obtained after completing the General Practitioner Education Program (GPEP).





Part 2 The islands and lifestyle

Whether you are drawn to the North or South Island, or prefer remote communities to vibrant cities, New Zealand offers a range of opportunities in urban and rural general practice. We take a look at what to expect in different parts of the country

Chapter 4

Te Ika-a-Māui - North Island

Landscape and lifestyle

Around four million people live in the North Island, making it the country's main population hub.⁴⁰ It is home to around 90% of New Zealand's Māori population⁴¹, many of whom live in the upper and central part of the Island.⁴²

In the North Island you will find softer landscapes than the South but equally stunning scenery, with rolling green hills, lush forests, ancient volcanoes, glowworm caves and the deep blue Lake Taupo, the country's largest.

The major cities in the North Island are Auckland, Wellington and Hamilton. Smaller options include Tauranga, situated in the Bay of Plenty, and New Plymouth, on the Island's west coast, which is especially popular with surfers. Northland is one of the country's more rural regions, with many smaller and more dispersed communities. Other regions, such as Hawke's Bay and Gisborne, are important to consider, alongside areas like Taranaki, Manawatū-Whanganui and Wairarapa. Each offers its own distinct lifestyle, community feel and patient population.

Hawke's Bay is known for its sunny climate, vineyards and sense of community, while Gisborne offers a more remote, coastal lifestyle and is one of the first places in the world to see the sunrise each day. Both regions have significant Māori populations and offer opportunities to work in communities with higher health needs and strong cultural identity.⁴³

While the North Island's larger cities provide easy access to urban amenities and a more energetic, cosmopolitan lifestyle, nature is always on your doorstep. The cost of living is higher than in the South, with families living in Auckland or Wellington estimated to need an annual household income of at least NZ\$120,000 (£52,000) to live comfortably, compared



with NZ\$80,000 to NZ\$100,000 (£35,000-£43,000) for Christchurch and Dunedin, according to an analysis by the KiwiCost guide.⁴⁴

For those seeking warmer, more coastal environments, the North Island is likely to appeal. It enjoys average summer temperatures of 20-25C and the winters are milder than in the South Island, with highs of 15C.⁴⁵ Northland in particular can experience subtropical temperatures and is nicknamed the 'Winterless North'.⁴⁶ New Plymouth also beat the South Island's Nelson to the top spot for sunniest New Zealand city in 2025, with 2,743 hours of sunshine recorded.⁴⁷

Auckland

Home to 1.5 million residents, Auckland is New Zealand's largest and busiest city, often referred to as a 'melting pot' of cultures.⁴⁸ But unlike London, the ocean is always within easy reach. On the west coast, you will find the untamed beauty of black sand beaches like Piha and Muriwai, which are described as some of New Zealand's most spectacular surf spots.⁴⁹ In contrast, the east side offers calmer, golden beaches, like Mission Bay, which is popular for kayaking and paddleboarding.⁵⁰ Recent improvements to transport links north of Auckland have boosted access to previously isolated regions, opening up weekend travel options.⁵¹

One of New Zealand's two main medical schools is located at the University of Auckland and the city has several hospitals, including Starship, the largest paediatric hospital in the country. It is also the main hub for international travel, with all major airlines flying in and out of Auckland Airport. This makes it a 'fantastic option' for doctors who want to welcome family from overseas, says Moana Bywater, director of Good Together. Navigating commuter traffic can be a little more tricky, she says, and doctors may want to consider living quite close to where they work if possible.

Auckland is the most expensive city, with average house prices around NZ\$1.1m (£480,000). Rent for a one-bedroom apartment averages NZ\$2,598 (£1,130) per month, while a three-bedroom rental is NZ\$4,114 (£1,790)⁵². However,



UK doctors who have moved there say it is accessible. 'Rent is more than other areas, but because my salary is higher it's definitely affordable,' says Dr Lucy Harrison, a junior doctor who moved to Auckland in January 2025 (see case study, page 10).

Wellington

A beloved saying of Wellingtonians is 'You can't beat Wellington on a good day'.⁵³ With its close proximity to the Cook Strait, New Zealand's capital city gets some strong winds⁵⁴ but when the sun shines, its waterfront setting and vibrant culture come to life. The city is equally famous for its coffee culture, craft beer scene and choice of restaurants.⁵⁵ It is also filled with art, history and entertainment, including the national museum Te Papa Tongarewa, and Wētā Workshop, where many of the costumes for the *Lord of the Rings* trilogy were made.⁵⁶

Wellington city has a population of around 202,000.⁵⁷ It is the country's political hub, with the main government buildings situated here, including The Beehive. Property prices are slightly cheaper than in Auckland, NZ\$945,000 (£411,000) on average. Average rental costs are NZ\$2,338 (£1,020) for a one-bedroom apartment and NZ\$3,464 (£1,510) for three bedrooms.⁵⁸ The city has an extensive public transport system⁵⁹ and its location also makes it the gateway to the South Island, meaning those wanting to explore by car can



conveniently take the 3.5-hour ferry journey to Picton.⁶⁰

An hour outside the city is the Kāpiti Coast district, which is said to offer a slower, easygoing pace of life, numerous walking and tramping (hiking) trails, and beautiful sunsets over the Tasman Sea.⁶¹ UK GP Dr Julia Hook moved to the coast's main town, Paraparumu, in 2025. 'It has the sea, the hills and good transport links,' she says. 'There is really nice tramping close to where I live and some beautiful estuaries for bird watching' (see case study, below).

Hamilton

With a population of approximately 192,000⁶², Hamilton is smaller than Auckland and Wellington. While the city itself is not coastal, it is less than an hour's drive from Raglan, one of New Zealand's best surf beaches. This means many people choose to live by the coast and commute into the city. For those interested in water-based activities, Lake Karāpiro and the Waikato River also offer a range of options.

'The good thing about Hamilton is that you can live in a town outside and commute easily into the city, whereas in Auckland, for example, you live in the suburbs,' says Good Together's Bywater.

Situated on the banks of the Waikato River, Hamilton offers a range of scenic walks and cycleways.⁶³ It has a strong



'The practice makes a big effort to make staff feel valued'

Dr Julia Hook is a salaried GP working at a practice in Paraparumu, on the Kāpiti Coast in the lower North Island. She relocated in November 2025

I had become a bit disillusioned with where I was living in the West Midlands and with UK general practice. I was constantly having complex consultations, with a lot of social problems and mental illness in the mix. After a while, it became draining because there was not always a lot I could offer people who were struggling with difficult lives.

I decided I just couldn't keep on working that way until retirement, which could be at least another seven years away yet, so I started looking at other options.

New Zealand was fairly high up on my list as I had lived and worked there before – although not as a GP – so I knew that I liked it. However, I wasn't sure how doable it would be for me as an older GP. I thought I was quite near the borderline age for being allowed in the country, let alone for working there.

I met Moana from Good Together Recruitment and found it was doable. I moved to Paraparumu, on the Kāpiti Coast in November 2025, on the fast-track pathway, which was easy as the agency did a lot of the handholding.

I'm employed as a salaried GP and work a 32-hour week. The job is so much better in terms of the day-to-day experience, teamwork and the way you are looked after.

It's the little things. They provide tea, coffee, biscuits and cheese, there are always meals out for celebrations, and when somebody has a birthday they get a box of chocolates. It's a nurturing environment where the practice makes a big effort to make staff feel valued.

The medicine is similar, but the scope is much wider here. It's more like what we'd have done in the UK 20 years ago, like minor injuries, simple fractures, suturing and some infusions of medications. Some of the prescribing done by GPs here, such as ADHD medication, is also only done by specialists in the UK.

This may not apply everywhere, it could depend where in the country you are and the patient demographic. But at the practice I work in, I have had to upskill a bit.

Location was important and Paraparumu offered me a bit of everything: the sea, the hills and good transport links. There is really nice tramping (hiking) close to where I live and some beautiful estuaries for bird watching.

There's the coastline all the way up to New Plymouth and Taranaki and, an hour in the other direction, Wellington with all its amenities. It offers quite a lot in a small area.

What made the move easy was that I was already familiar with New Zealand. Do your homework and look at the various areas, because it makes so much difference to the weather and what's available.

agricultural community⁶⁴ and is surrounded by rolling green farmland. The Hamilton Gardens are also said to be particularly beautiful.⁶⁵ 'There is a real gentleness to the countryside around Hamilton, the dial seems to be turned down a few notches compared to Auckland and Wellington,' says Bywater. 'It's slower in a really nice way, so for people who are interested in somewhere a little more relaxing but still urban, it could be a good option.'

Hamilton is also more affordable. The average house price is NZ\$580,000 (£253,000), while monthly costs are NZ\$1,689 (£735) for a one-bedroom rental and NZ\$2,598 (£1,130) for three bedrooms.⁶⁶ Weekly grocery costs for families average NZ\$400 (£174), compared with NZ\$520 (£226) in Auckland.⁶⁷

Hamilton is set to play an increasingly important role in healthcare delivery in the future, with plans under way for the country's third medical school here.⁶⁸

Tauranga and Bay of Plenty

Situated on the southeastern shore of Tauranga Harbour, Tauranga is a coastal city offering a range of water-based activities including surfing, swimming, diving and fishing.⁶⁹ It is the largest city in the Bay of Plenty region, home to around 161,000 people.⁷⁰ Described as offering a 'warm



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North Island regions and key centres



climate, beautiful beaches and a relaxed lifestyle', it is a popular place for both retirees and young families.⁷¹ The median age of residents is 39, according to the 2023 census.⁷²

Tauranga's climate and convenient geography are two of its selling points, according to Good Together. 'You're right on the beach and you get beautiful sunshine, but it's not too hot,' says Bywater. Meanwhile, Auckland is only 2.5 hours away by car, while Hamilton, the Coromandel Peninsula and Ōhope Beach in Whakatāne, Rotorua, and Taupō are all reachable within two hours. The city is said to have rising living costs, driven by 'popularity and development pressure', although the average house price of NZ\$680,000 (£296,000) is lower than in Wellington and Auckland.⁷³

Outside of Tauranga, you will find hectares of orchards growing kiwifruit and avocados⁷⁴, and the town of Te Puke, New Zealand's kiwifruit capital. The geothermal city of Rotorua, famous for its natural hot springs, mud pools and rich Māori culture, is also located in the Bay of Plenty.⁷⁵

Whangārei and Northland

Northland is the only region in New Zealand with a subtropical climate. Its summer months are described as warm and humid, while winter is mild with only a few light frosts each year.⁷⁶ The landscape is characterised by long stretches of



white sand beaches, ancient kauri forests and small rural communities.⁷⁷ On the west coast of Northland, you will find the country's largest kauri tree, Tāne Mahuta, said to be around 2,000 years old.⁷⁸ Northland is also steeped in history. It is both the traditional land of Ngāpuhi, the largest iwi (tribe) in New Zealand,⁷⁹ and the place where the Treaty of Waitangi was signed in 1840.⁸⁰

Whangārei is the largest urban centre in Northland, with a population of just over 100,000.⁸¹ This gateway to the Bay of Islands has seen significant growth in recent years, bringing with it a broader range of services, amenities and lifestyle options. The city is described as having a 'relaxed and friendly vibe', with options to live on the coast, in the city or rurally.⁸² The average house price is NZ\$709,058 (£308,000) in Whangārei, compared with NZ\$679,920 (£296,000) in the Northland region.⁸³

General practice in the North Island

There are 765 GP practices in the North Island⁸⁴ and 22 PHOs.⁸⁵ The Auckland region has the most full-time-equivalent GPs in the country, at 671.⁸⁶

On the North Island you are likely to find more urban and suburban practices with larger, more diverse patient populations, although there are also rural opportunities. Around 60% of Northland's population lives in rural communities, for



example, and patients can face journeys of 1.5 hours or more to access secondary or tertiary care.⁸⁷

Some rural communities experience poorer health outcomes and have a higher proportion of people with complex health needs, including Māori and older people.⁸⁸ Māori make up a significant proportion of the population in regions such as Tairāwhiti (Gisborne), Bay of Plenty, Northland and Hawke's Bay. Doctors interested in working closely with Māori and Pacific communities, and in understanding the broader social and cultural context of health, may find these regions rewarding, Good Together says. These areas may also appeal to those keen to deepen their understanding of te ao Māori.



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'It's wonderful how appreciative patients are of what you do'

Dr Valerie Kuan, a locum GP in Auckland, moved with her husband in 2022

I was working part-time as a locum GP in East London when my husband and I decided to move to New Zealand in 2022. We had been on holiday in New Zealand at the start of the first Covid-19 lockdown and we liked it. After working in London through the pandemic and observing what an amazing job New Zealand seemed to be doing, we thought we'd give it a go.

We moved to North Auckland and the practice made the transition go smoothly, they helped us with some accommodation and a car loan when we first arrived. I was there for three years until family circumstances meant I needed more flexibility, so I switched to locum work.

It was my first time working as a salaried doctor and in terms of work-life balance I wouldn't say it was all sunshine and rainbows. What is great though is that you get 15-minute appointments, which are still the exception rather than the norm in the UK. In one session you see 12 patients and have paperwork time interspersed, so you do get more breathing space here.

I think it's important to take on a salaried role for at least six months, so you can learn the ropes. One of the main differences I've noticed is, because patients pay for care, there is much more of a consumerist attitude to health than in the UK. You can't call people to come back as easily because they can't always afford it and even if they could, they might not want to.

There is a more 'go-getting' attitude too. I think GPs are less conservative here than in the UK and more open to trying new things. It can be quite freeing if that's your personality – I've found myself thinking that I can deal with things like a cluster headache and prescribe medication that perhaps no GP in the UK would think of doing because it would be referred to a neurologist.

I decided to apply for the RNZCGP Fellowship straight

away because although it does not necessarily mean you will get paid more, it does make you more employable. There are certain organisations that will only employ Fellows, including the telehealth service CareHQ.

I've been working as a locum for almost a year now and it has been lovely. It is a great way to live flexibly and while you have to be prepared for uncertainty, I haven't had any problems finding work. It's very easy to get shifts with CareHQ as a back-up option. The rates are similar to the UK – I get paid NZ\$650 (£283) per four-hour session, compared with £270 for a three-hour session in the UK, but because you're seeing fewer patients in New Zealand it evens out.

I've worked in telehealth, an aged-care facility and urgent care, as well as traditional general practice, and they've all served me well in terms of improving my skills in lots of different ways.

We chose Auckland because I'm a city girl and of everywhere in New Zealand, it is the least sparsely populated. Even so, you can't find a coffee after 3pm for love nor money! But it's just an amazing thing that we're two minutes from the beach where we can paddleboard and kayak, and we can drive half an hour to 20 different places for incredible hikes.

My job satisfaction has been better here because I'm able to do more and generally people are quite appreciative of what you do. When I first came to New Zealand, people were saying 'thank you for coming'. It happens here all the time and it's just immense really, it's a wonderful thing.

An important consideration is whether your partner can find work here. My husband has been able to keep his job in the UK until now and we have split our time between the two countries, but he has been unable to find a job here so we are returning to live in the UK soon.

If the two of you are doctors then you will have jobs here, but finding any job outside of medicine could be difficult in the current economic climate.

CHAPTER 5**Te Waipounamu
- South Island****Landscape and lifestyle**

From towering glaciers and snow-capped mountains to deep fjords and turquoise lakes, New Zealand's South Island is renowned for its dramatic, expansive landscapes. While larger geographically than the North Island, it is home to only a quarter of the country's total population, approximately 1.2 million people.⁸⁹ The South Island is therefore much less densely populated, with more rural communities, smaller cities and a greater distance between urban centres.

The main cities are Christchurch and Dunedin, which have a strong European heritage, giving the South Island a different character to the rest of the country. There is also Queenstown which, for doctors who have a passion for adventure sports like skiing, mountaineering or bungee jumping, is arguably the place to be. Other areas GPs might want to consider include Nelson Tasman, the West Coast, and the remote and rugged Southland (see more below).

The South Island offers a slower pace of life and can be more affordable than some North Island centres, although this will vary depending on location. Queenstown is widely regarded as the most expensive location, with property prices averaging NZ\$1.1m (£480,000). The average monthly cost for a one-bedroom rental is NZ\$2,511 (£1,100), rising to NZ\$3,897 (£1,700) for three bedrooms.⁹⁰ In comparison, the average house price in the southernmost city, Invercargill, is NZ\$420,000 (£180,000), while a one-bedroom rental averages NZ\$1,386 (£610) per month, and a three-bedroom rental NZ\$2,122 (£920)⁹¹.

While generally mild, the South Island's climate is cooler and a little more unpredictable than its northern counterpart. Parts of the island experience high rainfall during the year and it is not uncommon to experience freezing conditions and heavy snowfall in winter, especially inland near the Southern Alps. However, it also boasts the sunniest New Zealand regions – Nelson and Marlborough – with each getting around 2,300 hours of sunshine each year.⁹² January and February are the warmest months, with maximum average highs between 20 and 25°C. July is the coolest, with average daytime temperatures typically ranging between 5 and 15°C.⁹³

Christchurch

Christchurch is generally regarded as the oldest city in New Zealand and is the biggest in the South Island, with around 400,000 residents.⁹⁴ It is twinned with Christchurch in Dorset, England, and is described as having an 'unmistakable



British charm, with stately homes and elegantly manicured gardens'.⁹⁵ It has also long been referred to as the 'Garden City' due to its 800 parks and green spaces, including the Christchurch Botanic Gardens and Hagley Park.⁹⁶

Offering a thriving arts scene as well as easy access to outdoor activities and coastal areas, Christchurch is said to have a relaxed and family-friendly lifestyle.⁹⁷ It has the amenities of a big city, without the higher costs. Rents and house prices have risen much more slowly here than in the rest of the country. The average house price is NZ\$675,000 (£294,000), while monthly rent averages at NZ\$1,949 (£850) for a one-bedroom apartment, or NZ\$3,118 (£1,360) for three bedrooms.⁹⁸ A family of four living in Christchurch is estimated to need a monthly budget of NZ\$6,800 to NZ\$8,200 (£2,960-£3,570) for living costs, including housing, groceries, transport, childcare and activities.⁹⁹

While Christchurch sadly sustained significant damage as a result of the September 2010 and February 2011 earthquakes, Good Together's Bywater says the city has had 'an incredible rebirth'.

'It's probably one of the most talked-about cities at the moment,' she says. 'Everyone is talking about the energy of Christchurch, it has got so much going for it right now.'

Dunedin

Dunedin offers a unique blend of Scottish and Māori history. Known as the 'Edinburgh of the South', you will find pipe bands, haggis and a passion for the Highland Games here¹⁰⁰, but also a rich exploration of the city's early Māori population, especially at the Tūhura Otago Museum.¹⁰¹ The city has beautifully preserved Victorian and Edwardian architecture, including New Zealand's only castle, Larnach Castle, the Dunedin Railway Station and the Law Courts.





Home to the University of Otago, Dunedin is a vibrant and quirky student city, tending to be busier during term time. It has the youngest population in New Zealand – around 45% of its 130,000 residents are under 30 and 20% are students.¹⁰² The average commute to the city centre is 15 minutes¹⁰³ and the coffee is rumoured to be world class.¹⁰⁴ There is also plenty on offer for wildlife lovers, including the Otago Peninsula, which is renowned as an eco-tourism destination and the world's only mainland nesting site for the Northern Royal Albatross.¹⁰⁵

Housing is cheaper than in Christchurch. The average house price is NZ\$490,000 (£213,000) and the cost is NZ\$1,516 (£660) for a one-bedroom rental and NZ\$2,295 (£1,000) for three bedrooms.¹⁰⁶ A family of four is estimated to need a total monthly budget of NZ\$5,800-NZ\$7,000 (£2,520-£3,040) for living costs.¹⁰⁷

Queenstown

One for the adrenaline junkies, Queenstown is New Zealand's adventure capital. Here you will find the country's largest ski fields, including The Remarkables, which boast 220 hectares of skiable terrain.¹⁰⁸ Other activities on offer for thrill-seekers include skydiving, white-water rafting and jet boating. Bungy jumping is also on offer, with Queenstown famously being the birthplace of this extreme sport.¹⁰⁹

The resort town is nestled on the shores of Lake Wakatipu and has experienced some of the highest population growth in the country in recent years. Its population is now around 50,000, a 22% increase since 2018.¹¹⁰ The lifestyle is described as 'lively and safe'¹¹¹ and while outdoor sports are the major draw, the town also offers 75 wineries within a 20-minute drive¹¹², an array of cycling and walking trails¹¹³, and easy access to some *Lord of the Rings* filming locations.¹¹⁴



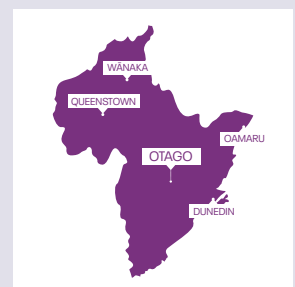
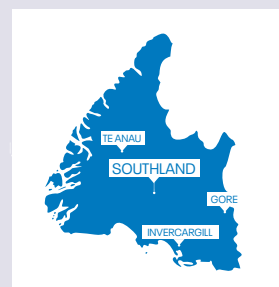
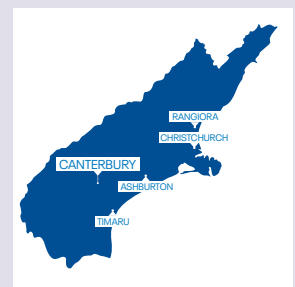
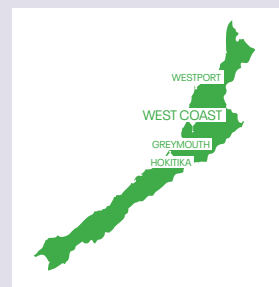
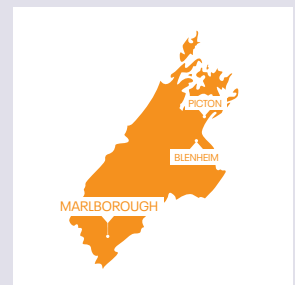
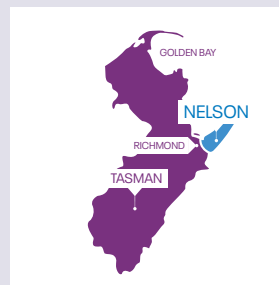
Nelson Tasman

Living and working in the Nelson Tasman region means easy access to golden beaches, three national parks and the sunniest and warmest climate in the South Island.¹¹⁵ It is a hiker's paradise, with the famous 60km Abel Tasman Coast Track just one of the many walks on offer.¹¹⁶ Kayaking is another popular way to explore and see the local fur seals, dolphins and Little Blue Penguins.¹¹⁷



Situated at the top of the South Island, Nelson is the largest urban centre in the region and has good links to the North, with daily direct flights to Wellington. It is relatively small, with a population of approximately 52,000 residents.¹¹⁸ It is described as an 'artistic seaside city' where people have a 'natural connection with nature and a strong sense of community'.¹¹⁹ The city is home to a thriving arts scene, famous for its pottery and ceramics.¹²⁰ The sunny climate means ideal conditions for hop growing, with plenty of wineries and craft beer breweries to enjoy.¹²¹

South Island regions and key centres



West Coast

For doctors interested in rural medicine, and who enjoy the challenge of working with a broad scope and fewer on-site resources, the West Coast can be a rewarding place to work, according to Good Together. These roles are often best suited to doctors with a level of clinical experience and confidence, as the scope can differ from more traditional general practice. It is one of the more wild and isolated regions of the South Island, with a dispersed population of around 33,000.¹²²



Doctors in the West Coast region may support multiple sites, which can involve travel between clinics over several days. Others work in more fixed roles, including in rural hospitals. Rural hospital medicine combines elements of general practice, urgent care and emergency medicine.

The region offers a tranquil lifestyle and has three main towns – Greymouth, Westport and Hokitika. Greymouth is the largest, with a population of approximately 13,000 and a history of gold mining and jade (pounamu) trading.¹²³ Westport is better known for its coal-mining heritage¹²⁴ and is home to the brand new Kawatiri Trail, a 40km track popular with walking and cycling enthusiasts.¹²⁵

Meanwhile, Hokitika has more art galleries and studios per capita than anywhere else in the country, earning itself the nickname 'Cool Little Town'.¹²⁶ There are also smaller towns like Haast, described as 'remote and spectacular' and a UNESCO World Heritage Area.¹²⁷

The West Coast is a bucket-list destination for tourists because of its twin glaciers, Franz Josef and Fox Glacier, which drop almost to sea level.¹²⁸ New Zealand's Glacier Country has the country's highest mountains and tallest forests, and is said to be the only place in the world where glaciers meet coastal rainforests¹²⁹, offering breathtaking scenery. The annual Wild Foods Festival in Hokitika is another regional highlight.

Southland

Southland is the hidden gem of the South Island. Commonly called New Zealand's 'Deep South', it is home to the famous UNESCO World Heritage Site Milford Sound, and its lesser-known neighbour, Doubtful Sound. Visitors to the two fjords may spot native fur seals, bottlenose dolphins, and the rare Fiordland crested penguins.¹³⁰ Meanwhile, the southeast of the region boasts the dramatic and untouched Catlins coast, with its flowing waterfalls, deserted beaches and dense forests.¹³¹



Invercargill is the regional capital of Southland, another city with a strong Scottish influence, which has a population of around 60,000. Here you will find friendly locals and a rich transport history, including the world's largest vintage truck collection.¹³² Nearby is the tiny seaport town of Bluff, famous for its oysters.¹³³ Bluff is also the gateway to Stewart Island, New Zealand's third-largest island and home to the three-day Rakiura Track walk¹³⁴, with a ferry typically departing daily from Bluff.¹³⁵



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Good Together's Bywater says Southland is a 'different world' compared with busy cities like London and Auckland.

'I've met several UK GPs who have moved to Southland and they tell me it's just incredible and they would never leave,' she says. 'They absolutely love it.'

General practice in the South Island

There are 265 GP practices¹³⁶ and eight PHOs in the South Island, four of which are in the largest region of Canterbury.¹³⁷ This region also has the second highest number of full-time-equivalent GPs (554.5) in the country, according to a 2025 workforce survey.¹³⁸ Many practices are smaller and clinician led, which can often give doctors greater influence over how they practise and shape their working week, according to Good Together.

The South Island often appeals to GPs interested in rural medicine or working in smaller communities. However, Christchurch and Dunedin do offer a 'city feel' for those who prefer urban work. 'The South Island generally tends to attract doctors who are looking for both professional variety and work-life balance – someone who wants the lifestyle, without the intensity of larger centres,' Bywater says. 'A lot of doctors, including our doctors from the UK, say they have rediscovered the joy of general practice in the South Island, because the work feels so varied, the communities are connected, and a life outside the clinic becomes possible.'



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