

Health New Zealand | Te Whatu Ora adult mental health & addiction workforce estimates, 2025

Summary

This report summarises estimates for the Health New Zealand | Te Whatu Ora (HNZTWO) adult mental health and addiction services' workforce on 31 March 2025 and compares this to March 2024 estimates. This information will support future workforce planning and development activities.

The information in this report is based on the Health Workforce Information Programme (HWIP) HNZTWO employees' dataset for mental health and addiction primary areas of work.¹ Te Pou uses HWIP information to estimate the full-time equivalent (FTE) employed and vacant workforce in mental health and addiction services for adults aged 18 and over.²

We recommend caution when using the information as the accuracy of estimates is dependent on the quality and completeness of contributing information and methods used.

Key findings

On 31 March 2025 the adult mental health and addiction workforce is estimated to total 7,897 FTE positions (employed and vacant). This is like the 2024 estimate (7,910 FTEs).

Changes compared to 2024 include:

- the total number of employed roles has increased by 153 FTEs (2 percent increase) and vacant roles have decreased by 166 FTEs (22 percent decrease in vacancies)
- the overall vacancy rate decreased from 10 percent to nearly 8 percent with regional vacancy rates ranging from 5 to 13 percent³
- 2025 estimates include slightly more allied health workers, and medical practitioners than 2024, and fewer support workers and advisors, managers, and administrators
- the overall 2025 recruitment rate (11 percent) slightly exceeds resignations (9 percent), however medical practitioners and advisors, managers, and administrators resigned at twice the rate recruited
- overall resignation rates are like 2024 (9 to 10 percent) and recruitment rates are lower than 2024 at 11 percent compared to 14 percent.

Conclusion

In the year to 31 March 2025, vacancy rates are closer to previous norms of 5 to 6 percent. However, reduced vacancies have not equated to growth in FTEs employed and vacant, so the workforce remains static in size. Challenges remain with medical practitioner vacancies and allied health worker turnover. Workforce development is needed to build the FTE size required to meet growing population demand. This report does not account for non-contracted hours worked by employees nor the outsourcing of service provision to non-government organisations and private providers.

HNZTWO adult mental health and addiction workforce estimates

The FTE workforce is static

On 31 March 2025, the estimated HNZTWO adult mental health and addiction workforce totals 7,897 FTE positions employed and vacant. This is like the estimated workforce reported for March 2024 (7,910 FTEs; Te Pou, 2025).

The 2025 estimated workforce includes 7,316 FTEs employed and 581 FTEs vacant; see Figure 1. The number of employed positions grew by 2 percent (153 FTEs) over the year, and vacant positions decreased by 22 percent (167 FTEs). These changes likely reflect a combination of recruitment from external sources and workforce changes within individual HNZTWO providers such as resignations, changes to working hours, and employees' movement across different types of services.

Figure 1. 2025 estimated HNZTWO adult mental health and addiction workforce FTEs employed and vacant, compared to 2024

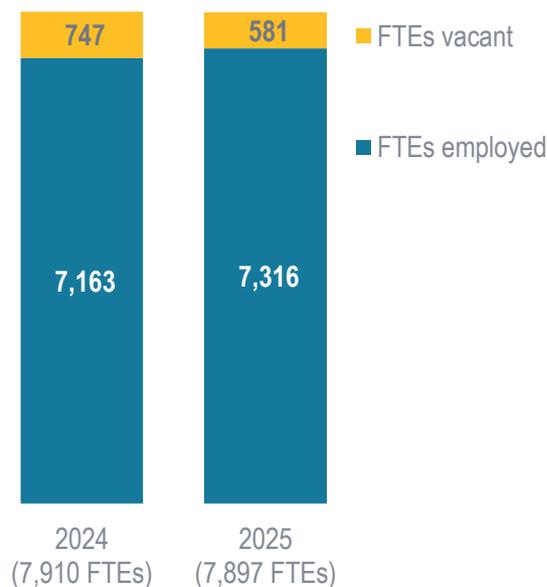
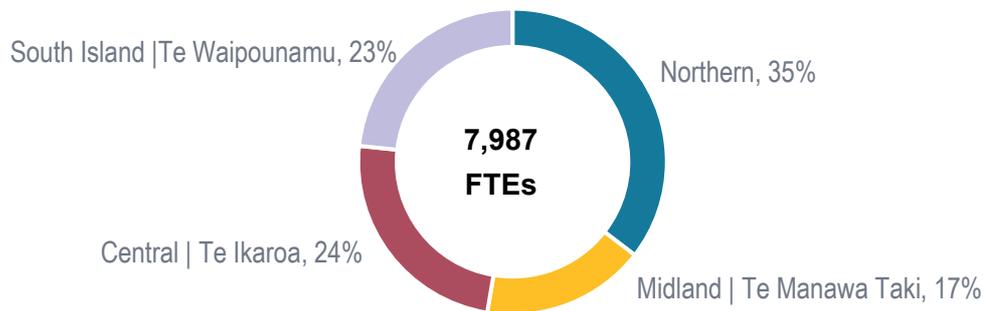


Figure 2 shows the Northern region has the largest workforce share (35 percent), consistent with its large share of the population. Midland | Te Manawa Taki has the smallest share (17 percent), reflecting the strong emphasis on non-government organisation services in this region (Te Pou, 2025).⁴

Figure 2. 2025 estimated HNZNWO adult mental health and addiction workforce (FTEs employed and vacant) by region



The regional distribution is similar to that reported for 2024 (Te Pou, 2025).

Some role groups grew and others decreased

Figure 3 shows the FTE workforce composition (employed and vacant) in summary role groups.⁵ Compared to 2024, the 2025 FTE workforce has grown slightly for allied health workers, nurses, and medical practitioners. In contrast, the workforce has reduced in size for support workers and advisors, managers, and administrators.

Figure 3. Estimated HNZNWO adult mental health and addiction workforce (FTEs employed and vacant) composition by role groups, 2025 compared to 2024

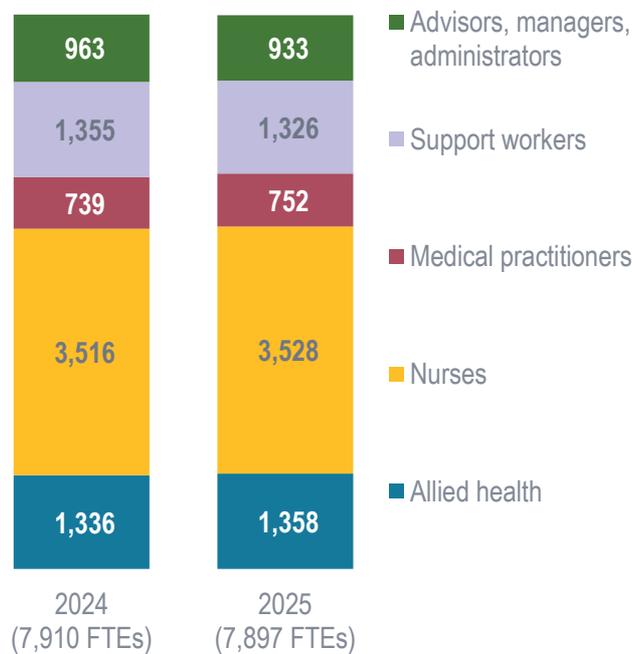


Table 1 compares 2025 workforce estimates in FTE positions by role groups with those reported for 2024, showing the FTE and proportionate growth. Allied health workers and medical practitioners have the highest growth during the year (nearly 2 percent each) with almost no growth for nurses (less than 1 percent). The FTE size of support workers and advisors, managers, and administrators decreased by 2 and 3 percent respectively.

Table 1. Comparison of 2024 and 2025 FTE workforce (employed and vacant) by role groups with FTE and proportionate change

Role group	2024 FTE workforce	2025 FTE workforce	Change (FTEs)	Change (%)
Allied health	1,336.1	1,358.0	22.0	1.6
Nurses	3,516.2	3,527.6	11.6	0.3
Medical practitioners	739.0	752.3	13.3	1.8
Support workers	1,355.5	1,326.0	-29.0	-2.1
Advisors, managers, administrators	963.1	932.6	-30.4	-3.2
Total FTE workforce	7,909.9	7,896.5	-12.5	-0.2

Note. The overall FTE workforce decreased by nearly 13 FTE positions employed and vacant. This reflects 153 more FTE employees and 167 fewer FTEs vacant.

The Appendix tables provide more information about individual roles included in each group.

Table 2 compares the 2024 and 2025 workforce composition for each role group. It shows that allied health workers are now the second largest role group, at just over 17 percent of the FTE workforce employed and vacant.

Table 2. Comparison of 2025 relative share of workforce by role groups with 2024

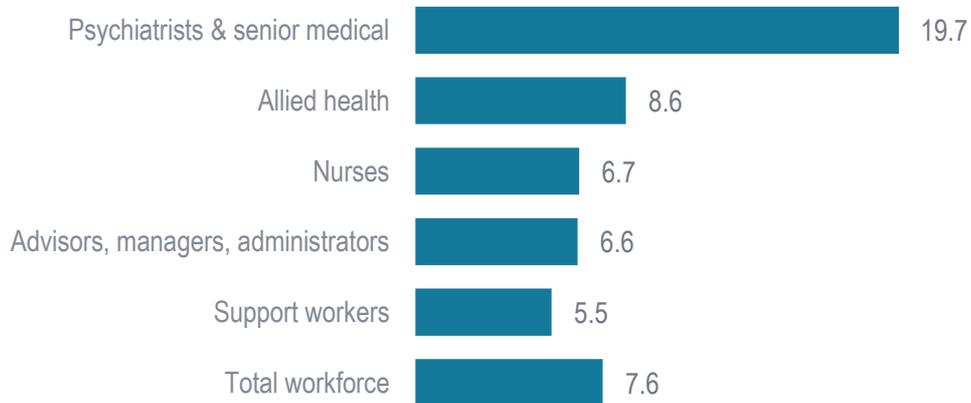
Role group	2024 FTE workforce share (%)	2025 FTE workforce share (%)	Change in percentage points
Allied health	17.7	17.2	0.5
Nurses	43.2	44.7	1.5
Medical practitioners	9.4	9.5	0.1
Support workers	15.7	16.8	1.1
Advisors, managers, administrators	14.0	11.8	-2.2
Total FTE workforce (%)	100.0	100.0	

Vacancy rates have decreased for most role groups

The estimated vacancy rate⁶ for the 2025 HN2TWO adult mental health and addiction workforce is under 8 percent. Figure 4 shows that psychiatrists and other senior medical practitioners have the highest vacancy rate of 20 percent, followed by allied health workers

(9 percent), nurses and advisors, managers, and administrators (7 percent each), and support workers (6 percent).

Figure 4. 2025 estimated HNZN TWO adult mental health and addiction workforce vacancy rates by role groups



Note. Vacancy rates are not calculated for resident medical officers due to the unique nature of their employment. Vacancy rates may be underestimated due to a lack of information from some providers, and our estimates assume that the decrease in FTEs vacant was proportionately the same for the 2025 adult and children’s workforces.

Current vacancy rates are closer to those reported for 2014 and 2018 (5 to 6 percent; Te Pou o te Whakaaro Nui, 2015, 2019). Addressing vacancy rates is a key workforce development priority alongside growing the employed workforce size to meet growing population and demand (Health New Zealand | Te Whatu Ora, 2024).

The 2025 estimated workforce vacancy rate is lower than for 2024 (10 percent). Table 3 shows that in March 2025 most role groups’ vacancy rates have reduced by 1 to 3 percentage points compared to 2024. Allied health workers and nurses had the largest percentage decrease in vacancy rates (3 and 2 percentage points respectively).

Table 3. Comparison of 2025 vacancy rates by role groups with 2024

Role group	2024 vacancy rate (%)	2025 vacancy rate (%)	Change in percentage points
Allied health	12.0	8.6	-3.4
Nurses	9.0	6.7	-2.3
Psychiatrists & senior medical	20.9	19.7	-1.2
Support workers	7.5	5.5	-2
Advisors, managers, administrators	6.8	6.6	-0.2
Workforce vacancy rate (%)	9.8	7.6	-2.2

Table 4 shows vacancy rates vary by region and role groups. The Central | Te Ikaroa region has the highest vacancy rate overall (13 percent) and for all role groups. Vacancy rates for psychiatrists are very high across all regions (17 to 30 percent).

Table 4. 2025 estimated HNZNWO adult mental health and addiction workforce vacancy rates by role groups and regions

Role group	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	5.5	4.9	14.9	11.2
Nurses	3.5	7.4	12.5	5.0
Psychiatrists & senior medical practitioners	18.2	16.5	30.1	16.5
Support workers	3.1	4.5	8.6	6.6
Advisors, managers, & administrators	2.6	2.4	16.1	3.9
Workforce vacancy rate (%)	5.0	6.4	13.4	6.7

Compared to 2024, in 2025 the Northern, Midland | Te Manawa Taki, and Central | Te Ikaroa regions' estimated vacancy rates are all lower (down from 8 to 16 percent) and the South Island | Te Waipounamu region's rate is like 2024 (6 percent).

More FTEs recruited than resigned during the year

The following information describes some aspects of FTE workforce turnover, based on past year resignations and recruitment. This information contributes to understanding workforce mobility, maturity, and wellbeing. It should be used with caution. FTE resignations and recruitment cannot be determined separately for adult and child and adolescent services. Rate calculations do not record the actual FTE change in workforce size over the year. Rates include FTE positions for HNZNWO employees who transfer to work in another district

and exclude employees who remain working for the same provider and vary their working hours or move to or from non-mental health and addiction services.

In the year to 31 March 2025, of people in permanent and fixed term roles with a HNZTWO mental health and addiction service:

- 1,150 people working in 978 FTE positions left employment with the provider
- 1,239 new people began new employment with the provider in 1,099 FTE positions.

Table 5 shows that 2025 recruitment exceeded resignations for permanent roles by 143 FTE positions. In contrast, resignations exceeded recruitment for fixed term roles by 22 FTE positions. Thirty-seven more people resigned from casual roles than were recruited. These activities contributed to a small nett increase of 121 FTE positions to the workforce in 2025, which is less than half that of 2024 (322 FTE positions; Te Pou, 2025).

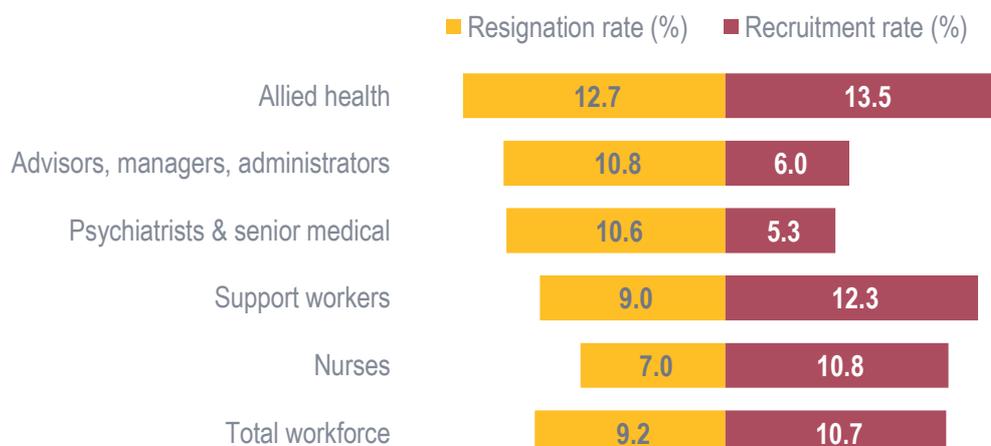
Table 5. Number of FTE employees recruited and resigned for the year to 31 March 2025, by employee status

Employee status	Resigned	Recruited	Nett change
Permanent (FTEs)	737.5	880.3	142.8
Fixed term (FTEs)	240.0	218.5	-21.5
Casual (people)	122	85	-37

Note. Includes resident medical officers on fixed term contracts, who are excluded from recruitment and resignation rate calculates below.

Figure 5 shows for the year to 31 March 2025, FTE resignations as a share of the total workforce on 31 March occurred at a slightly lower rate than recruitment for the total workforce (9 percent compared to 11 percent).⁷ Allied health workers, advisors, managers, and administrators, and medical practitioners have higher resignation rates than the overall workforce (11 to 13 percent). Allied health and support workers have higher recruitment rates than the overall workforce (14 and 12 percent respectively).

Figure 5. Year ended 31 March 2025 estimated HNZNWO mental health and addiction workforce resignation and recruitment rates by role groups



Note. Resident medical officers are excluded from calculations as fixed term employment is part of their training.

Resignation rates are similar to 2024

The 2025 resignation rate for the total workforce (9 percent) is like that reported for 2024 (10 percent; Te Pou, 2025). Table 6 shows that compared to 2024, in 2025 most role groups' resignation rates are within 1 to 2 percentage points of 2024.

Table 6. Comparison of 2025 past year resignation rates by role groups with 2024

Role group	2024 resignation rate (%)	2025 resignation rate (%)	Change in percentage points
Allied health	12.8	12.7	-0.1
Nurses	7.9	7.0	-0.9
Psychiatrists & senior medical	9.4	10.6	1.2
Support workers	7.7	9.0	1.3
Advisors, managers, administrators	12.3	10.8	-1.5
Workforce resignation rate (%)	9.6	9.2	-0.4

Note. Resident medical officers are excluded from calculations as fixed term employment is part of their training.

Table 7 shows that 2025 resignation rates vary by region and role groups. Employees in the Northern and Midland | Te Manawa Taki regions have the highest overall resignation rate at 10 percent each. Those in Central | Te Ikaroa and South Island | Te Waipounamu regions are slightly lower at 8 to 9 percent. Resignation rates for allied health workers are

comparatively high in all the North Island regions, at between 13 and 14 percent. Support worker resignation rates are high in the South Island | Te Waipounamu (13 percent).

Table 7. 2025 past year resignation rates by regions and role groups

Role groups	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	14.3	12.7	12.9	9.8
Nurses	8.6	5.5	6.1	6.9
Psychiatrists & senior medical	10.3	10.8	13.0	8.9
Support workers	8.7	10.6	6.3	13.0
Advisors, managers, administrators	11.4	17.5	8.5	8.5
Workforce resignation rate (%)	10.4	9.5	8.0	8.5

Note. Resident medical officers are excluded from calculations as fixed term employment is part of their training.

The Central | Te Ikaroa region's resignation rate (8 percent) is substantially lower than for 2024 (11 percent), whereas rates for other regions are like 2024 (Te Pou, 2025).

Lower recruitment rates from 2024 for most role groups

Recruitment rates for the year to March 2025 are lower than for 2024 (14 percent; Te Pou, 2025). Table 8 shows that compared to 2024, 2025 recruitment rates are lower for all role groups with reductions ranging from 1 to 6 percentage points.

Table 8. Comparison of 2025 recruitment rates by role groups with 2024

Role group	2024 recruitment rate (%)	2025 recruitment rate (%)	Change in percentage points
Allied health	16.1	13.5	-2.6
Nurses	13.1	10.8	-2.3
Psychiatrists & senior medical	7.3	5.3	-2.0
Support workers	18.5	12.3	-6.2
Advisors, managers, administrators	7.3	6.0	-1.3
Workforce recruitment rate (%)	13.5	10.7	-2.8

Note. Resident medical officers are excluded from calculations as fixed term employment is part of their training.

Table 9 shows that in 2025, Midland | Te Manawa Taki and Central | Te Ikaroa regions have the highest recruitment rates (11 and 13 percent respectively), followed by the Northern and South Island | Te Waipounamu regions (9 and 10 percent respectively). Recruitment rates for allied health workers are high in North Island regions (13 to 19 percent) and support worker recruitment rates are high in the Midland | Te Manawa Taki and Central | Te Ikaroa regions (15 percent each). Psychiatrists and senior medical practitioners' recruitment rates in all regions are very low (4 to 6 percent).

Table 9. 2025 recruitment rates by regions and role groups

Role groups	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	12.9	12.8	18.8	10.1
Nurses	9.1	9.9	12.6	11.9
Psychiatrists & senior medical	5.3	5.8	6.6	3.8
Support workers	8.6	15.4	15.2	10.7
Advisors, managers, administrators	6.7	4.9	7.9	3.8
Workforce recruitment rate (%)	9.4	10.7	13.4	9.9

Note. Resident medical officers are excluded from calculations as fixed term employment is part of their training.

Overall, recruitment rates are lower than those reported for 2024 for all regions (13 to 15 percent; Te Pou, 2025).

A static workforce

The 2025 workforce estimates for HNZTWO adult mental health and addiction services show decreasing vacancy rates compared to previous years, which is a welcome development.

However, this report shows the workforce continues to experience challenges. Overall, the workforce including employed and vacant positions has not grown since March 2024. While overall resignation rates are like 2024, recruitment rates have decreased. This suggests that lower vacancy rates have not resolved the workforce shortages and associated pressures reported previously.

The pressures on some role groups remain concerning. Psychiatrists and senior medical practitioners continue to show extremely high vacancy rates, well over twice that of the workforce overall, and recruitment is not replacing resignations. Allied health workers also have high vacancy and resignation rates compared to the workforce overall. Recruitment for advisors, managers, and administrators is just over half the rate of resignations. These

challenges may be holding back workforce recovery towards meeting the needs of the adult population, which grew by over 1 percent between 2024 and 2025 (Statistics New Zealand, 2025).

It is important to note that the information presented here applies only to HNZTWO providers and employees. FTE positions describe the number of hours contracted from permanent and fixed term employees. The report does not account for additional hours worked in overtime, hours worked by people on casual contracts, and changes to the allocation of service provision to the non-government and private sectors.

Appendix

Table 10. 2025 estimated HNZNWO adult mental health and addiction FTE workforce employed and vacant by role groups with vacancy rates

Roles and groups	FTE positions employed	FTE positions vacant	Total FTE workforce	Share of workforce (%)	Vacancy rate (%)
Allied health	1,241.37	116.60	1,357.97	17.2	8.6
Addiction practitioner	182.1	13.3	195.4	2.5	6.8
Occupational therapist	216.8	14.3	231.2	2.9	6.2
Psychologist	318.7	56.6	375.3	4.8	15.1
Social worker	415.4	23.3	438.7	5.6	5.3
Other registered professionals	108.3	9.1	117.4	1.5	7.7
Nurses	3,291.9	235.7	3,527.6	44.7	6.7
Enrolled nurse	185.4	7.7	193.2	2.4	4.0
Registered nurse	3,106.5	228.0	3,334.5	42.2	6.8
Medical practitioners	659.3	93.0	752.3	9.5	19.7
Psychiatrist & senior medical	386.4	95.0	481.4	6.1	19.7
Resident medical officers	272.9	-2.0	270.9	3.4	
Support workers	1,252.5	73.6	1,326.0	16.8	5.5
Advisors, managers, admin	871.0	61.7	932.6	11.8	6.6
Advisors and managers	335.8	17.3	353.1	4.5	4.9
Administrator	535.2	44.4	579.6	7.3	7.7
Total FTE workforce	7,316.0	580.5	7,896.5	100.0	7.6

Note. Resident medical officers are not included in vacancy rate calculations.

Table 11. 2025 estimated HNZNWO adult mental health and addiction FTE workforce employed and vacant by regions and role groups

Roles and groups	Northern (FTEs)	Midland Te Manawa Taki (FTEs)	Central Te Ikaroa (FTEs)	South Island Te Waipounamu (FTEs)
Allied health	567.7	204.3	257.5	328.5
Addiction practitioner	125.1	16.7	27.7	25.8
Occupational therapist	93.7	42.3	33.6	61.6
Psychologist	128.5	74.5	77.4	94.9
Social worker	183.5	57.8	98.4	99.1
Other registered professionals	36.9	13.0	20.4	47.1
Nurses	1,169.7	606.8	842.0	909.2
Enrolled nurse	43.3	17.4	38.6	93.8
Registered nurse	1,126.3	589.4	803.4	815.4
Medical practitioners	306.0	139.3	162.0	145.1
Psychiatrist & senior medical	226.3	81.6	86.2	87.3
Resident medical officers	79.7	57.7	75.8	57.8
Support workers	454.5	268.5	381.6	221.5
Advisors, managers, admin	300.9	138.0	254.8	238.9
Advisors and managers	88.4	76.0	95.4	93.3
Administrator	212.5	62.0	159.4	145.7
Total FTE workforce	2,798.7	1,356.8	1,897.8	1,843.2

Table 12. 2025 estimated HNZNTO adult mental health and addiction FTE workforce vacancy rates by regions and role groups

Roles and groups	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	5.5	4.9	14.9	11.2
Addiction practitioner	5.5	15.2	11.4	2.7
Occupational therapist	1.2	8.2	18.9	5.4
Psychologist	9.7	2.5	23.3	25.5
Social worker	4.8	2.1	8.8	4.7
Other registered professionals	5.8	6.8	10.3	8.4
Nurses	3.5	7.4	12.5	5.0
Enrolled nurse	3.7	2.3	8.7	2.5
Registered nurse	3.5	7.5	12.7	5.2
Psychiatrists & senior medical	18.2	16.5	30.1	16.5
Support workers	3.1	4.5	8.6	6.6
Advisors, managers, admin	2.6	2.4	16.1	3.9
Advisors and managers	1.7	1.9	12.6	2.4
Administrator	3.0	3.1	18.2	4.9
Total FTE workforce	5.0	6.4	13.4	6.7

Note. Resident medical officer employees are not included in vacancy rate calculations.

Table 13. 2025 estimated HNZNWO adult mental health and addiction FTE workforce resignation rates by role groups

Roles and groups	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	14.3	12.7	12.9	9.8
Addiction practitioner	10.6	22.5	4.6	2.8
Occupational therapist	17.5	17.2	21.4	4.2
Psychologist	20.6	17.8	14.2	17.2
Social worker	10.7	3.9	12.2	8.9
Other registered professionals	8.4		2.8	5.6
Nurses	8.6	5.5	6.1	6.9
Enrolled nurse	4.6	21.3	6.8	8.8
Registered nurse	8.7	5.1	6.1	6.7
Psychiatrists & senior medical	10.3	10.8	13.0	8.9
Support workers	8.7	10.6	6.3	13.0
Administration & management	11.4	17.5	8.5	8.5
Advisors and managers	8.3	10.7	6.9	8.3
Administrator	12.8	25.6	9.5	8.6
Total FTE workforce	10.4	9.5	8.0	8.5

Note. Resident medical officer employees are not included in resignation rate calculations.

Table 14. 2025 estimated HNZNWO adult mental health and addiction FTE workforce recruitment rates by role groups

Roles and groups	Northern (%)	Midland Te Manawa Taki (%)	Central Te Ikaroa (%)	South Island Te Waipounamu (%)
Allied health	12.9	12.8	18.8	10.1
Addiction practitioner	11.2		12.1	6.3
Occupational therapist	16.1	17.6	15.3	10.8
Psychologist	14.6	15.9	24.7	12.7
Social worker	11.0	9.7	16.7	9.7
Other registered professionals	11.5	13.5	21.7	4.5
Nurses	9.1	9.9	12.6	11.9
Enrolled nurse	14.5	4.6	24.5	7.8
Registered nurse	9.0	10.0	12.1	12.3
Psychiatrists & senior medical	5.3	5.8	6.6	3.8
Support workers	8.6	15.4	15.2	10.7
Administration & management	7	5	8	4
Advisors and managers	2.3	3.3	8.5	4.6
Administrator	8.7	6.7	7.6	3.2
Total FTE workforce	9.4	10.7	13.4	9.9

Note. Resident medical officer employees are not included in recruitment rate calculations.

References

- Health New Zealand | Te Whatu Ora. (2024). *Mental Health and Addiction Workforce Plan 2024 – 2027*. Health New Zealand - Te Whatu Ora.
<https://www.tewhatauora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027>
- Statistics New Zealand. (2025). *Projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health—2024 update*. Ministry of Health.
- Te Pou. (2025). *Health New Zealand | Te Whatu Ora adult mental health and addiction workforce estimates, 2024*. Te Pou. <https://www.tepou.co.nz/resources/2024-health-new-zealand-te-whatu-ora-adult-workforce-estimates>
- Te Pou o te Whakaaro Nui. (2015). *Adult mental health forensic workforce: 2014 survey of Vote Health funded services*. Te Pou o te Whakaaro Nui.
<https://www.tepou.co.nz/uploads/files/resources/adult-mental-health-forensic-workforce-2014-survey-of-vote-health-funded-services.pdf>
- Te Pou o te Whakaaro Nui. (2019). *DHB adult mental health and addiction workforce: 2018 provider arm services*. Te Pou o te Whakaaro Nui.

Endnotes

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- ¹ Each quarter, the HWIP team collates information from the 20 Te Whatu Ora district providers' payroll and human resources systems. The HWIP team annually provide information to Te Pou for employees in mental health and addiction primary areas of work for year ending in the March quarter. The extract content and analysis method are provided in a separate document on the [Te Pou website](#). Employee profile information is also reported separately on the [Te Pou website](#).
- ² FTE calculations are based on a 40-hour working week, or 2,086 hours per year.
- ³ Vacancy information is not currently being reported by one Midland | Te Manawa Taki district and two South Island | Te Waipounamu districts. The method for this report assumes that these districts' have the same vacancy rates as other districts in the region.
- ⁴ The Aotearoa New Zealand adult population is distributed across the regions in the following way: Northern 38 percent; Midland | Te Manawa Taki 20 percent; Central | Te Ikaroa 19 percent; and South Island | Te Waipounamu 24 percent; see Statistics New Zealand (2025).
- ⁵ Nurse and other managers and advisors such as kaumātua and consumer and whānau advisors are recorded in the advisors, managers, and administrators' role group. Medical practitioners include psychiatrists and other senior medical staff and resident medical officers. Support workers include all service delivery roles that do not require health professional registration under the 2003 Health Practitioners Competence Assurance Act, including people in cultural and peer support roles.
- ⁶ Vacancy rates are calculated as the sum of estimated FTEs vacant divided by the sum of estimated FTEs employed plus vacant. Resident medical officers are excluded from calculations.
- ⁷ Recruitment and resignation rates are calculated as the sum of FTE positions recruited or resigned during the year to 31 March 2025 divided by the sum of FTE positions employed and vacant on 31 March 2025. Resident medical officers are excluded from calculations.

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