RACGP
Royal Australian College of General Practitioners

RACGP national GP workforce insights report

2026



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RACGP national GP workforce insights report 2026

A strong general practice workforce is essential to the health of all Australians. Understanding where that workforce exists today, how it is changing, and where future workforce pressures are emerging is critical to ensuring equitable access to care and the long-term sustainability of Australia's health system.

As demand for general practice services continues to grow, workforce planning is becoming increasingly complex. Population growth, an ageing population, increasing rates of chronic disease, changing models of care, and persistent workforce maldistribution are impacting the needs of communities across Australia. Addressing these challenges requires access to timely, reliable and transparent workforce intelligence and directly contributes to priority one of the National Medical Workforce Strategy 2021–2031.

Importantly, this report seeks to improve transparency across the general practice workforce system. By bringing together information that is often dispersed across multiple datasets and sources, it provides a shared evidence base for workforce planning, policy development and sector-wide discussions. It offers insights not only into the current GP workforce, but also into the GP training pipeline that will shape the future of general practice in Australia. Whether you are a policymaker, workforce planner, healthcare leader, researcher, educator, clinician, journalist or stakeholder with an interest in the future of Australian healthcare, this report provides valuable insights into the contribution of general practice and the workforce that supports it.

The *RACGP National GP Workforce Insights Report 2026* expands on the inaugural report with enhanced analysis of workforce trends, training pathways and workforce distribution across the country. For the first time, the report includes detailed semester-by-semester insights for 2026, providing greater visibility of registrar movements, training participation, training capacity and utilisation throughout the year. The report also expands its focus on rural generalist pathways, highlighting the important contribution rural generalists make to strengthening access to care in regional, rural and remote communities. Understanding the rural workforce pipeline is critical to supporting a sustainable and well-distributed GP workforce for the future.

Recognising that workforce challenges differ across Australia, this edition also introduces dedicated profiles for every jurisdiction. These jurisdictional snapshots provide valuable context on regional workforce dynamics, training activity and emerging trends, supporting more place-based workforce planning and policy discussions.

This report is intended to support informed discussion, evidence-based policy development and strategic workforce planning across the general practice sector. Data has been sourced from multiple internal and external systems and represents a point-in-time analysis focused on 2026.



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RACGP
Royal Australian College of General Practitioners

Total GP workforce overview

2026

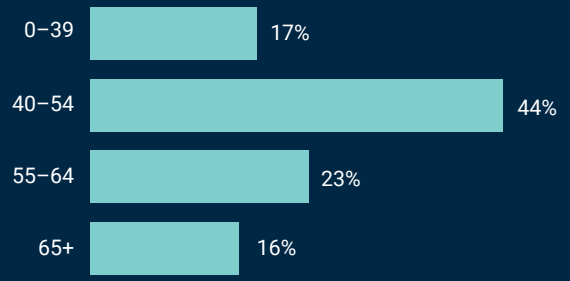
Headcount*
43,383

Gender†
56% M / 44% F

FTE
31,060

Australian medical graduates (AMG)/ international medical graduates (IMG)†
43% / 57%

Age distribution of Australian GP workforce†



Insights

Australia's GP workforce remains strongest where most people live

Victoria, New South Wales and Queensland have GP workforce levels above the national average, supporting access to care for the majority of Australians. This reflects the continued growth of the profession and the important contribution of training and workforce initiatives in meeting population needs.

Regional Australia is attracting and retaining a stronger GP workforce

MM 3 and MM 4 communities have some of the highest GP workforce levels in the country, demonstrating the success of regional training and workforce pathways. These areas show that when doctors train, work and establish careers in regional communities, strong and sustainable GP workforces can be achieved.

GP training is strengthening access to care outside major cities

Across regional, rural and remote Australia, GPs in training now make up almost one-quarter of the GP workforce, compared with 6% in metropolitan areas. This highlights the vital role of the RACGP's training program in supporting local healthcare services and building the next generation of rural GPs.

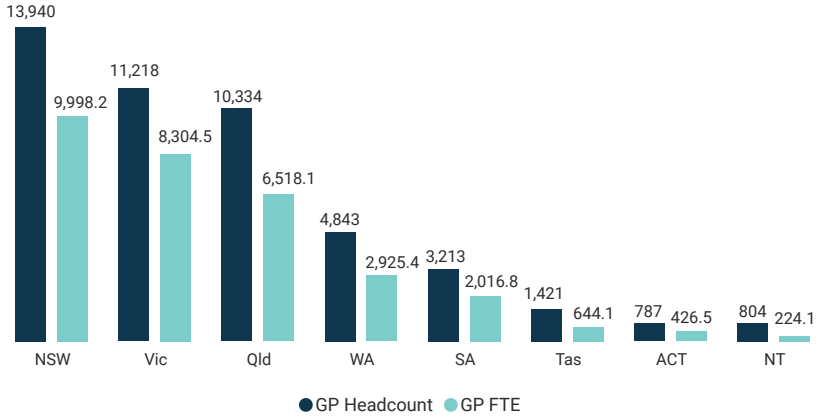
The future GP workforce is being built today

While 39% of GPs are aged 55 years and over, Australia's GP training pipeline continues to grow. The strong presence of GPs in training across regional and rural communities demonstrates a growing investment in future workforce supply and creates opportunities to support succession planning, particularly in areas with higher retirement risk.

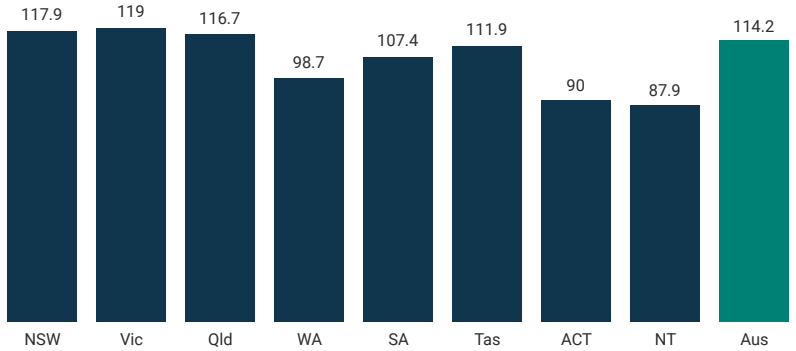
*Data represents the latest numbers available from Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) which is financial year 2025–26.
†Gender, AMG/IMG and age distribution figures are based on full-time equivalent (FTE).
‡The total number of GP headcount by jurisdiction may include double counting in cases where registrars work across multiple states and/or territories.
††GPs in training refers to participants on the Australian General Practice Training Program, the Remote Vocational Training Scheme,ACRRM's Independent Training Program, RACGP's Practice Experience Program or RACGP's Fellowship Support Program. The figures presented in this graph are based on GP FTE.

By state and territory (Jurisdiction)

Headcount and FTE distribution‡

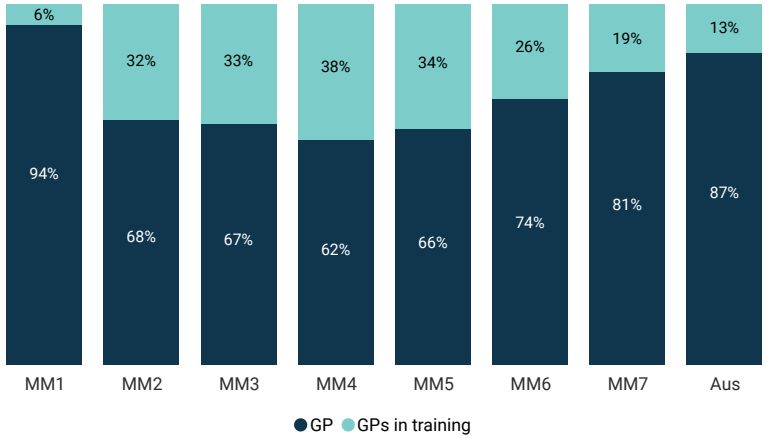


GP FTE per 100,000 residents

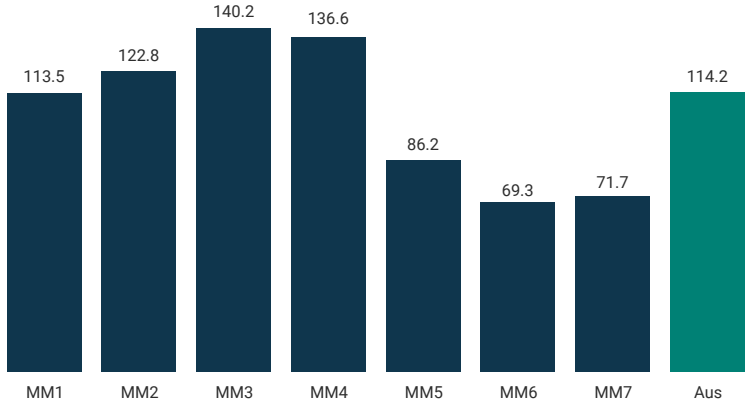


By Modified Monash Model (MMM)

GPs in training (FTE) contribution to the GP workforce FTE††



GP FTE per 100,000 residents



RACGP general practice registrar workforce overview

2026*

AGPT registrars **
4,341 (63%)

AGPT Rural Generalist registrars
537 (8%)

Fellowship Support Program (FSP) registrars
1,540 (22%)

Practice Experience Program Specialist (PEP Specialist) participants
523 (7%)

Total RACGP GPs in training
6,941

Insights

A new generation of GPs is reshaping the workforce

Women make up 61% of AGPT registrars, compared with 44% of the broader GP workforce. This reflects the changing demographics of the profession and highlights the importance of training programs that support flexible and sustainable career pathways for the future GP workforce.

Registrars are maintaining strong participation throughout training

High FTE rates across both metropolitan and regional locations indicate that registrars are continuing to engage in substantial clinical training workloads, helping build workforce capacity while delivering care to communities across Australia.

Rural training pathways are attracting a diverse range of future GPs

Australian medical graduates make up most participants in the general pathway, while the rural pathway draws on a more diverse mix of Australian and international medical graduates. This demonstrates the importance of multiple training and recruitment pathways in strengthening the future rural GP workforce.

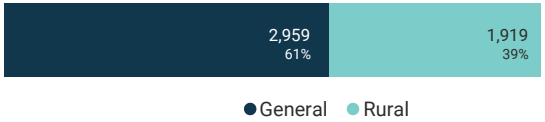
Training pathways are functioning as intended, supporting progression toward Fellowship

The shift in placements between training terms reflects registrars progressing through their training journey, from early general practice experience to more advanced training. This demonstrates a healthy and active training pipeline that is preparing the next generation of specialist GPs.

*Represents the unique registrar headcount across both semesters in 2026 without double counting.
**AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
***General pathway registrars include composite registrars.
†Excludes registrars on leave and represents currently active registrars. In 2026, 12% of registrars were on leave overall, comprising 15% in Semester 1 and 9% in Semester 2.
††FTE rates are calculated excluding registrars on leave, in hospital, or awaiting Fellowship. Calculations for number of FTE weeks in a semester are based on 26 weeks for all of Australia.
†††Additional rural skills training placement unit term includes rural generalist and rural generalist extension.

RACGP AGPT 2026 registrar profile†

Pathway***



Gender

Male
1,890 (39%)

Female
2,972 (61%)

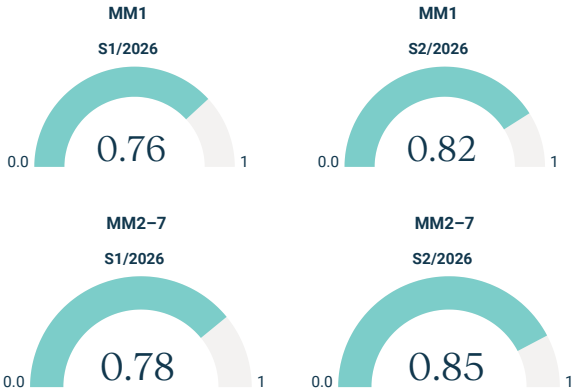
Non-binary
9 (0.2%)

N/S
7 (0.1%)

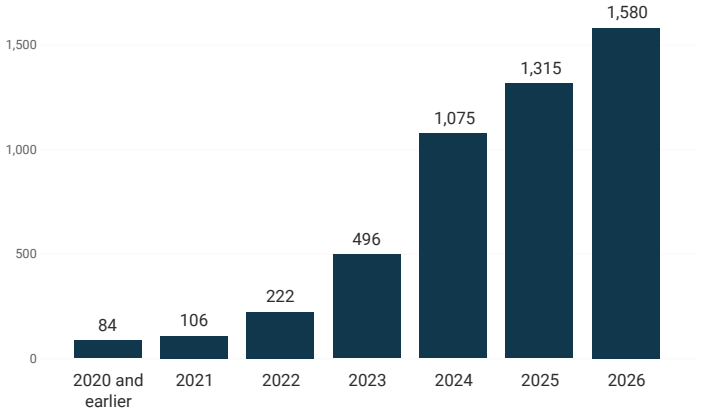
Aboriginal and Torres Strait Islander peoples

75 (1.5%)

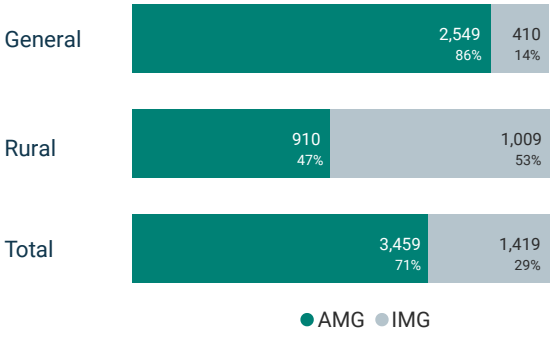
FTE rate by MMM††



AGPT registrars currently in training by year of commencement



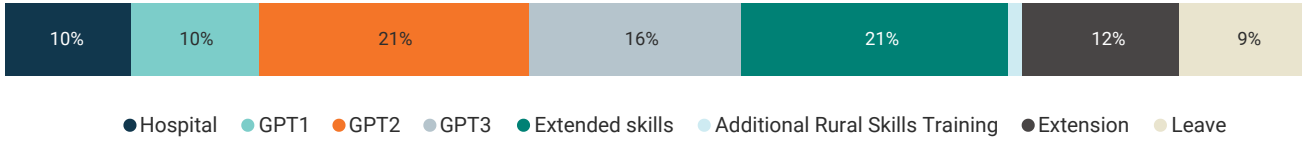
Place of initial medical qualification by pathway



Placement unit distribution S1/2026†††



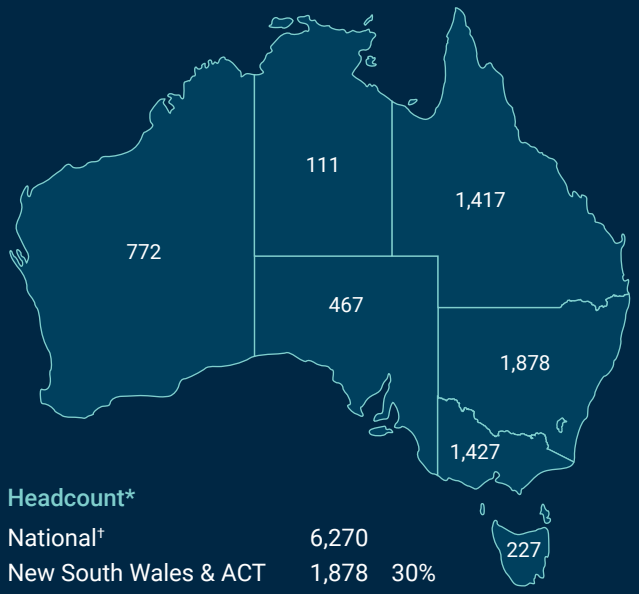
Placement unit distribution S2/2026†††



RACGP GPs in training

Semester 1 2026 (S1/2026)

Total GPs in training across AGPT, FSP and PEP Specialist

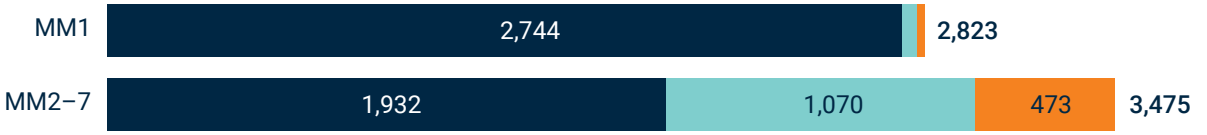


Headcount*

National†	6,270	
New South Wales & ACT	1,878	30%
Victoria	1,427	23%
Queensland	1,417	22%
Western Australia	772	12%
South Australia	467	7%
Tasmania	227	4%
Northern Territory	111	2%

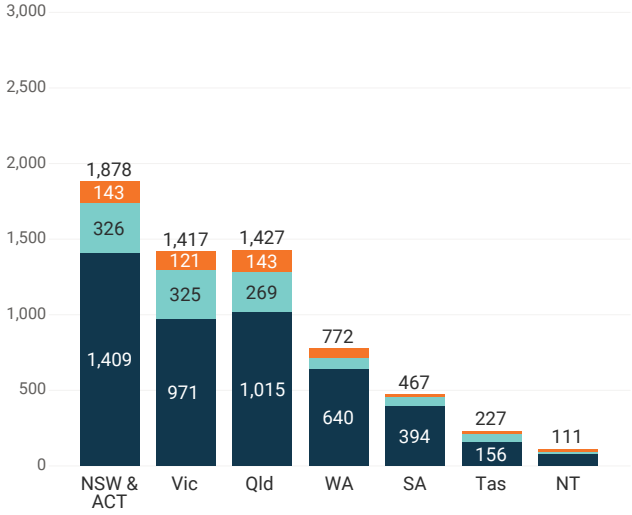
AGPT (including RG), FSP and PEP Specialist headcount by MMM

AGPT registrars **	FSP registrars	PEP Specialist participants †††
4,629	1,118	523



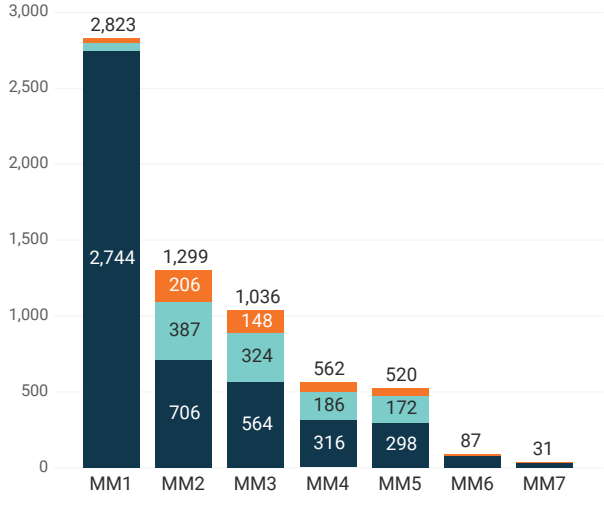
AGPT (including RG), FSP and PEP Specialist headcount‡

By state and territory (Jurisdiction)



AGPT (including RG), FSP and PEP Specialist headcount‡

By MMM

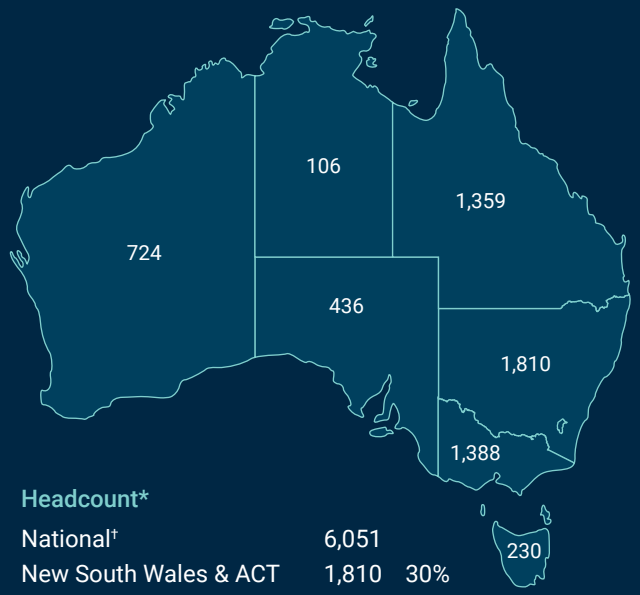


*Headcount reflects the unique number of registrars across training programs within each state.
**AGPT headcount excludes registrars on leave terms.
†National headcount reflects the total unique number of RACGP GPs in training, some registrars may work across multiple jurisdictions/MM categories.
‡The total number of registrars shown in the graphs may include double counting in cases where registrars work across multiple jurisdictions/MM categories.
†††PEP Specialist figures include both active and post-education participants. As PEP Specialist data is reported as a point-in-time snapshot, the latest available data has therefore been applied to both semesters in this report.

RACGP GPs in training

Semester 2 2026 (S2/2026)

Total GPs in training across AGPT, FSP and PEP Specialist



Headcount*		
National†	6,051	
New South Wales & ACT	1,810	30%
Victoria	1,388	23%
Queensland	1,359	22%
Western Australia	724	12%
South Australia	436	7%
Tasmania	230	4%
Northern Territory	106	2%

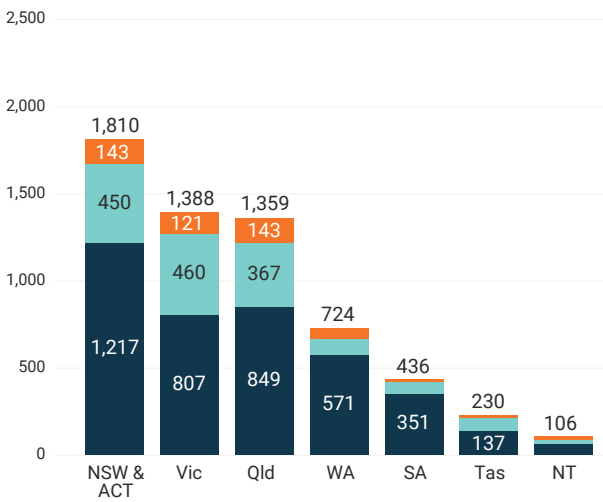
AGPT (including RG), FSP and PEP Specialist headcount by MMM





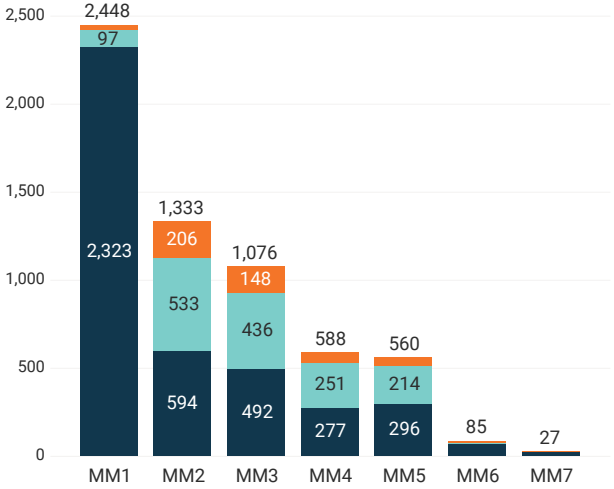
AGPT (including RG), FSP and PEP Specialist headcount‡

By state and territory (Jurisdiction)



AGPT (including RG), FSP and PEP Specialist headcount‡

By MMM



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†National headcount reflects the total unique number of RACGP GPs in training, some registrars may work across multiple jurisdictions/MM categories.
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†††PEP Specialist figures include both active and post-education participants. As PEP Specialist data is reported as a point-in-time snapshot, the latest available data has therefore been applied to both semesters in this report.

AGPT Program training capacity*

2026



National overview

All training sites
2,964

All supervisors**
7,039

Open training sites
2,352

All supervisors within open sites
6,032

Insights

Australia has a strong training network with capacity to support future workforce growth

Training capacity exists across all states and territories, particularly in NSW & ACT, Victoria and Queensland. However, available capacity does not always translate directly into additional training placements, as effective training relies on factors such as supervisor availability, consulting space, patient demand and accreditation requirements. This highlights both the strength of the existing network and the importance of ongoing investment to fully realise its potential.

Training capacity is being actively utilised in regional, rural and remote Australia

General practice remains the primary training setting across Australia, although MM 2–7 locations draw on a broader range of training environments. The lower proportion of unused capacity outside metropolitan areas suggests training places are already being utilised to meet local workforce needs, reflecting the important role regional and rural communities play in developing the future GP workforce.

A strong supervisor workforce underpins GP training across Australia

More than 7,000 RACGP and dual-accredited supervisors contribute to the national training network. While many accredited supervisors were not recorded as having a registrar allocated to them in 2026, this does not necessarily indicate unused or immediately available training capacity. Some supervisors may be actively contributing to registrar training through shared or group supervision models, while participation is also influenced by practice circumstances, workload, infrastructure and training requirements. The scale and breadth of the supervisor network provides a strong foundation to support future growth in training capacity.

The opportunity is not only increasing capacity, but converting capacity into placements

The GP training system has a substantial infrastructure base of accredited supervisors and training sites. Future growth will depend not only on the number of accredited positions available, but also on ensuring that training sites have the space, supervision, resources and registrar demand needed to activate that capacity.

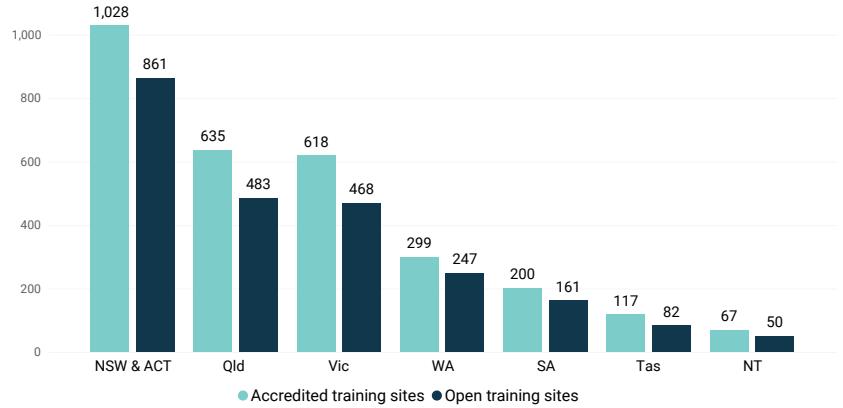
*AGPT program training capacity includes only training sites and supervisors within community general practice settings, including Aboriginal Medical Services / Aboriginal Community Controlled Health Organisations (AMS/ACCHOs), general practices and specialty practices.
**All supervisors refers to the unique count of all AGPT supervisors.
***Includes all training sites within the AGPT program.
†Active supervisors are defined as those with at least one registrar assigned. Supervisors working across multiple jurisdictions or Modified Monash Model (MMM) classifications may be counted more than once.

Distribution of RACGP accredited training sites by type and MMM***



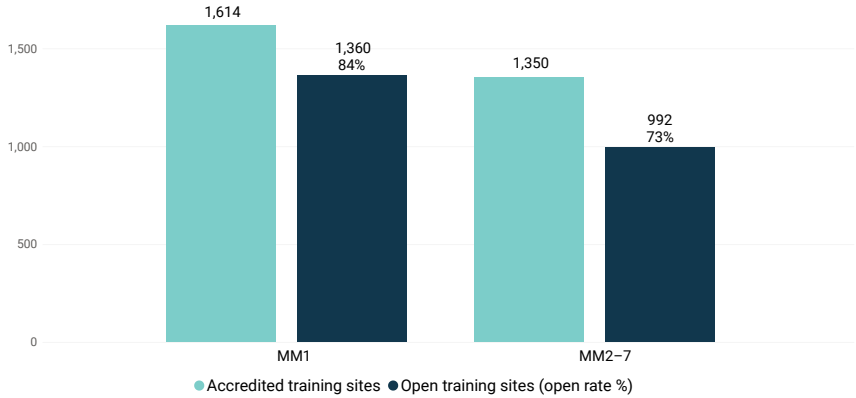
Accredited training sites vs open training sites

By state and territory (Jurisdiction)



Accredited training sites vs open training sites

By MMM



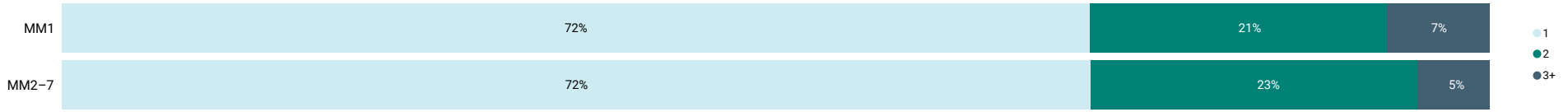
Training load across sites open to train: number of registrars per training site

By MMM



Active supervisor load: number of registrars per supervisor†

By MMM



AGPT Aboriginal and Torres Strait Islander registrars

2026

Proportion identifying as Aboriginal and/or Torres Strait Islander



Insights

The GP training pipeline is supporting progress towards a more representative workforce

Aboriginal and Torres Strait Islander doctors make up 1.5% of RACGP AGPT registrars, compared with 0.9% of RACGP members overall. However, this remains below population parity (3.8%), with approximately 75 Aboriginal and Torres Strait Islander registrars in training compared with around 185 at parity. While there is more work to do to achieve and exceed population parity, this demonstrates encouraging progress in growing the future Aboriginal and Torres Strait Islander GP workforce.

Today's registrar cohort represents an opportunity to strengthen tomorrow's workforce

The higher representation of Aboriginal and Torres Strait Islander doctors within the training program than in the broader GP workforce highlights the importance of sustained investment in recruitment, training and Fellowship pathways to continue building Aboriginal and Torres Strait Islander participation in GP training.

Aboriginal and Torres Strait Islander registrars are contributing to communities across Australia

Aboriginal and Torres Strait Islander registrars are distributed across metropolitan, regional, rural and remote Australia, demonstrating the broad reach of the training program and the contribution of these doctors to communities with diverse healthcare needs.

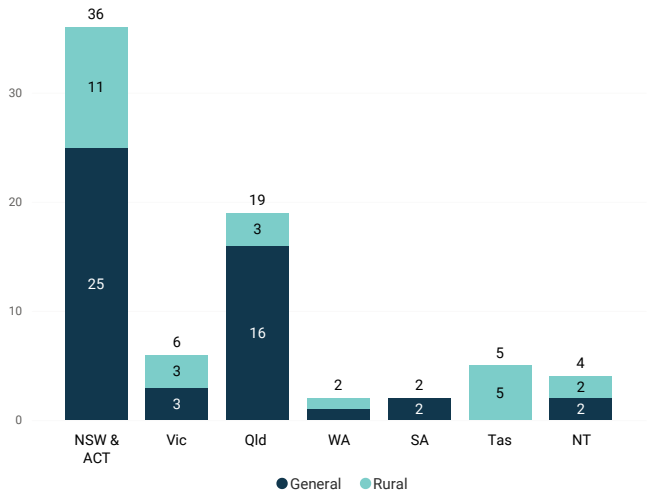
Strong participation in regional and rural training

Aboriginal and Torres Strait Islander registrars are more likely to train in MM 2–7 communities than other AGPT registrars. This highlights strong participation in regional, rural and remote training settings. Aboriginal and Torres Strait Islander doctors train across communities throughout Australia, reflecting the diversity of the populations they serve.

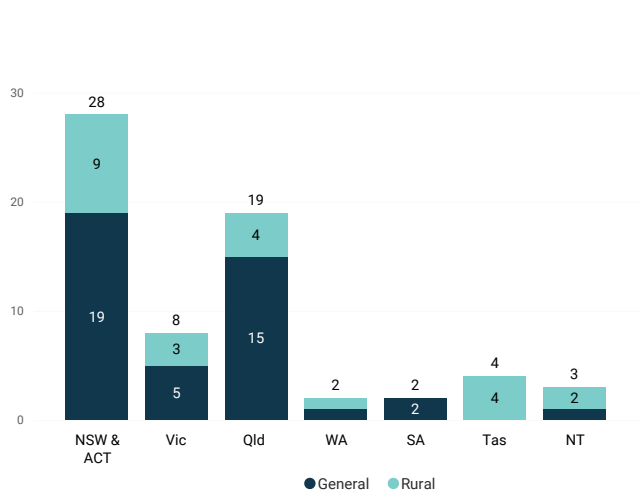
*General pathway registrars include composite registrars.
**Placement data reflects the total combined FTE across 2026.

Placement headcount by jurisdiction and pathway*

S1/2026

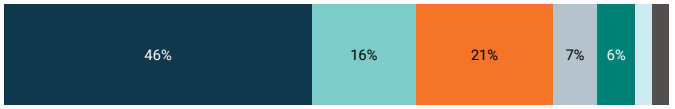


S2/2026



Registrars placement location by MMM**

Aboriginal and/or Torres Strait Islander registrars



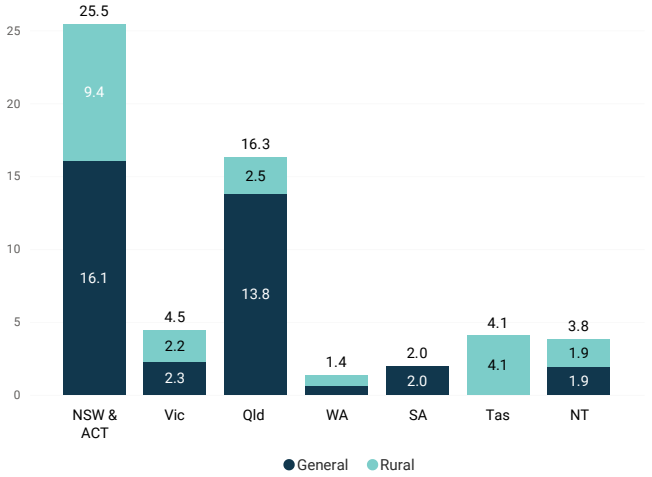
Non-Aboriginal and/or Torres Strait Islander registrars



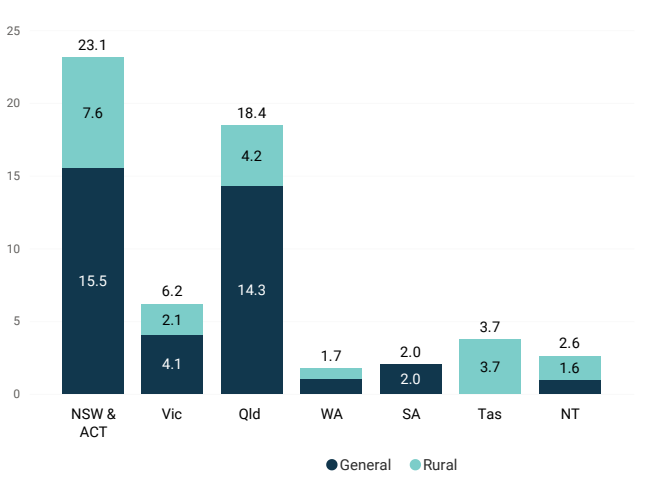


Placement FTE by jurisdiction and pathway*

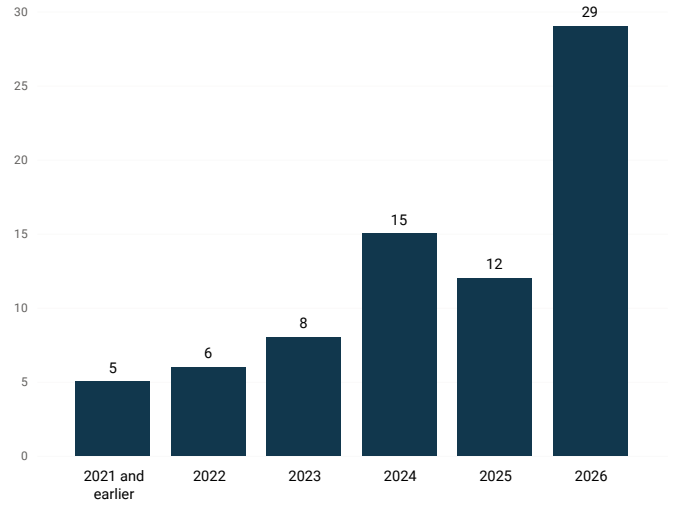
S1/2026



S2/2026



AGPT Aboriginal and Torres Strait Islander registrars currently in training by year of commencement



AGPT incentivised training sites

2026

MMM	Filled incentivised placements S1/2026	Filled incentivised placements S2/2026
MM 2	13	13
MM 3	35	36
MM 4	83	84
MM 5	135	138
MM 6	44	42
MM 7	19	15
Total	**328**	**327**

Total reflects the total unique number of filled incentivised placements; some registrars may work across multiple MM categories

Insights

Incentivised placements are successfully supporting workforce priorities

More than 300 incentivised training placements were filled in both Semester 1 and Semester 2 2026, demonstrating continued demand for opportunities in priority workforce locations. The increase in the fill rate from 83% to 93% suggests these placements are becoming increasingly effective at attracting registrars to areas of workforce need.

Targeted incentives are helping connect training with community need

Incentivised placements provide additional support for registrars training in priority locations, helping ensure communities facing workforce challenges can benefit from a pipeline of future specialist GPs. High uptake indicates that targeted funding can play an important role in influencing training location decisions.

Strong uptake reflects registrar willingness to train where they are needed most

The high proportion of filled incentivised placements demonstrates strong engagement from registrars and a willingness to undertake training in areas identified as workforce priorities. This creates opportunities to strengthen future workforce distribution and support healthcare access in underserved communities.

Investment in training is supporting long-term workforce sustainability

By encouraging training in areas of workforce need, incentivised placements help build future workforce capacity in communities where recruitment and retention have historically been more challenging. This reinforces the role of GP training incentives as a key lever for improving workforce distribution over time.

*'Available' refers to forecasted places. 'Filled' may exceed 'Available' where registrars choose to train in areas of identified workforce need.
**Colours on the map correspond to the GP catchment categories shown in the 'GP catchment categorisation' chart.

Incentivised placements available and filled*

S1/2026 (headcount)

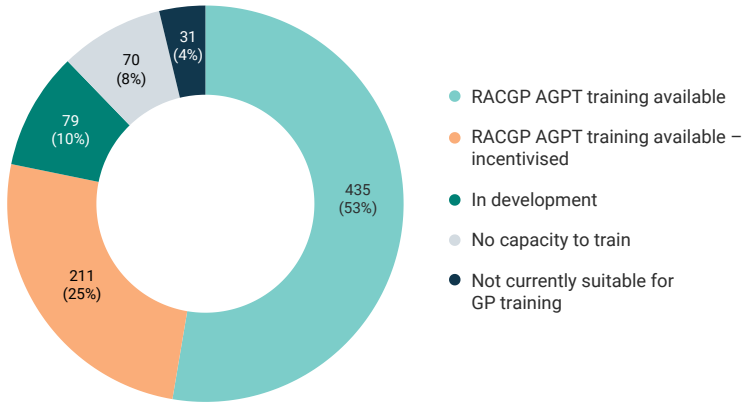


Incentivised placements available and filled*

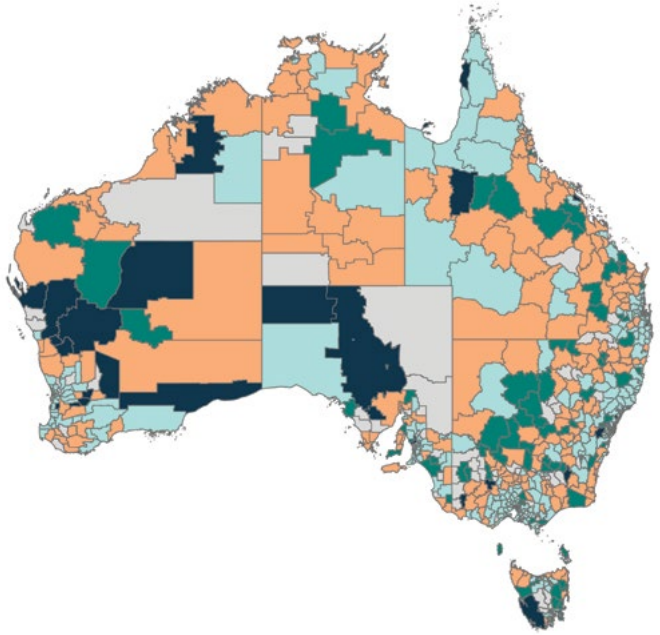
S2/2026 (headcount)



GP catchment categorisation



AGPT training across GP catchments**



AGPT Rural Generalists

2026

AGPT Rural Generalists (RGs) currently in training
537

Average full-time equivalent (FTE)
0.88

Gender

Female	Male	N/S	Non-binary
285 (53%)	247 (46%)	2 (0.4%)	3 (0.6%)

Australian medical graduates
357 (66%)

International medical graduates
180 (34%)

Aboriginal and Torres Strait Islander peoples
16 (3%)

AGPT RGs in advanced rural skills training (ARST)
60

Insights

RG training is growing rapidly

Rural Generalist (RG) acceptances have almost tripled since 2024, increasing by 195% to 289 accepted applicants in 2026. This strong growth demonstrates increasing interest in RG careers and reflects the expanding role of the pathway in supporting healthcare access across regional, rural and remote Australia. Aboriginal and Torres Strait Islander registrars are also more strongly represented on the RG pathway (3%) than across the remainder of AGPT (1.4%), highlighting the pathway's contribution to supporting a more representative future workforce.

RG training is strongly aligned with community need

Three-quarters of RG placements are located in MM 2–7 communities, ensuring training occurs in the regions where RGs are most needed. Metropolitan placements largely support hospital-based training requirements, enabling registrars to develop advanced skills before returning to regional, rural and remote practice settings.

RGs are building advanced skills to meet local health needs

In 2026 more than one in 10 RG registrars are completing their compulsory Additional Rural Skills Training, with Emergency Medicine the most common discipline. This highlights the breadth of capabilities being developed within the RG workforce and the contribution these doctors make to delivering comprehensive care closer to home.

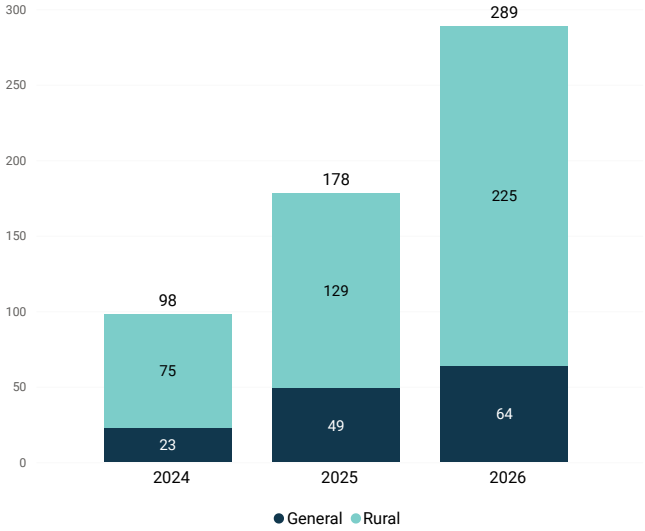
The RG pathway is strengthening the future rural workforce

Growth in RG training, combined with advanced skills development and strong rural placement rates, demonstrates the pathway's growing contribution to building a highly skilled medical workforce for regional, rural and remote communities.

*Unless otherwise specified, 2026 figures represent the unique registrars across Semester 1 and Semester 2. Where semester-specific figures are shown, results are presented separately for each semester.
**Growth refers to the increase in Rural Generalist acceptances over the past three years. Rural Generalist registrars may also undertake training through the General Pathway, subject to applicable training location requirements.
‡The sum of individual MMM counts may exceed the overall unique registrar count, as registrars can train across multiple MMM areas.
‡‡Additional rural skills training placement unit term includes Rural Generalist and Rural Generalist extension.

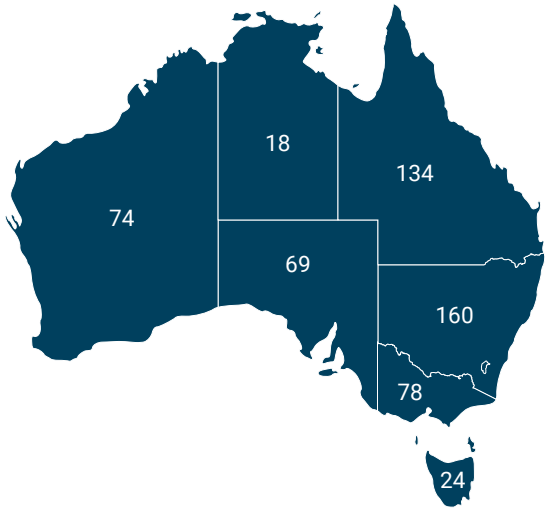
AGPT RG growth across the years**

By pathway



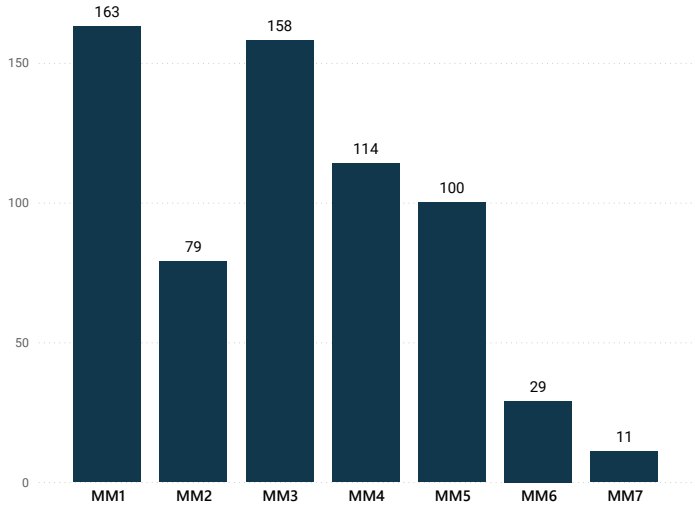
AGPT RGs currently in training

By state and territory (Jurisdiction)



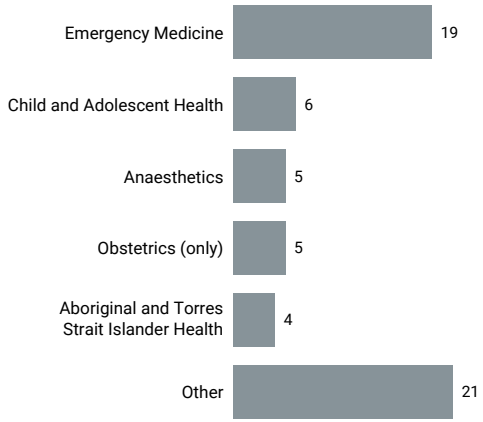
AGPT RGs currently in training‡

By MMM

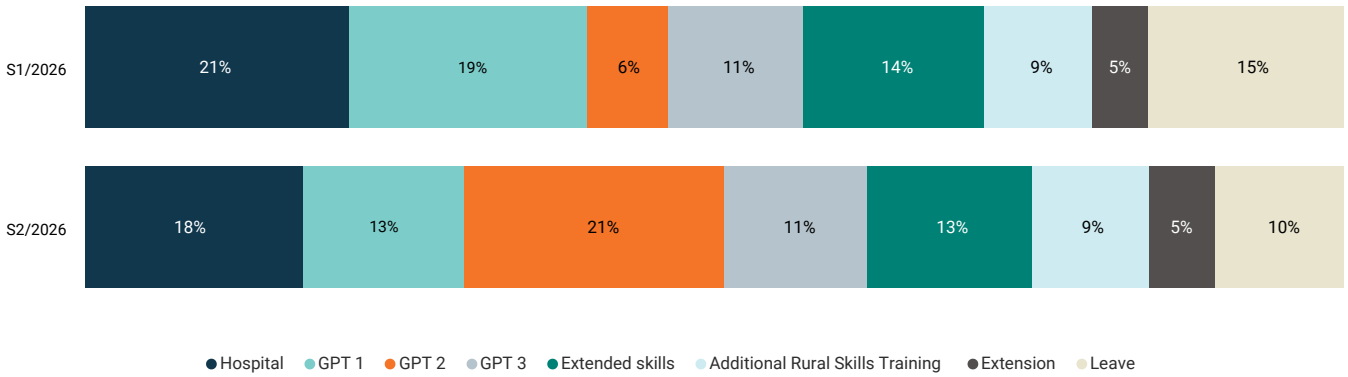


Top five disciplines of RG registrars doing ARST term‡

By MMM



AGPT RG placement unit distribution‡‡

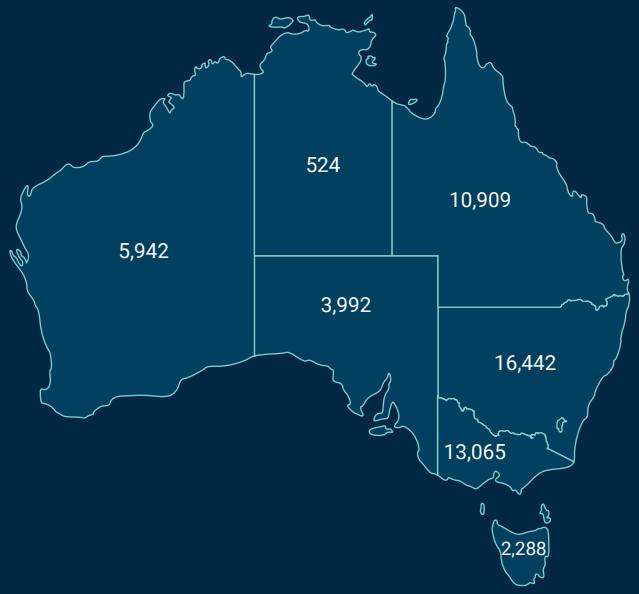


RACGP membership workforce insights

2026

RACGP members

55,332



Insights

RACGP represents a large and nationally distributed GP profession

With more than 55,000 members in 2026, the RACGP is Australia's largest specialist medical workforce college, playing a central role in delivering primary healthcare to communities across the country.

Both Australian and international medical graduates are critical to Australia's GP workforce

Australian medical graduates (AMGs) make up the majority of RACGP members, while international medical graduates (IMGs) account for almost one-third of the profession. Together, they form a diverse workforce that supports access to general practice services across metropolitan, regional, rural and remote Australia.

IMGs make a significant contribution to workforce distribution

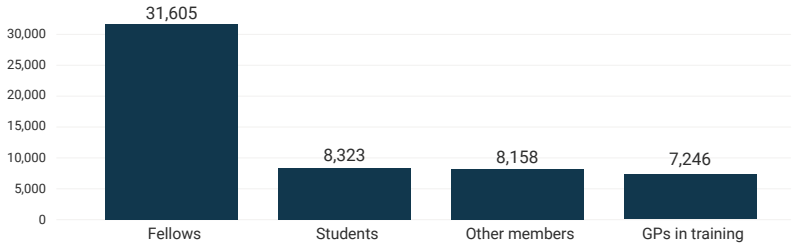
While most GPs practise in metropolitan areas, IMGs are more likely than AMGs to work in regional, rural and remote communities, reflecting location-based migration requirements. This highlights the critical role IMGs play in supporting workforce distribution and maintaining access to primary care.

A highly experienced workforce continues to support Australian communities

More than one-third of RACGP members are aged over 50, reflecting the depth of experience within the profession. This experienced workforce provides valuable leadership, supervision and mentoring for the next generation of GPs, while reinforcing the importance of maintaining a strong training pipeline for the future.

*RACGP members practising in general practice is based on their principal place of practice as at 22 September 2026.

Member type distribution



RACGP members practising in general practice*

Australia	MM1	MM2–7
34,874	22,617	12,257

Member principal place of practice

By MMM

Australian medical graduates (AMGs)

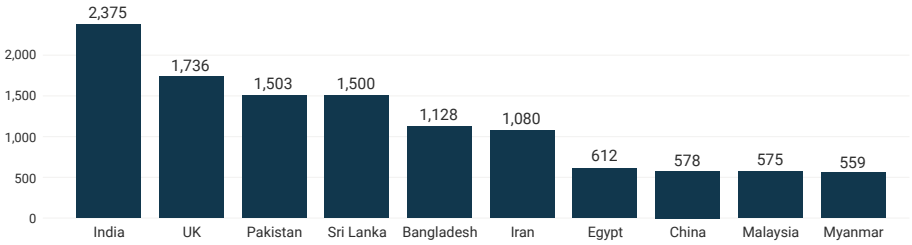


International medical graduates (IMGs)





Highest represented countries outside Australia

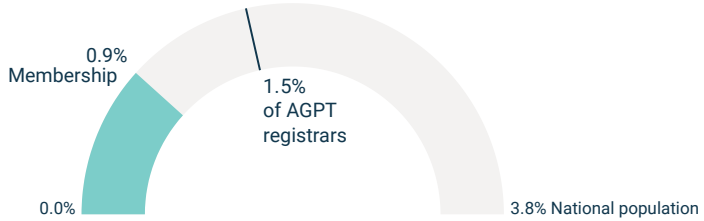


Member demographics

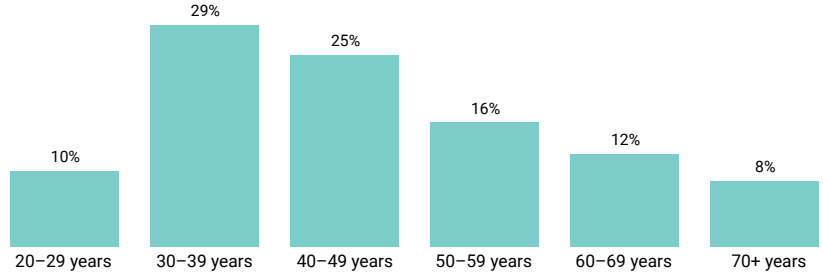
Gender

Female	Male	Not specified
29,635 (54%)	25,518 (46%)	179 (0%)

Aboriginal and Torres Strait Islander peoples



Age



Graduate origin



State and territory overview

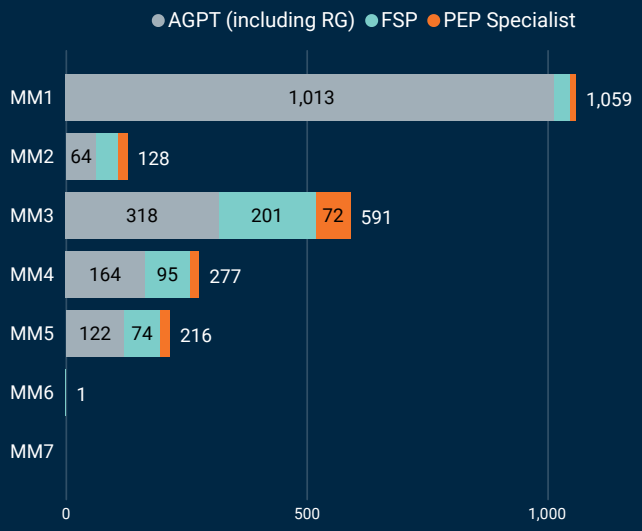
NSW & ACT

2026



RACGP GPs in training

By MMM



GP workforce (HeaDS UPP)

Headcount
14,727

Full-time equivalent (FTE)
10,424.7

Gender
55% M
45% F

Australian medical graduates/International medical graduates
46% / 54%

RACGP training headcount 2026

AGPT registrars*
1,360

AGPT Rural Generalists (RGs)
160

Total RACGP GPs in training
2,113

Fellowship Support Program (FSP) registrars
450

Practice Experience Program Specialist (PEP Specialist) participants
143

RACGP training capacity 2026

All training sites
1,028

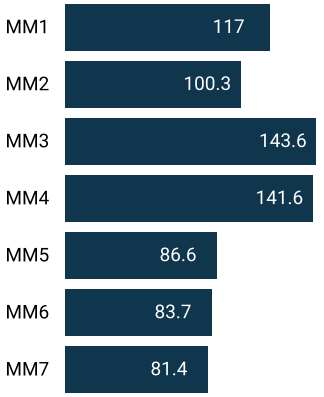
All open training sites
861

All supervisors
2,338

All supervisors within open training sites
1,877

GP FTE per 100,000 residents (HeaDS UPP) – NSW

By MMM



GP FTE per 100,000 residents (HeaDS UPP) – ACT

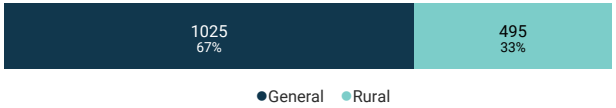
By MMM



*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female
886 (58%)

Male
631 (42%)

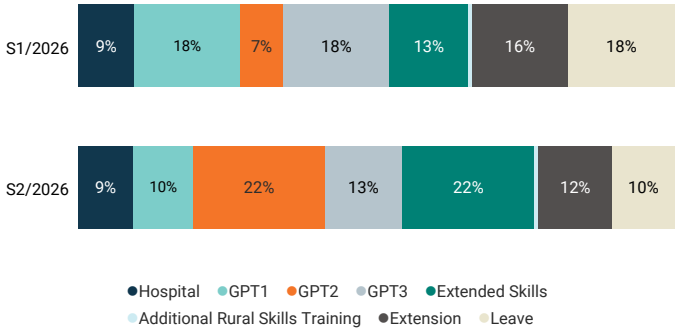
Non-binary
3 (0.2%)

Educational background

AMG
1,104 (73%)

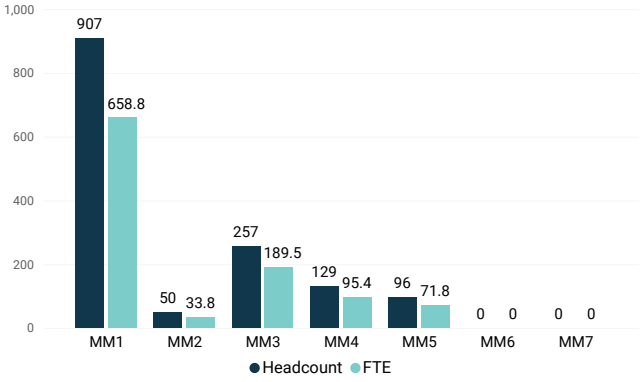
IMG
416 (27%)

Placement unit distribution



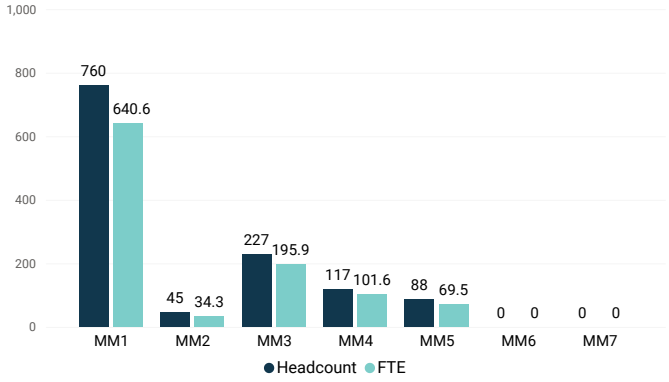
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

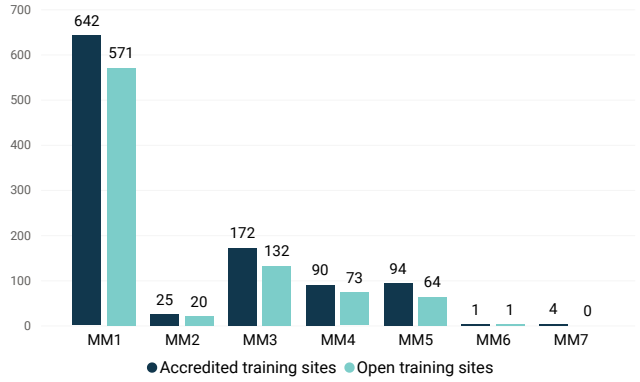
By MMM



AGPT training capacity

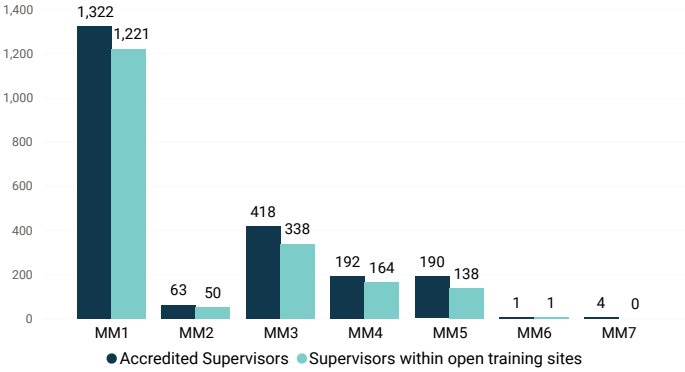
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



State and territory overview

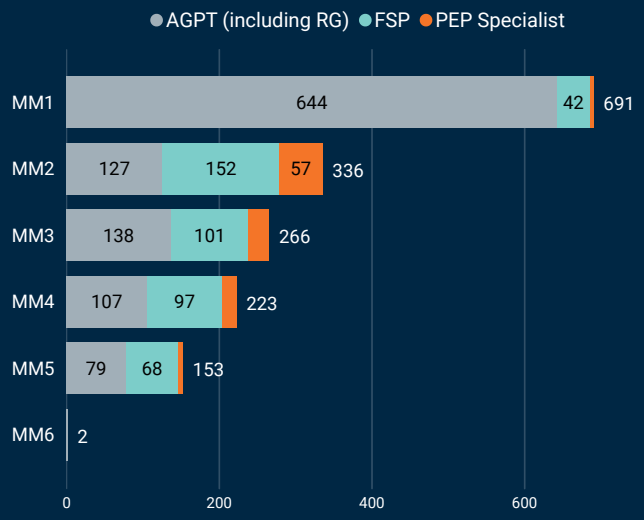
Victoria

2026



RACGP GPs in training

By MMM



GP workforce (HeaDS UPP)

Headcount
11,218

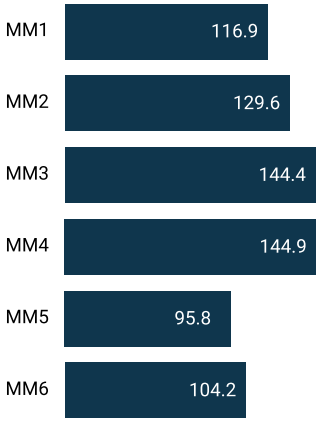
Full-time equivalent (FTE)
8,304.5

Gender
56% M
44% F

Australian medical graduates/International medical graduates
38% / 62%

GP FTE per 100,000 residents (HeaDS UPP) – Victoria

By MMM



RACGP training headcount 2026

AGPT registrars*
948

AGPT Rural Generalists (RGs)
78

Total RACGP GPs in training
1,607

Fellowship Support Program (FSP) registrars
460

Practice Experience Program Specialist (PEP Specialist) participants
121

RACGP training capacity 2026

All training sites
618

All open training sites
468

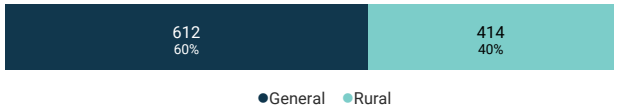
All supervisors
1,850

All supervisors within open training sites
1,453

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female 662 (65%)

Male 361 (35%)

N/S 1 (0.1%)

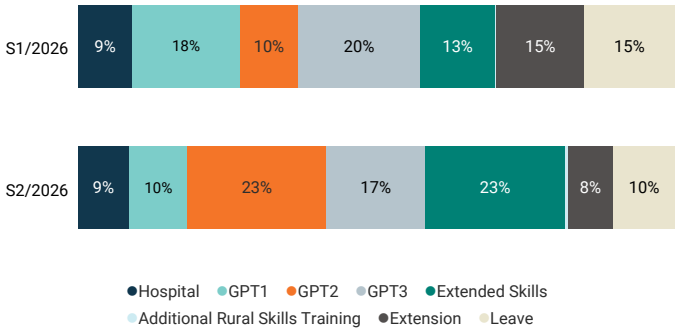
Non-binary 2 (0.2%)

Educational background

AMG 712 (69%)

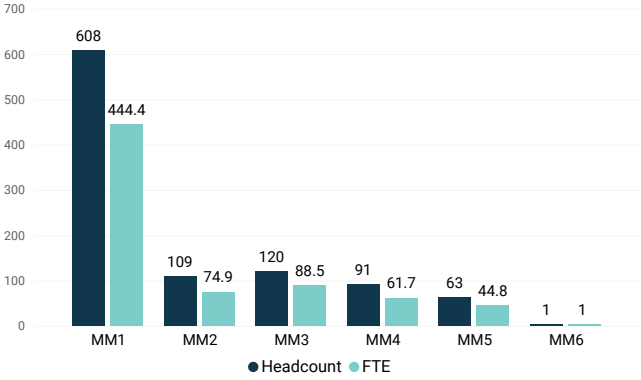
IMG 314 (31%)

Placement unit distribution



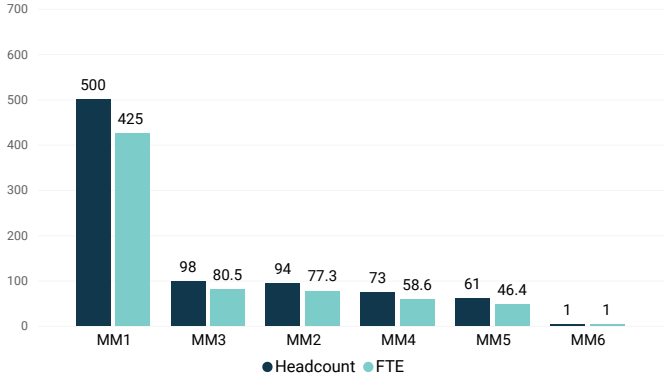
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

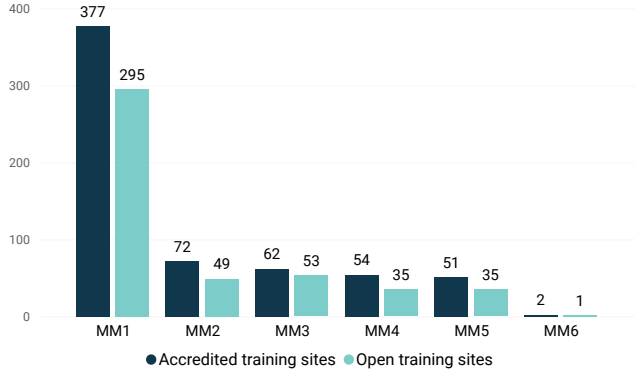
By MMM



AGPT training capacity

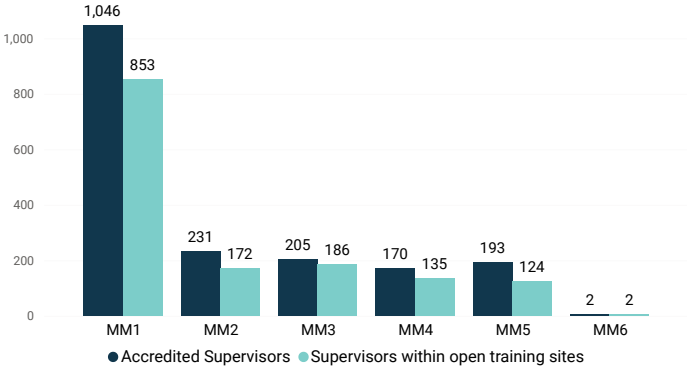
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



State and territory overview

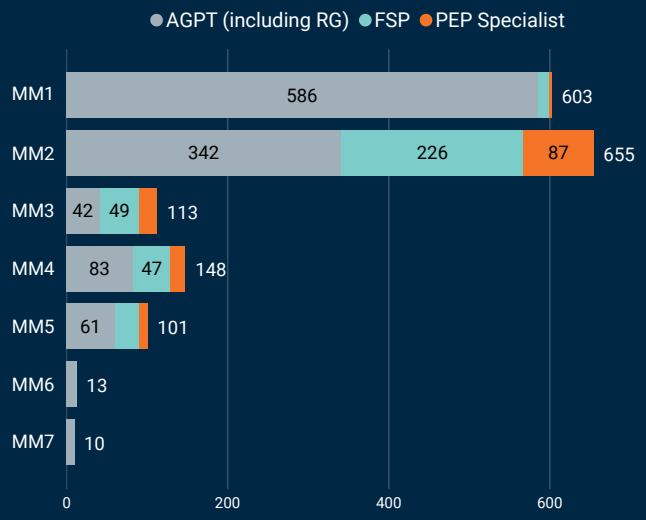
Queensland

2026



RACGP GPs in training

By MMM



GP workforce (HeaDS UPP)

Headcount
10,334

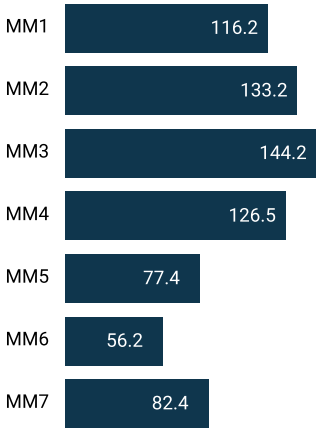
Full-time equivalent (FTE)
6,518.1

Gender
57% M
43% F

Australian medical graduates/International medical graduates
43% / 57%

GP FTE per 100,000 residents (HeaDS UPP) – Queensland

By MMM



RACGP training headcount 2026

AGPT registrars*
942

AGPT Rural Generalists (RGs)
134

Total RACGP GPs in training
1,586

Fellowship Support Program (FSP) registrars
367

Practice Experience Program Specialist (PEP Specialist) participants
143

RACGP training capacity 2026

All training sites
635

All open training sites
483

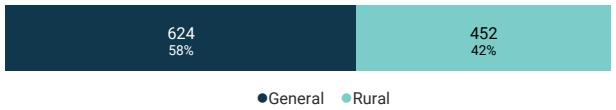
All supervisors
1,660

All supervisors within open training sites
1,242

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female 639 (59%)

Male 434 (40%)

N/S 1 (0.1%)

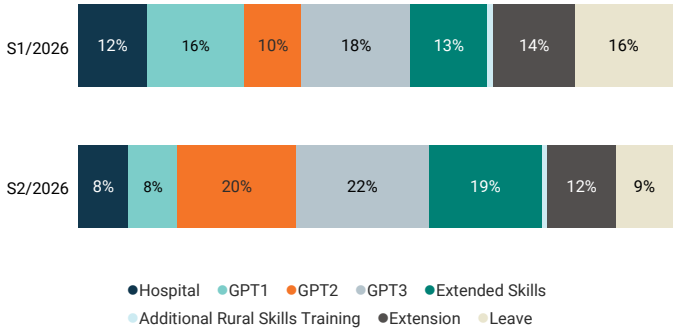
Non-binary 2 (0.2%)

Educational background

AMG 789 (73%)

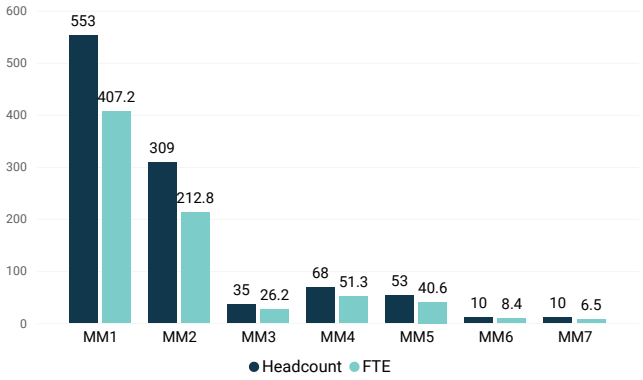
IMG 287 (27%)

Placement unit distribution



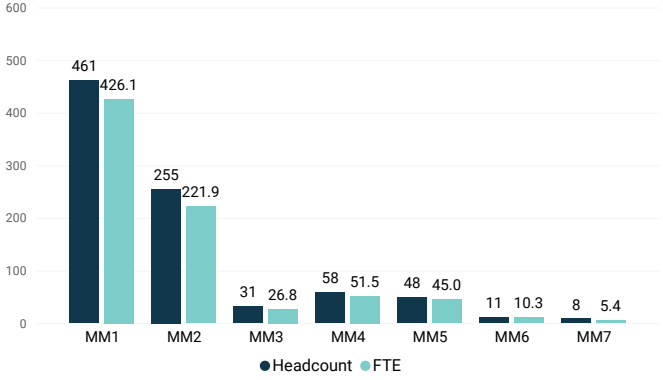
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

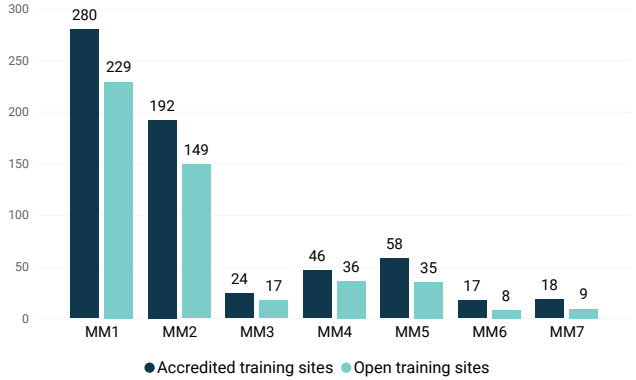
By MMM



AGPT training capacity

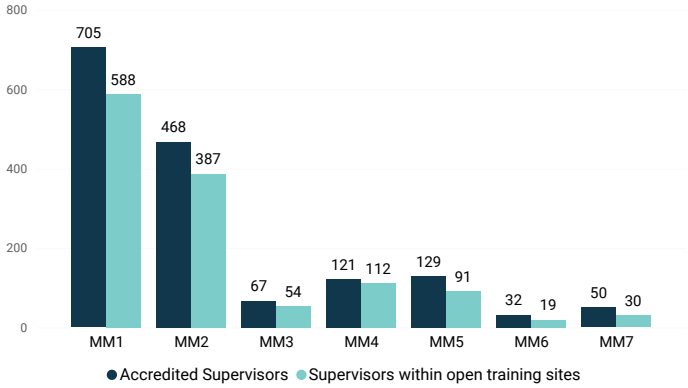
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



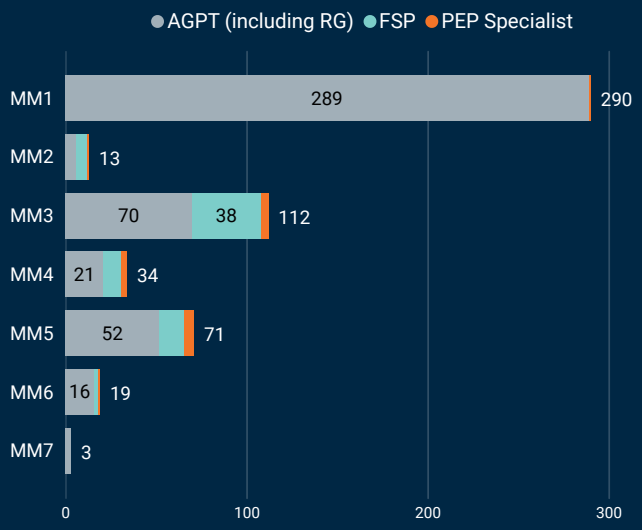
State and territory overview

South Australia

2026



RACGP GPs in training
By MMM



GP workforce (HeaDS UPP)

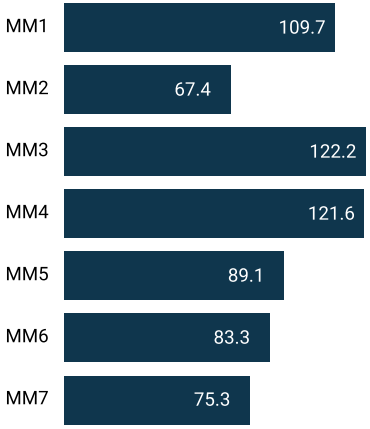
Headcount
3,213

Full-time equivalent (FTE)
2,016.8

Gender
59% M
41% F

Australian medical graduates/International medical graduates
52% / 48%

GP FTE per 100,000 residents (HeaDS UPP) – South Australia
By MMM



RACGP training headcount 2026

AGPT registrars*
342

AGPT Rural Generalists (RGs)
69

Total RACGP GPs in training
496

Fellowship Support Program (FSP) registrars
70

Practice Experience Program Specialist (PEP Specialist) participants
15

RACGP training capacity 2026

All training sites
200

All open training sites
161

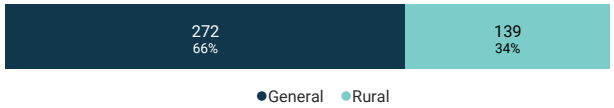
All supervisors
619

All supervisors within open training sites
468

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female 247 (60%)

Male 162 (39%)

N/S 1 (0.2%)

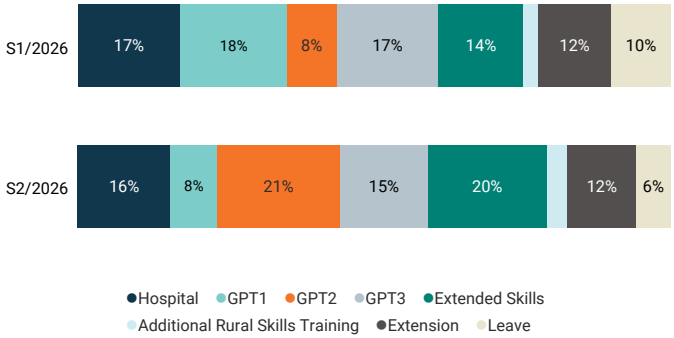
Non-binary 1 (0.2%)

Educational background

AMG 311 (76%)

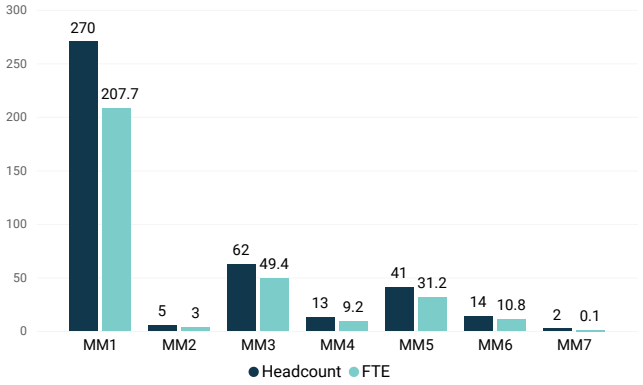
IMG 100 (24%)

Placement unit distribution



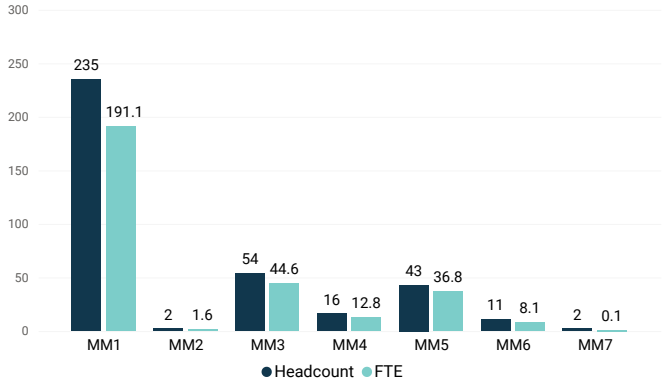
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

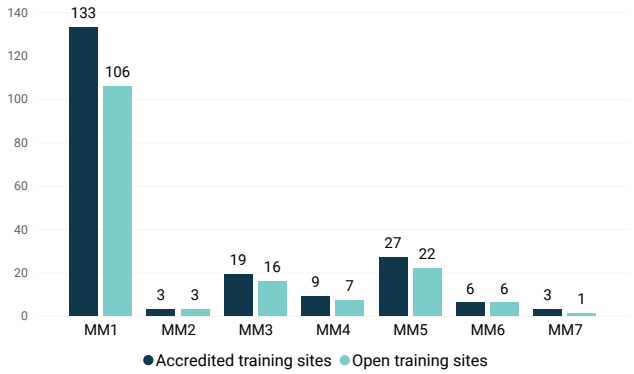
By MMM



AGPT training capacity

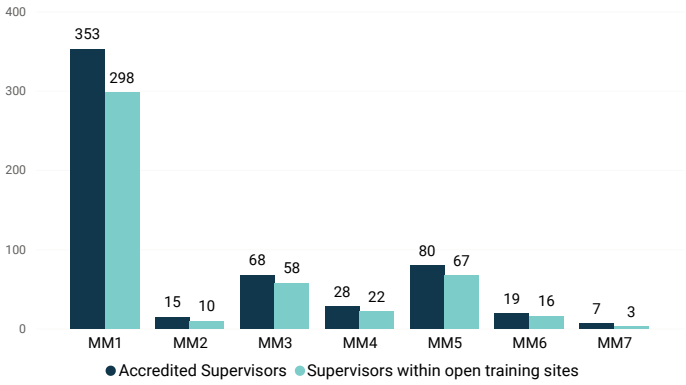
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



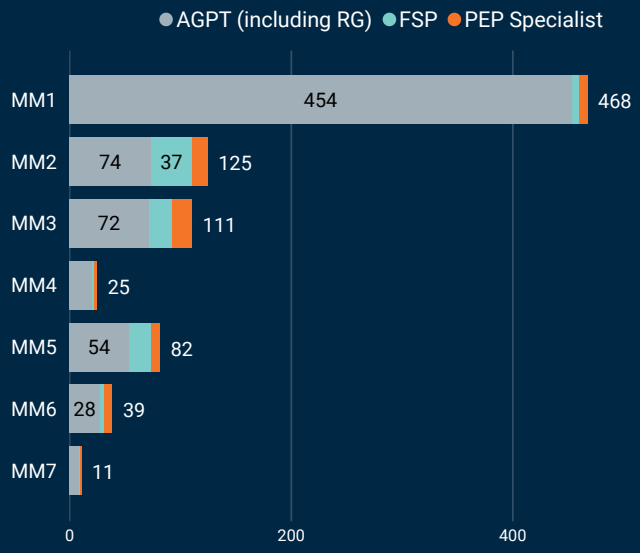
State and territory overview

Western Australia

2026



RACGP GPs in training
By MMM



GP workforce (HeaDS UPP)

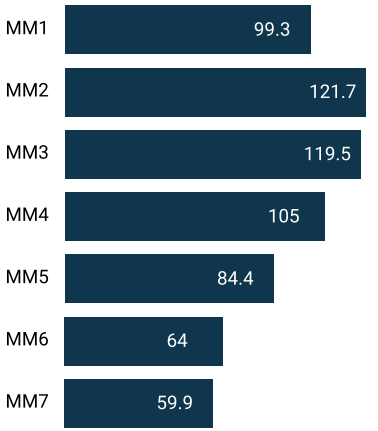
Headcount
4,843

Full-time equivalent (FTE)
2,925.4

Gender
55% M
45% F

Australian medical graduates/International medical graduates
38% / 62%

GP FTE per 100,000 residents (HeaDS UPP) – Western Australia
By MMM



RACGP training headcount 2026

AGPT registrars*
605

AGPT Rural Generalists (RGs)
74

Total RACGP GPs in training
832

Fellowship Support Program (FSP) registrars
91

Practice Experience Program Specialist (PEP Specialist) participants
62

RACGP training capacity 2026

All training sites
299

All open training sites
247

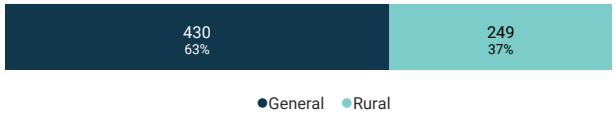
All supervisors
797

All supervisors within open training sites
615

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female
443 (65%)

Male
232 (34%)

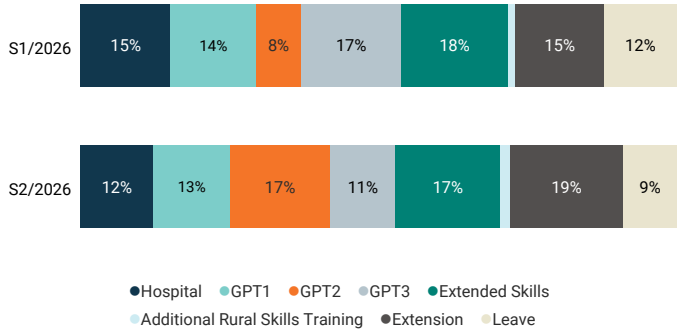
N/S
4 (0.6%)

Educational background

AMG
428 (63%)

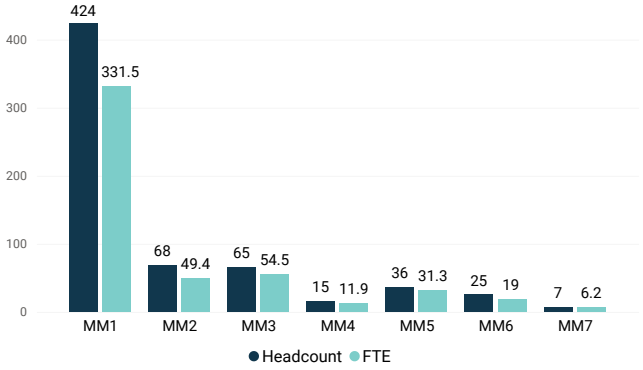
IMG
251 (37%)

Placement unit distribution



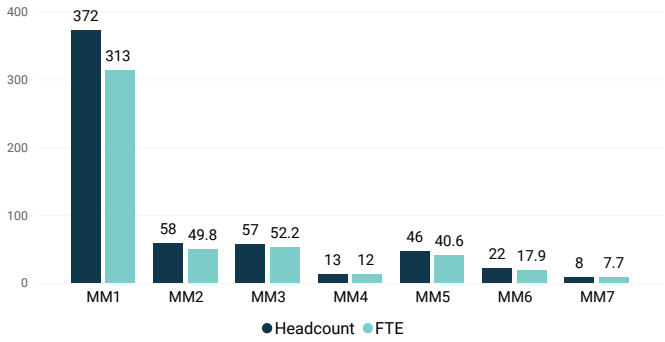
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

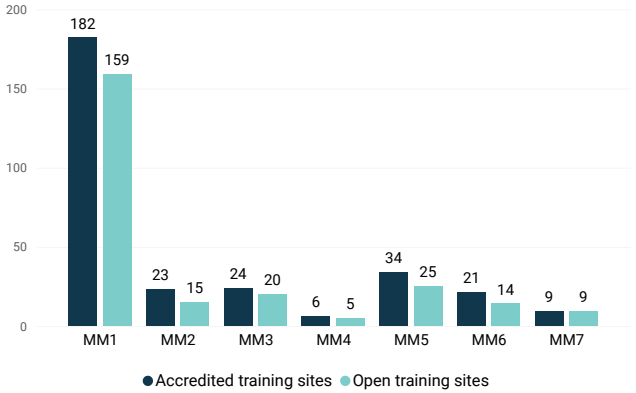
By MMM



AGPT training capacity

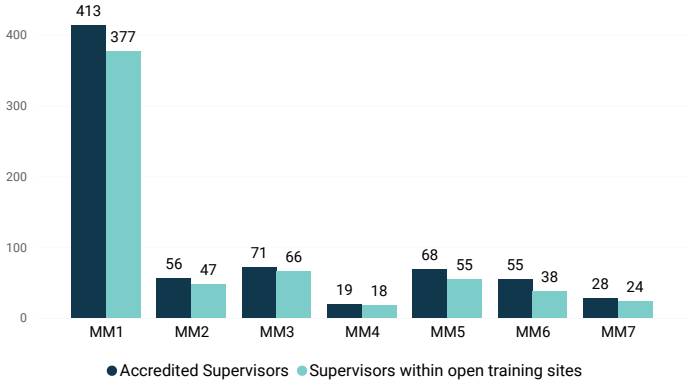
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



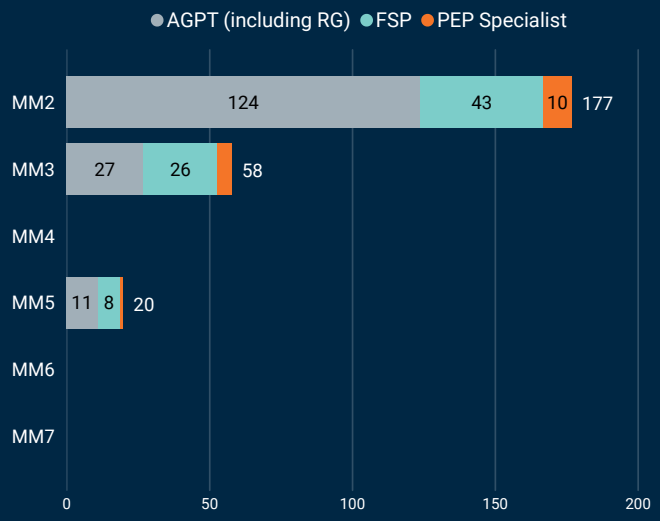
State and territory overview

Tasmania

2026



RACGP GPs in training
By MMM



GP workforce (HeaDS UPP)

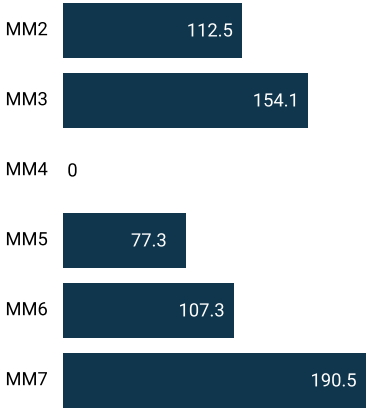
Headcount
1,421

Full-time equivalent (FTE)
644.1

Gender
54% M
46% F

Australian medical graduates/International medical graduates
52% / 48%

GP FTE per 100,000 residents (HeaDS UPP) – Tasmania
By MMM



RACGP training headcount 2026

AGPT registrars*
136

AGPT Rural Generalists (RGs)
22

Total RACGP GPs in training
251

Fellowship Support Program (FSP) registrars
77

Practice Experience Program Specialist (PEP Specialist) participants
16

RACGP training capacity 2026

All training sites
117

All open training sites
82

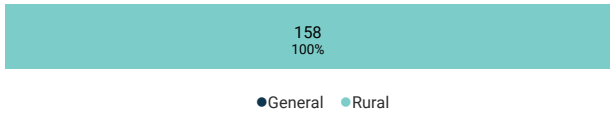
All supervisors
316

All supervisors within open training sites
233

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female
85 (54%)

Male
72 (46%)

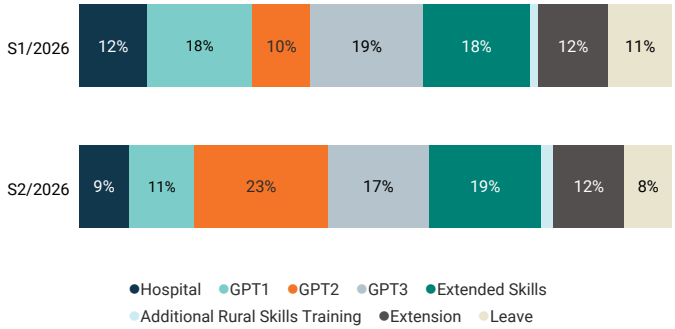
Non-binary
1 (0.6%)

Educational background

AMG
95 (60%)

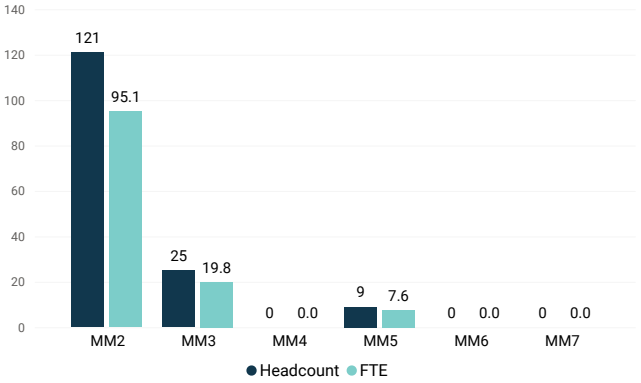
IMG
63 (40%)

Placement unit distribution



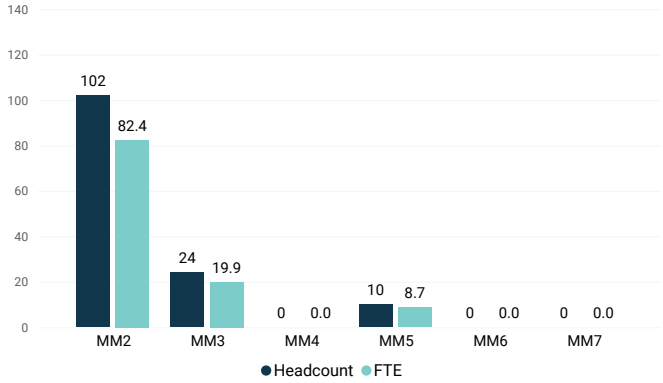
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

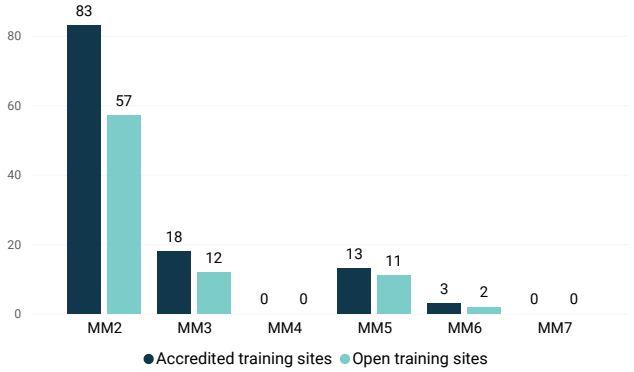
By MMM



AGPT training capacity

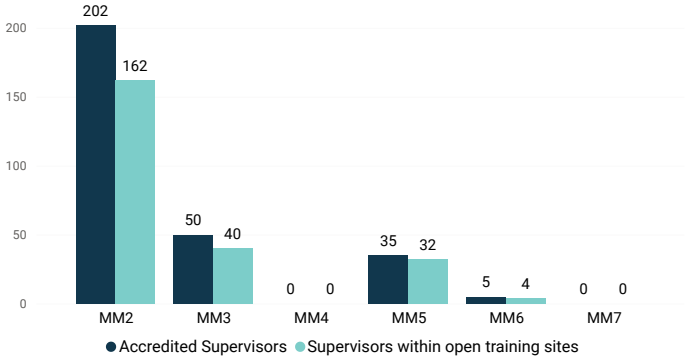
Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



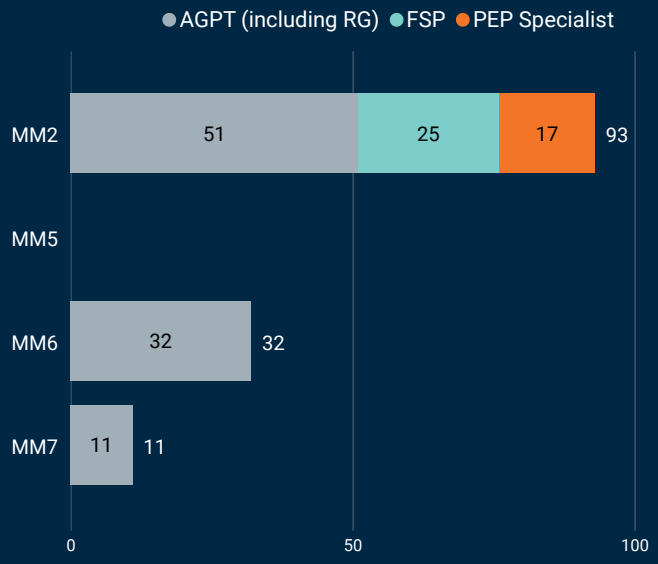
State and territory overview

Northern Territory

2026



RACGP GPs in training
By MMM



GP workforce (HeaDS UPP)

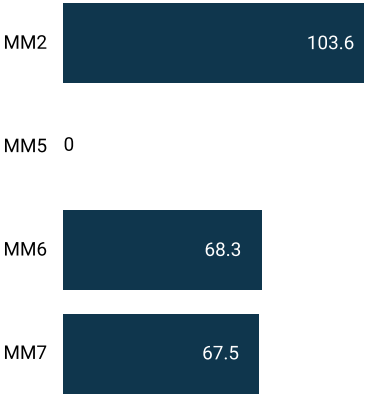
Headcount
804

Full-time equivalent (FTE)
224.1

Gender
47% M
53% F

Australian medical graduates/International medical graduates
40% / 60%

GP FTE per 100,000 residents (HeaDS UPP) – Northern Territory
By MMM



RACGP training headcount 2026

AGPT registrars*
66

AGPT Rural Generalists (RGs)
18

Total RACGP GPs in training
128

Fellowship Support Program (FSP) registrars
25

Practice Experience Program Specialist (PEP Specialist) participants
19

RACGP training capacity 2026

All training sites
67

All open training sites
50

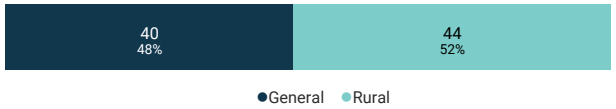
All supervisors
210

All supervisors within open training sites
152

*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.
**General pathway registrars include composite registrars.

AGPT 2026 placement

Pathway



Gender

Female
52 (62%)

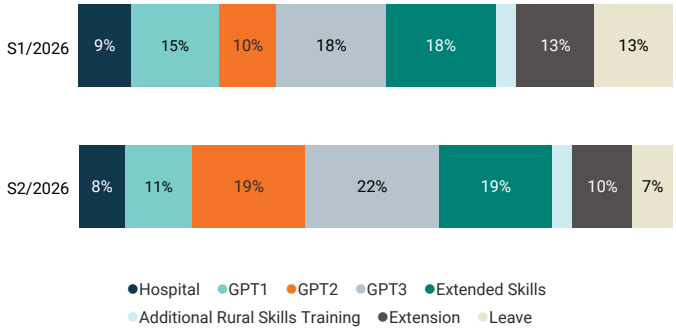
Male
32 (38%)

Educational background

AMG
70 (83%)

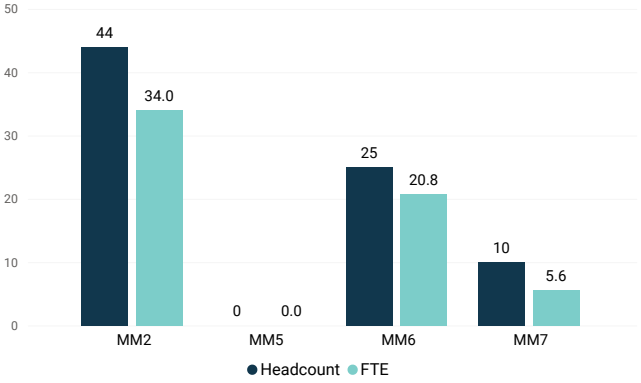
IMG
14 (17%)

Placement unit distribution



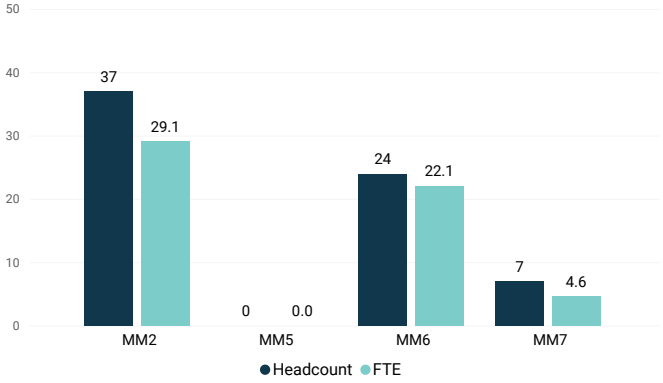
AGPT registrars currently in training (S1/2026)

By MMM



AGPT registrars currently in training (S2/2026)

By MMM



AGPT training capacity

Accredited training sites vs open training sites

By MMM



Accredited Supervisors vs Supervisors in open training sites

By MMM



Positive impacts of RACGP training

2026

NSW & ACT

AGPT placement incentives strengthened registrar training capacity in Moruya (MM 5) and Wellington (MM 5), while Moree (MM 4) has maintained training capacity in a historically difficult-to-fill location. Together, these outcomes demonstrate increased registrar numbers, improved retention, and progress towards a stronger rural GP workforce.

Victoria

Victorian placement incentives have supported RACGP AGPT training growth in rural communities, with Corowa (MM 4) increasing from one part-time registrar in 2024 to three full-time registrars in 2026. This outcome highlights increased training capacity and a strengthened rural workforce pipeline.

Queensland

Cooktown (MM 6) retained its first AGPT registrar placement since 2024, while Mount Isa (MM 6) and Murgon-Cherbourg (MM 5) continued to grow registrar numbers. These examples highlight the positive outcomes being achieved through incentivised placements, including expanded training opportunities, stronger registrar engagement, and greater workforce sustainability across rural Queensland.

Western Australia

Western Australian placement incentives have expanded rural GP training opportunities, with Quairading (MM 5) welcoming its first-ever AGPT registrar, Hopetoun (MM 7) securing its first AGPT registrar since 2024, and Manjimup (MM 5) introducing a newly accredited training site, Praxis Medical Centre, which welcomed a Rural Generalist GPT1 registrar. These outcomes demonstrate growing training capacity and a stronger pipeline for the future rural GP workforce across WA.

South Australia

South Australian AGPT placement incentives have strengthened rural GP training across the Eyre and Northern Rural region. In Semester 2, 2026, Maitland (MM 5) welcomed its first AGPT registrar since 2023, marking an important step in rebuilding local training capacity.

Tasmania

Across Tasmania, placement incentives have helped sustain AGPT registrar training in Aboriginal Health Services in Burnie-Somerset (MM 3) and Launceston (MM 2), while George Town Medical Centre (MM 5) has expanded its training capacity. These outcomes highlight continued growth in rural GP training.

Northern Territory

Northern Territory placement incentives have expanded GP training opportunities in remote communities, with West Arnhem (MM 7) and Borroloola (MM 7) welcoming their first RACGP AGPT registrars since college-led training and Alice Springs Central Clinic (MM 6) doubling AGPT registrar numbers from two to four. These outcomes highlight growing training capacity and support the development of a sustainable rural and remote GP workforce.

Data sources

The GP Workforce Planning and Strategy Team leads the development of national, data-informed strategies to ensure a sustainable and well-distributed GP and RG workforce across Australia. Using a range of internal and external data sources – including the department's Supply and Demand Model – we analyse current and projected workforce trends to guide training program design, regional distribution, and long-term system planning.

Our work spans the full general practice and registrar journey, from entry into training through to Fellowship and ongoing workforce participation. This includes research and strategic planning, data analysis, allocation modelling, health economic forecasting, and support for accreditation and capacity decisions. The team plays a key role in identifying areas of unmet need, advising on policy and program delivery, and supporting collaboration with government and stakeholders to ensure GP workforce solutions are responsive, equitable, and future-focused.

Data sources

National GP workforce overview

- *Australian Government Department of Health, Disability and Ageing. HeaDS UPP – Health Demand and Supply Utilisation Patterns Planning Tool. Retrieved September 10, 2026, from https://hwd. health.gov.au/headsupp/*

General practice registrar workforce and GPs in training

- *Data sourced from the AGPT National Dashboard, RACGP. Retrieved August 10, 2026*
- *Data sourced from the Fellowship Support Program SharePoint site. Retrieved August 25, 2026*
- *Data sourced from the PEP Specialist SharePoint site. Retrieved July 10, 2026*

AGPT Program training capacity

- *Data sourced from the AGPT National Dashboard, Supervisor Accreditation Details, RACGP. Retrieved September 1, 2026*
- *Data sourced from the AGPT National Dashboard, Facility Details, RACGP. Retrieved August 23, 2026*

Aboriginal and Torres Strait Islander registrars

- *Data sourced from the AGPT National Dashboard, RACGP. Retrieved August 10, 2026*

Incentivised training sites

- *Data sourced from the AGPT National Dashboard, RACGP. Retrieved August 26, 2026*

AGPT Rural Generalists

- *Data sourced from the AGPT National Dashboard, RACGP. Retrieved August 10, 2026*
- *AGPT acceptances data sourced from the AGPT Selection and Onboarding Dashboard, RACGP. Retrieved September 10, 2026*

RACGP membership

- *Data sourced from the Membership Data, RACGP and RACGP member demographics. Retrieved August 10, 2026*

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