An aerial photograph of a city at sunset, with a large telescope in the foreground. The sun is low on the horizon, casting a warm glow over the city and water. The telescope is positioned on the right side of the frame, pointing towards the city. A thin, curved line is visible on the left side of the image.

General Practice **Health of the Nation** 2024

An annual insight into the state
of Australian general practice



RACGP
Royal Australian College
of General Practitioners



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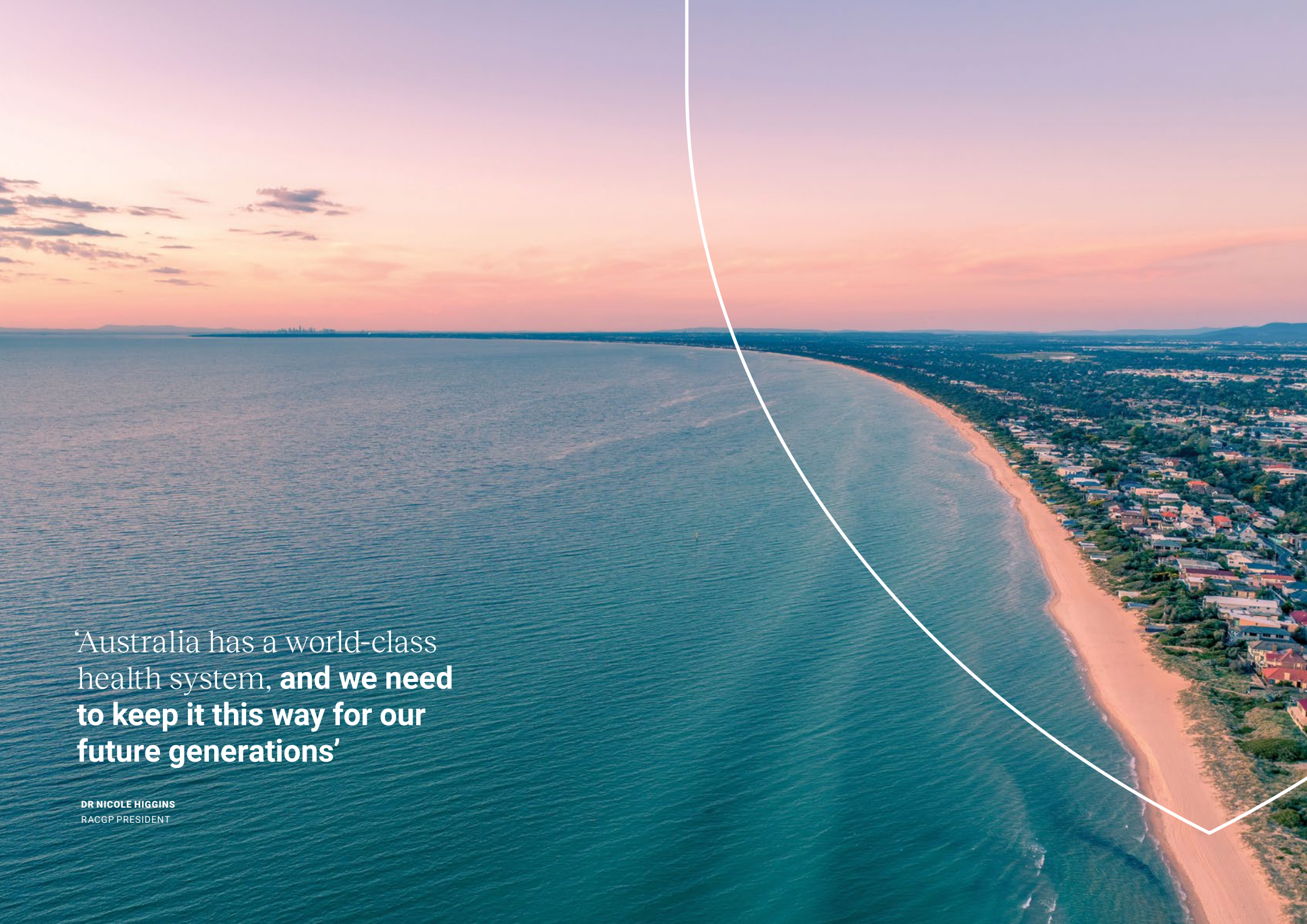
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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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An aerial photograph of a coastline at sunset. The ocean is a deep teal color, and the sky is a mix of orange, pink, and purple. A white curved line starts from the top center and curves down towards the bottom right corner. The coastline shows a sandy beach and a residential area with houses and trees.

‘Australia has a world-class
health system, **and we need
to keep it this way for our
future generations**’

DR NICOLE HIGGINS
RACGP PRESIDENT

President's message



Over the past year, GPs have once again shown unwavering commitment to their patients and communities, displaying innovation and resilience in the face of ongoing challenges. In a landscape of major national health reforms, our GPs have consistently risen to support their diverse communities – helping us live healthier and longer lives, and keeping our health system running, with general practice at the heart.

There's no substitute for the quality care we receive from a GP who knows us and our history.

All Australians have the right to access the high-quality care a qualified and trusted GP provides. This care is a fundamental right, and the cornerstone of a strong and resilient healthcare system. GPs are specialists with more than 10 years of training, and our training matters. We are at the forefront of preventive care,

early intervention, acute care and managing chronic conditions – all of which help Australians live healthier lives.

In 2023, more than 22 million Australians chose to see a GP – making GPs the most accessed health professional in our health system.

This year's Health of the Nation report shows encouraging signs and points towards a more positive future for general practice.

GPs are reporting improved job satisfaction and more would recommend the profession to junior colleagues. These are positive signs, coming after the 2023 Federal Budget which provided much needed relief after decades of under-investment in general practice care. The Budget investment shows funding gets results. However, more is needed to ensure general practice is viable, sustainable and affordable for everyone. Medicare rebates have not kept up with inflation, causing out-of-pocket costs to increase, doubling the number of people who are delaying essential care, and putting more pressure on our hospitals and ambulances. Band-aids won't fix our health system. We know what works: general practice needs meaningful investment from government to make care affordable for all Australians.

Innovations in general practice are benefiting patients, but GPs need support to adopt new technologies.

The 2024 Health of the Nation report tells us GPs are adapting to the changing needs of their patients,

leveraging digital technologies and emerging medical advancements to deliver care tailored to individual needs. Whether implementing telehealth services, coordinating multidisciplinary care teams or embracing new treatments, GPs think creatively and respond to the evolving healthcare landscape. Our GPs are positive that innovations in general practice are benefitting Australian patients. The report also tells us certain technologies are underutilised for reasons that can easily be addressed, including My Health Record.

The Government needs to invest in interoperability for this flagship platform, otherwise usage will always be low.

As we reflect on the changes and challenges in the past year, it's clear the dedication of our GPs has been essential to maintaining the health and wellbeing of our nation. As the peak body for general practice and general practice training, the RACGP is committed to supporting our members and advocating for policies that empower GPs to continue providing the exceptional care Australians need and deserve.

Australia has a world-class health system, and we need to keep it this way for our future generations, with general practice at the heart. There really is no substitute for the quality care of a GP who knows you, and your history. Australia's GPs should be proud of the invaluable work they do caring for our communities, and we must elevate general practice to its rightful place and inspire our next generation of GPs.

Dr Nicole Higgins
RACGP President

General Practice: Health of the Nation 2024 at a glance

GPs were the **most accessed health professionals** in 2022-23.



9/10

Every year, almost nine in 10 Australians visit a GP for their essential healthcare.



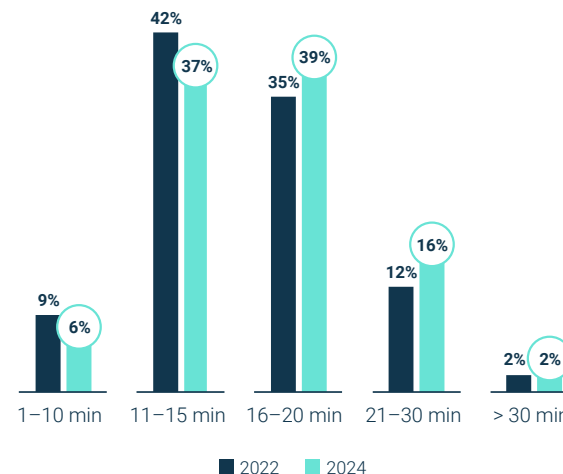
22m

In 2023, more than 22 million Australians visited their GP.



71%

In 2024, 71% of GPs report psychological issues in their top three reasons for patient presentations.



GPs are spending more time with patients compared to two years ago.



19mins

18.7 minutes is the average time spent with patients, relatively consistent with 2023.



LESS THAN 2%

Less than 2% of people reported they were unable to see a GP when they needed to in 2022-23.



1/4 PRACTISING GPs

One in four practising GPs say the proportion of consultations they bulk bill has increased since the incentive payments for bulk billing were tripled.



Practising GPs report charging an average fee of \$78.26 for a consultation of up to 20 minutes, including the \$41.40 rebate. This has increased from \$74.66 in 2023.

✕ In 2022–23, there were 2.85 million presentations to emergency departments that could have been potentially avoided by a visit to a general practice.

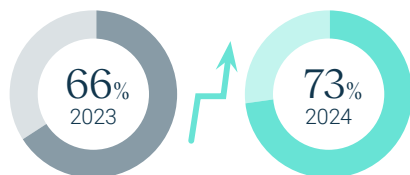
! The average cost to government for a patient to visit the emergency department is \$692. In comparison, it costs the government only \$82.90 to support a patient to spend up to 40 minutes with their GP.

✕ Only 10.5% of medical students reported general practice as their preferred specialty of future practice in 2023, contrasted with 13% in 2022.

✕ Being undervalued as a GP was the top rated challenge for respondents, with nearly seven in 10 GPs identifying with this challenge.

! Two in five GPs felt that privacy and consent issues were a barrier to innovation.

✓ 46% of GPs believe that innovations occurring in general practice are generally positive and are improving patient outcomes.



73% of GPs are satisfied with their job, an increase from 66% in 2023.

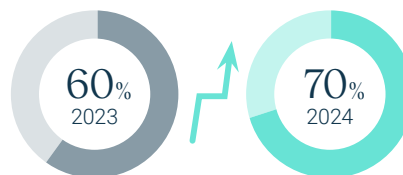
83% of GPs rarely, or never use **artificial intelligence tools**.

31% of GPs rarely, or never use **My Health Record**.

The most used tool is the **Australian Immunisation Register**, with 84% of GPs claiming to use it always or often.



More doctors are recommending general practice as a career, increasing from 38% in 2023, to 44% in 2024.



GP dissatisfaction with the amount of administration has increased from 60% in 2023, to 70% in 2024.



81% of GPs identified that **improved remuneration, incentives and conditions** would encourage them to practice longer.



Almost one third (32%) of current GPs plan to cease practising within the next five years.



39,449

In 2023 there were 39,449 GPs within Australia's primary care workforce

There are approximately **7135 accredited general practices** in Australia.

One in four GPs indicate they are a practice owner (25%).

Nearly one in four GP practice owners (24%) intend to take steps to sell their practices in the next 12 months.

In 2024, over eight in 10 practice owners were concerned about the **viability of their practice**.

The General Practice: Health of
the Nation 2024 report's topic of
interest is **'innovation in general
practice – barriers and enablers'**



Executive summary

The wellbeing of Australian general practice is essential to the health of the nation.

Every year almost nine in 10 Australians visit a GP. In 2023, 22 million Australians visited their GP, making GPs the most highly utilised and accessed health professionals within the health system. In the same year, over 169 million health services were provided by GPs, meaning that, on average, patients received 7.6 services from their GP throughout the year.

The *General Practice: Health of the Nation* report provides insights into the state of general practice in Australia, including patient access to care, GP job satisfaction, workforce information and emerging health issues. The report uses robust Health of the Nation survey data, as well as point-in-time data and government and stakeholder statistics. Each year, the report has a topic of interest. This year the topic of interest is innovation in general practice – barriers and enablers. The report explores the attitudes and beliefs of GPs towards innovation in general practice, as well as investigating the barriers and enablers of innovation in general practice identified by GPs.

Since the first Health of the Nation survey in 2017, GPs have consistently reported the most common health issues they manage are mental health related. This is consistent in the 2024 report, which tells us 71% of GPs report psychological issues in their top three reasons for presentations. This year, GPs are spending more time with their patients and the majority of patients report they can access timely general practice care.

The cost of care continues to increase in 2024. Patients are paying a larger share of the true cost of their medical visits, putting a greater financial burden on households, as indexation of Medicare rebates have not kept up with the cost of inflation. However, costs for GP services have continued to be lower than non-GP specialists and all services delivered under Medicare. The proportion of GPs bulk billing most of their patients has increased, most likely influenced by the tripling of the bulk-billing incentives for care provided for Commonwealth concession card holders and children under 16 years of age in November 2023. However, the proportion of fully bulk billed patients remains low, as GPs face significant challenges with the rising cost of providing care and financial viability concerns.

GPs are reporting marginally improved job satisfaction in the last year. Encouragingly, 73% of GPs state they are satisfied with their job, an increase from 66% in 2023. However, GP job satisfaction and wellbeing is dependent upon practice setting and age. GPs who work within an Aboriginal and Torres Strait Islander health setting (including those in Aboriginal Community Controlled Health Organisations) report much higher job satisfaction than their counterparts. Younger practising GPs (those under 35 years of age) had overall highest job satisfaction rate, as well as GPs who were over 65 years of age. Overwhelming, GPs indicated they do not feel valued when ranking issues they face within general practice. Role encroachment by other health professionals is increasingly being noted as an issue that GPs face.

Although still at high levels, burnout is slowly decreasing, with 69% of GPs experiencing burnout in 2024, compared with 73% in 2022. The proportion of GPs who reported being dissatisfied with the amount of administration associated with their work increased markedly, from 60% in 2023, to 70% in 2024. GPs have continued to raise concerns about the heavy administrative burden on general practice.

The GP workforce is ageing, with the proportion of GPs aged 65 years and older steadily increasing. The share of new GPs under 35 has also declined, notably among female GPs. Almost one third of current GPs plan to cease practising within the next five years. Half of these GPs indicated they would be stopping practice earlier than they'd intended when they first commenced general practice. These results indicate a risk to the size of the practising GP workforce in the short term if these GPs follow through with their intentions. There are several factors that would encourage current GPs to practice longer, and these are largely centred around addressing the challenges facing the profession. Eighty-one per cent of GPs identified that improved remuneration, incentives and conditions would encourage them to practice longer.

There has been a moderate increase in the proportion of GPs recommending general practice as a career to future doctors. This has increased from 38% in 2023, to 44% in 2024. While this increase is encouraging, it is still not at 2021 levels, when 58% of GPs were prepared to recommend the profession to future doctors. We continue to see a repeated decline in medical students' preference to specialise in general practice. In 2023,

only 10.5% of medical students reported general practice as their preferred specialty of future practice, contrasting with 13% in 2022, and 13.6% in 2021.

Most GPs do not feel well informed about innovation within general practice, and a large proportion are not adopting innovative tools and technologies and are not familiar with a wide range of these tools, such as artificial intelligence. Despite a lack of familiarity and implementation of innovative tools and practices, a large proportion of GPs are demonstrating a positive mindset towards the broader adoption of innovation within general practice. Nearly half of GPs feel enthusiastic when adopting new digital technologies within general practice and believe that innovations occurring in general practice are generally positive and improve patient outcomes. Most GPs identified a lack of time as the biggest barrier to innovation within their practice setting, followed by a lack of government incentives and funding.

Encouragingly, 73% of GPs state they are satisfied with their job, **an increase from 66% in 2023.**

About the report

The eighth edition of the General practice: *Health of the Nation* report provides the opportunity to examine the current state of general practice and track changes over the short and medium terms. This survey is an important opportunity to forecast possible longer-term trends in general practice and consider the implications for patients, GPs and the broader healthcare sector.

Survey

This report draws directly from the reflections and experiences of GPs and GPs in training via the RACGP Health of the Nation survey. The survey spans eight years and has historically involved RACGP Fellows from all parts of Australia.

The 2024 online survey, undertaken by The Navigators in close collaboration with the RACGP, ran from 10 April to 12 May 2024. Survey respondents covered a wide range of demographics across the GP community. The 2024 survey included:

- RACGP Fellows
- vocationally registered RACGP members
- Continuing Professional Development (CPD)-only RACGP members
- GPs in training.

Responses received were split into practising GPs, non-practising GPs and GPs in training. Demographics of the 3006 practising GPs were as follows:*

- 56% female, 43% male, 1% identifying as non-binary, transgender or intersex, or preferring to self-describe
- 7% aged <35 years, 24% 35–44 years, 27% 45–54 years, 25% 55–64 years, 18% ≥65 years
- 10% Western Australia, 1% Northern Territory, 10% South Australia, 22% Queensland, 26% New South Wales, 2% Australian Capital Territory, 24% Victoria, 4% Tasmania
- 63% in major cities, 21% in inner-regional, 12% in outer-regional, 5% in remote and very remote

Demographics of the 180 non-practising GPs were as follows:†

- 51% female, 49% male, 0% identifying as non-binary, transgender or intersex, or preferring to self-describe
- 7% aged <35 years, 13% 35–44 years, 9% 45–54 years, 22% 55–64 years, 48% ≥65 years

Demographics of the 289 GPs in training were as follows:

- 60% female, 39% male, 1% identifying as non-binary, transgender or intersex, or preferring to self-describe
- 41% aged <35 years, 37% 35–44 years, 16% 45–54 years, 4% 55–64 years, 1% ≥65 years
- 9% Western Australia, 1% Northern Territory, 22% South Australia, 21% Queensland, 34% New South Wales, 2% Australian Capital Territory, 22% Victoria, 3% Tasmania
- 38% in major cities, 36% in inner-regional, 20% in outer-regional, 16% in remote and very remote

This report also draws on data collected in previous editions of the RACGP's Health of the Nation survey which was undertaken by EY Sweeny from 2017 to 2021.

Other data sources

This report collates data from various sources to provide a unique overview of the general practice sector, including:

- the Australian Institute of Health and Welfare
- the Australian Bureau of Statistics
- the Department of Health and Aged Care
- Productivity Commission
- Medical Deans Australia and New Zealand.

* Sum of percentages may not add to 100% due to system missing responses and rounding.

† State/territory data is not available for non-practising GPs as they do not provide postcode data.

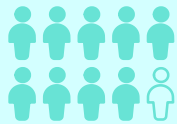
An aerial photograph of a large, calm lake under a cloudy sky. In the center of the lake is a small, irregularly shaped island covered with dense green trees and some brownish vegetation. The lake's surface reflects the sky and the surrounding landscape. In the background, there are rolling hills and mountains, some with patches of snow or light-colored vegetation. A white diagonal line runs from the top right towards the bottom right, crossing the lake and the island.

‘I am concerned about...the
lack of affordable mental
health care for **patients
on low incomes.**’

Chapter one

Patient interactions and health trends in general practice

‘There is a lack of real, effective and sustainable community support for mental health.’



9/10

Almost nine in 10 Australians visit a GP each year.



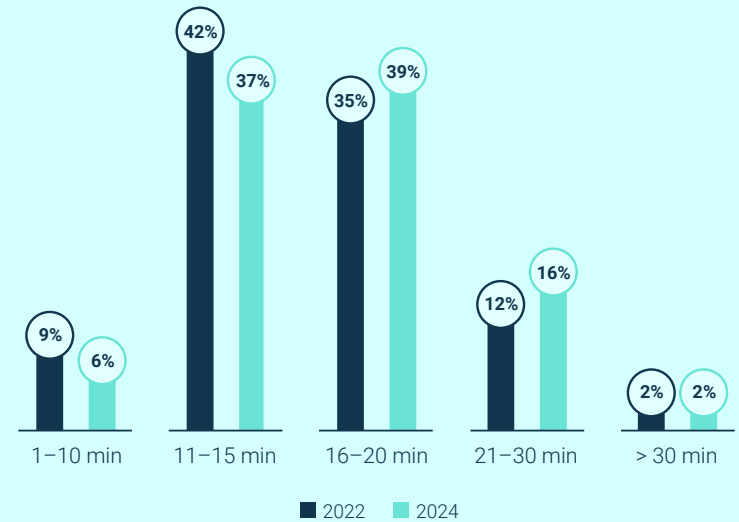
71%

In 2024, 71% of GPs report psychological issues in their top three reasons for presentations.



19mins

18.7 minutes is the average time spent with patients, relatively consistent with 2023.



■ 2022 ■ 2024

GPs are spending more time with patients

General practice patient profile

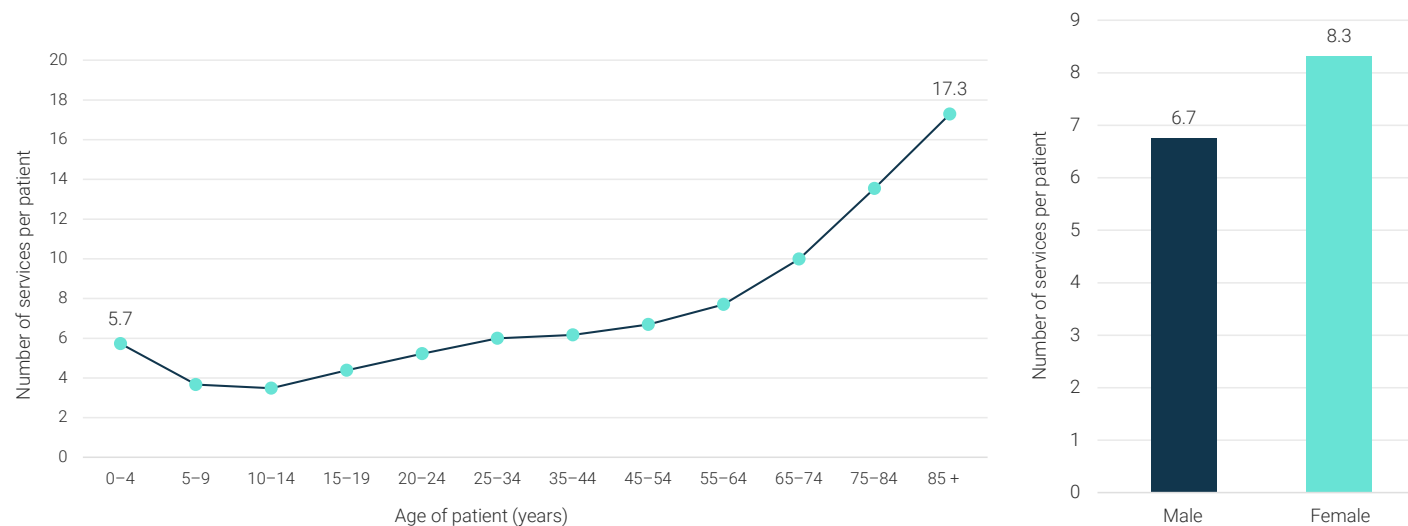
Each year, almost nine in 10 Australians visit a GP. In 2023, more than 22 million Australians visited their GP. More than 169 million health services were provided by GPs, and on average, patients received 7.6 services from their GP throughout 2023.¹

GPs were the most accessed health professionals in 2022–23, consistent with the trend established in previous years.²

A very broad variety of people receive care from their GP every year. Females and those over 65 years old tend to be the highest users of GP services (Figure 1). Patients living in or close to major cities also visit their GP more frequently, ranging from 7.4 services per patient in Modified Monash Model (MMM)* to 4.4 services per patient in MM7.

FIGURE 1

Females and older people remain the highest users of GP services



* The Modified Monash Model (MMM) is how we define whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) categories MM1 to MM7. MM1 is a major city and MM7 is very remote.

GP INSIGHT 'Patients are more and more likely to have multiple health issues. They are becoming more and more complex. More and more are not able to afford to see specialists privately and allied health privately. The waitlist for the hospital clinics are becoming longer and longer. Hence GPs are left to manage the multiple complicated conditions until they are able to see the specialists.'

1 – Measure: Number of services per patient by age and gender.
Source: Australian Government, Department of Health and Aged Care. General Practice Workforce providing primary care services in Australia – General Practice Workforce 2018 to 2023 calendar years. 2023. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Reasons people are seeing their GP

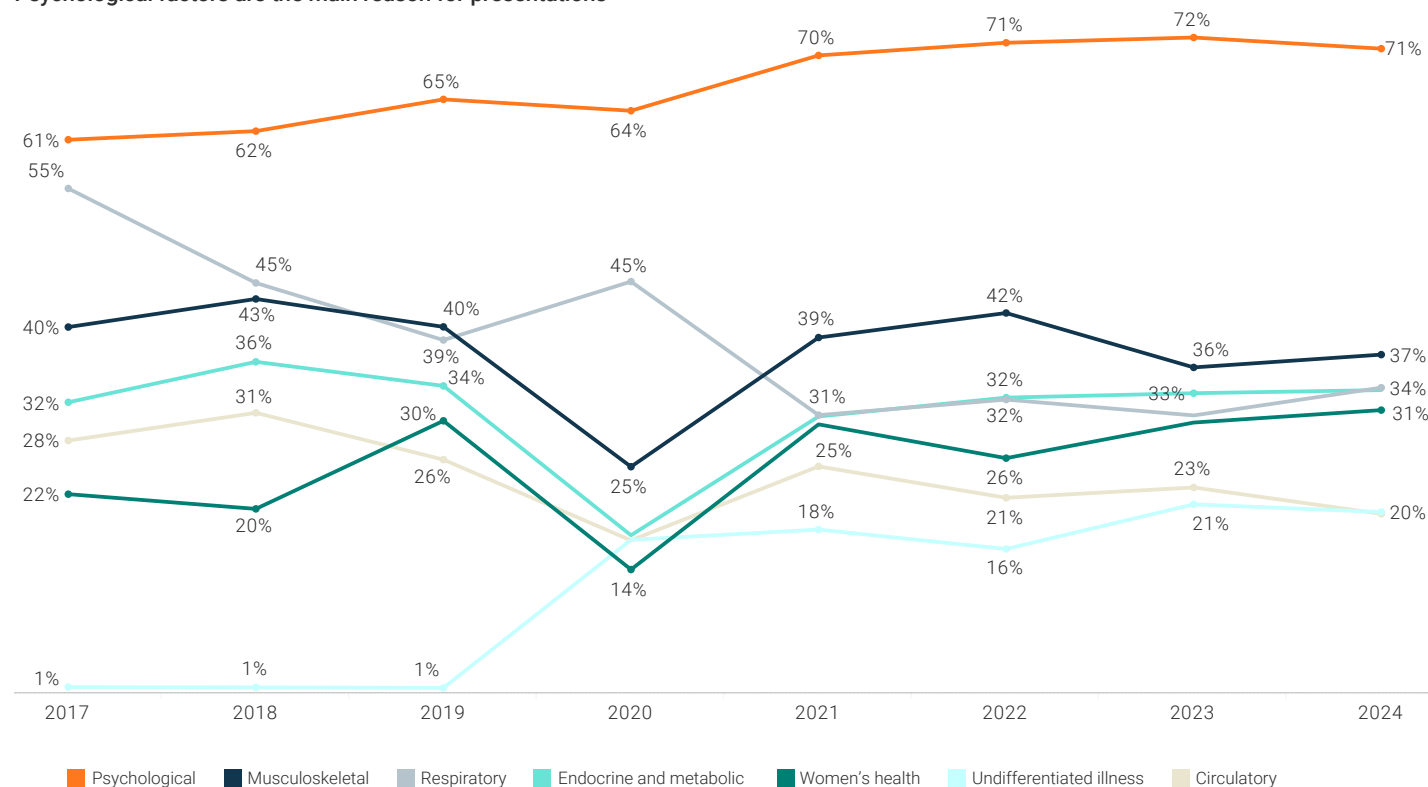
The past year has shown little change in the most common reasons for people seeing their GP. In 2024, 71% of GPs report psychological issues in their top three reasons for presentations. Since the first Health of the Nation survey in 2017, GPs have consistently reported the most common health issues they support patients to manage are psychological.³

As noted in last year's report, the nature of health conditions that GPs most commonly manage has fluctuated since 2017, which can also in part be attributed to the COVID-19 pandemic. In 2020, there was a spike in respiratory and preventive care and a decrease in other chronic disease care. Compared with last year, the most common reasons for patient presentations have remained relatively consistent.

GP INSIGHT 'Mental health continues to be a terrifying concern. Patients are unable to access the psychiatric care they need and GPs are left without advice and support. GPs are providing consistent, accessible care for patients which (although I enjoy) is time consuming and poorly remunerated. GPs continue to be undervalued in this area.'

FIGURE 2

Psychological factors are the main reason for presentations



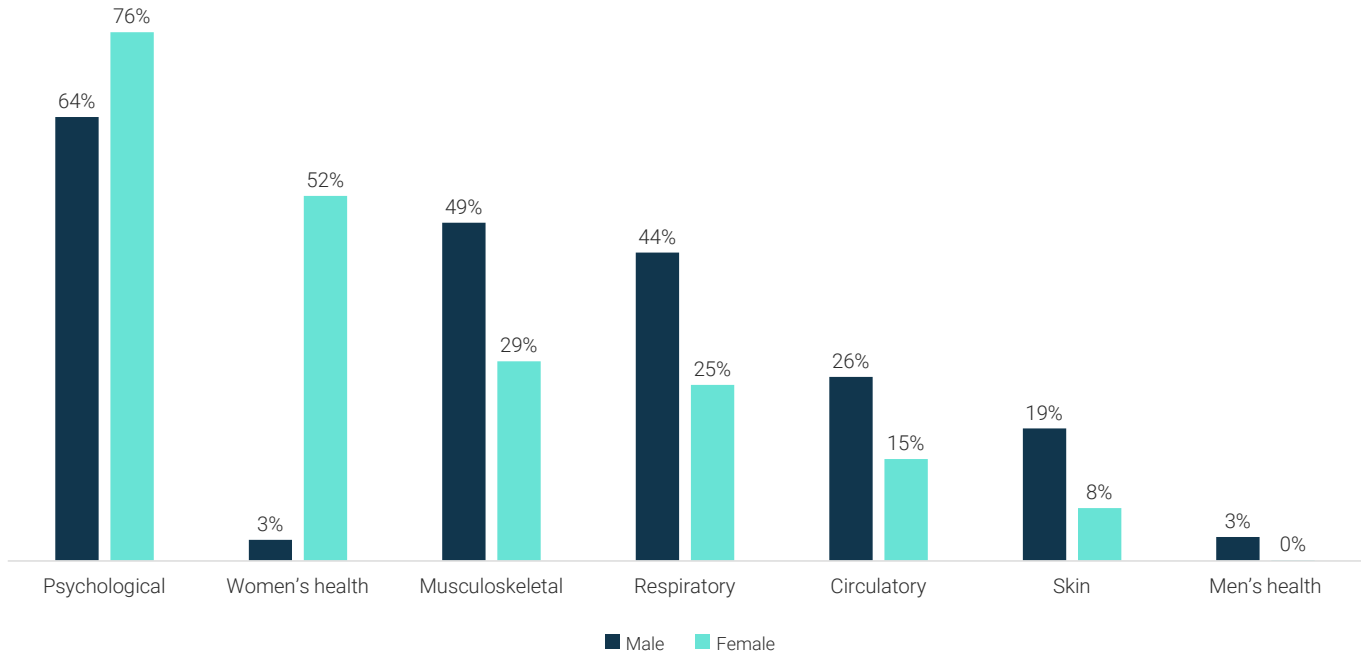
2 – Measure: Proportion of GP responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?' by year.

Sample: Practising GPs 2017 n=1309, 2018 n=1537, 2019 n=1174, 2020 n=1782, 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Female GPs continue to report greater psychological presentations, with nearly eight in 10 female GPs reporting psychological issues as one of their top three reasons for patient presentations. This is in contrast to just over six in 10 male GPs. Female GPs also see a much greater incidence of women's health presentations in their top three reasons for patient presentations (52%) compared to male GPs (3%). Male GPs report a greater proportion of musculoskeletal, respiratory, circulatory and skin presentations among their top three reasons for seeing patients (Figure 3).

FIGURE 3
Female GPs see more psychological presentations



GP INSIGHT 'My patient group are now predominantly young people with serious mental health issues and histories of trauma and socioeconomic disadvantage. I am concerned about the lack of secondary mental health services available, and the lack of affordable mental health care for patients on low incomes.'

3 – Measure: Proportion of GP responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?' by gender.

Sample: Practising male GPs n=1282, female GPs n=1687.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Patient experiences of general practice care

Most practising GPs are typically spending nearly 20 minutes with their patient during a consultation.

The average time spent with patients across all practising GPs is now 18.7 minutes.

This continues the general trend of GPs spending more time with their patients, rising from 17.7 minutes in 2022 and 18.6 minutes in 2023. Accordingly, the most common type of general practice attendance is a 'Level B' consultation (between six and 20 minutes in duration), of which there were 107 million attendances in 2022–23.⁴

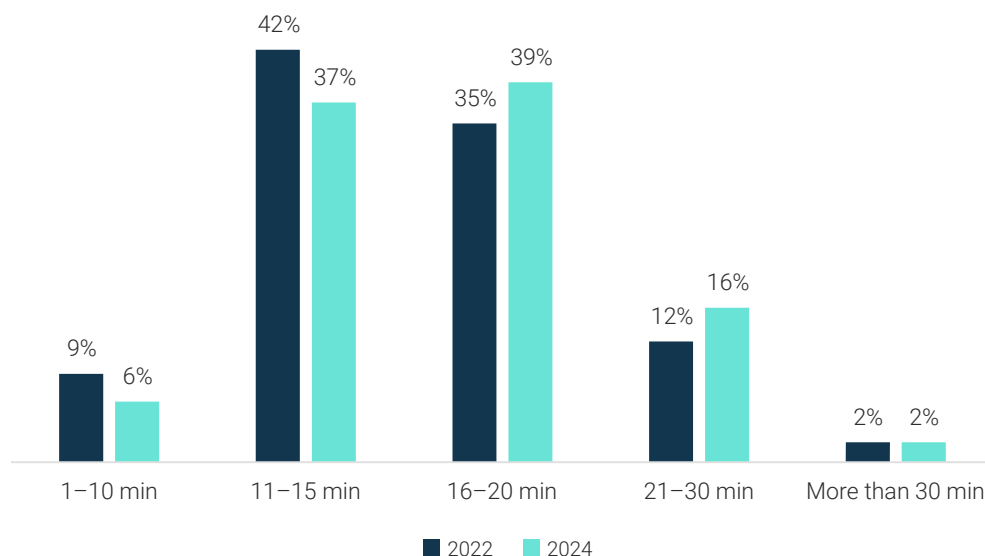
Female GPs spent longer (average 20.2 minutes) with their patients compared with male GPs (average 16.7 minutes). This might be explained by the types of consultations often conducted

by female GPs. For example, female GPs report higher proportions of consultations with a mental health component, which are typically complex consultations requiring more time.⁵

Consultations in very remote parts of Australia (average 23.8 minutes for MM7) were considerably longer than in major cities (average 18.5 minutes for MM1) and all other categories of remoteness. This is consistent with previous survey results and may be reflective of the continued lack of access to non-GP medical specialists in these areas. It could also indicate the higher complexity health needs for patients in these regions, as well as patients 'bundling' multiple health concerns and addressing these concerns in the one appointment with their GP. GPs in remote areas often have additional skills to meet the needs of their community and tend to do more procedural work to compensate for lack of access.

FIGURE 4

GPs are spending more time with patients



4 – Measure: Responses to the question, 'How long do you typically spend with a patient?'.

Sample: 2022 n=3221, 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Access to general practice care

The overwhelming majority of patients can access general practice care, with less than 2% of people reporting they were unable to see a GP when they needed to in 2022–23. Access to care varies by socioeconomic disadvantage and remoteness.² People living in areas of least socio-economic disadvantage were more likely than those living in areas of most disadvantage to see a GP (83.8% compared to 81.3%), while people living in outer-regional, remote or very remote areas were more likely than those living in major cities to see a GP for urgent medical care (9.1% compared to 8.0%).²

Patients continue to generally rate the care they receive from their GP highly. Around 88% of patients report their GP always or often spent enough time with them, 94% reported their GP showed respect and over 90% reported their GP listened carefully (Figure 5).² In 2022–23, most people were able to access a GP for urgent medical care within 24 hours. For two in five people, this care was available within four hours. People outside of major cities were more likely to report longer wait times for urgent care (Figure 6).²

5 – Measure: Patient responses to the question, ‘Thinking about all the GPs you have seen in the last 12 months, how often did they (listen carefully to/show respect for/spend enough time with you)?’.

Sample: Data collected from 25,934 fully responding persons.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2022–23. 2024. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

6 – Measure: Patient responses to the question, ‘Thinking about the most recent time for urgent medical care, how long after you made the appointment were you seen by the GP?’, by remoteness.

Sample: Data collected from 25,934 fully responding persons.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2022–23. 2024. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

FIGURE 5
Patients are extremely satisfied with the GP care they receive

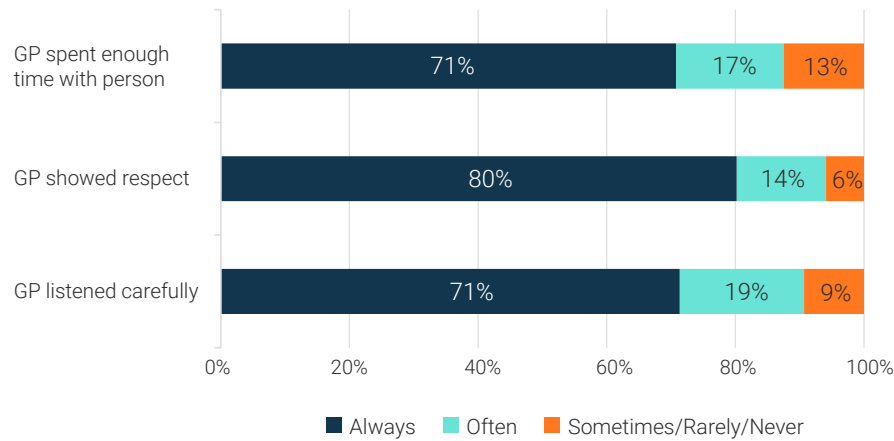
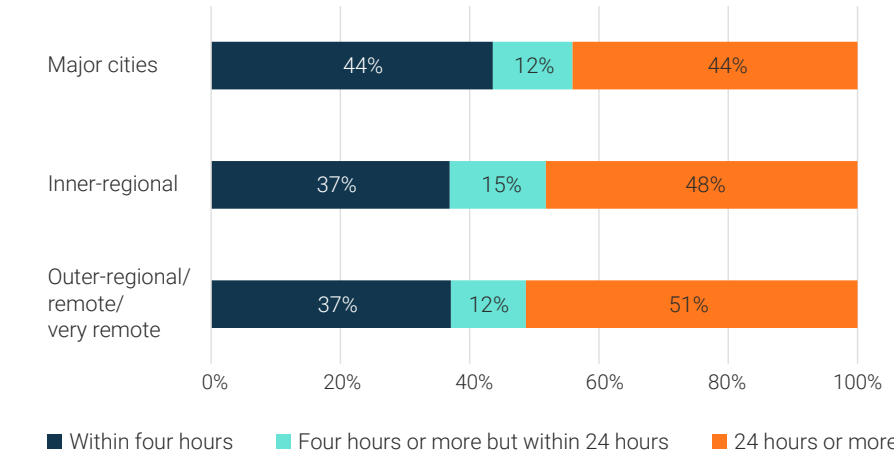


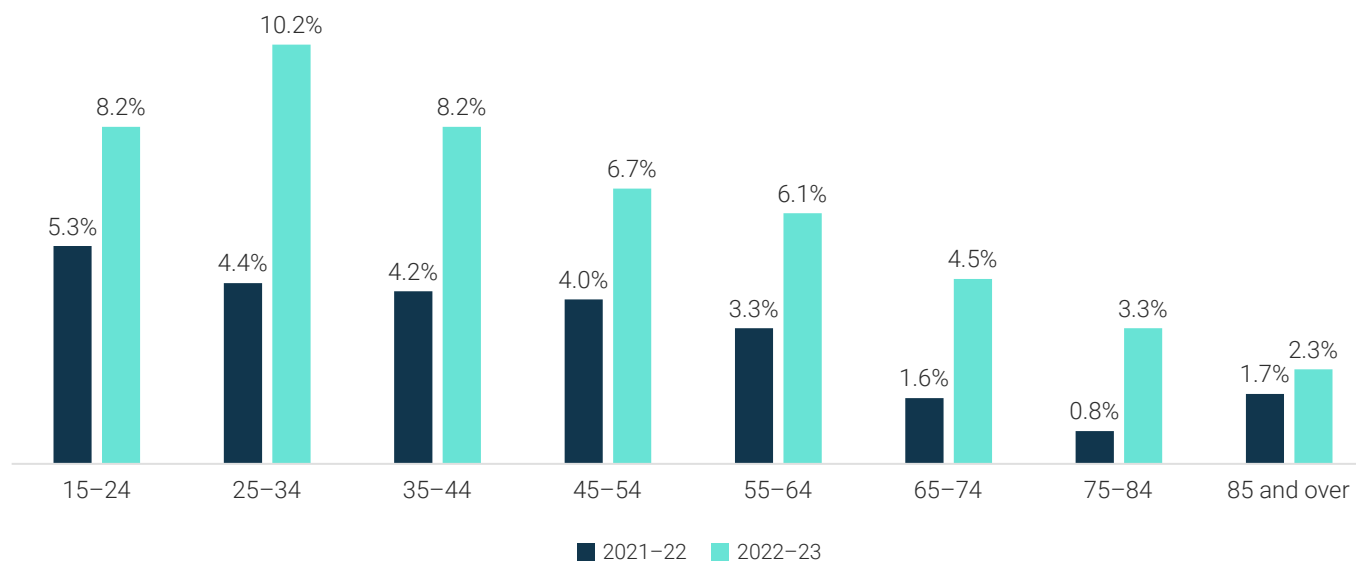
FIGURE 6
Wait times for urgent GP appointments by regionality



In the last year there has been a notable increase in the proportion of people delaying or not accessing care due to cost. The overall proportion of people delaying or not accessing general practice care due to cost doubled from 3.5% to 7% between 2021–22 and 2022–23.² People between 25 and 34 years of age are now the most likely to avoid care due to financial reasons (Figure 7). These challenges are consistent across the health system, with 40% of Australians rating the affordability of healthcare as fair or poor.⁶

FIGURE 7

Proportion of people by age, delaying or not accessing care due to cost



7 – Measure: Patient responses to the question, 'Thinking about when you needed to see a GP but didn't, what was the main reason you did not go?', by financial year.

Sample: Data collected from 25,934 fully responding persons.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2022–23. 2024. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

Cost of care

The Australian Government contributes towards the cost of people seeing their GP through Medicare. Under Medicare, patient rebates are provided depending on the services people access from their GP.

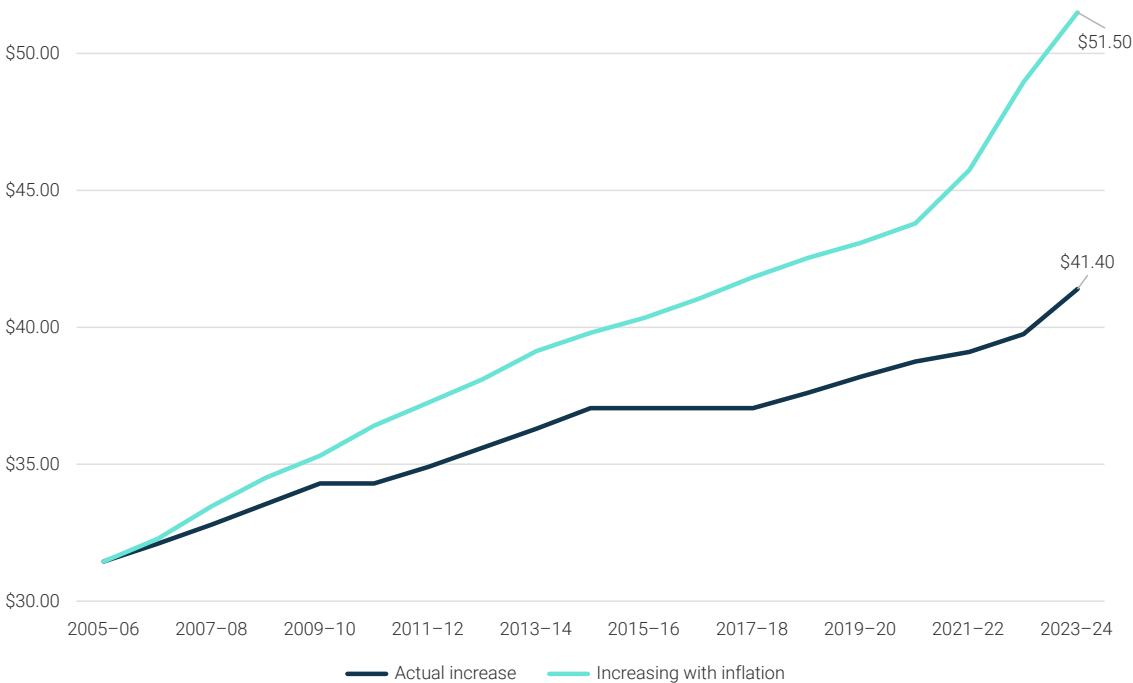
Indexation of the patient Medicare rebates have not kept pace with inflation.

As shown in Figure 8, the rebate for a standard GP visit up to 20 minutes in 2023–24 was \$41.40. However, if the rebate had increased with inflation since 2005–06, then the rebate would be \$51.50.

This discrepancy means patients are paying a larger share of the true cost of their medical visits, putting a greater financial burden on households.

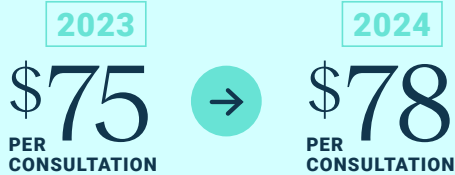
The growing gap between the Federal Government's contribution to the cost of general practice care and the cost of providing care is affecting the sustainability of the primary care sector and the out-of-pocket cost for patients to access care. Health inflation for the 12 months up to May (6.1%) was notably higher than the overall Consumer Price Index Indicator, which measures inflation across the Australian economy (4.0%).⁷

FIGURE 8
MBS patient rebate for 20-minute consultation – actual increase versus indexation



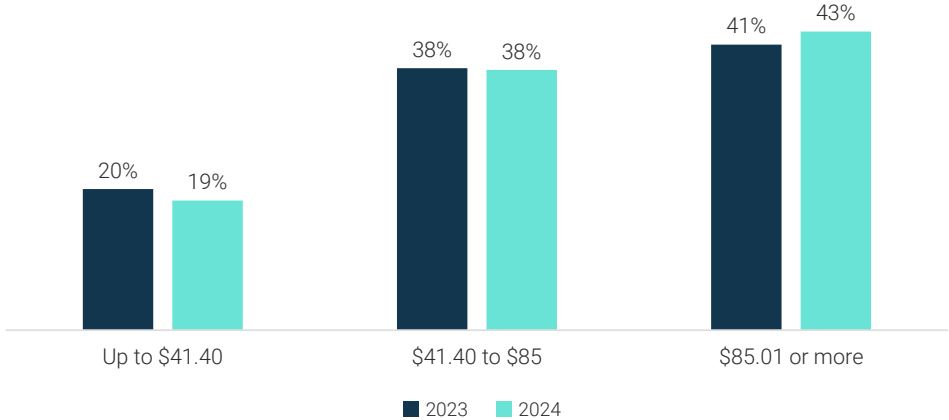
8 – Measure: Actual increase in MBS item 23 (standard GP consultation lasting up to 20 minutes) compared to the value had it increased in line with general inflation.
Source: Reserve Bank of Australia Inflation calculator, MBS Online.

Practising GPs report charging an average fee of \$78.26 for a consultation up to 20 minutes, including the \$41.40 rebate available in April/May 2024. This has increased from 2023 when the average fee for a consultation this length was \$74.66. The proportion of GPs indicating they charge more than \$85, including the current rebate, has remained relatively consistent with the results from 2023 (Figure 9). However, within this group there has been a notable increase (23% in 2023 to 37% in 2024) in the proportion of GPs charging over \$90 on average for a consultation.



Practising GPs report their **fees are increasing in recent years.**

FIGURE 9
Total fee charged by GPs for a 20-minute (Level B) consultation

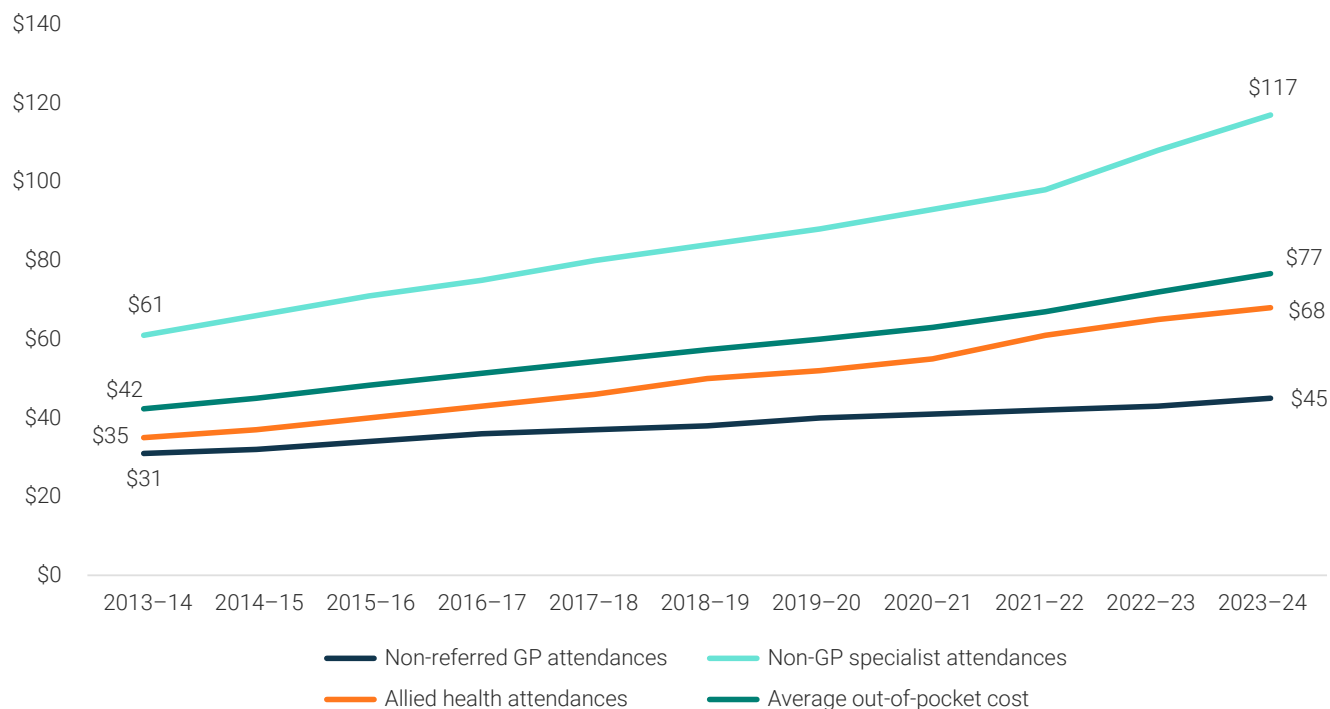


9 – Measure: Responses to the question, 'What is the total fee for patients at your main practice for a standard MBS item 23 (Level B) consultation?'.
Sample: 2023 n=2050, 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Over the past decade, out-of-pocket costs have risen across the health sector. However, out-of-pocket costs for GP services remain lower than non-GP specialists and allied health services delivered under Medicare (Figure 10). In 2023–24, the average out-of-pocket cost for a GP attendance was \$45, compared to an average of \$68 for allied health services and \$117 for non-GP specialists.⁸

GPs continue to provide better value for money compared to other health and medical professionals. At present rates, seeing your GP is on average \$23 cheaper than seeing an allied health professional and \$72 cheaper than seeing a non-GP medical specialist even after the Medicare rebate.

FIGURE 10
Out-of-pocket costs for patients across the health system



10 – Measure: Average patient contribution per service: Out of hospital patient billed

Source: Australian Government, Department of Health and Aged Care. Medicare annual statistics: State and territory (2009–10 to 2023–24). Canberra: Australian Government, 2024. Available at www.health.gov.au/resources/publications/medicare-annual-statistics-state-and-territory-2009-10-to-2023-24?language=en

11 – Measure: Responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?', by year.

Sample: Practising GPs 2020 n=1782, 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

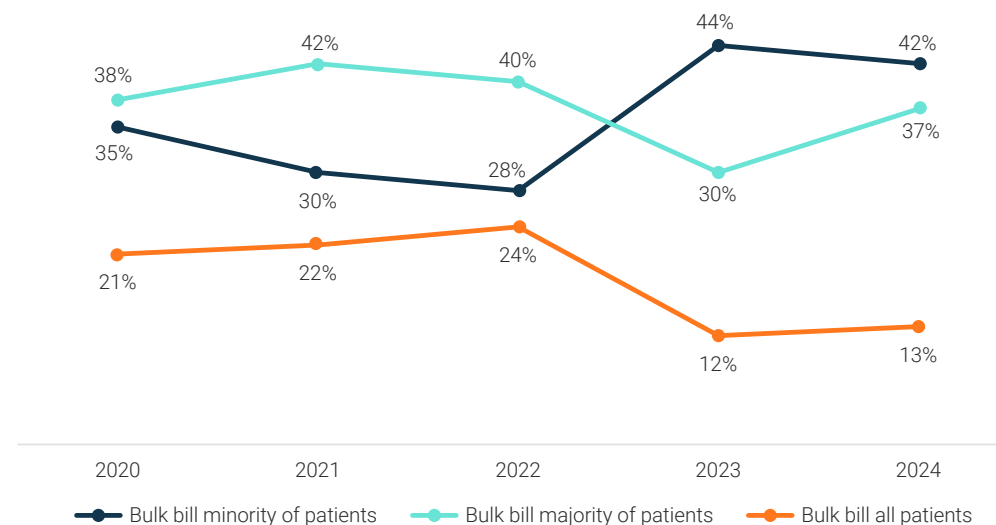
Most GPs continue to offer fully subsidised or 'bulk-billed' care for most of their patients. This means patients do not pay any out-of-pocket costs for this care.

The proportion of GPs who bulk bill most of their patients has increased from 30% in 2023 up to 37% in 2024, while the proportion of GPs who bulk bill all their patients remains relatively steady at 13% (Figure 11). This has likely been influenced by the tripling of the bulk-billing incentives for care provided for Commonwealth concession card holders and children under 16 years of age in November 2023. However, the proportion of GPs fully bulk billing their patients remains low in comparison to 2022 (24%) as GPs face significant challenges with the rising cost of providing care and financial viability concerns (addressed further in Chapter 3).

Bulk-billing rates remain higher in rural and remote areas, and areas of socioeconomic disadvantage (Figure 12). It is likely this has flow on impacts for financial viability of general practices in these areas, potentially compounding issues around access to care and workforce shortages.

FIGURE 11

GPs offering bulk-billed care to their patients



6 GP INSIGHT

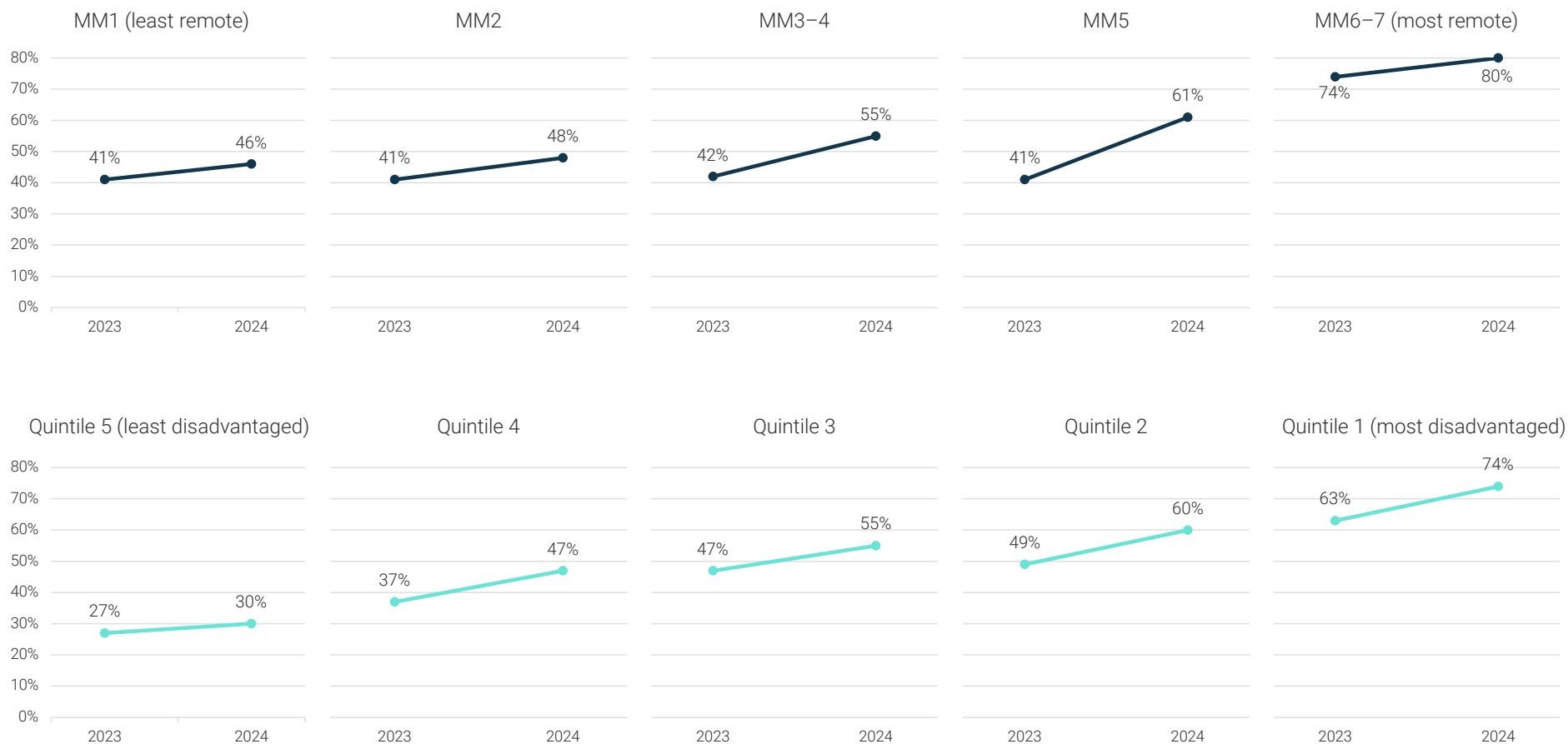


'I have great concerns on the ongoing affordability of healthcare access due to financial constraints. I am a fully bulk-billing general practice registrar and find it guilty to move on to private billing, as when I grew up, seeing a GP was always an easily accessible occurrence without costs involved. The rising cost needed to access other healthcare needs such as patients needing to pay for specimen pots, or pregnant women now needing to fork out an extra \$400+ for their pregnancy simply because the local radiology no longer bulk bills obstetric scans, the rising need for physiotherapy and psychology, but not being able to afford it is all so ridiculous.

How am I meant to do preventive care and stop morbidity and progression for an osteoarthritic knee, if Medicare says you only need five physio OR exercise physiology sessions a year? How am I meant to stop my patient getting a heart attack due to obesity when the cheapest medication costs \$150 out-of-pocket per month? How do I get my vulnerable, paycheck-to-paycheck, self-harming patient to pay the \$90 gap for CBT? How could I ever find the conscience to ask them to pay to talk to me for 30 minutes for crisis counselling? No one is going to be able to afford healthcare at this rate!

FIGURE 12

**Proportion of patients who are fully bulk billed by rurality (by Modified Monash region)
and social disadvantage (by Index of Socioeconomic Disadvantage quintiles)**



The tripling of the bulk-billing incentives for Commonwealth concession card holders and children under 16 years of age, announced by the Federal Government in the 2023–24 Budget, has positively impacted the willingness of GPs to bulk bill more consultations. In metro locations, the incentive rose from \$6.85 to \$20.65 and in very remote locations it increased from \$13.15 to \$39.65. The incentive is scaled for those between metro and very remote locations using the Modified Monash Model.

One in four practising GPs say the proportion of consultations they bulk bill has increased since the incentive payments for bulk billing were tripled.

This measure appears to have had the greatest impact in MM3–5, with 41% of practising GPs in these areas indicating they have increased the proportion of consultations that they bulk bill (Figure 13). GPs in training were also responsive to the change, with 31% indicating they had increased their bulk billing after the tripling of the incentives.

Bulk-billing rates vary by patient cohort, with veterans being the group most likely to be fully bulk billed (74% of GPs). A large majority of practising GPs (55%) also bulk bill all children under 16 and people in receipt of a government pension (52%). People with chronic disease will always be bulk billed by only 19% of GPs, but 53% of GPs will bulk bill more than 50% of the consultations with this group.

12 – Measure: Responses to the question, 'What proportion of your patients are fully bulk billed for all their care?' by MM region and Index of Relative Social Disadvantage (IRSD) quintile. Sample: 2023 MM1 n=1394, MM2 n=197, MM3–4 n=159, MM5 n=236, MM6–7 n=59, Quintile 5 n=541, Quintile 4 n=455, Quintile 3 n=426, Quintile 2 n=342, Quintile 1 n=271; 2024 MM1 n=2092, MM2 n=337, MM3–4 n=176, MM5 n=312, MM6–7 n=87, Quintile 5 n=842, Quintile 4 n=664, Quintile 3 n=586, Quintile 2 n=541, Quintile 1 n=373. Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

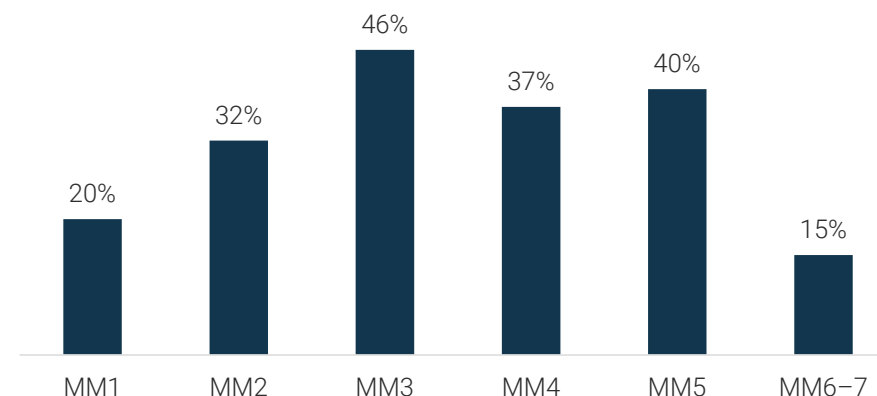
13 – Measure: Responses to the question, 'Since the introduction of increased bulk-billing incentive payments in November 2023, has the proportion of consultations that you bulk bill increased, decreased or stayed the same?'. Sample: MM1 n=2096, MM2 n=337, MM4 n=114, MM4 n=62, MM5 n=312, MM6–7 n=87. Source: The Navigators, RACGP Health of the Nation survey April/May 2024.



One in four

practising GPs say the proportion of consultations they bulk bill has increased since the incentive payments for bulk billing were tripled.

FIGURE 13
GPs reporting increased bulk billing following the introduction of tripled incentives

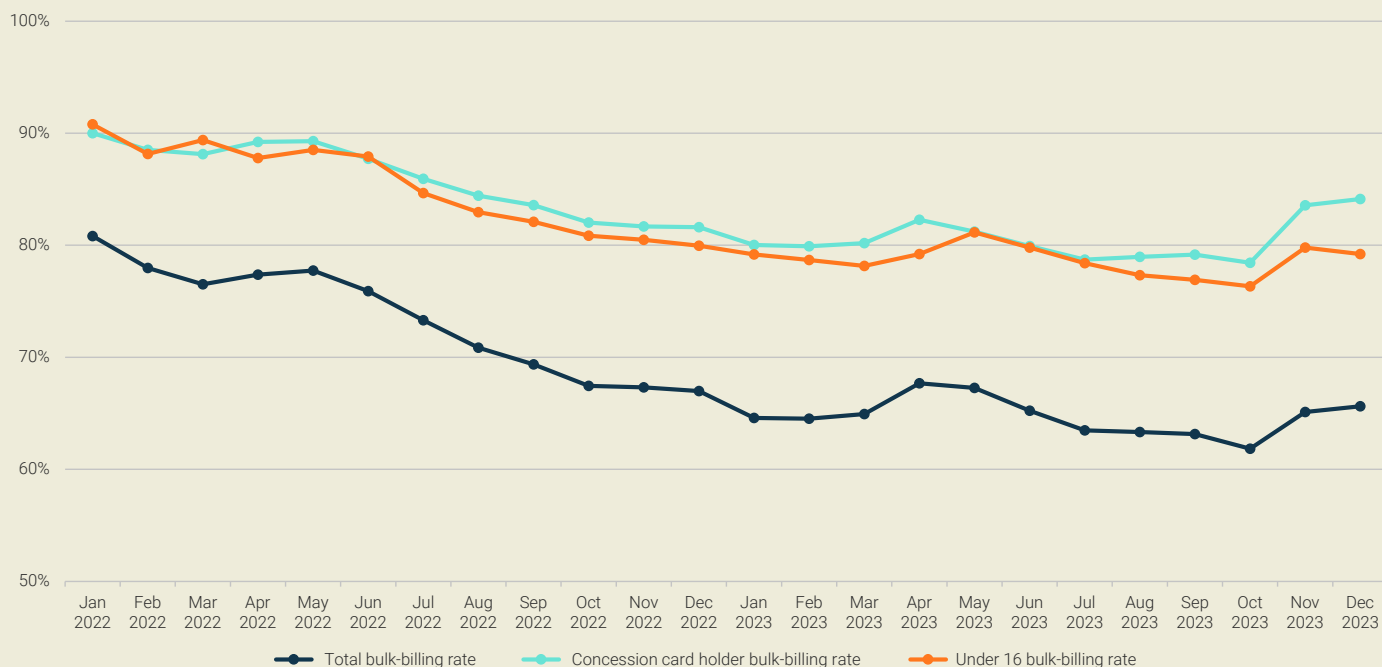


Insights from the Cubiko Touchstone General Practice Industry Report

The Cubiko Touchstone General Practice Industry Report, published in early 2024, derives insights from their aggregated, de-identified benchmarking dataset. Drawing on data from 811 general practices across Australia, all of which have opted into Touchstone, the report provides an understanding of industry trends and supports informed decision-making within general practice.

Along with a decline in the total average bulk-billing rate, Touchstone data reflects a decline in the bulk-billing rate for patients under 16 years of age (a decrease from 91% to 79%) and concession card holders (a decrease from 90% to 84%) (Figure 14). The November 2023 introduction of the triple bulk-billing incentive stemmed this fall, as there was a marked increase in the total average bulk-billing rate, as well as in patients under 16 years of age and concession card holders, from November to December 2023. The biggest increase in bulk-billing rates was witnessed in concession card holders, as the rate increased from 78% in November 2023, to 84% in December 2023.⁹

FIGURE 14
Bulk-billing rate as a percentage of invoices across eligibility types



GP INSIGHT 'The biggest pressure at the moment is the inability for patients to afford medications, allied healthcare or mental health input. I think that governments also forget that patients from rural locations have the added cost and time pressure of being able to physically access appointments, even if they are available via Medicare and funded by the government. They do not have the transport or the means to fuel to travel to metropolitan areas to see the subspecialised teams that metropolitan patients have ready access to. My other concern is the ongoing lack of support for mental health and domestic violence in the community, with GPs unable to source ongoing support for these patients who are mentally and physically in danger. I have had numerous patients who have PTSD and developing anxiety disorders secondary to partner aggression and violence, and it is extremely difficult to access support when the offender is still in the community and there is limited resources for safe houses or police support in a rural area.'

14 – Measure: Bulk-billing rate as a percentage of invoices across eligibility types

Sample: Based on de-identified data from 811 Australian general practices

Source: Cubiko, 2023 Touchstone General Practice Industry Report. Available at www.cubiko.com.au/resources/general-practice-benchmarks-2024



Accessing multidisciplinary care in general practice

A well-resourced, multidisciplinary primary healthcare team has the capacity to coordinate high-quality care and ensure patients can achieve the best possible health outcomes. Patient care in general practice continues to be a team effort, with the staff composition of each general practice varying depending on community need.

The majority of GPs (92%) reported that a practice nurse works in their main practice, while around half (52%) indicated their practice employed allied health professionals. GPs believe patients would benefit from practice nurses (88%), psychologists (75%), other allied health professionals (67%) and diabetes educators (64%) embedded within general practice.

Data from across the sector indicates that half of general practices are planning to increase the number of healthcare professionals within their practice in the next year. Almost three in five practices (59%) plan to expand the services offered by the GPs and other healthcare professionals within their practice.¹⁰

15 – Measure: Responses to the question, 'What other individual health workers or professionals are employed by or work in your main practice?'.
Sample: Practising GPs n=3006.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

16 – Measure: Responses to the question, 'Which of the following health professionals do you believe would most benefit patient health and general practice when embedded in general practice teams?'.
Sample: Practising GPs n=3006.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 15

Composition of health workers within a GP's main practice

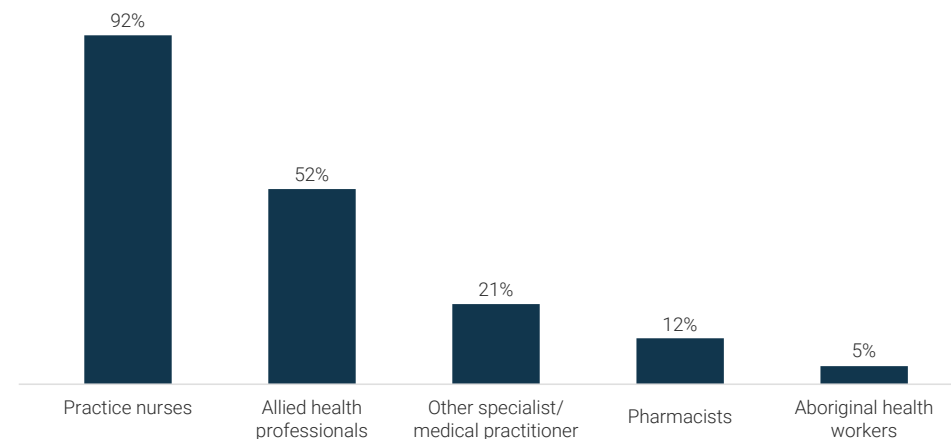
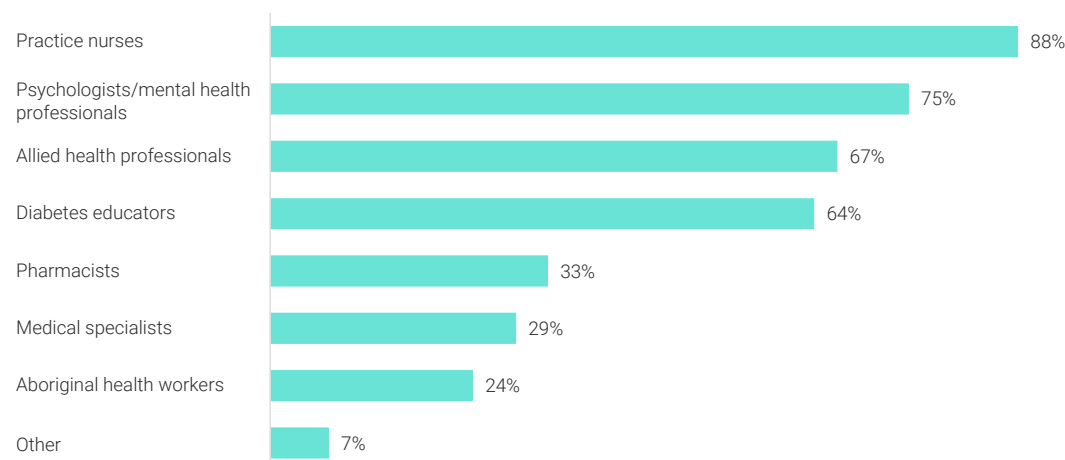


FIGURE 16

GP perspectives on health professionals that most benefit patient health in general practice teams



Emerging issues for patients and the health system

GPs are often the first point of contact for people seeking medical care. As such, they offer unique insights into the issues impacting both patient outcomes and the wider health system.

The most common health system concerns for GPs were workloads, patient access to healthcare, and health system fragmentation (Figure 17). This mirrors patient experiences across the health system, with 40% of patients indicating they are not confident navigating the health system.⁶

The proportion of GPs nominating Medicare and GP remuneration as an issue dropped from 17% to 8%, potentially reflecting the funding provided for general practice in the 2023–24 Federal Budget. Concerns about patient financial issues, however, remain relatively high among GPs. As shown in Figure 17, it was the fourth highest issue of concern in 2024, likely reflecting ongoing cost-of-living challenges across Australia.

Regarding patient conditions, mental health remains the most mentioned concern, followed by chronic illness and obesity and lifestyle issues (Figure 18). This aligns with the earlier finding that mental health remains the most common reason for patients presenting to general practices.

17 – Measure: Proportion of GP responses to the question, 'What are the emerging health system issues causing you the most concern for the future?' by year.

Sample: Practising GPs 2023 n=2050, 2024 n=3006.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

18 – Measure: Proportion of GP responses to the question, 'What are the emerging patient health issues causing you the most concern for the future?' by year.

Sample: Practising GPs 2023 n=2050, 2024 n=3006.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 17
Emerging health system issues causing the most concern for GPs

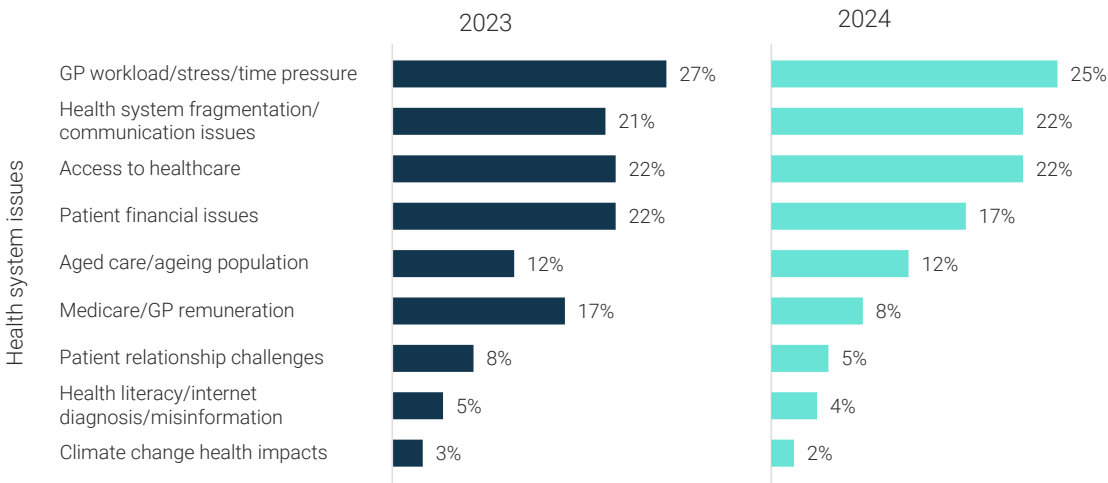
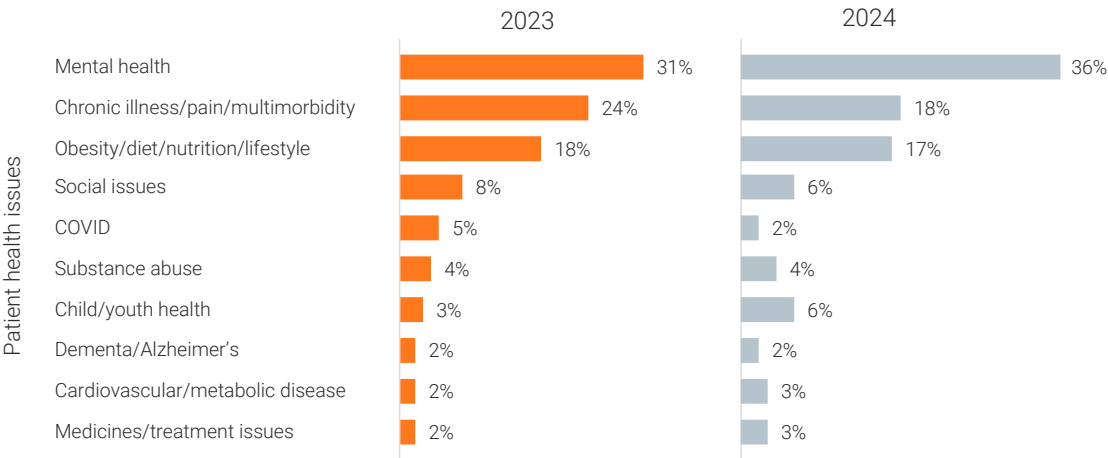


FIGURE 18
Emerging patient issues causing the most concern for GPs



What are the emerging patient health issues causing you the most concern for the future?

‘Mental health issues across the board with all age groups and genders. Chronic health conditions are not managed in time by the hospital system and affordable specialist care leading to the issues not being managed well and leading to complications. Fragmented healthcare by different allied health workers and not addressing the person as a whole leading to delay in treatment and care.’

‘Increased fragmentation of care – duplication rather than enhancement of patient care. No interest in the overall coordination of care and its value in keeping people well. Healthcare is increasingly divided into many different silos and patients are falling in between.’

‘Increasing complexity and higher rates of financial stress amongst patients, plus just not enough GPs with shortages everywhere so that we are always trying to catch up or fix issues that have been “bandaided” elsewhere.’



of patients indicate they are **not confident navigating the health system.**⁶

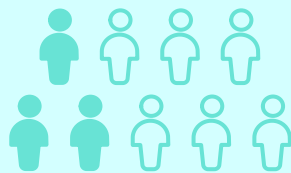
‘Australia’s GPs should be proud
of the invaluable work they do
caring for our communities ...
**we must inspire our next
generation of GPs.**’

DR NICOLE HIGGINS
RACGP PRESIDENT



Chapter two

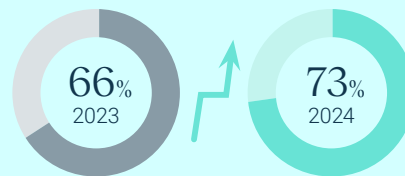
State of the general practice workforce



Almost one third (32%) of current GPs **plan to cease practising within the next five years.**



GPs who work within an Aboriginal and Torres Strait Islander health setting report **much higher job satisfaction than their counterparts.**



73% of GPs are satisfied with their job, an increase from 66% in 2023.



In 2023 there were 39,449 GPs within Australia's primary care workforce.

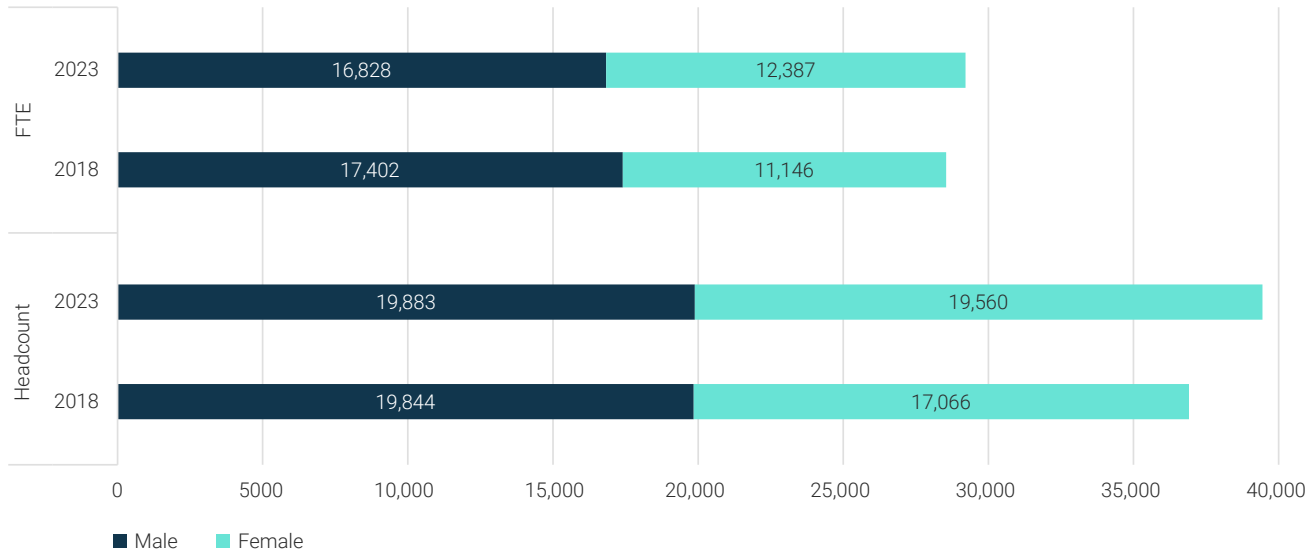
Current workforce characteristics

In 2023 there were 39,449 GPs within Australia's primary care workforce. Of these, 31,885 were vocationally registered, 1,562 were non-vocationally registered and 6,002 were GPs in training. The total number of GPs in Australia has increased every year since 2018, however the number of full-time equivalent (FTE) GPs decreased in 2023 to 29,215.¹

Similar to last year, growth in the number of female GPs continues to outpace male GPs. Male GPs account for a higher rate of FTE versus headcount than female GPs and constitute a notably larger proportion of the overall GP workforce, in terms of FTE (Figure 19).¹

The GP workforce is ageing, with the proportion of GPs aged 55 years and older steadily increasing from 37% in 2018, to 49% in 2023.

FIGURE 19
Male and female GPs as a proportion of the workforce, 2018–23



19 – Measure: GP Headcount and GP FTE by gender

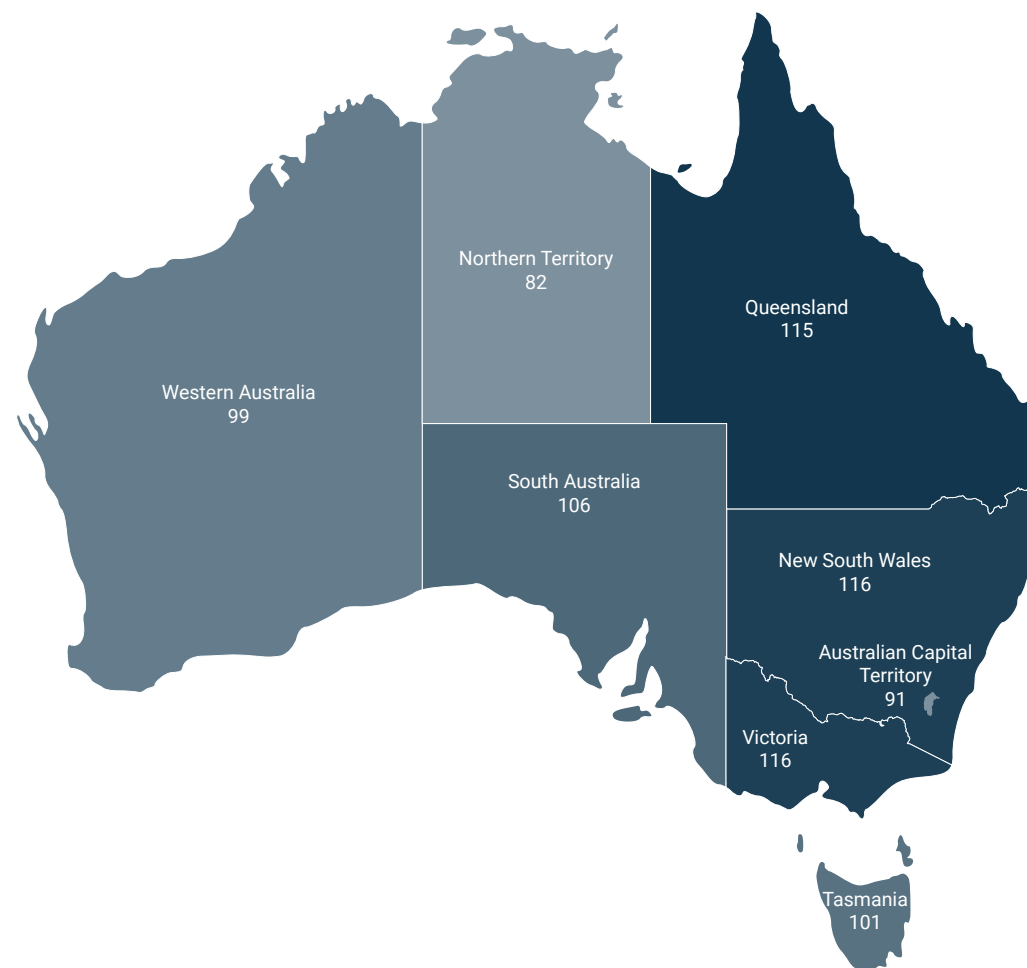
Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2018 to 2023 calendar years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

GP distribution

The number of GPs in each state and territory varies. Similar to previous years, there are near identical numbers of GPs per 100,000 people in Queensland (115), Victoria (116) and New South Wales (116), but distinctly fewer GPs per 100,000 people in the Northern Territory (82), South Australia (106), Western Australia (99) and the Australian Capital Territory (91).¹ Overall, in 2023 there were 112 FTE GPs per 100,000 people in Australia (Figure 20) which is a decrease from 2022 (115). This decrease is reflected in every state and territory in Australia except Tasmania which saw a slight increase.¹

FIGURE 20

FTE GPs per 100,000 people by state/territory



20 – Measure: FTE GPs by state/territory

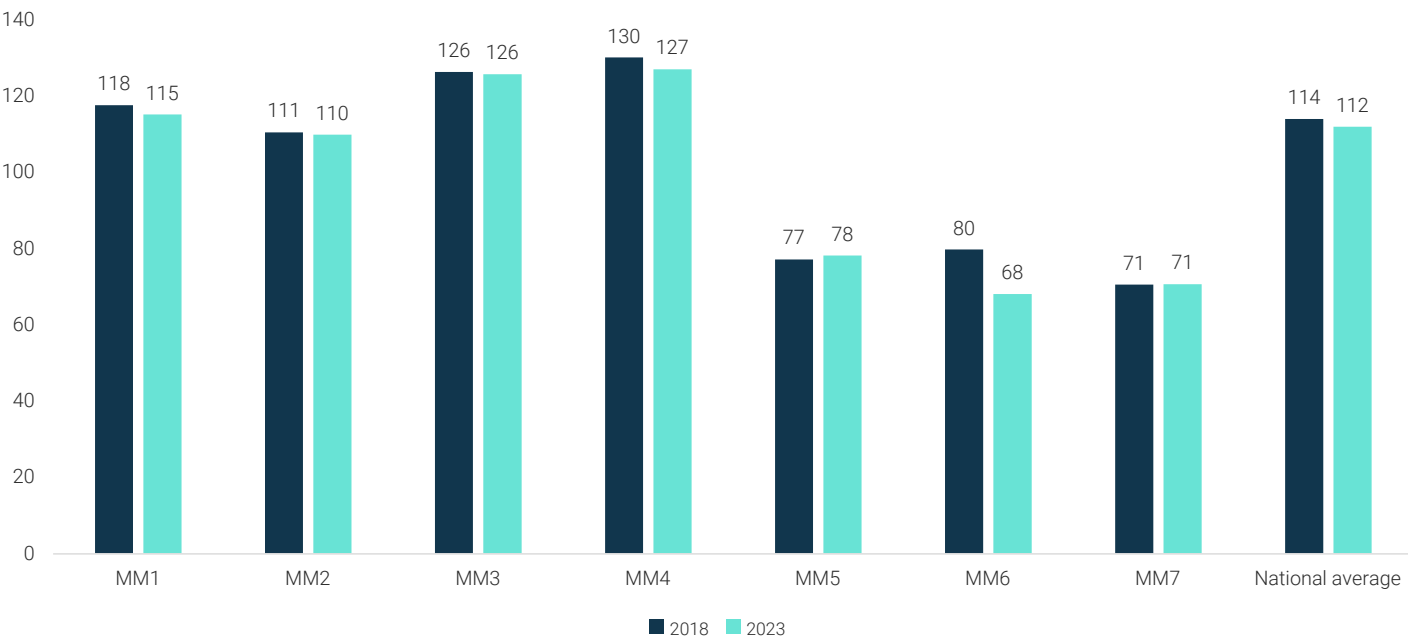
Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2018–23 calendar years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Between 2018 and 2023 there has been an overall decrease in the number of FTE GPs per 100,000 people in all MM regions across Australia, except for MM5 and MM7, which saw slight increases.¹

Data shows that MM6 regions particularly have seen a larger decrease. In addition, MM6 regions have the lowest number of GPs per 100,000 people in Australia (68), compared to MM4 regions which have the highest number of GPs per 100,000 people (127) (Figure 21).¹

Lower numbers of GPs in rural and remote regions of Australia (MM3–7) can have a negative impact on access to healthcare. Over 50% of people in outer-regional, remote or very remote regions in Australia are waiting 24 hours or more for an urgent appointment with a GP, contrasted with 44% of people living in major cities.² In addition, 38% of people in outer-regional, remote or very remote regions in Australia reported their wait time to see a GP was unacceptable, compared to 28% of those living in major cities.²

FIGURE 21
FTE GPs per 100,000 people in 2018 and 2023 –
by Modified Monash Model area



21 – Measure: FTE GPs by MMM area (service location)
Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2018–23 calendar years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

General practice setting

Similar to previous years, the majority of GPs work in a non-corporate group practice setting (69%), followed by corporate group practice (20%) (Figure 22). Eighty-one per cent of GPs worked in only one practice setting in the past month, with the remaining 19% working at more than one.

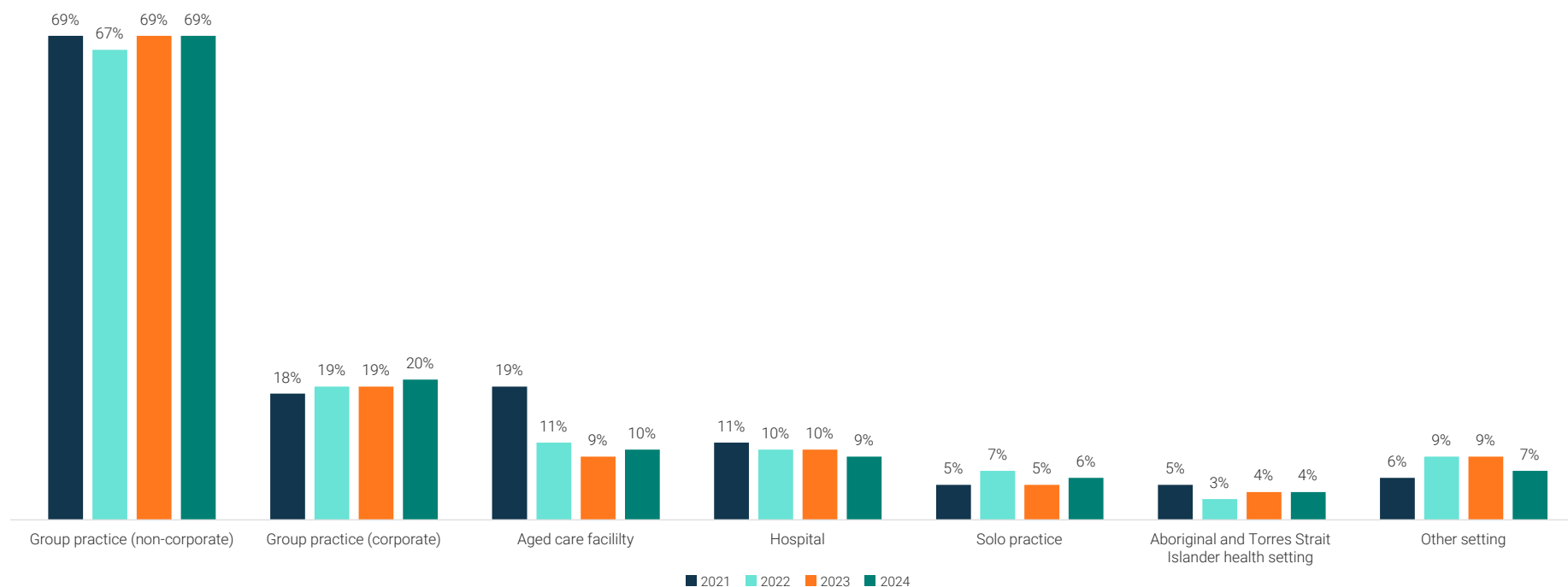
22 – Measure: Proportion of GP responses to the question, 'In which of the following settings have you practised in the past month?'

Sample: Practising GPs 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 22

GPs' practice setting in the past month



GP job satisfaction and challenges

GPs are reporting marginally improved job satisfaction in the last year. Encouragingly, 73% of GPs state they are satisfied with their job, an increase from 66% in 2023 (Figure 23). Job dissatisfaction has also correspondingly decreased, with only 18% of GPs reporting they are dissatisfied with their job.

Level of job satisfaction is dependent upon practice setting. GPs who work within an Aboriginal and Torres Strait Islander health setting (including those in Aboriginal Community Controlled Health Organisations) report much higher job satisfaction than their counterparts. Eighty-eight per cent of these GPs reported overall job satisfaction, which is an increase from 82% in 2023 (Figure 24). Those working in solo practice are the least satisfied (62% overall satisfied), a decreasing trend, compared with 68% in 2023.

Job satisfaction is also dependent upon age of the GP. Younger practising GPs (those under 35 years of age) had overall highest job satisfaction rate (85%), as well as GPs who were over 65 years of age (80% overall satisfaction) (Figure 24). Lowest job satisfaction (67%) was observed in GPs aged between 45–54 years of age.

FIGURE 23
GP job satisfaction

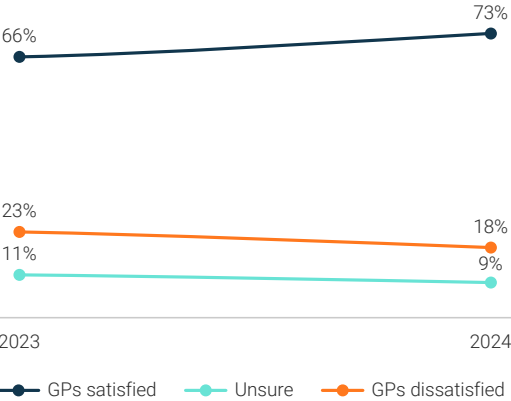
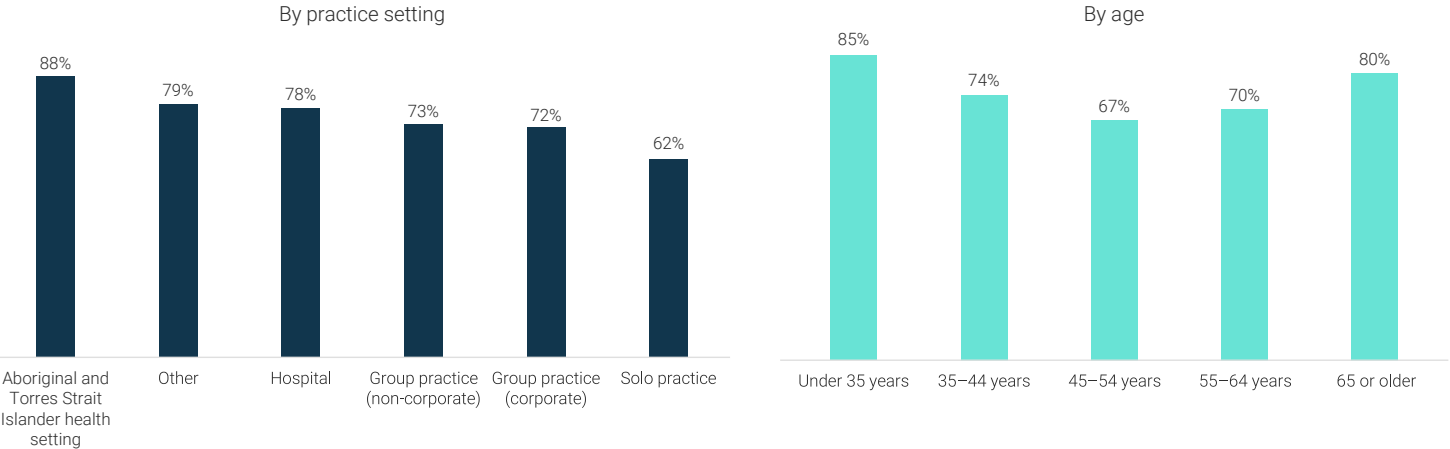


FIGURE 24
Job satisfaction by practice setting and age of GP



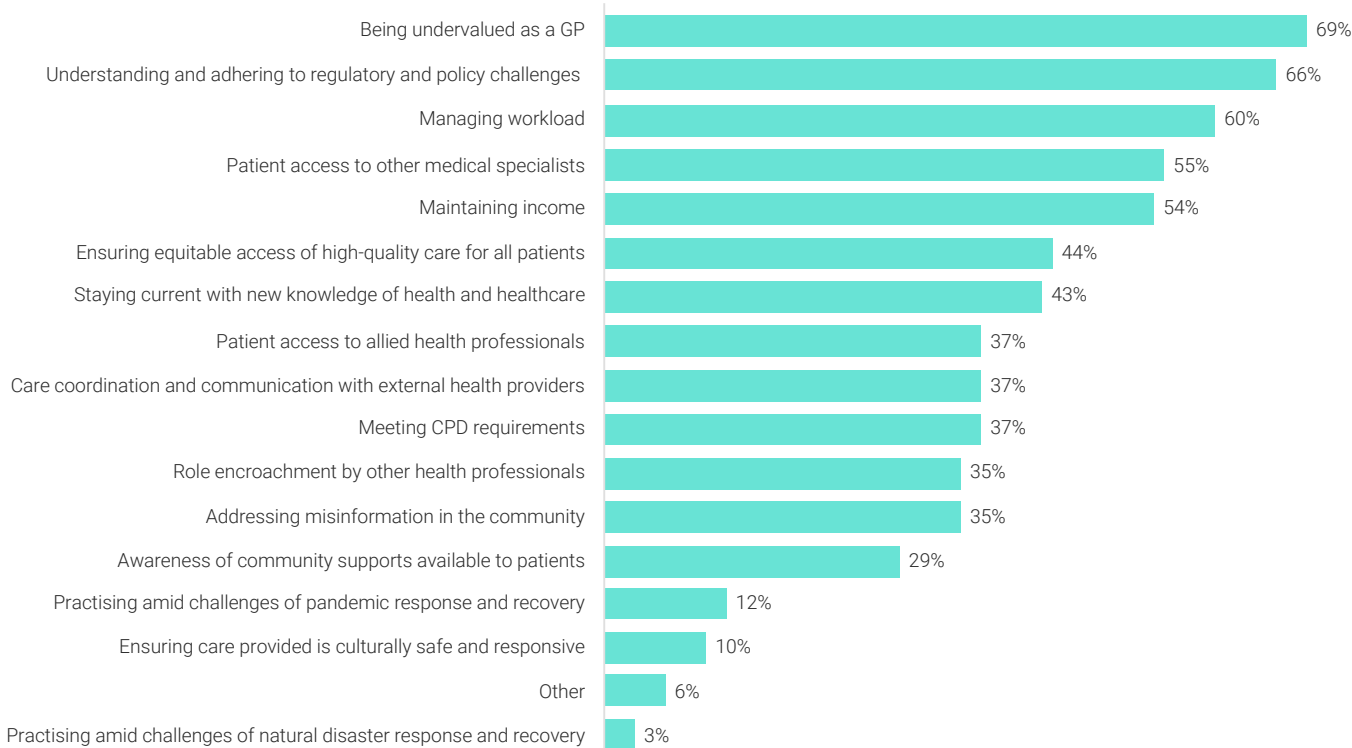
23 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'
Sample: Practising GPs 2023 n=2050, 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

24 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'
Sample: Practising GPs 2024 n=3006, under 35 years n=167, 35–44 years n=525, 45–54 years n=543, 55–64 years n=520, 65 or older n=432, Aboriginal and Torres Strait Islander health setting n=80, other n=84, hospital n=54, group practice (non-corporate) n=1,449, group practice (corporate) n=406, solo practice n=98
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Overwhelmingly, GPs indicated they do not feel valued when ranking issues they face within general practice.

Being undervalued as a GP was the top-rated challenge nominated by survey respondents, with nearly seven in 10 GPs identifying with this challenge (Figure 25). This was closely followed by understanding and adhering to regulatory and policy challenges (66%) and managing workload (60%), both of which had similar trends in 2023. Although only 35% of GPs ranked role encroachment by other health professionals as a challenge, this increased markedly from 25% in 2023.

FIGURE 25
The main issues that GPs face



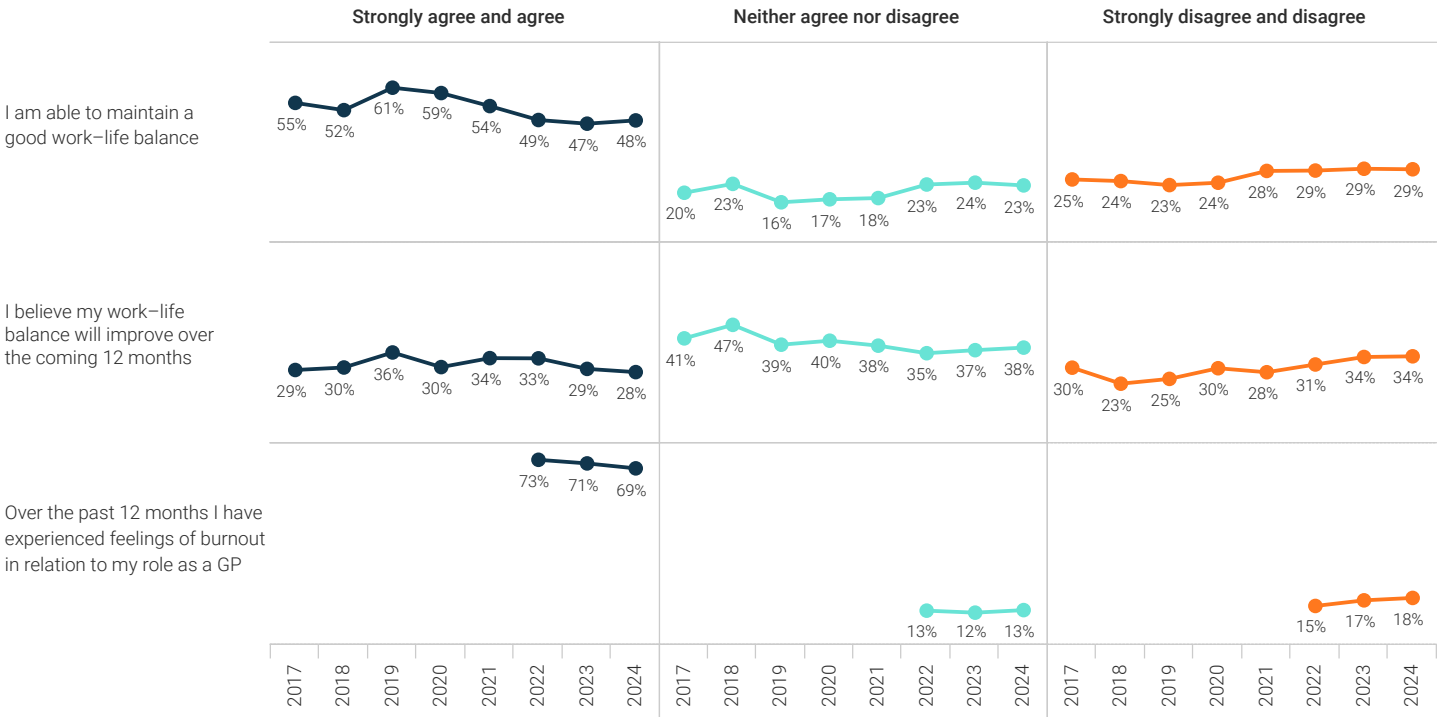
GP INSIGHT 'General practice is not seen as an attractive medical specialty, and as such, less people are choosing general practice, which then reinforces this idea with the general public. Following this is poorer pay for GPs, which leads to burnout, and less GPs, which then completes the vicious cycle.'

25 – Measure: Proportion of GP responses to the question, 'What are the main issues you face as a GP?'
Sample: Practising GPs 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

GP perceptions

The proportion of GPs who felt they were able to maintain a good work–life balance (48%) and believed that their work–life balance would improve in the coming 12 months (28%) was very similar between 2023 and 2024 (Figure 26). Although still at high levels, burnout is slowly decreasing, with 69% of GPs experiencing burnout in 2024, compared with 73% in 2022.

FIGURE 26
Perception of work–life balance



GP INSIGHT ‘I think the ever increasing difficulties and red tape of being a GP (audit threat, medico-legal risk, administrative burden, encroachment on scope of practice) make it very unappealing to be a GP which will result in less GPs and ultimately worse health outcomes for patients.’

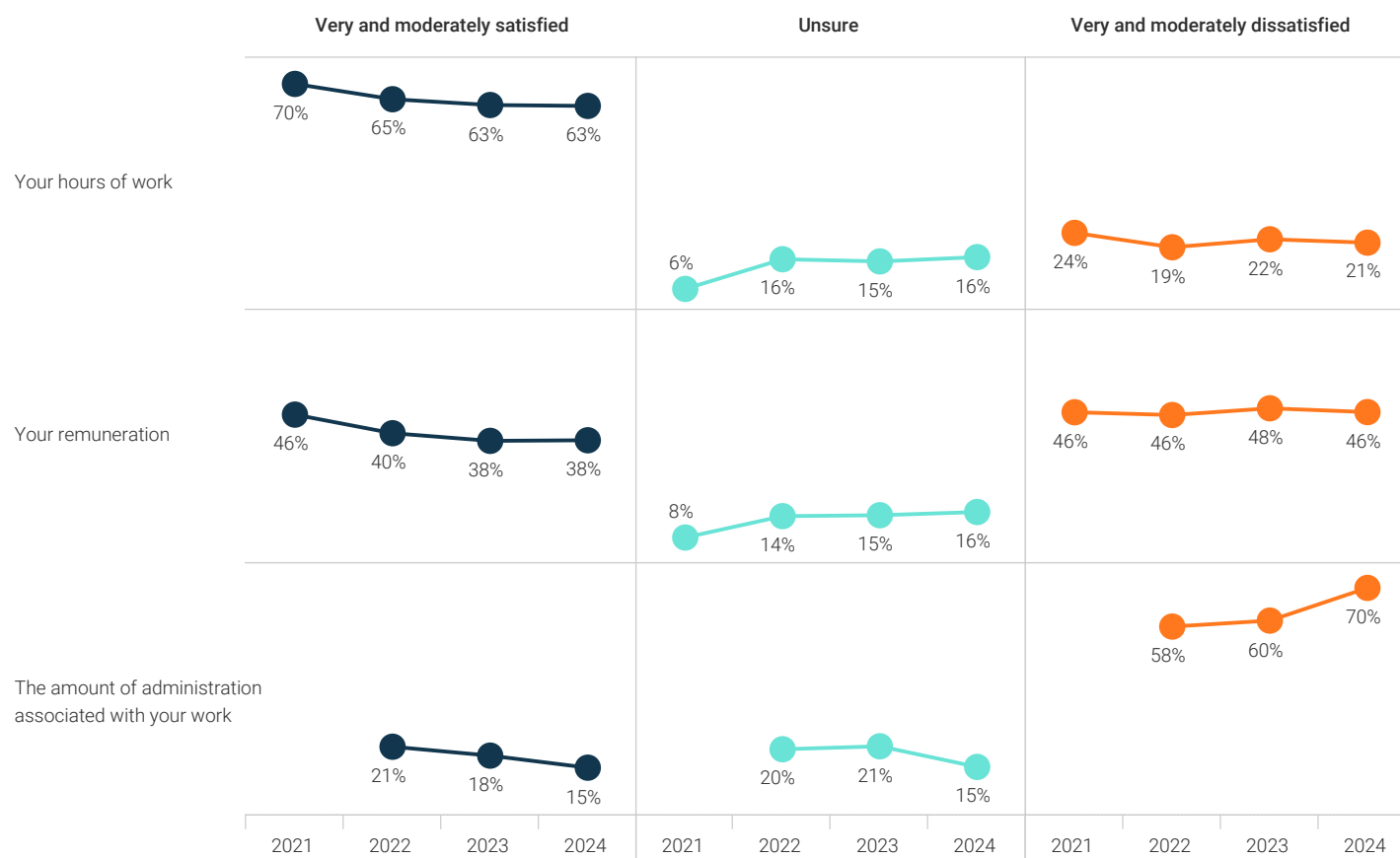
26 – Measure: Proportion of GP responses to the question, ‘To what extent do you agree or disagree with the following statements?’
Sample: Practising GPs 2017 n=1309, 2018 n=1537, 2019 n=1174, 2020 n=1782, 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Compared with last year, GP satisfaction levels for hours of work and remuneration remained the same (Figure 27). However, the proportion of GPs who reported being dissatisfied with the amount of administration associated with their work increased markedly, from 60% in 2023, to 70% in 2024. GPs have continued to raise

concerns about the heavy administrative burden on general practice, exacerbated in the last 12 months by ongoing changes to the already complex funding arrangements under the Medicare Benefits Schedule, onerous reporting requirements for bulk-billed telehealth consultations, and the variable implementation of payroll tax across Australia.

FIGURE 27

Satisfaction with work hours, pay and administration



27 – Measure: Proportion of GP responses to the question, 'To what extent are you satisfied or dissatisfied with?'

Sample: Practising GPs 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

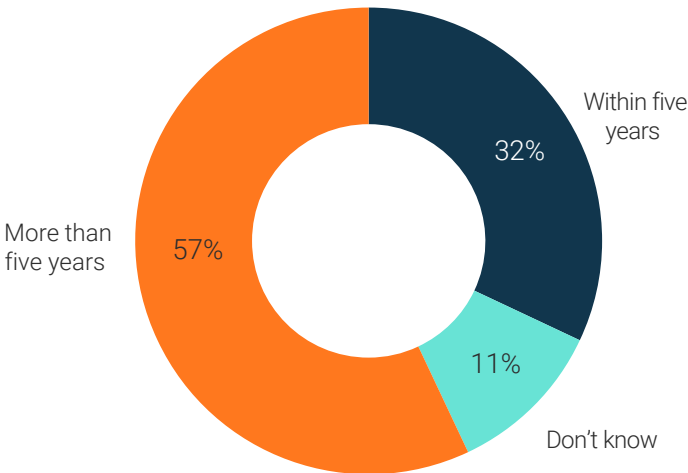
Intentions of current GPs to stop practising

Almost one third (32%) of current GPs plan to cease practising within the next five years (Figure 28). Half of these GPs indicated they would be stopping earlier than they'd intended when they first commenced general practice. These results indicate a risk to the size of the practising GP workforce in the short term if these GPs follow through with their intentions.

Of the 32% of GPs who intend to stop practising in the next five years, a large majority indicated that personal circumstances are a factor influencing this decision (Figure 29). Within this category, retirement was the most common reason cited for stopping practice, followed by GPs seeking a lifestyle change and wanting to spend more time with their family.

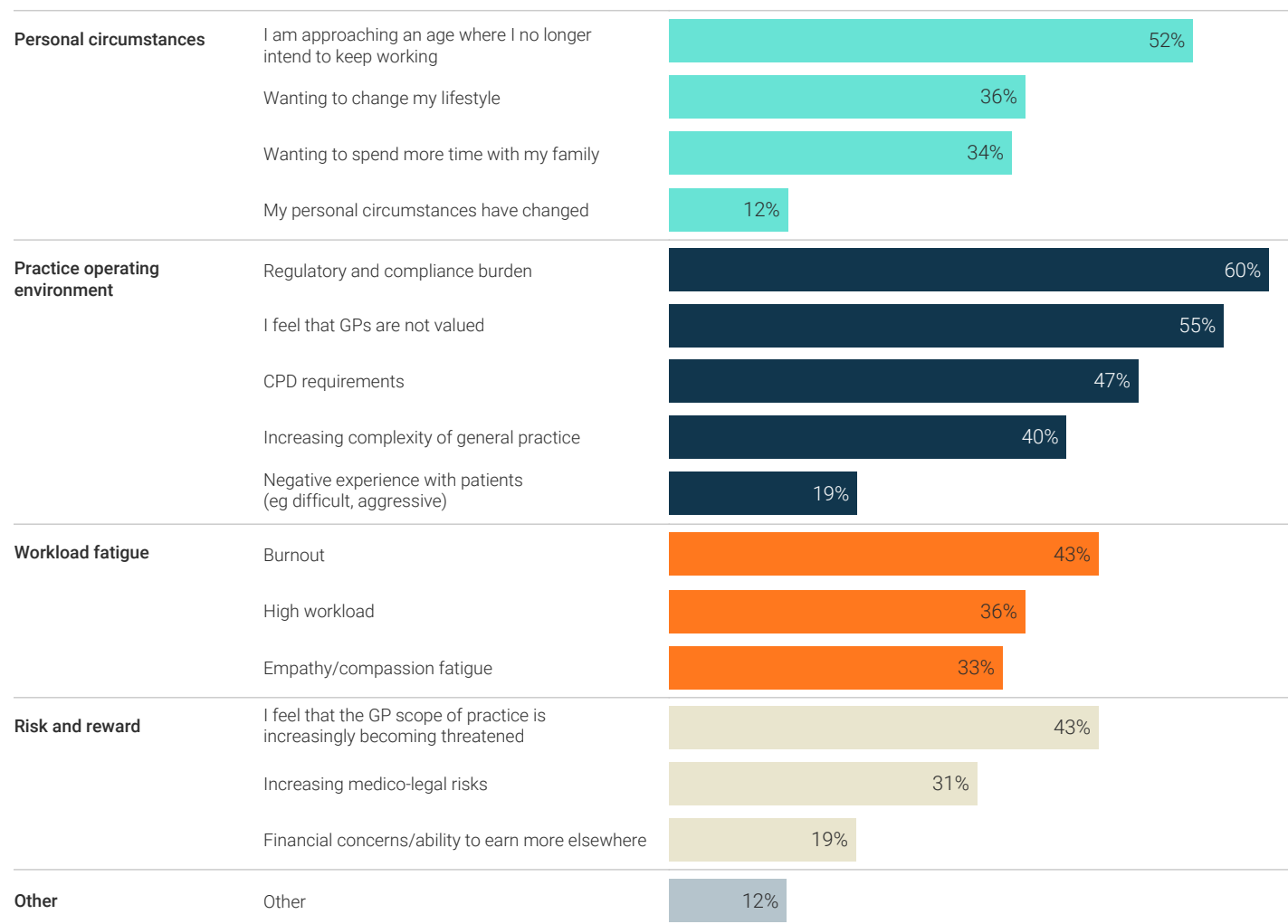
Other key factors were also identified to be influencing current GPs to stop practising. This includes regulatory and compliance burden (60%), continuous professional development (CPD) requirements (47%) and the increasing complexity of general practice (40%). Workload fatigue, which includes burnout, high workload and empathy fatigue, are also listed as critical factors influencing current GPs to stop practising. The sentiment or feeling that GPs are not valued was the second highest factor influencing current GPs to stop practising, with 55% identifying this as an influencing factor (Figure 29).

FIGURE 28
Timeframe for GPs intending to stop practising



28 – Measure: Proportion of GP responses to the question, 'When do you intend to stop practising as a GP?'
Sample: Practising GPs 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 29

Factors influencing current GPs to stop practising

29 – Measure: Proportion of GP responses to the question, 'You mentioned you intend to stop practising as a GP within the next five years. What factors are influencing this decision?'

Sample: Practising GPs 2024 n=963

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Besides the GPs planning to exit the profession, a large percentage (61%) are considering reducing their time spent practising. Of these GPs, 23% intend to reduce their hours within the next 12 months. The largest factors influencing this decision appear to be the need to attend to family commitments and responsibilities (48%), and the desire to work in another health or medical field (27%) (Figure 30).

The factors that would encourage current GPs to practice longer are largely centred around addressing the challenges facing the profession. Eighty-one per cent of GPs identified that improved remuneration, incentives and conditions would encourage them to practice longer (Figure 31). This was followed by decreased government compliance and regulation (66%), improved work–life balance (49%) and decreased patient demand and workload (43%). Only 6% of GPs stated there were no factors that would encourage them to continue practising for a longer period of time (Figure 31). This indicates that the proportion of GPs planning to reduce their time spent practising can be stemmed, but will require addressing several challenges facing the profession, with GP remuneration as a top priority.

30 – Measure: Proportion of GP responses to the question, 'If you do reduce the time you spend practising as a GP, do you plan to:'
Sample: Practising GPs 2024 n=1823
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 30
What GPs plan to do once they reduce their hours spent practising

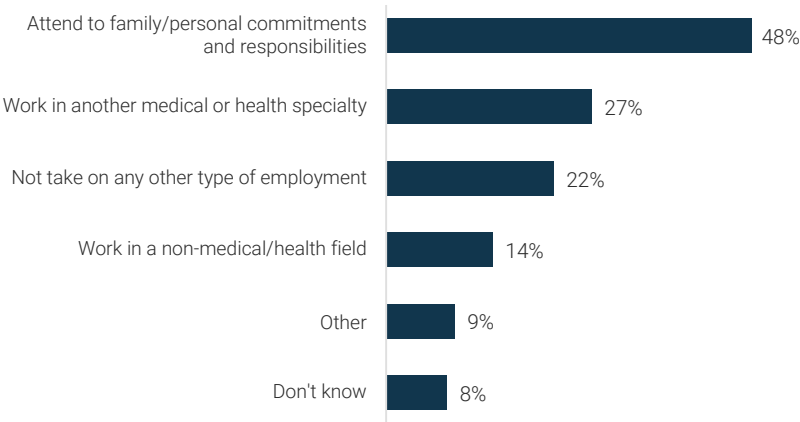
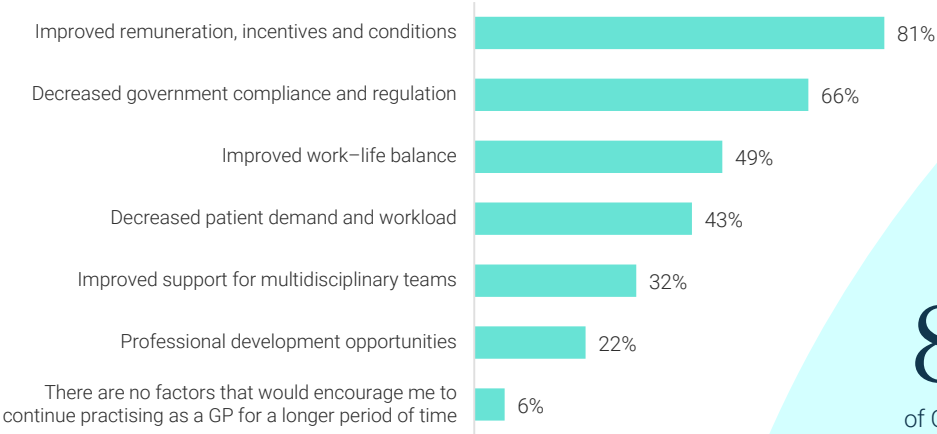



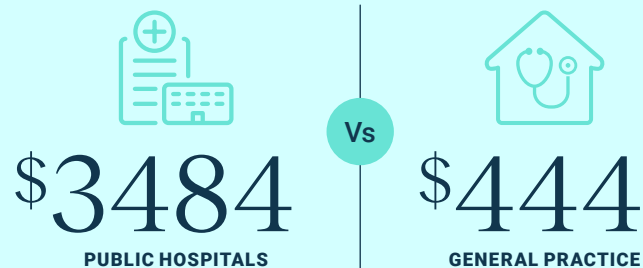
FIGURE 31
Factors that may encourage practising GPs to continue practising for longer



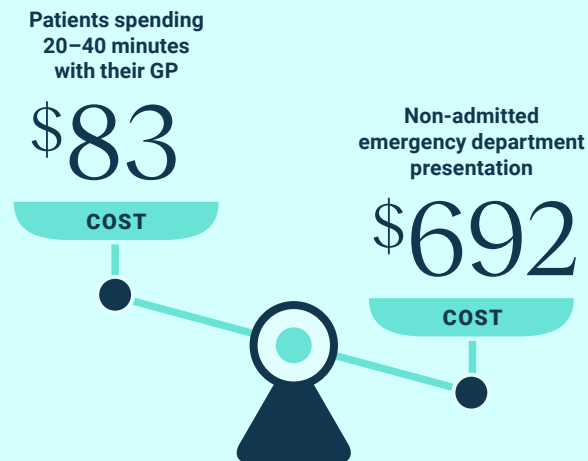
81% 
of GPs identified that **improved remuneration, incentives and conditions** would encourage them to practice longer.

Chapter three

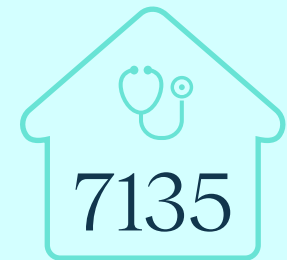
General practice viability



Funding per person is far greater in public hospitals (\$3484) than in general practice (\$443.8).



The average cost to government for a patient to visit the emergency department compared to supporting a patient to spend 20–40 minutes with their GP.



There are approximately **7135 accredited general practices** in Australia.



One in four GPs indicate they are a practice owner (25%).

Government contribution to care

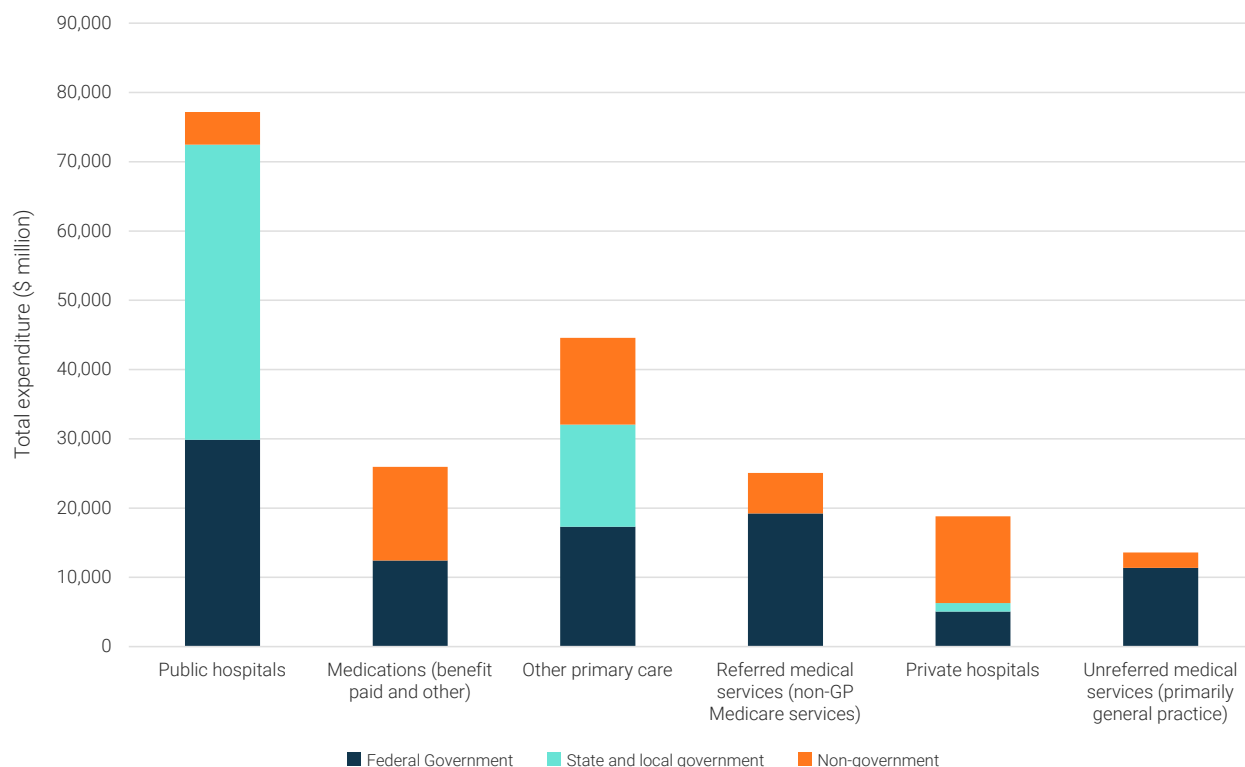
Government spend on general practice is markedly less than in other parts of the health sector (Figure 32). Despite general practice being the most highly accessed part of the health system, funding per person is far greater in public hospitals (\$3484) than in general practice (\$443.80).¹¹



2.85m

In 2022–23, there were **2.85 million presentations to emergency departments** that could have been potentially avoided by a visit to a general practice.¹¹

FIGURE 32
General practice funding as a proportion of overall health funding



32 – Measure: Health expenditure, current prices, by area of expenditure and source of funds, 2021–22 (\$ million).

Source: Australian Government, Australian Institute of Health and Welfare, Health expenditure Australia 2021–22. Available at www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2021-22/contents/main-visualisations/expenditure-table

General practice is far more cost-effective than hospital care. The average cost to the Government for a patient to visit the emergency department is \$692. If that patient is then admitted to hospital, this cost rises to \$1296. In comparison, it costs the Government only \$82.90 to support a patient to spend 20–40 minutes with their GP for appropriate preventive care, early diagnosis and early treatment for health conditions.¹¹

In 2022–23, there were 2.85 million presentations to emergency departments that could have been potentially avoided by a visit to a general practice.¹¹ Effective comprehensive care provided in the practice setting can reduce the need for more expensive care provided in hospitals or by other specialists, if appropriately supported by government.

Between 2020–21 and 2022–23, Australian Government expenditure per person on GPs dropped dramatically from \$466 to \$420. This is the lowest per person expenditure on GPs since 2015–16 and reflects the significant decrease in spending on general practice since the height of the COVID-19 pandemic (Figure 33). In the same three-year period, real expenditure on GPs has plummeted by \$905.6 million, a decrease of 7.6% (Figure 34).¹¹

33 – Measure: General practice total expenditure on GPs per person.
Source: Australian Government, Productivity Commission. Report on government services 2024, 10. Primary and community health.
Available at www.pc.gov.au/ongoing/report-on-government-services/2024/health/primary-and-community-health

34 – Measure: General practice total expenditure on general practice, 2015–16 to 2022–23 in millions of dollars.
Source: Australian Government, Productivity Commission. Report on government services 2024, 10. Primary and community health.
Available at www.pc.gov.au/ongoing/report-on-government-services/2024/health/primary-and-community-health

FIGURE 33

Australian Government spending on general practice per person, 2015–16 to 2022–23

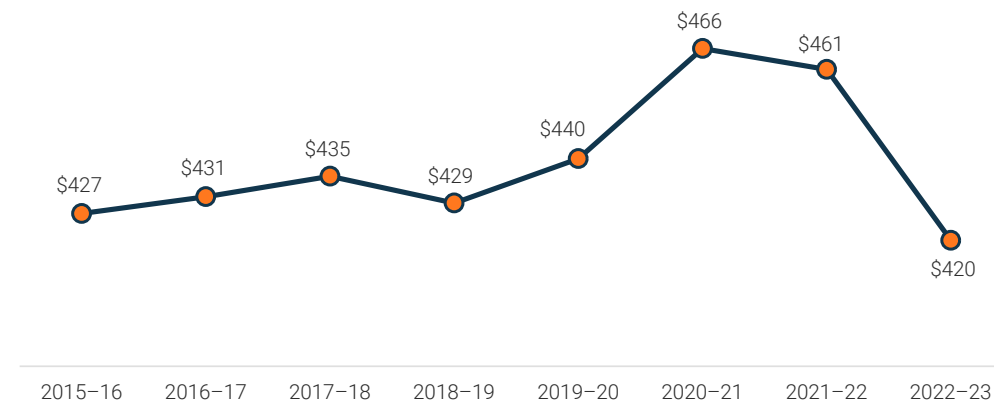
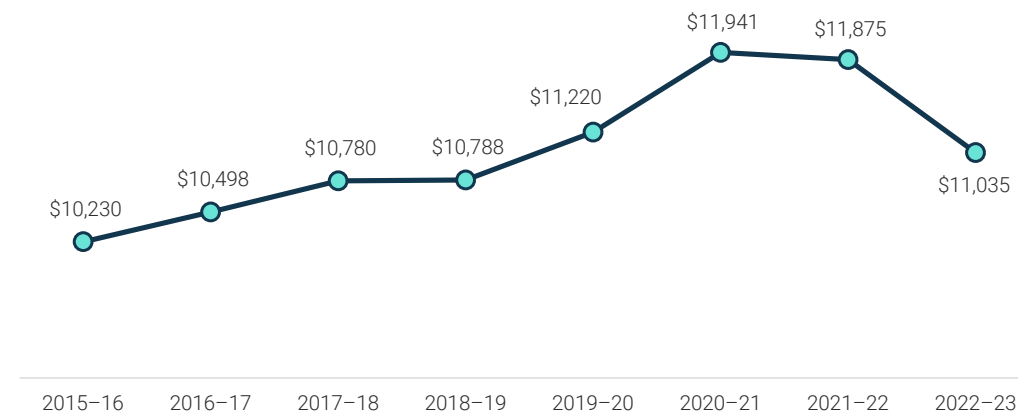


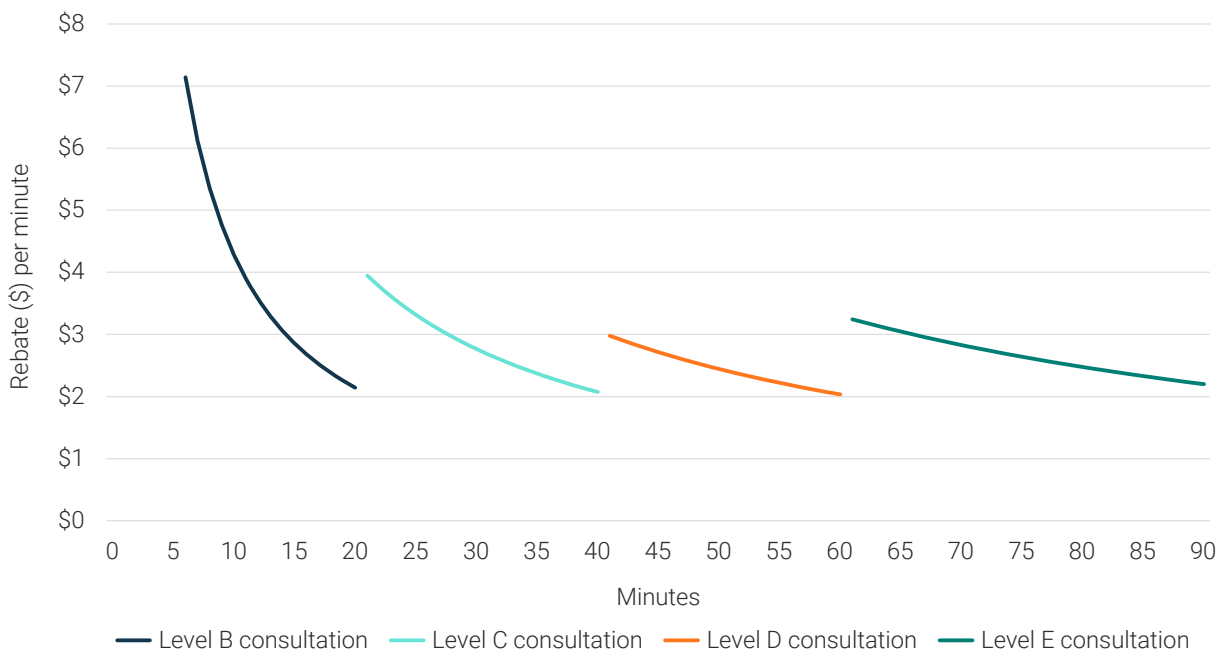
FIGURE 34

Australian Government spending on general practice (\$ million), 2015–16 to 2022–23



Medicare funding for longer GP consultations is not proportionally equivalent to shorter consultations. Generally, the rebate that patients receive per minute decreases for patients seeking longer consultations, which are usually for complex or multifaceted health needs (Figure 35).¹² In this way, the current funding system for general practice devalues appointments for more complex care.

FIGURE 35
MBS patient rebate per minute for standard GP consultation items



35 – Measure: Value of the MBS patient rebate for standard GP consultation items, per minute of care.
Source: MBS Online, available at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home



'I am most concerned about patients

being able to afford the different services that keep them healthy. Many of these are competing for the dollars that patients have including healthy food, health insurance, gap payments for doctors and allied health. There is often the need to decide between these things, worsening people's overall health.'



'Complex patient health issues such as chronic disease, mental health, menopause issues – these take time to deal with, and GPs are not remunerated well time wise. I have a lot of long consults and see fewer patients per day than my colleagues. However, I feel I must spend adequate time with each patient to provide quality care, otherwise I am not doing my job properly. There is pressure on me to push through more patients per day to keep practice revenue ticking over, and to earn an income similar to my peers, to make the pressures and responsibilities of being a doctor financially worthwhile. But I am not prepared to lower the standard of care to patients, and thus face some difficult professional decisions.'



'Mental health, this is still underfunded and often many patients experiencing mental health issues are unable to afford help. They often turn to their GP to help, however, many GPs don't have the capacity to help given the perverse nature of Medicare which incentivises poor medical care. Management of chronic diseases – again having the time to manage these patients. When you look at potentially preventable hospitalisations the majority are patients with chronic disease complications that can be managed in general practice.'

General practice ownership

There are approximately 7135 accredited general practices in Australia.¹¹ Males are more likely to be practice owners than females (34% compared to 17%), and GPs aged over 45 are more likely to be practice owners than younger GPs.

Practice owners are more likely to work more than 40 hours per week (60%) than non-practice owners (29%). They are also more likely to express dissatisfaction with their work hours, the amount of administration associated with their work, and their work-life balance.

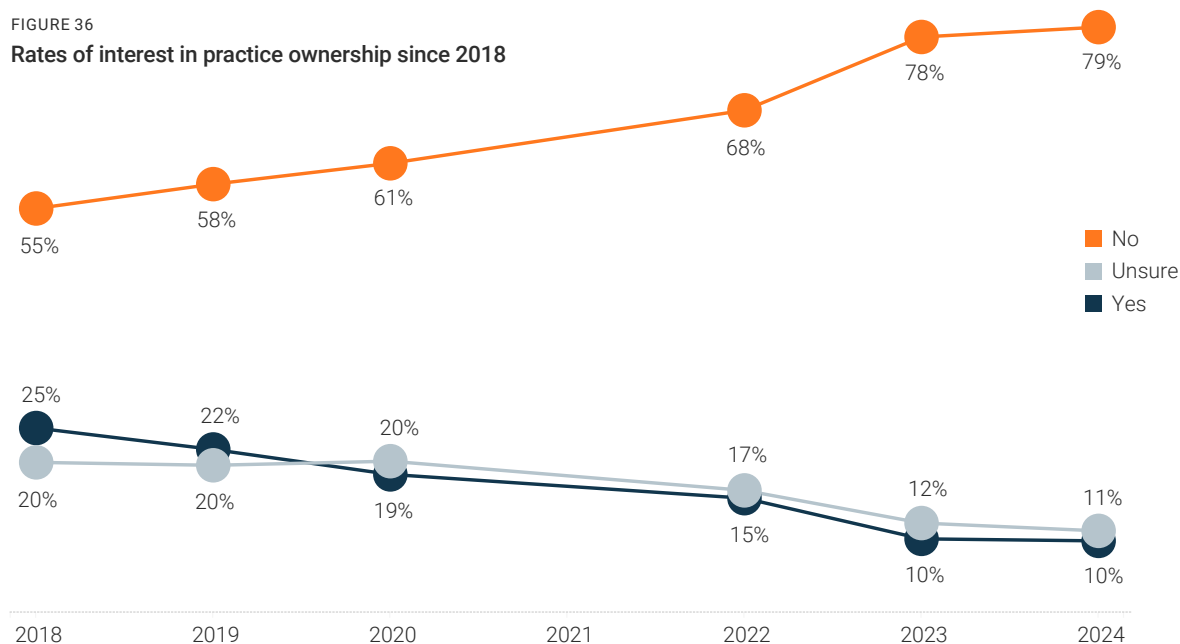
Among non-practice owners, interest in owning a general practice in the future remained relatively steady at 10% between 2023 and 2024. Concerningly this figure has more than halved since 2018, when interest in owning a general practice was 25% (Figure 36). GPs in training expressed the greatest interest in future practice ownership, with 29% of this group indicating they were interested in owning a practice in the future.



One in four

GPs indicate they are a practice owner (25%).

FIGURE 36
Rates of interest in practice ownership since 2018



36 – Measure: Proportion of GP responses to the question, 'Are you interested in owning a general practice in the future?' by year.

Sample: Non-practice owner GPs 2018 n=1205, 2019 n=931, 2020 n=1342, 2022 n=2438, 2023 n=1582, 2024 n=2215.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Note: This question was not asked in 2021.

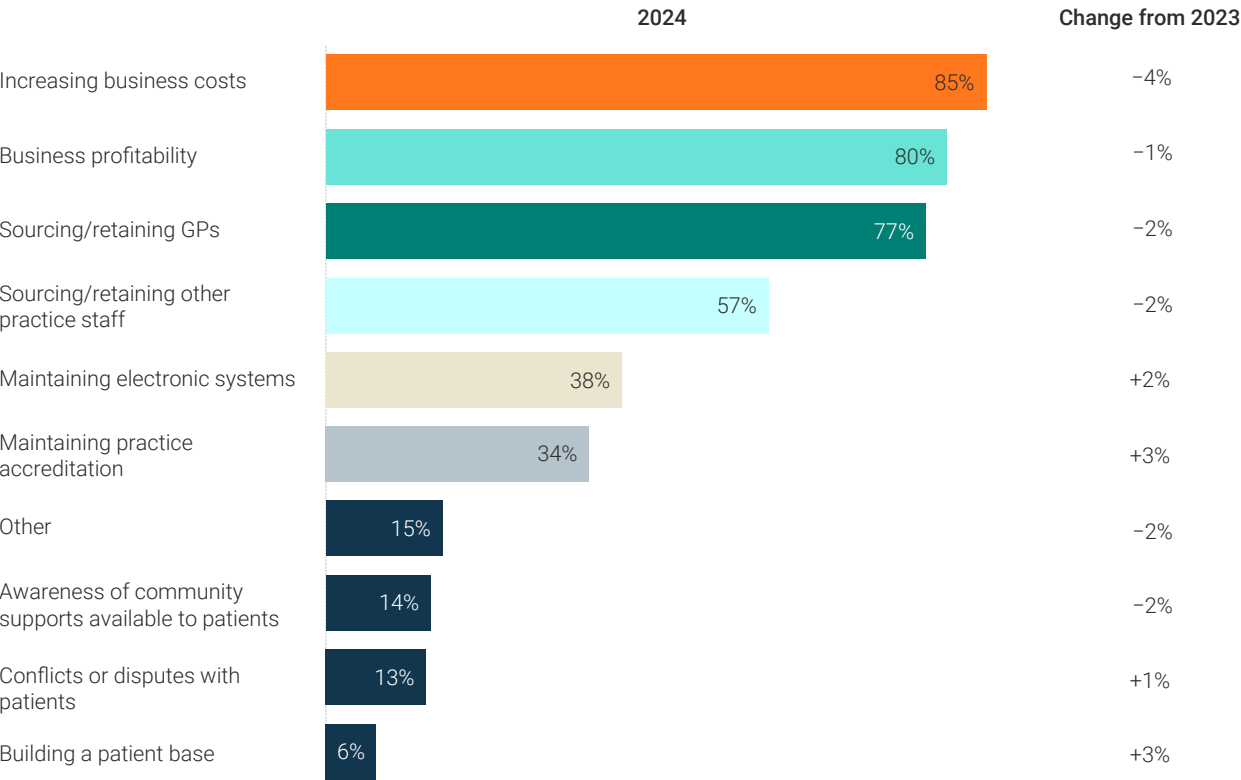
Challenges of practice ownership

Practice owners are primarily challenged by increasing business costs and maintaining profitability (Figure 37).

Sourcing and retaining GPs continues to be a challenge nominated by more than three in four practice owners.

For 70% of all practice owners, the challenges of increasing business costs, business profitability and sourcing and retaining GPs are in their top three nominated issues. This finding is almost identical to 2023, where the prominence of these issues as top challenges increased from the previous year.

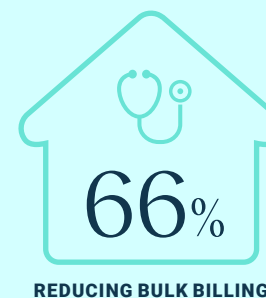
FIGURE 37
Main business challenges faced by practice owners



37 – Measure: Proportion of practice owner GPs responses to the question, 'What are the main business challenges you face as a practice owner?'.
Sample: Practice owner GPs n=739.
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

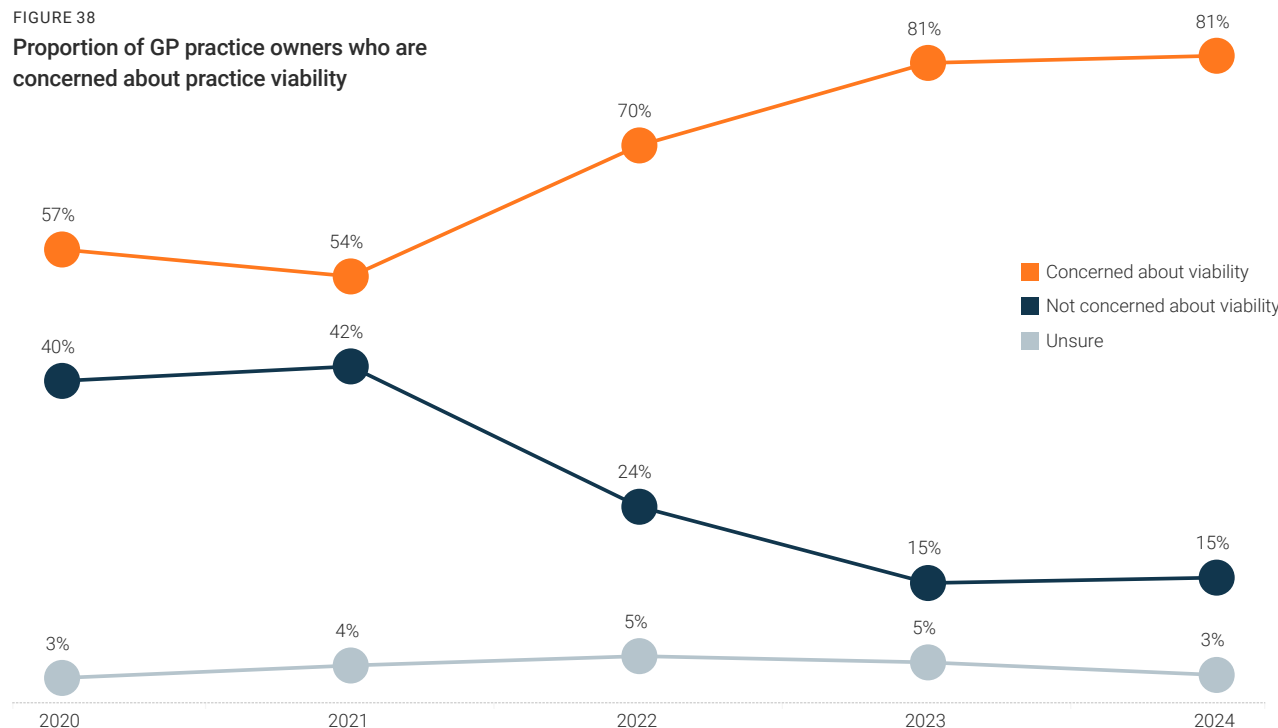
The level of concern about practice viability jumped between 2021 and 2023, before steadying in the last year. In 2024, over eight in 10 (81%) practice owners were concerned about the viability of their practice, a figure identical to that observed in 2023 (Figure 38). Almost nine in 10 practices indicate that operating costs have increased over the past 12 months. Insights from across the sector indicate that 66% of practices are changing billing models to reduce bulk billing, directly in response to higher costs.¹⁰

Nearly one in four GP practice owners (24%) indicated that they intended to take steps to sell their practices in the next 12 months.



Insights from across the sector indicate that **66% of practices are changing billing models to reduce bulk billing**, directly in response to higher costs.¹⁰

FIGURE 38
Proportion of GP practice owners who are concerned about practice viability



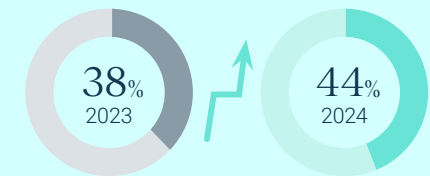
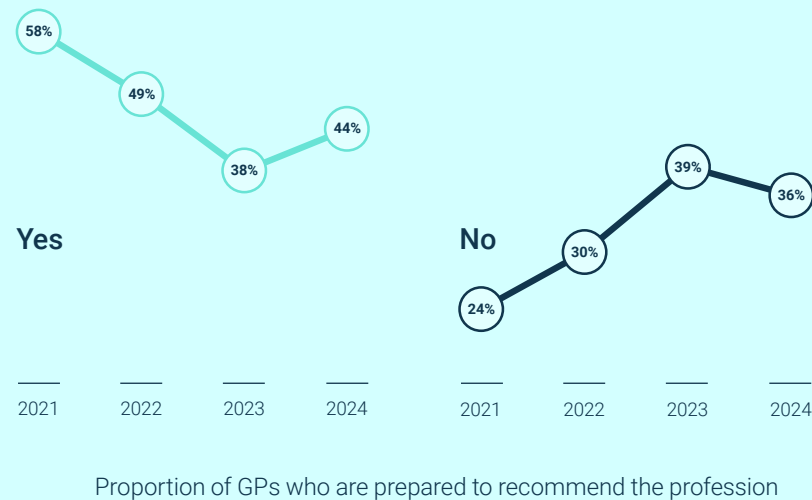
38 – Measure: Proportion of practice owner GPs responses to the question, 'Are you concerned about the viability of your practice?'.

Sample: Practice owner GPs 2020 n=440, 2021 n=325, 2022 n=783, 2023 n=468, 2024 n=739.

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Chapter four

Future workforce



More doctors are recommending general practice as a career, increasing from 38% in 2023, to 44% in 2024.



Only 10.5% of medical students reported general practice as their preferred specialty of future practice in 2023.

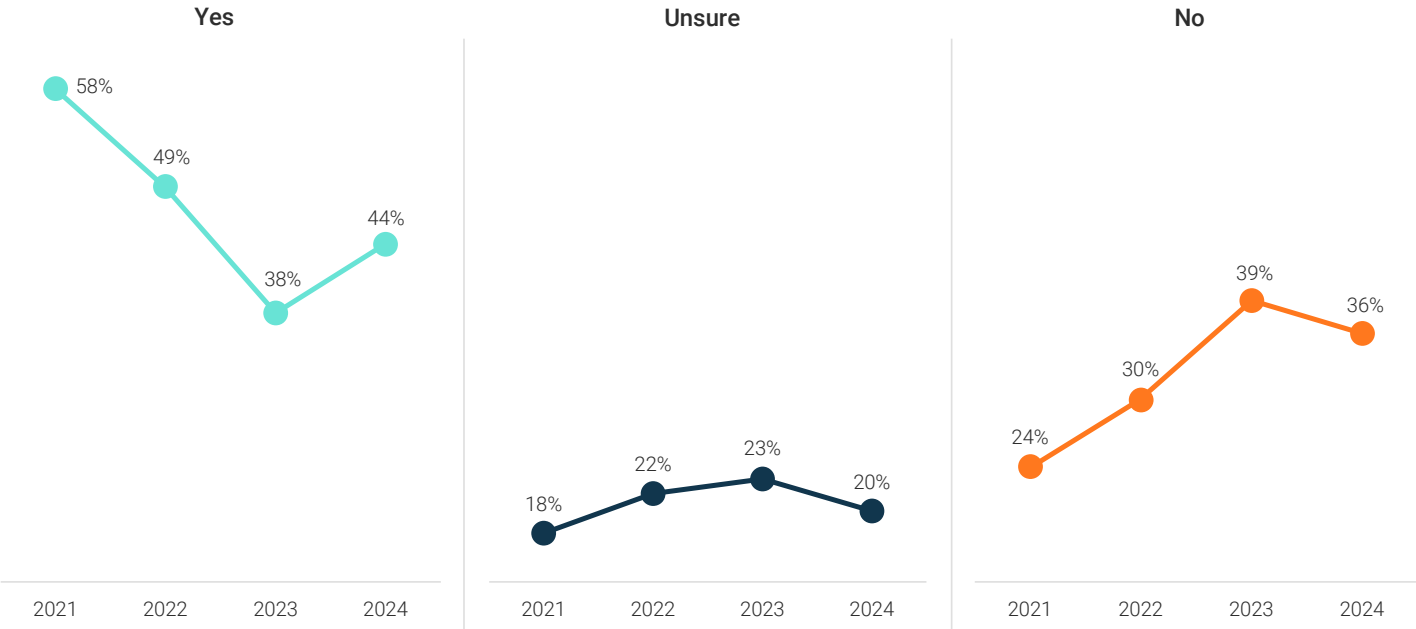


32% of non-practising GPs stated they had left the profession due to burnout.

More GPs are recommending general practice as a career

There has been an increase in the proportion of GPs recommending general practice as a career to future doctors. This has increased from 38% in 2023, to 44% in 2024 (Figure 39). This increase is encouraging, although still not at 2021 levels, whereby 58% of GPs were prepared to recommend the profession to future doctors.

FIGURE 39
Proportion of GPs who are prepared to recommend the profession



39 – Measure: Proportion of GP responses to the question, 'Would you recommend your junior colleagues (medical students, interns, pre-vocation trainees) choose general practice as a career?'

Sample: Practising GPs 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

GPs in training

We continue to see a repeated decline in medical students' preference to specialise in general practice. In 2023, only 10.5% of medical students reported general practice as their preferred specialty of future practice, contrasting with 13% in 2022, and 13.6% in 2021.¹³ Interest in specialising as a rural generalist continues to increase, with 7% of medical students identifying this as their preferred specialty in 2023, compared to 5.8% in 2022.¹³

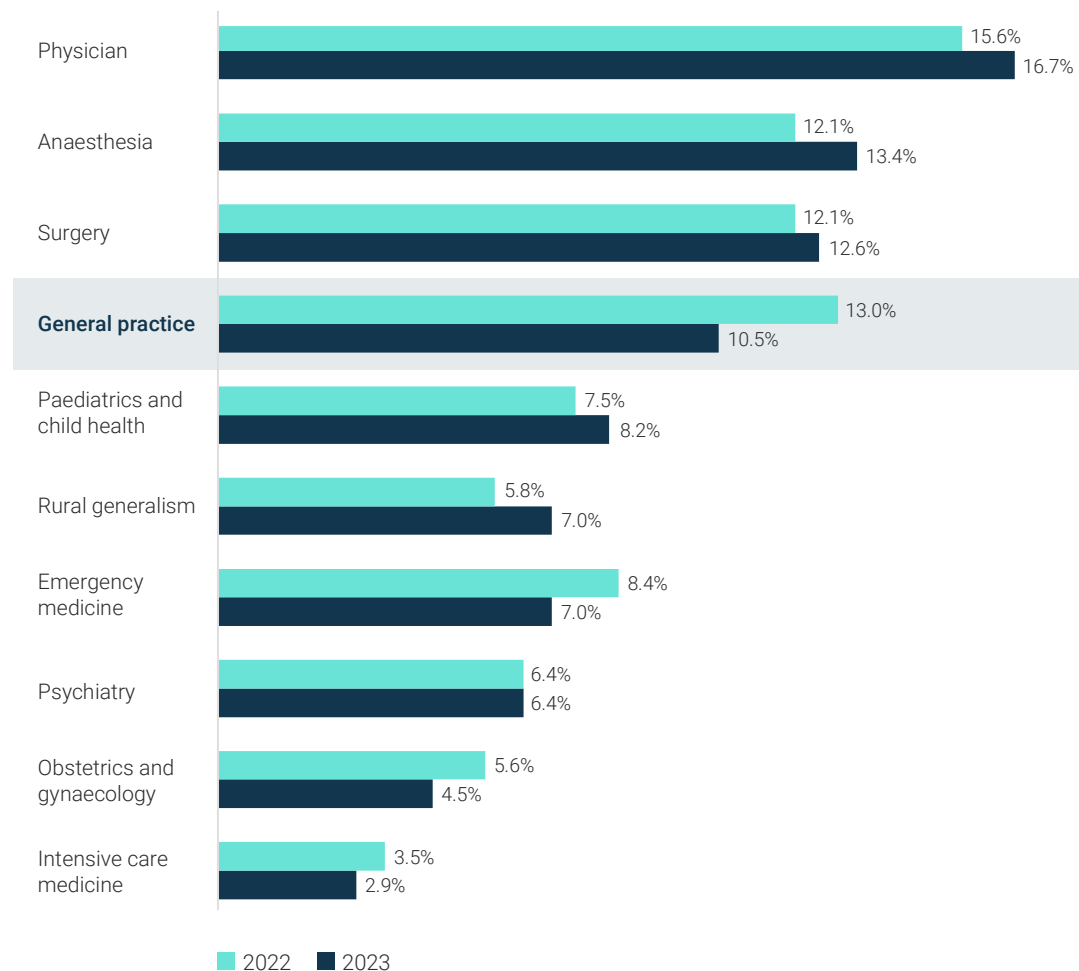
General practice as a preferred specialty has slipped to fourth place overall, down from second place last year (Figure 40). However, when combined with rural generalism, it is ranked as the most preferred specialty overall, at 17.5%.¹³

40 – Measure: Medical students preferred specialty for future practice.

Source: Medical Deans Australia and New Zealand. National data report 2024. Available at <https://medicaldeans.org.au/medical-schools-outcomes-database-reports>

Figure 40

Fewer medical students are choosing general practice as a specialty



The number of doctors entering the Australian General Practice Training (AGPT) Program has slightly increased from 1130 doctors in 2023, to 1204 doctors in 2024 (Figure 41). The Fellowship Support Program (FSP) is a new general practice training program, replacing the Practice Experience Program (PEP) – Standard, with 409 GPs in training participants starting this program in 2024.

The PEP – Specialist is a program for overseas GP specialists wishing to qualify for RACGP Fellowship, with 81 GP participants starting this program in 2024.

Females continue to represent a larger proportion of the GP in training cohort across all RACGP training programs, although overall female FTE is smaller compared to overall female GP headcount (Figure 42).

FIGURE 41
Number of doctors entering the AGPT Program each year since 2019

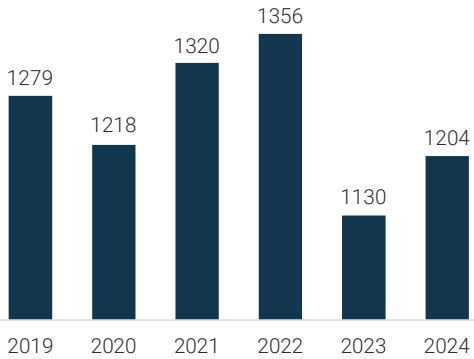
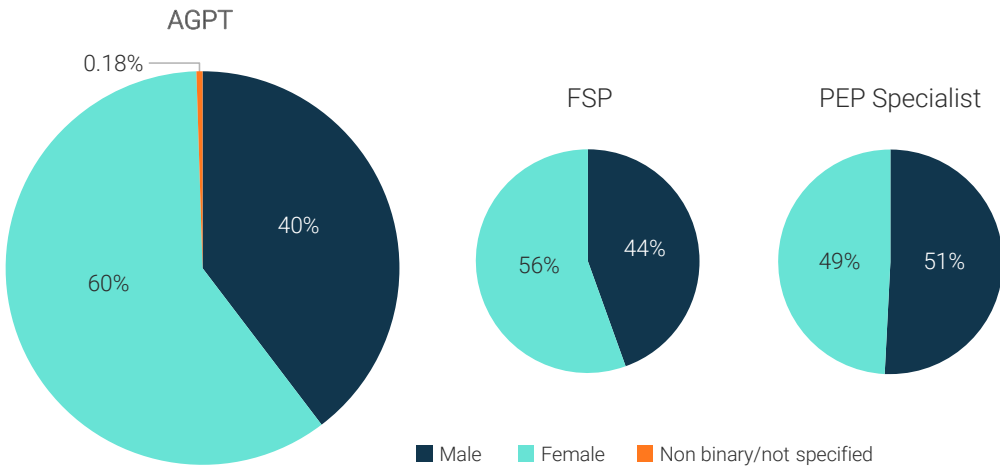


TABLE 1
Number of doctors entering other RACGP programs in 2024

RACGP program	Participants in 2024
Fellowship Support Program (FSP)	409 (Semester 1 and Semester 2)
Practice Experience Program (PEP) – Specialist	81
Remote Vocational Training Scheme (RVTS)	15

Measure: Number of doctors entering the Fellowship Support Program, Practice Experience Program – Specialist, and Remote Vocational Training Scheme
Data source: RACGP training data as at July 2024 (unpublished).

FIGURE 42
Gender breakdown of active doctors in RACGP training programs 2023–24



41 – Measure: Number of doctors entering the Australian General Practice Training Program by year since 2019. Data source: RACGP training data as at July 2024 (unpublished).

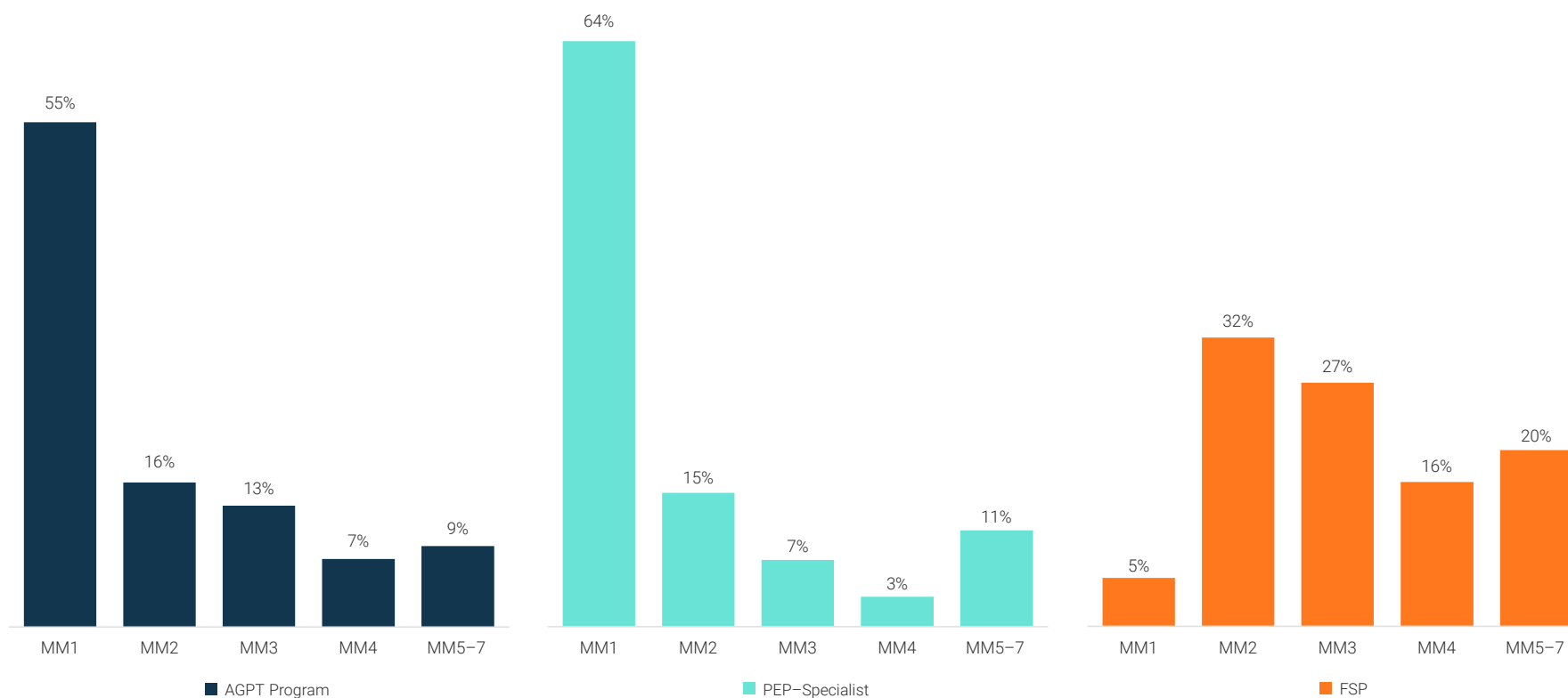
42 – Measure: Active GPs in the Australian General Practice Training Program, Fellowship Support Program, and Practice Experience Program – Specialist, by gender. Data source: RACGP training data (unpublished).

The majority of GPs in training are practising in metropolitan areas, with 55% of AGPT and 64% of PEP – Specialist training participants practising in an MM1 region. FSP training participants are most predominant in MM2 regions (32%) due to requirements for registrars to work in MM2–7 regions (Figure 43).

43 – Measure: Active GPs in the Australian General Practice Training Program, Practice Experience Program and Fellowship Support Program, by regionality. AGPT n=5043, PEP Specialist n=123, FSP n=282

Data source: RACGP training data (unpublished).

FIGURE 43

Active RACGP GPs in training per regionality 2023–24

The intentions of non-practising GPs

Six per cent of the total survey respondents identified as a non-practising GP.

Non-practising GPs were asked why they had stepped away from active medical practice within Australia. Retirement was listed as the main reason (39%), and workload-related issues were identified by two in five GPs as a reason for not practising. This was comprised of burnout (32%), high workload and patient demand (20%), and a desire to improve their work–life balance (17%) (Figure 44).

Positively, 30% of non-practising GPs intend to practise again (Figure 45), with the majority (90%) intending to return within the next 12 months.

Thirty-one per cent of non-practising GPs stated they would consider returning if remuneration, conditions, and incentives improved, and an additional 31% of non-practising GPs indicated they would consider returning if there was decreased government compliance and regulation.

FIGURE 44

Reasons GPs have stepped away from active medical practice

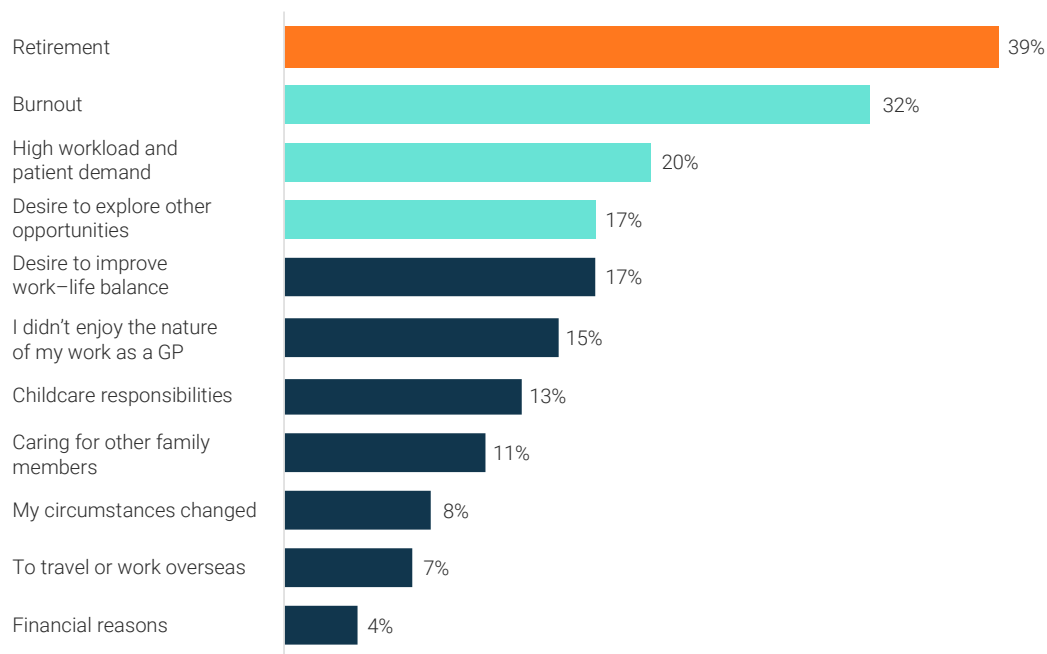
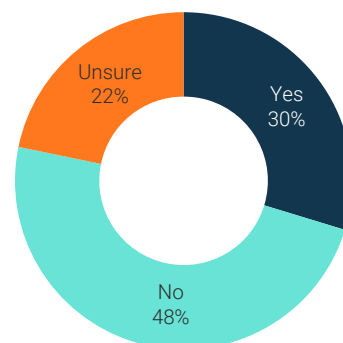


FIGURE 45

Non-practising GPs who intend to commence practising in Australia again



44 – Measure: Proportion of GP responses to the question, 'What led to your decision to step away from active medical practice in Australia?'

Sample: Non-practising GPs 2024 n=181

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

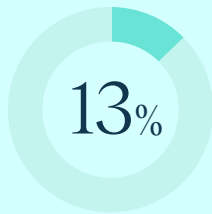
45 – Measure: Proportion of GP responses to the question, 'Do you intend to commence as a practising GP in Australia again?'

Sample: Non-practising GPs 2024 n=181

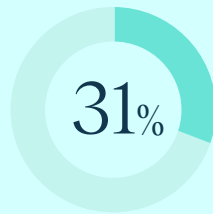
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

Chapter five


Innovation within general practice




Only 13% of GPs agreed they felt well informed about the state of innovation within general practice.



31% of GPs rarely, or never use **My Health Record.**

83% 
of GPs rarely or never use **artificial intelligence tools.**

64% 
of GPs identified a lack of time as **the biggest barrier to innovation** within their practice setting.

46% 

of GPs believe that innovations occurring in general practice are **generally positive and are improving patient outcomes.**

‘Innovation has significantly enhanced general practice, particularly through technology and AI.’

This year, GPs were asked about their perceptions, attitudes and behaviours regarding innovation in general practice. Innovation in general practice includes the introduction of new ways of delivering care, such as telehealth, and new means of communication between health professions, including interoperable health records. Innovation also encompasses new mechanisms to support better patient care, such as patient enrolment schemes like MyMedicare.

Practising GPs' mindset towards innovation

Almost four in five (77%) GPs demonstrated a positive mindset towards the adoption of innovation within general practice. Using the Everett Rogers' Diffusion of Innovations model as a framework, 8% of GPs identified as 'innovators', 35% identified as 'early adopters' and 34% identified as the 'early majority' (Figure 46). Conversely, 13% of GPs identified as 'late majority', and 10% as 'laggards'.

GPs aged between 35–54 years were more likely to be innovators and early adopters, compared to GPs under 35 years or aged over 55 years. Fourteen per cent of GPs aged over 55 years were slower to adopt innovation, compared with 7% of GPs aged between 35–54 years and 4% of GPs aged under 35 years.

46 – Measure: Proportion of GP responses to the question, 'What best describes your adoption of innovation in your practice setting?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

GP INSIGHTS

What new innovative practices or methods do you believe should be adopted to positively impact the care you provide?

'Innovation has significantly enhanced general practice, particularly through technology and AI. Electronic health records streamline patient information, improving care coordination and reducing errors. Telemedicine allows remote consultations, increasing accessibility. AI-driven tools aid in diagnosis and treatment decisions, offering insights from vast data sets. Wearable devices and health apps empower patients to monitor their health, promoting proactive care. Overall, these advancements save time, enhance accuracy, and enable more personalised healthcare, ultimately improving patient outcomes and the efficiency of general practice.'

'Overhaul of technology, business systems and medical software. Introduction of AI. Streamlining complex processes. Improve revenue by understanding the business finances, improving appointment systems, cost of supplies and saving possibilities and billing analyses.'

'Systems that talk to each other, there are so many local and national systems that GPs have to endlessly navigate.'

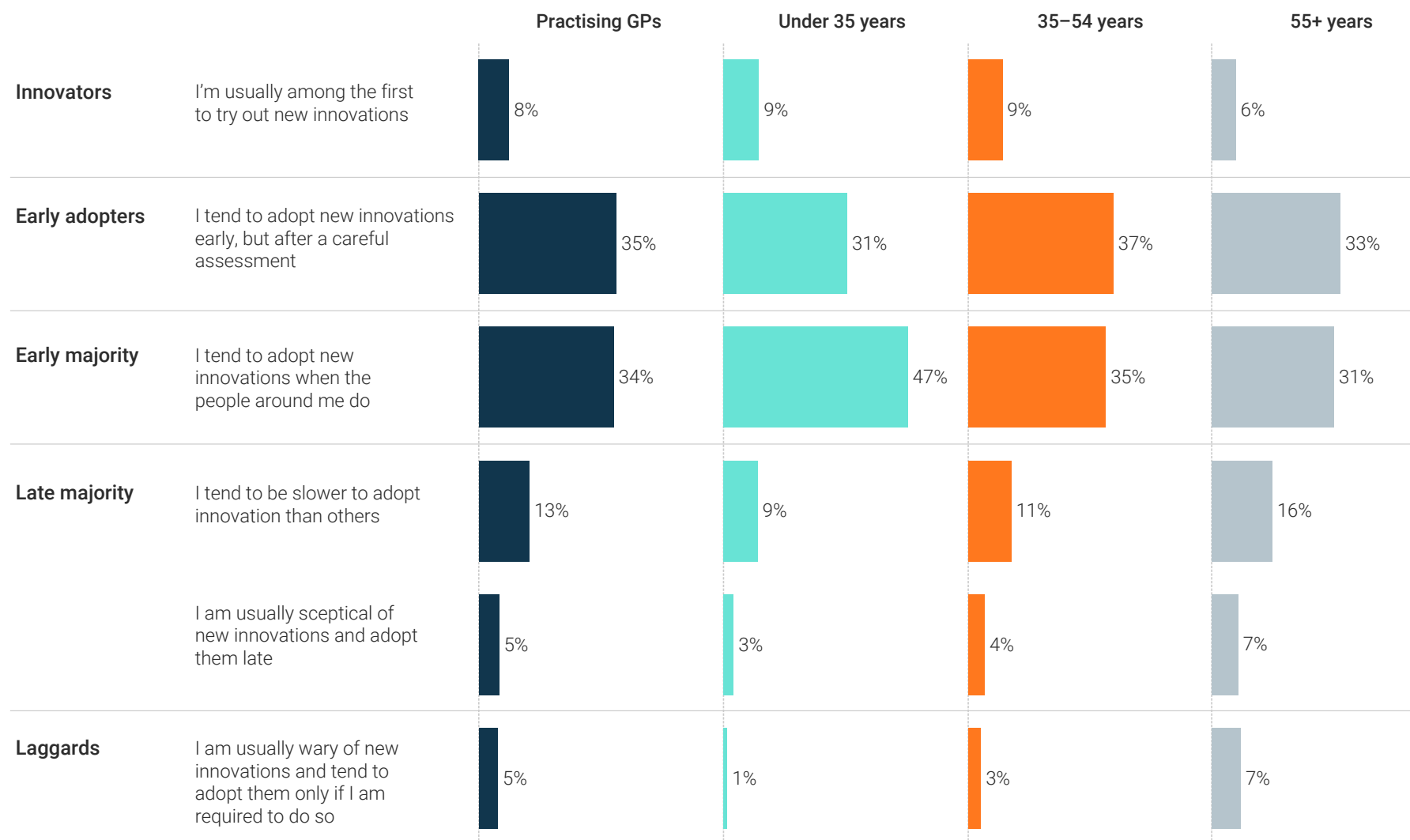
'Better interoperability between systems, easier transfer of information between clinicians and patient, new models of care with multidisciplinary element and more flexible funding mechanisms to experiment with different ways of providing care. Increased percentage of funding to care that isn't dependent upon the GP seeing the patient (carefully so as not to be detrimental to continuity).'

'A health status dashboard for patients to see what is recommended for their age (eg mammograms, bowel cancer screening, CST, cholesterol, blood pressure, blood sugar/HbA1c, physical activity recommendations). This might be when patients check in and prompt them to discuss with the doctor. They can access this at home as a shared screen to upload their latest blood pressure readings and BGL, weight, waist and hip measurements for their GP to see when they come in.'



FIGURE 46

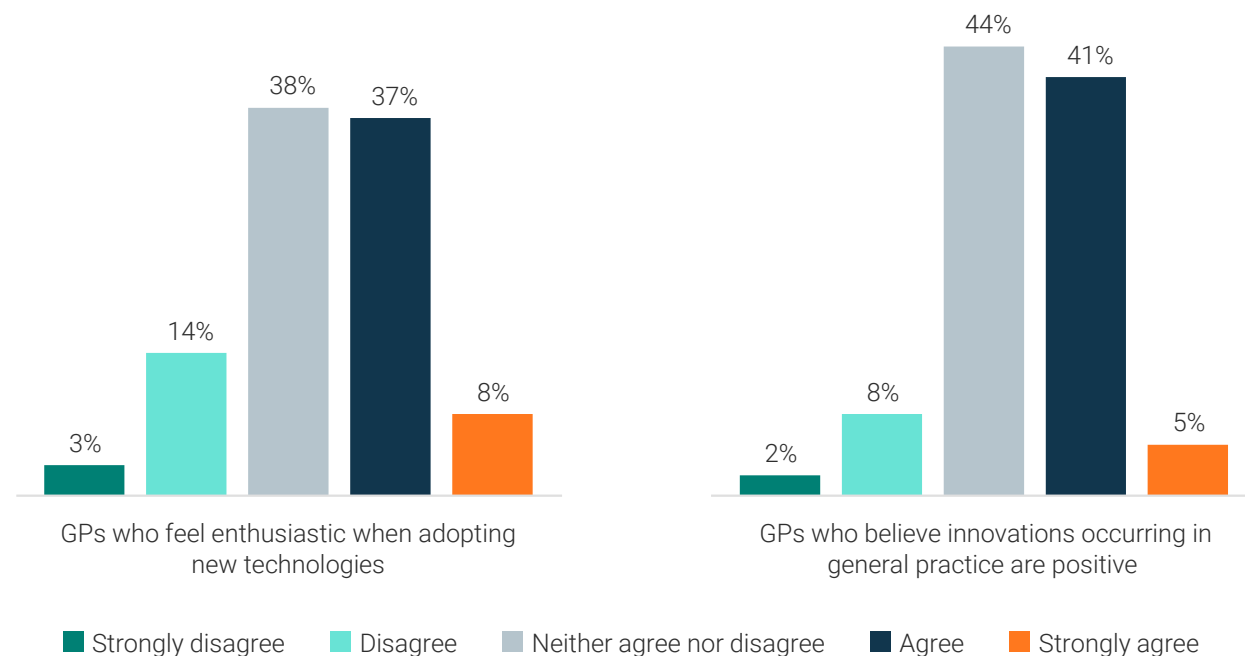
Adoption of innovation within general practice



Further confirming the sentiment that GPs have a positive mindset towards innovation, 46% of GPs believe that innovations occurring in general practice are generally positive and improve patient outcomes (Figure 47). Only 10% of GPs did not agree with this sentiment. Forty-five per cent of GPs stated they felt enthusiastic when adopting new digital technologies within general practice, compared to 17% of GPs who did not feel enthusiastic.

There are some mixed feelings regarding GPs and their perception of the rate of change and introduction of innovative practices within general practice. Thirty-one per cent of GPs agreed they felt overwhelmed by the rate of change in the sector. A large proportion (40%) were undecided and stated they neither agreed nor disagreed that they felt overwhelmed by the rate of change.

FIGURE 47

GPs' perceptions of innovation in general practice

47 – Measure: Proportion of GP responses to the question, 'I believe innovations occurring in general practice are generally positive and are improving patient outcomes – to what extent do you agree or disagree with this statement?' and 'I am enthusiastic when it comes to adopting new digital technologies within general practice – to what extent do you agree or disagree with this statement?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

GPs don't feel well informed about innovation

Overall, only 13% of GPs agreed they felt well informed about the state of innovation within general practice (Figure 48), contrasted with 54% who disagreed. The sentiment that GPs did not feel well informed about innovation was also reflected in those GPs who identified themselves as 'innovators' or 'early adopters'. Only 28% of innovators and 20% of early adopters felt well informed about innovation within general practice.

GPs believe innovation benefits both the patient and the profession

Just under two-thirds of GPs (63%) identified that improved patient care is a benefit of innovation, followed by improved patient health outcomes (62%), improved productivity and capacity for general practice (62%) and improved and streamlined administrative functions (61%) (Figure 49). Improved economic viability of general practice was identified by 52% of GPs as a benefit of innovation, followed by improved flexibility for patients and GPs (51%). Further echoing the sentiment that GPs have a positive mindset to innovation, only 4% of GPs stated they believed there were no benefits to innovation in general practice.

48 – Measure: Proportion of GP responses to the question, 'To what extent to do you agree or disagree that you feel well informed about the state of innovation in general practice?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

49 – Measure: Proportion of GP responses to the question, 'What do you believe are the benefits of innovation in general practice?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 48

GP sentiment about feeling well-informed about innovation within general practice

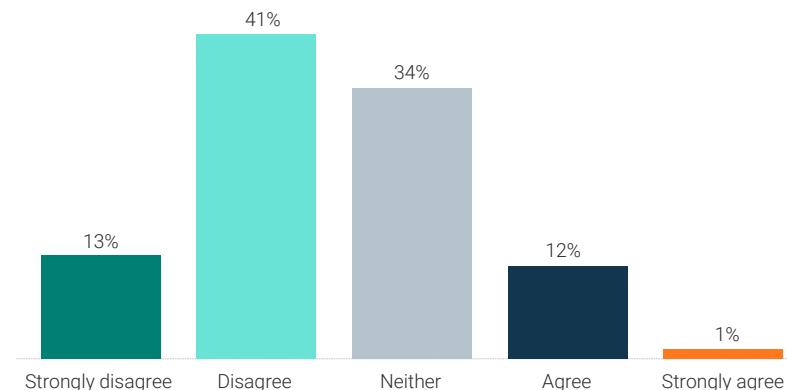
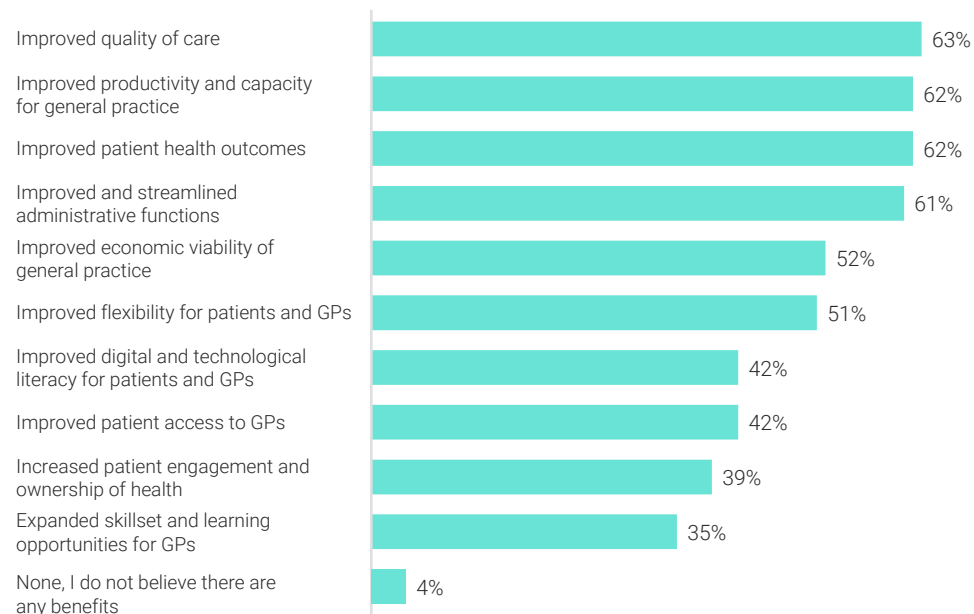


FIGURE 49

Perceived benefits of innovation in general practice

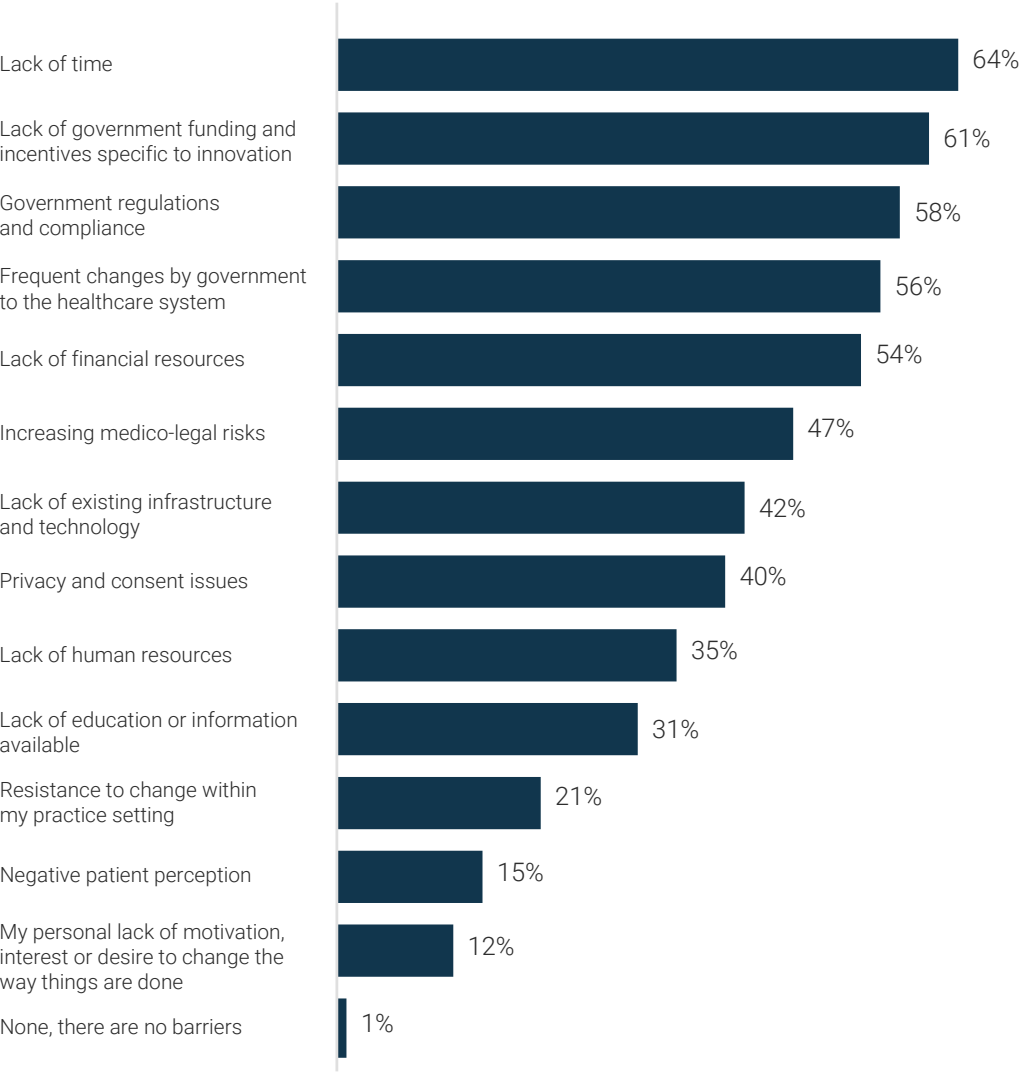


Perceived barriers and enablers to innovation in general practice

Sixty-four per cent of GPs identified a lack of time as a barrier to innovation within their practice setting, followed by a lack of government incentives and funding (61%) and government regulations and compliance (58%) (Figure 50). Only 1% of GPs believed there were no barriers to innovation within their practice setting. Two in five GPs felt that privacy and consent issues were a barrier (Figure 50). This is also echoed by patients, of which 64% report to be worried about potential cybersecurity breaches, and a further 27% report to be very concerned.⁶

50 – Measure: Proportion of GP responses to the question, 'Which, if any, of the following do you perceive as barriers to innovation in your practice setting?'
Sample: Practising GPs 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 50
Perceived barriers of innovation in general practice



Funding incentives were identified by GPs as the biggest enabler of innovation in general practice, with 60% of GPs identifying this factor (Figure 51).

This was closely followed by technology improvements (59%), effective integration of new technologies (51%) and availability of education and professional development specific to innovation (43%). Patient-related factors were also listed as enablers, specifically good patient digital and health literacy (37%) and positive patient perception (34%).

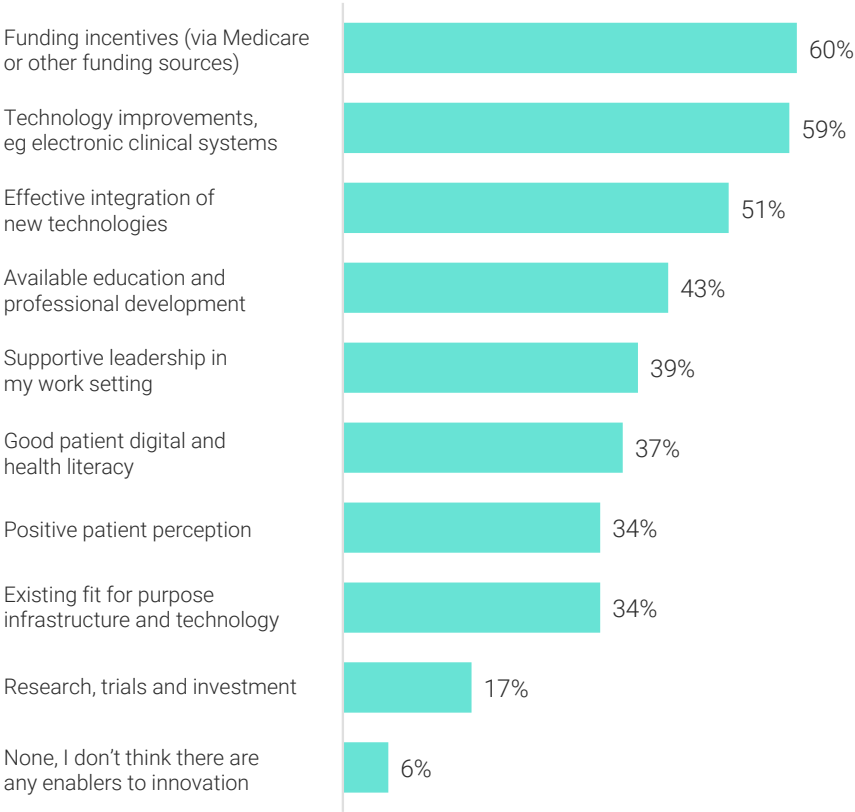
This sentiment is upheld by data that demonstrates a positive correlation between patient uptake of technology and health outcomes. Almost seven in 10 patients (67%) say that technologies used by their practice enhances their experience, and 83% of patients are satisfied with the use of technology and digital tools.⁶ A further 70% say they are tracking their health and fitness via apps and devices, and many are seeking digital self-service options for provider interactions.⁶

51 – Measure: Proportion of GP responses to the question, 'Which, if any, of the following do you perceive as enablers to innovation in your practice setting?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 51
Perceived enablers of innovation in general practice



The use of specific tools within general practice

The most used tool is the Australian Immunisation Register (AIR), with 84% of GPs claiming to use it always or often, in their practice settings (Figure 52). This is followed by the use of electronic prescriptions and real-time prescription monitoring, where respectively, 83% and 66% of GPs are using it always or often.

My Health Record appears to be underutilised, with only 33% of GPs using it always or often. Notably, 31% of GPs rarely, or never use My Health Record. This indicates there may be barriers or operability issues for GPs when using My Health Record, as evidence demonstrates that one in two patients are using My Health Record and 80% report they are satisfied with the security of personal health records.⁶

Although MyMedicare is a recent introduction to the healthcare system, GP adoption of MyMedicare seems to be in its early stages, with 59% of GPs rarely or never using it. Evidence in the sector shows there are mixed views on the benefit of MyMedicare and practice readiness, as just over one in four (28%) believe it is good for general practice. Forty-two per cent of practices are aiming to engage with MyMedicare in the next 12 months.¹⁰

There is a large discrepancy in the use of telehealth via video, and telehealth via phone. Usage of telehealth via phone is far more common, with 70% of GPs always or often using it, versus only 16% of GPs always or often using telehealth via video.

Along with very low level of familiarity of artificial intelligence (AI) tools, the implementation of AI tools within a practice setting is not common, with 83% of GPs never or rarely using AI. Familiarity rates of specific-AI tools within general practice is discussed in the 'Artificial intelligence' section.

'Update of My Health Record so it is fit for purpose.'

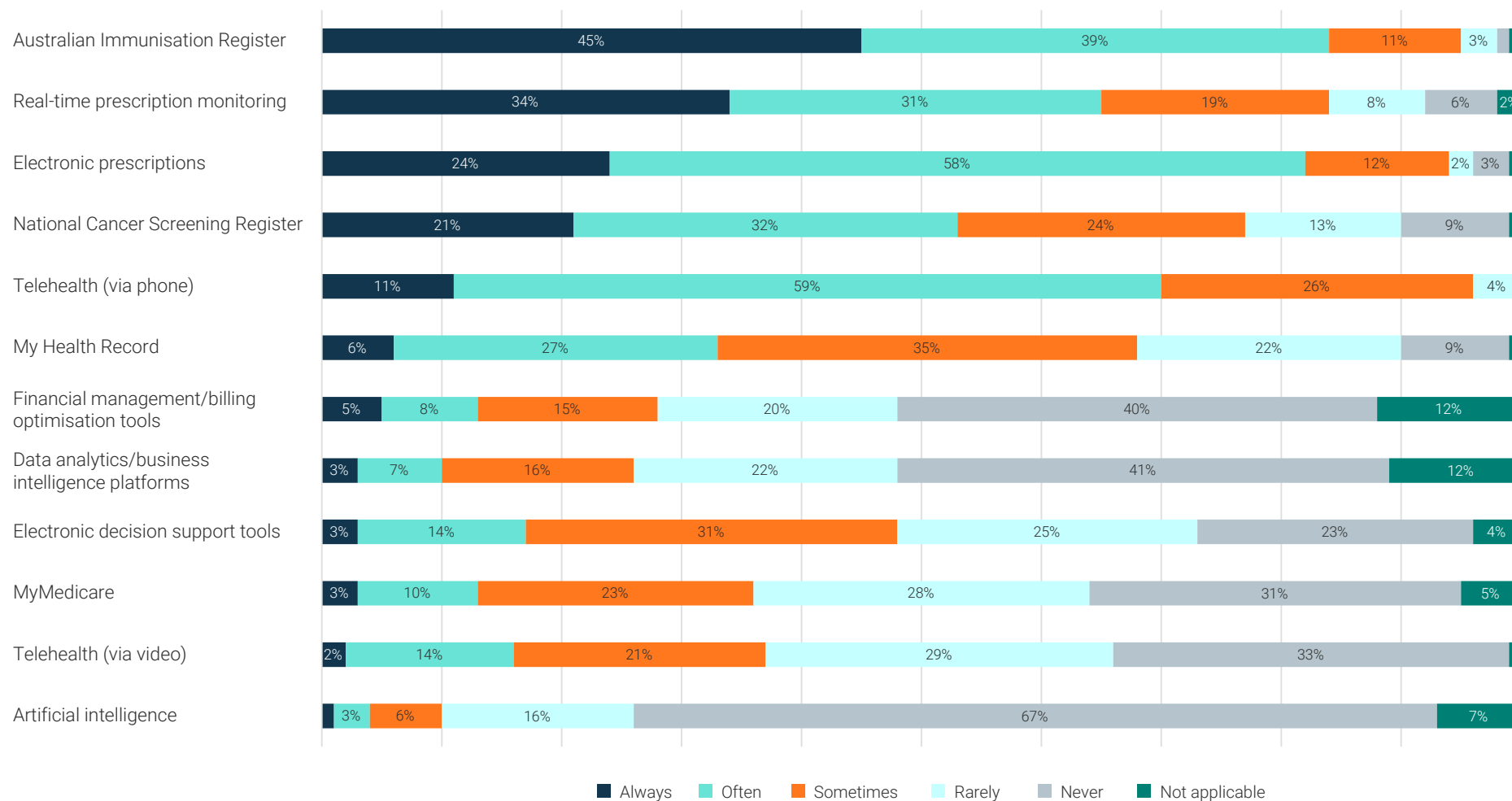
'My Health Record has very slow access when trying to find patient results from elsewhere, I don't use it as much as I could as it just takes too long in an already time pressured consult.'

52 – Measure: Proportion of GP responses to the question, 'To what extent are you utilising or implementing the following in your practice setting?'

Sample: Practising GPs 2024 n=3006

Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

FIGURE 52

Innovative tools being utilised within general practice

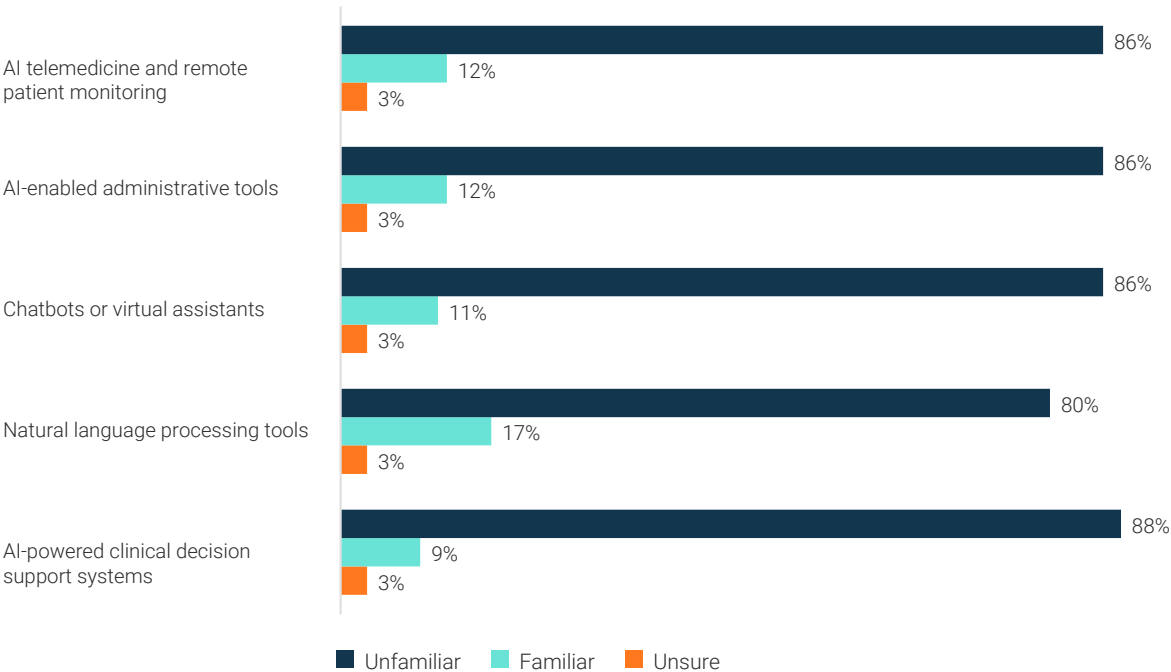
Artificial intelligence

As previously mentioned, GPs are mostly unfamiliar with a range of AI tools and have a subsequent low level implementation rate of AI tools within general practice. At least 80% of GPs stated they were not at all familiar or not very familiar with specific AI tools. Low levels of familiarity with AI tools was even prevalent among GPs who identified as ‘innovators’ or ‘early adopters’. Natural language processing tools presented as the most familiar AI tool within general practice, with 17% of GPs rating themselves familiar with this tool (Figure 53). AI-powered clinical decision support systems were rated as the least familiar, with only 9% of GPs familiar with these tools.

Interestingly, health consumer data shows that 53% of people are comfortable with AI being used to support appointment scheduling, while 32% are comfortable with AI-assisted diagnoses.⁶ Seventy-six per cent of people expect a healthcare professional to validate AI recommendations when AI tools are used within a healthcare setting such as treatments and diagnoses. In addition, 30% of people believe AI will have a positive impact on the quality of care they receive.⁶

When this data is contrasted with GP familiarity and implementation rate of AI tools, this indicates there may be potential for more wide-spread AI advances to be made in general practice.

FIGURE 53
Familiarity with AI tools in general practice



53 – Measure: Proportion of GP responses to the question, 'Please rate your familiarity with the following artificial intelligence (AI) technologies within general practice'
Sample: Practising GPs 2024 n=3006
Source: The Navigators, RACGP Health of the Nation survey April/May 2024.

'I have adopted an artificial intelligence tool that records my consultations and turns them into editable notes. It enables me to look at the patient and have a great consultation. Their story unfolds naturally and much more easily, as I no longer feel the need to interrupt for clarification while trying to make sense and order of their history. Questioning later on in the consultation still works for the notes. Medico-legally, my notes are more detailed. I am enjoying my work more since adopting this technology. A happy GP is a good GP and I'm even rethinking my plans to retire.'

'Artificial intelligence-powered transcription technology has been immense in its power to effortlessly produce clinical notes, allowing for better note-taking in those who otherwise write very few words.'

'In recent months I have trialled several AI scribe tools and have now signed up for one. Further, in response to our unmet demand for appointments, I also provide an asynchronous script and referral service for current patients. GPs need to move and be more flexible in service delivery otherwise we will make ourselves irrelevant in people's lives.'

'I am very interested in trying AI-assisted note transcription as a way of improving clinical record keeping and saving time.'

'I have seen my colleagues use AI for transcription and it has been very beneficial. It has increased the chances that I will move to using this once this is better embedded with our software.'



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References

1. Australian Government, Department of Health and Aged Care. General Practice Workforce providing Primary Care services in Australia – General Practice Workforce 2018 to 2023 calendar years. Canberra: DoHAC, 2023. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html> [Accessed 7 June 2024].
2. Australian Bureau of Statistics. Patient experience in Australia. 2022–23. Canberra: ABS, 2024. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release [Accessed 7 June 2024].
3. The Navigators. RACGP Health of the Nation survey. 2024.
4. Australian Government, Australian Institute of Health and Welfare, General practice, allied health and other primary care services. Canberra: AIHW, 2024. Available at www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-and-other-primary-c [Accessed 7 June 2024].
5. The Navigators and GPMHSC. Delivering mental health care in general practice. 2021. Available at <https://gpmhsc.org.au/guidelinessection/index/bff47875-a424-4dd4-ba72-f7423fbd029> [Accessed 7 June 2024].
6. CommBank. CommBank Patient Experience Insights report 2024. Available at www.commbank.com.au/content/dam/commbank-assets/business/foresight/2024/apr/commbank-health-patient-experience-insight-report-2024.pdf [Accessed 7 June 2024].
7. Australian Bureau of Statistics. Monthly Consumer Price Index Indicator. Canberra: ABS, 2024. Available at www.abs.gov.au/statistics/economy/price-indexes-and-inflation/monthly-consumer-price-index-indicator/latest-release#cite-window1 [Accessed 1 August 2024].
8. Australian Government, Department of Health and Aged Care. Medicare annual statistics – State and territory (2009–10 to 2023–24). Canberra: DoHAC, 2023. Available at www.health.gov.au/resources/publications/medicare-annual-statistics-state-and-territory-2009-10-to-2023-24?language=en [Accessed 14 August 2024].
9. Cubiko. 2023 Touchstone General Practice Industry Report. 2024. Available at: www.cubiko.com.au/resources/general-practice-benchmarks-2024 [Accessed 15 July 2024].
10. CommBank. CommBank GP Insights Report 2024. 2024. Available at www.commbank.com.au/content/dam/commbank-assets/business/foresight/2023-02/q867-gp-insight-report-acc-ws.pdf [Accessed 1 July 2024].
11. Australian Government, Productivity Commission. Report on government services 2024: 10 primary and community health. Canberra: Australian Government, 2024. Available at www.pc.gov.au/ongoing/report-on-government-services/2024/health/primary-and-community-health [Accessed 17 June 2024].
12. Australian Government. Medicare Benefits Schedule (MBS) Online. Canberra: 2024. Available at www.mbsonline.gov.au/ [Accessed 1 July 2024].
13. Medical Deans Australia and New Zealand. National data report 2024. Sydney: Medical Deans Australia and New Zealand, 2024. Available at <https://medicaldeans.org.au/medical-schools-outcomes-database-reports> [Accessed 21 June 2024].



Notes

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