



**RACGP**  
Royal Australian College  
of General Practitioners

# General Practice **Health of the Nation** 2025

An annual insight into the state  
of Australian general practice





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## **General Practice: Health of the Nation 2025**

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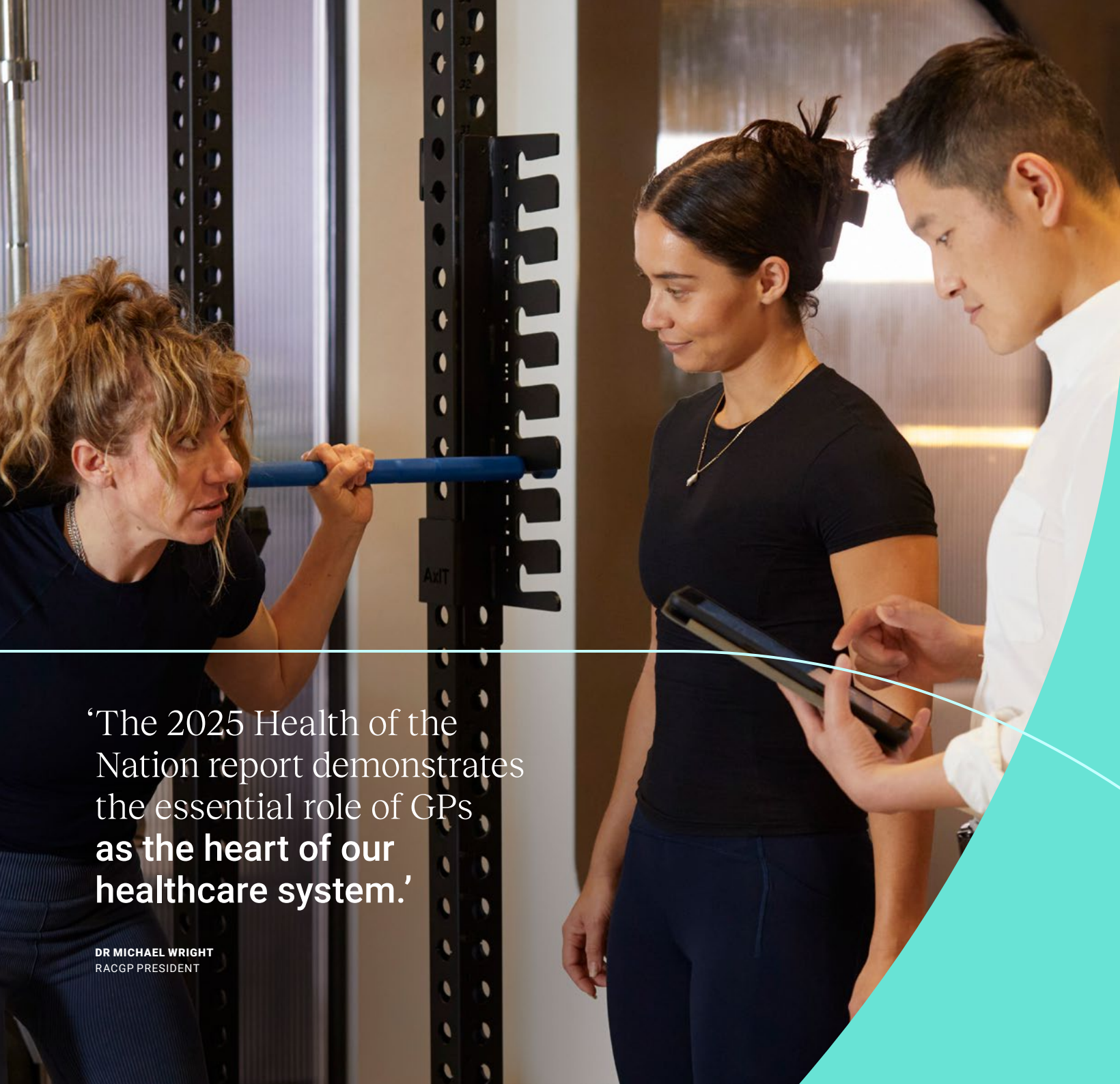
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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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‘The 2025 Health of the Nation report demonstrates the essential role of GPs **as the heart of our healthcare system.**’

DR MICHAEL WRIGHT  
RACGP PRESIDENT



## President's message



The past year has seen much discussion about the role of general practice as the front door of Australia's healthcare system, and increasing recognition of the need for all Australians to have access to high-quality affordable care from their GP.

We have seen major Medicare reforms, unprecedented commitments by the Federal Government of increased investment into general practice and our future workforce, and a slowly growing understanding of our critical role in enabling ongoing holistic, person-centred, accessible and affordable care.

This significant period of change comes with challenges, including potential impacts on practice viability, risks to GPs' scope of practice and the growing complexity of care we are managing. At the same time many of us are adopting new technologies and adapting to new business models in order to maintain financial sustainability.

**Together with GPs' adaptability, innovation and resilience, the RACGP is here to support them.**

This year's Health of the Nation report shows some encouraging signs and points towards the potential of a strengthened general practice workforce and GPs working to their full scope providing the care our communities need.

GPs remain highly accessible – providing services to patients across Australia from our major cities to regional towns, rural and remote areas, and Aboriginal and Torres Strait Islander communities. We provide comprehensive and holistic care and play a key role in bridging gaps across the health system.

The report tells us that patients continue to rate highly the care they receive from their GP, and that GPs are spending longer with patients than ever. At the same time, complexity of care is increasing. This is the number one challenge identified by GPs, as we witness growing rates of chronic disease, high rates of mental health presentations and an ageing growing population. Mental health continues to be a key theme throughout the report – consistent since the first Health of the Nation survey in 2017.

The themes of this year's survey around multidisciplinary care and preventive care are cornerstones of general practice. The survey findings confirm that many GPs already work within multidisciplinary care teams and are enthusiastic to participate in more of these models of care. While the value of being part of a multidisciplinary care team is recognised, workforce shortages and gaps in funding and infrastructure remain. GPs are central for these models of care to function effectively.

Furthermore, while the report provides an important snapshot of the increasingly complex care provided by GPs, it also shines a light on the ongoing disparities within our health system. For example, while per person funding for general practice has remained relatively unchanged in the decade up to 2023–24, hospital funding has increased by almost one third.

For the first time, the 2025 report collected information about experiences with racism, finding that it remains a key challenge in the healthcare environment. Nearly one third of GPs have observed racism towards patients in the health system, with some GPs not feeling confident in addressing racism. These results highlight the need to identify and eliminate racism in the healthcare system.

Despite the many challenges the general practice workforce faces, being a GP remains rewarding, fulfilling and exciting, and GP training has never been more popular with a record number of junior doctors entering the Australian General Practice Training Program in recent years.

**The 2025 Health of the Nation report further demonstrates the essential role of GPs as the heart of our healthcare system, and what is needed to address current challenges.**

There is increasing evidence that properly funded access to high-quality general practice is the solution to many of our current healthcare challenges.

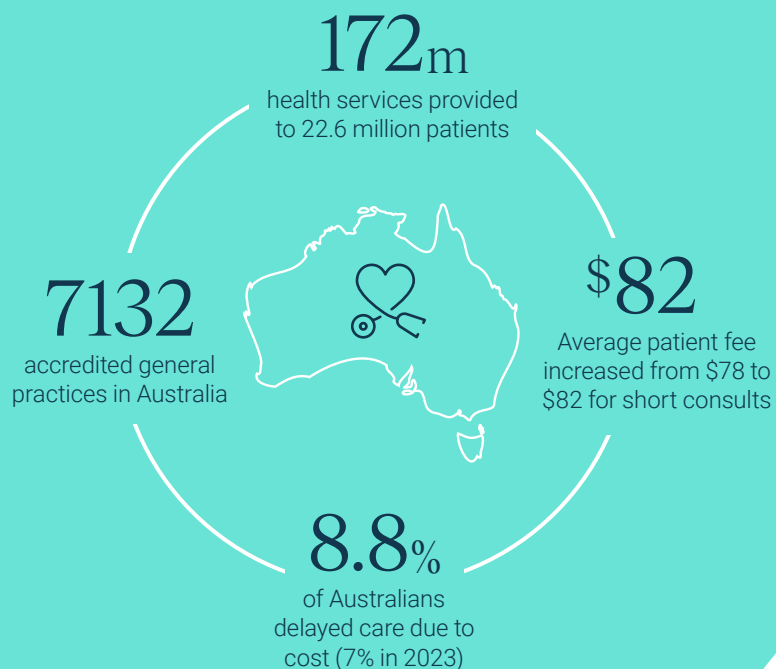
I'd like to thank all the RACGP members who contributed to the survey and this report, and particularly thank the RACGP Advocacy team and RACGP Expert Committee – Funding and Health System Reform for their leadership.

This report shows us that there is no substitute for the quality care you get from a GP who knows you and your history.

**Dr Michael Wright**  
RACGP President

In the last  
**12 months...**

  
**40,375**  
GPs in the primary care  
workforce in 2024



## Patient experience

**Fewer reports** of longer than  
acceptable GP wait times

**80%**  
of patients have  
a preferred GP

**88%**  
of patients report  
their GP spent enough  
time with them



**99%**  
of people could see a GP  
when they needed to

**94%**  
felt their GP showed  
respect, 91% felt their  
GP listened carefully

## GP temperature check



**71% of GPs** are  
satisfied with their job



**47% of GPs** would recommend  
general practice to future  
doctors (up from 44%)



The number of doctors  
entering the Australian  
General Practice Training  
Program is increasing

**30% of GPs** observed racism  
towards patients in the healthcare  
system – **only six in 10** felt  
confident to deal with it



**One in three GPs**  
plan to stop practising  
within five years



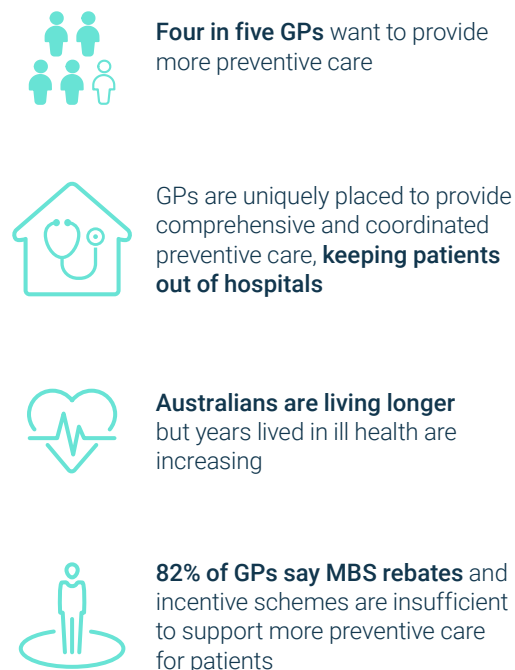
**Six in 10 GPs** are  
considering reducing  
time spent practising



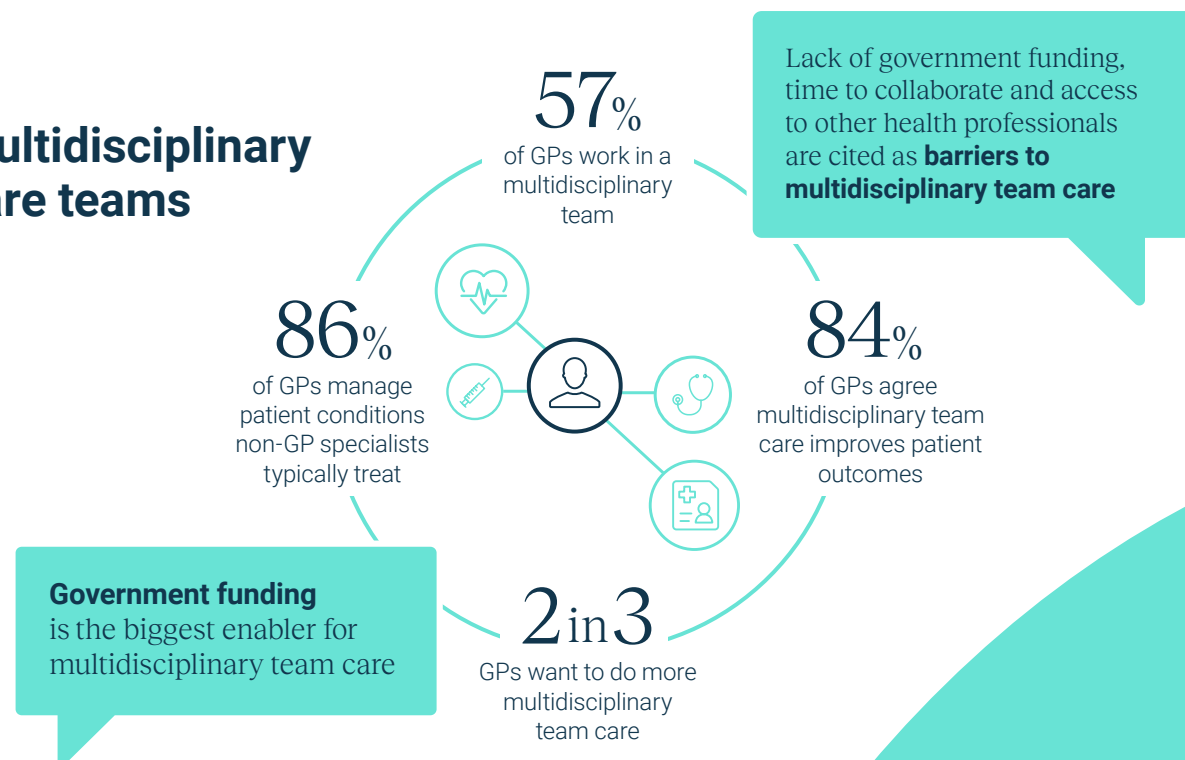
## Health trends



## Preventive care

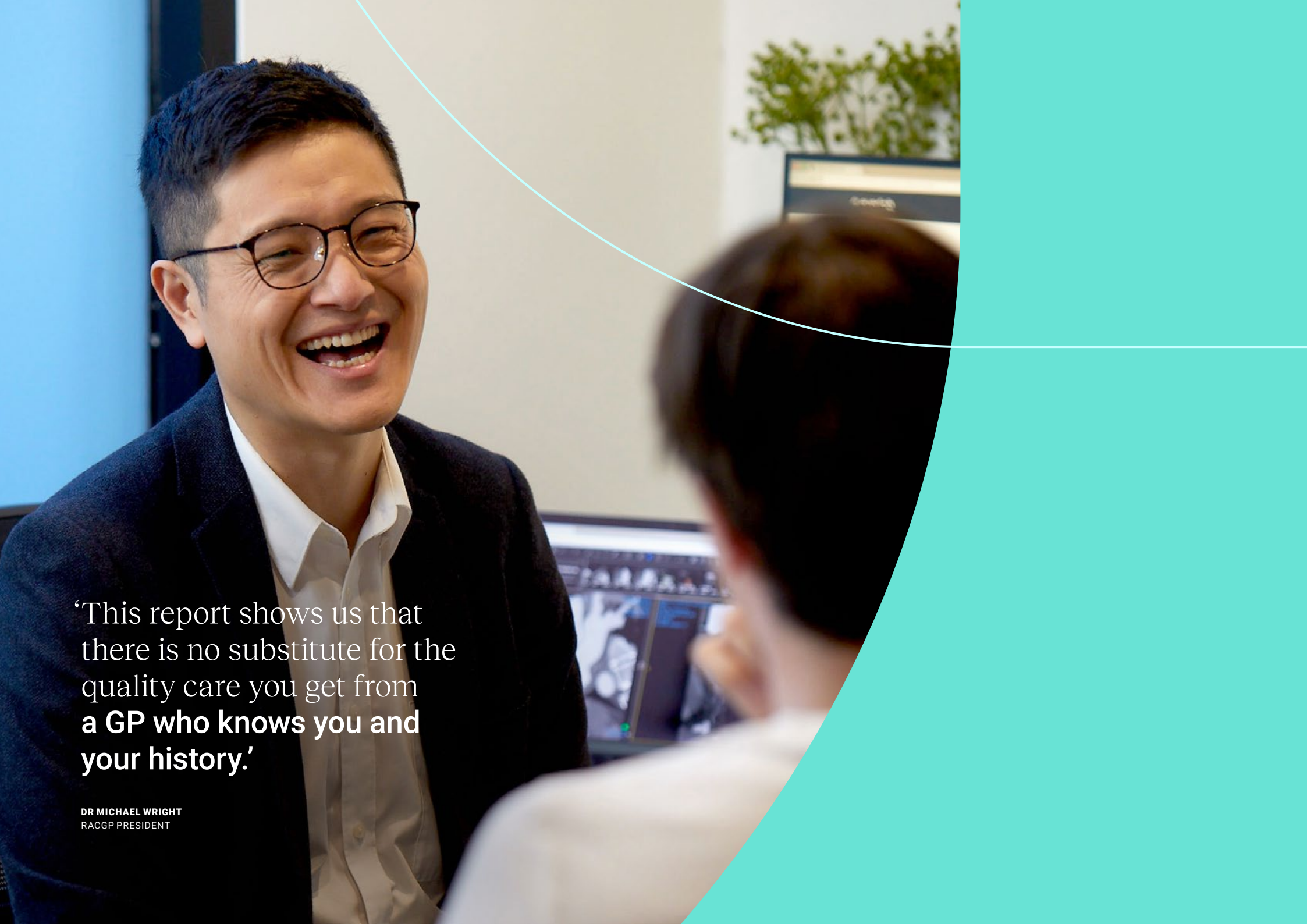


## Multidisciplinary care teams



**'Properly funded access to high-quality general practice is the solution to many of our current healthcare challenges.'**

**DR MICHAEL WRIGHT**  
RACGP PRESIDENT

A photograph of a man with dark hair and glasses, wearing a dark suit jacket over a light-colored shirt. He is laughing heartily, showing his teeth. He is looking towards the right side of the frame. In the foreground, the back of another person's head is visible, slightly out of focus. The background shows an office environment with a computer monitor and a potted plant. A large, solid teal shape covers the right side of the image, with a thin white curved line separating it from the rest of the photo.

‘This report shows us that  
there is no substitute for the  
quality care you get from  
**a GP who knows you and  
your history.**’

**DR MICHAEL WRIGHT**  
RACGP PRESIDENT

## Executive summary

### **GPs remain highly accessible as experts in providing long-term, whole-person, safe, and comprehensive care**

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 Health of the Nation survey data, as well as government and stakeholder statistics. Each year, the report has a topic of interest. This year dual topics were selected, and members given the option to complete both sections of the survey: multidisciplinary care and preventive care in general practice.

The 2025 edition of Health of the Nation shows GPs remain highly accessible as experts in providing long-term, whole-person, safe, and comprehensive care. Last year GPs provided 172 million health services to 22.6 million patients across Australia. In 2023–24, 99% of people reported that they were able to see a GP when they needed general practice care, and more than half of the population could access urgent medical care from a GP within 24 hours. Patients continue to rate the care they receive from their GP highly. More than 88% of patients report their GP always or often spent enough time with them, 94% reported their GP showed respect, and more than 91% reported their GP listened carefully.

However, the cost of care for patients continues to increase and the proportion of patients always being bulk billed remains low. Patients are paying a larger share of the true cost of their medical visits, as Medicare rebates

have not kept up with the cost of providing care, placing greater financial burden on households. Australian Bureau of Statistics data shows the proportion of people delaying GP care due to cost has increased in the previous 12 months from 7% to 8.8%.

GPs continue to highlight their essential role in the provision of mental health care and managing increasingly complex needs in primary care. Mental health remains the most common reason for patient visits, led by anxiety and depression. Average consult lengths have risen to almost 20 minutes, reflecting a long-term trend of increasing complexity in consultations. This growing complexity of patient presentations was the most common challenge nominated by GPs, with 68% of GPs raising it as an issue. GPs also identified health system fragmentation and communication issues as leading concerns for the future.

The survey results on preventive health shine a light on a major missed opportunity for our health sector. As the most accessed health professionals in the healthcare system, GPs are uniquely placed to provide comprehensive and coordinated preventive care. There is a strong GP appetite for preventive care, with 83% of GPs wanting to provide more, but only one in three have the time to provide it to their patients. Funding gaps, time pressure, and the complexity of patient presentations are key barriers.

GPs indicate multidisciplinary team (MDT) care is both valued and expanding. More than half of GPs are engaged in MDT care, with 65% wanting to participate

in more. Confidence in the value of MDT care is widespread, even among GPs not currently working in team-based models. However, workforce shortages, lack of funding, collaboration time, and infrastructure gaps remain limiting factors for this type of care.

GPs continue to bridge gaps in the health system, especially in rural and remote areas. Nine in 10 GPs report regularly managing conditions typically seen by non-GP specialists. Limited specialist access and cost barriers drive this trend, underlining the need for improved integration and funding that reflects the true value of general practice. More than 70% of GPs regularly manage presentations that would typically be seen in emergency departments or urgent care clinics (UCCs). Despite this, only 14% of GPs support UCC expansion in their region, citing concerns about care fragmentation and workforce strain.

Racism remains a key challenge in the healthcare environment. Three in 10 GPs have observed racism toward patients in the broader system, and nearly one in five have personally experienced racism from patients. While many GPs feel confident addressing these issues, 11% do not. This underscores the need for systemic change to eliminate racism and embed cultural safety to ensure equity and safety for both patients and healthcare providers.

GPs remain deeply committed to their profession. Almost half of GPs would recommend general practice as a career, up from 38% in 2023. This suggests a potential stabilising professional sentiment. However, nearly seven

in 10 GPs continue to report burnout, with the majority being dissatisfied with their hours, administrative burden, and time spent on care not funded through Medicare. Regarding workforce capacity, one in three GPs intend to stop practising within five years. Importantly, a large percentage (63%) are also considering reducing their time spent practising. With the workforce ageing and many considering reducing their practising hours, more will need to be done to support GP workforce participation and capacity.

Almost half of GPs would recommend general practice as a career, **up from 38% in 2023.**

## About the report

The ninth 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 nine years and has historically involved RACGP Fellows from all parts of Australia.

The 2025 online survey, undertaken by The Navigators in close collaboration with the RACGP, ran from 8 April to 4 May, with respondents covering a wide range of demographics across the GP community. The 2025 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 2416 practising GPs were as follows:

- 59% female, 40% male, 1% identifying as non-binary, or using a different form
- 6% aged <35 years, 22% aged 35–44 years, 27% aged 45–54 years, 28% aged 55–64 years, 18% aged ≥65 years
- 11% Western Australia, 2% Northern Territory, 9% South Australia, 21% Queensland, 27% New South Wales, 2% Australian Capital Territory, 24% Victoria, 3% Tasmania
- 62% in major cities, 22% in inner-regional, 12% in outer-regional, 4% in remote and very remote

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

- 51% female, 42% male, 7% identifying as non-binary, or using a different form
- 7% aged <35 years, 11% aged 35–44 years, 11% aged 45–54 years, 24% aged 55–64 years, 48% aged ≥65 years

Demographics of the 315 GPs in training were as follows:

- 56% female, 40% male, 4% identifying as non-binary, or using a different form
- 40% aged <35 years, 42% aged 35–44 years, 11% aged 45–54 years, 7% aged 55–64 years, 0% aged ≥65 years

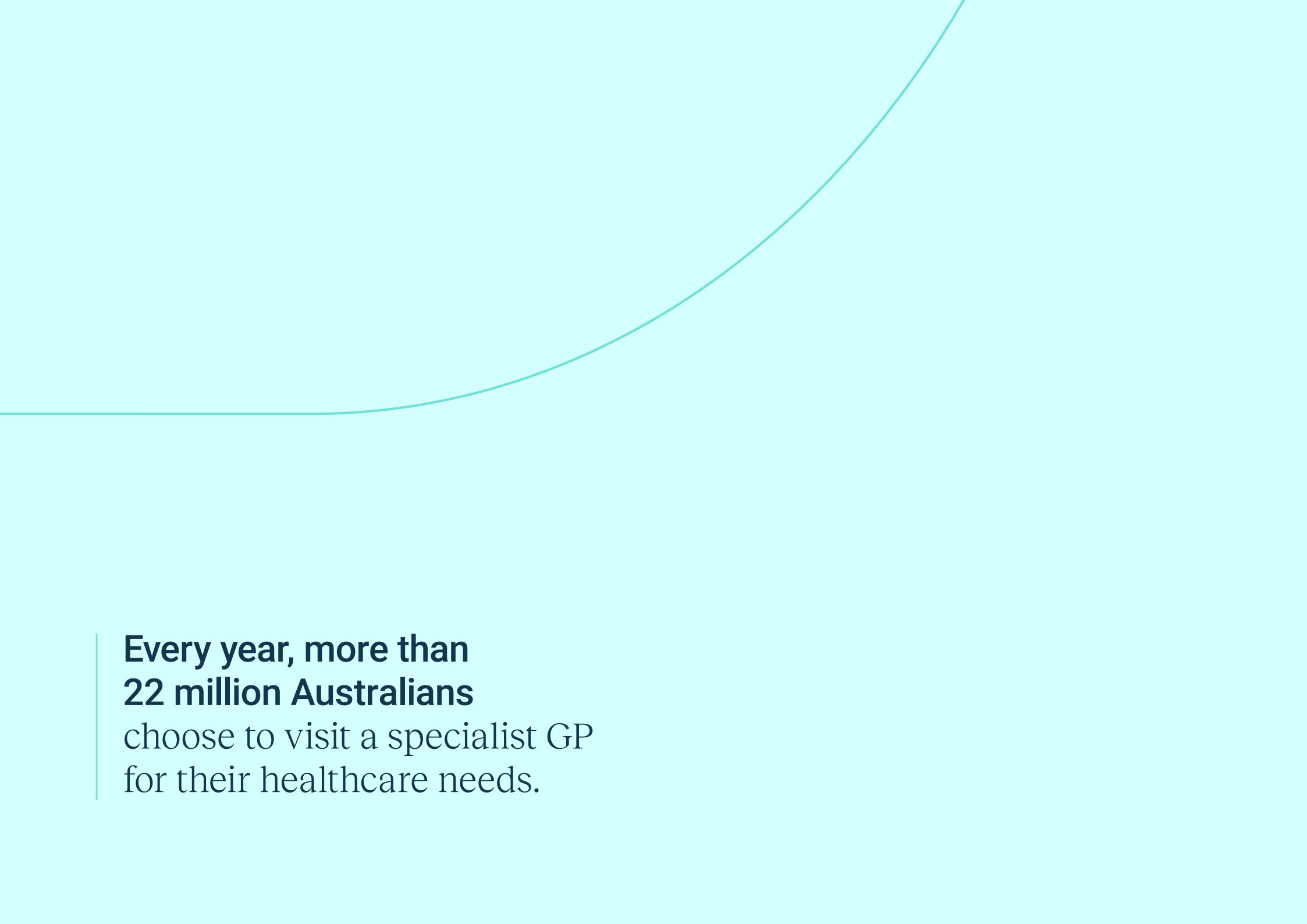
- 14% Western Australia, 1% Northern Territory, 9% South Australia, 25% Queensland, 26% New South Wales, 1% Australian Capital Territory, 22% Victoria, 2% Tasmania
- 32% in major cities, 34% in inner-regional, 26% in outer-regional, 8% in remote and very remote

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:

- Australian Institute of Health and Welfare
- Australian Bureau of Statistics
- Department of Health, Disability and Ageing
- Productivity Commission
- Medical Deans Australia and New Zealand
- Cubiko Touchstone report.



**Every year, more than  
22 million Australians**  
choose to visit a specialist GP  
for their healthcare needs.



# **Chapter one**

## Trends in general practice care





# Access to general practice care

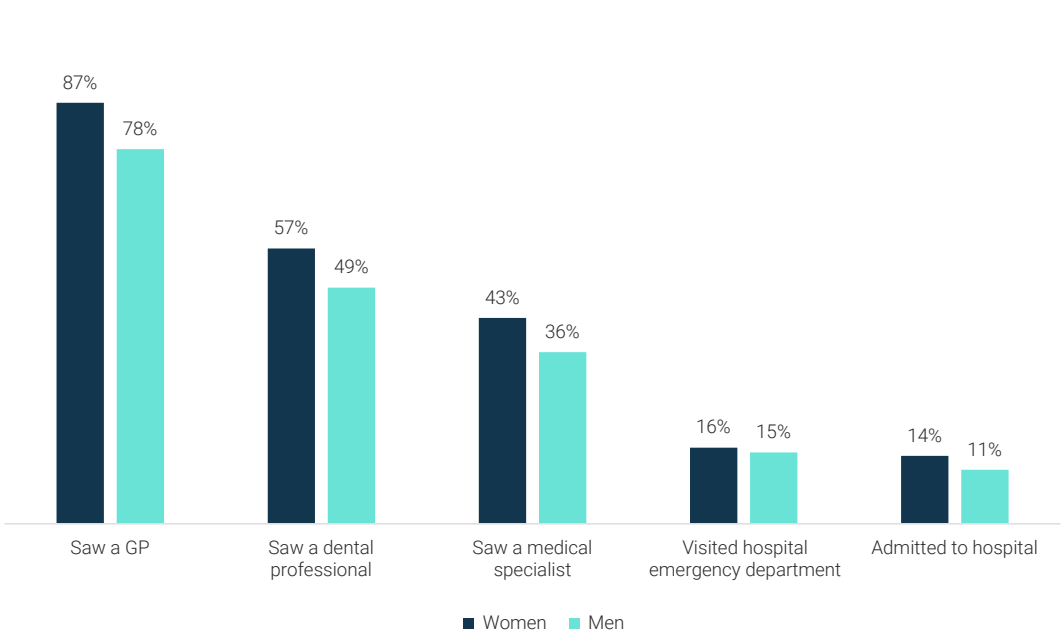
Every year, more than 22 million Australians choose to visit a specialist GP for their healthcare needs, making GPs the most accessed health professional in the country and general practice the cornerstone of Australia's primary care system. In 2024, GPs provided 172 million health services\* to 22.6 million patients – an average of 7.6 services per patient.<sup>1</sup>

GPs continued to be the most commonly seen health professionals in 2023–24 (Figure 1). Australian Bureau of Statistics data shows the overwhelming majority of patients can access general practice care, with only 1.1% of people reporting they were unable to see a GP when they needed to in 2023–24.<sup>2</sup> Women were more likely than men to see a GP (87.3% compared to 77.7%).<sup>2</sup>

Around 78.7% of patients have a preferred GP, with the proportion of people always able to see their preferred GP increasing from 63.7% in 2022–23 to 66.4% in 2023–24.<sup>2</sup> The OECD Patient-Reported Indicator Survey (PaRIS) Australian Report recently found 97% of patients with a single GP for 3–5 years rated care positively, compared to 79% who did not see the same GP.<sup>3</sup> The PaRIS report also found longer GP–patient relationships were correlated with higher levels of trust in their GP, and higher ratings of care received.<sup>3</sup>

1.1%   
Only 1.1% of people were unable to see a GP when needed in 2023–24

FIGURE 1  
Health service usage between women and men†



1 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2023–24. ABS: 2024. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release](http://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release)

\*The number of services by GPs is based on the latest review of primary healthcare GP items on the Medicare Benefits Schedule.

†Data sources beyond women and men unavailable

## Reported reasons people see their GP

Health of the Nation data consistently demonstrates the central role of GPs in providing care for people experiencing mental illness. Psychological issues remain the most commonly reported reason for people to see a GP (Figure 2). This has been consistent since the start of the Health of the Nation survey in 2017.<sup>4</sup> In 2025, 71% of practising GPs nominated it as a top reason for patient presentations. This represents a 10% increase since the start of the survey in 2017.

The proportion of GPs nominating musculoskeletal (33%) and respiratory (28%) factors as a top three reason for patient presentations has decreased from 2024. Women's health (35%) has increased since 2024. Other factors remain largely unchanged since 2024.

Female GPs continue to report a higher proportion of their patients as presenting with psychological concerns. Seventy-five per cent of female GPs nominated psychological as one of their top three reasons for patient presentations, compared to 66% for male GPs. Male GPs reported higher rates of respiratory, musculoskeletal, skin and circulatory-related patient presentations.

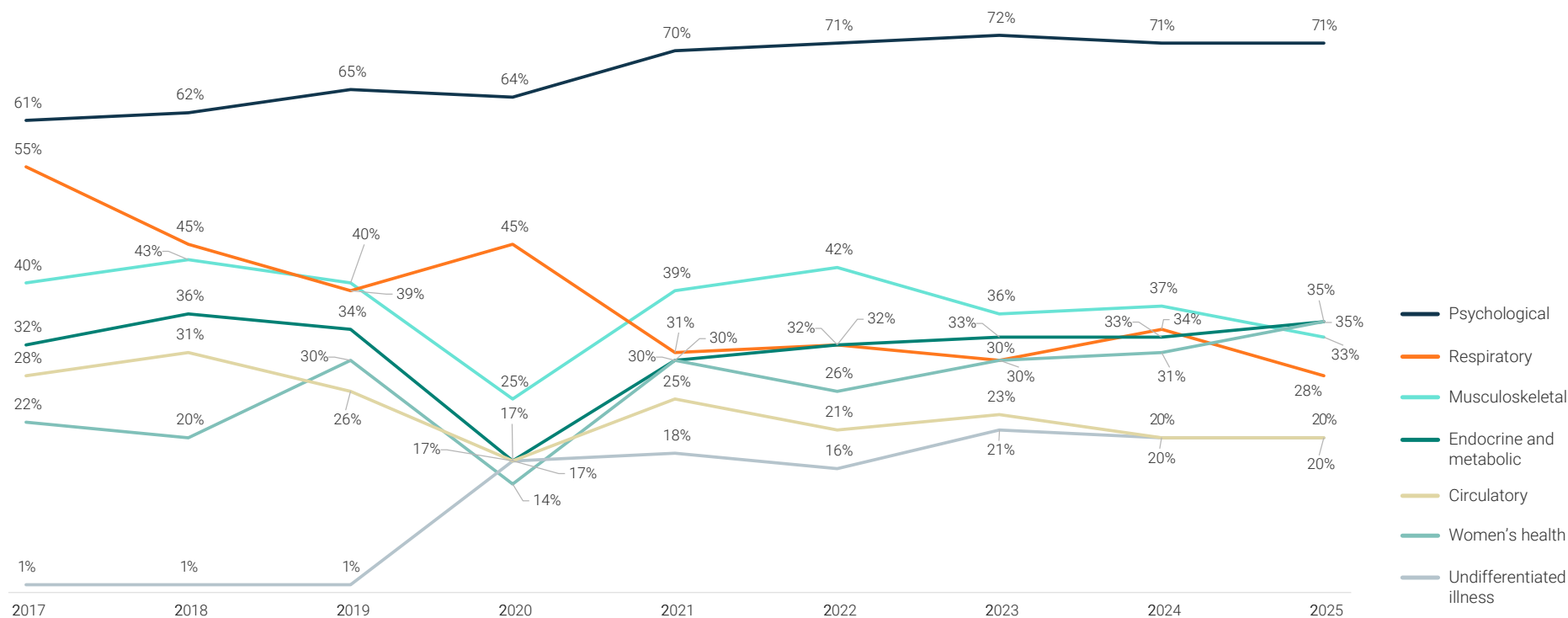
2 – Measure: Proportion of practising GPs responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?'

Sample: Practising GPs 2017 n=1390; 2018 n=1537; 2019 n=1174; 2020 n=1782; 2021 n=1386; 2022 n=3221; 2023 n=2050; 2024 n=3006; 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 2

Psychological factors are the main reason GPs report seeing patients



## Spotlight on mental health

When GPs were prompted to think about emerging issues causing concern for the future, mental health was the most mentioned patient health issue. Fifty-seven per cent of respondents identified it as a concern for the future.

GPs often serve as the first point of clinical contact for people with mental health concerns, providing a holistic, whole-of-person approach to healthcare. In certain circumstances, such as rural and remote areas, a general practice may be the only available point of care for people who require mental health services.

Twenty-two per cent of the population (estimated 4.3 million people) between the ages of 16 and 85 experienced a mental illness in the 12 months prior to the National Health Survey (2020–2022), while 43% of the population (estimated 8.5 million people) have experienced a mental illness during their lifetime.<sup>5</sup> Concerningly, one in five (20.4%) people over 15 years who needed to see a health professional for their mental health delayed or did not attend due to cost.<sup>2</sup>

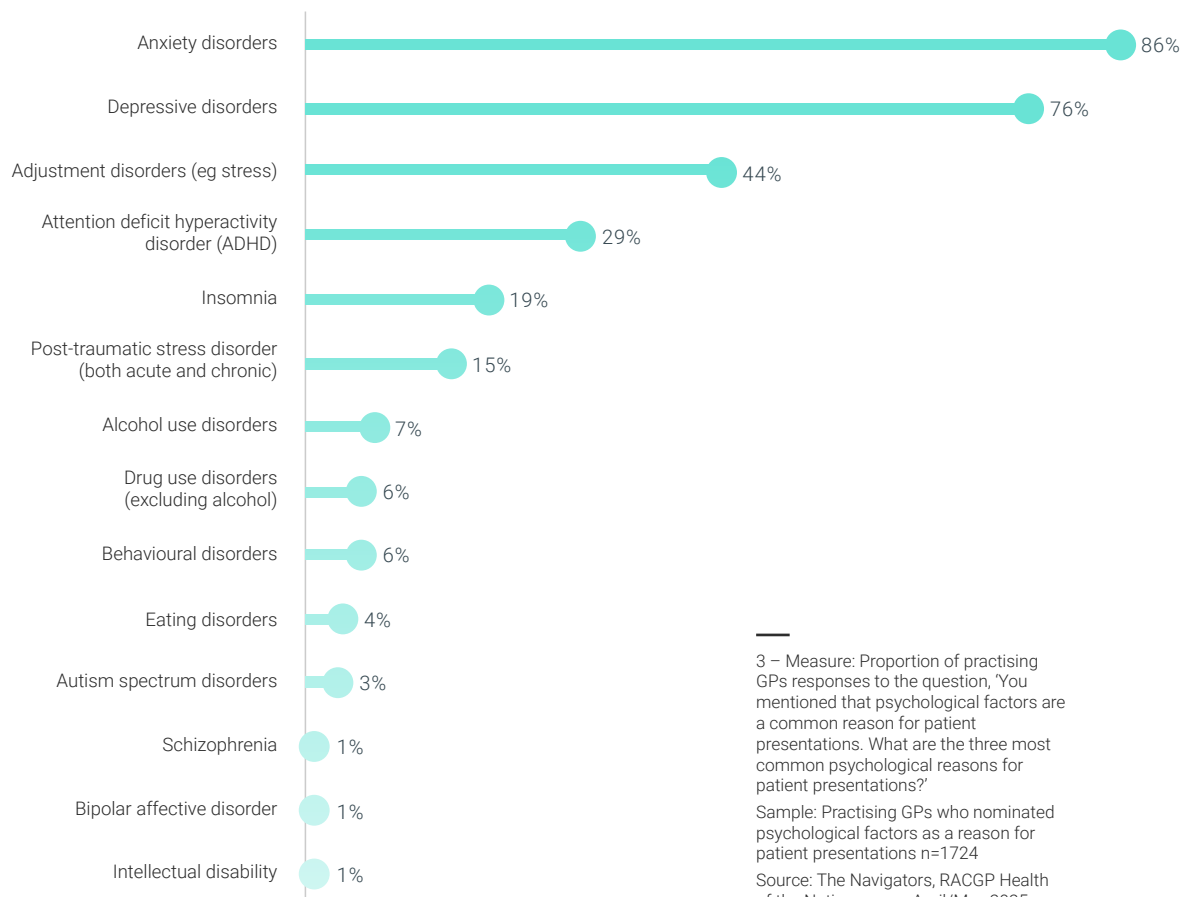
Of the practising GPs who identified mental health as a future concern, this year for the first time they were asked to identify the conditions driving mental health presentations in general practice. The results show anxiety and depression were mentioned by a high proportion of practising GPs (Figure 3). This was followed by adjustment disorders, which involve emotional or behavioural symptoms in reaction to an identifiable stressor. The most recent National Study of Mental Health and Wellbeing found the most common mental illnesses in Australia were anxiety disorders, affective disorders (including depression) and substance use disorders.<sup>5</sup>

GPs report patients can often present with multiple mental health concerns in a single general practice consult, reflecting the complex health needs for this patient cohort.

Women were more likely to see a GP for their mental health than men (15.9% compared to 9.4%). However, women were also more likely than men to delay or not see a GP for their mental health when needed due to cost (11.5% compared to 8.1%).<sup>2</sup>

FIGURE 3

### Most common psychological reasons for patient presentations reported by GPs



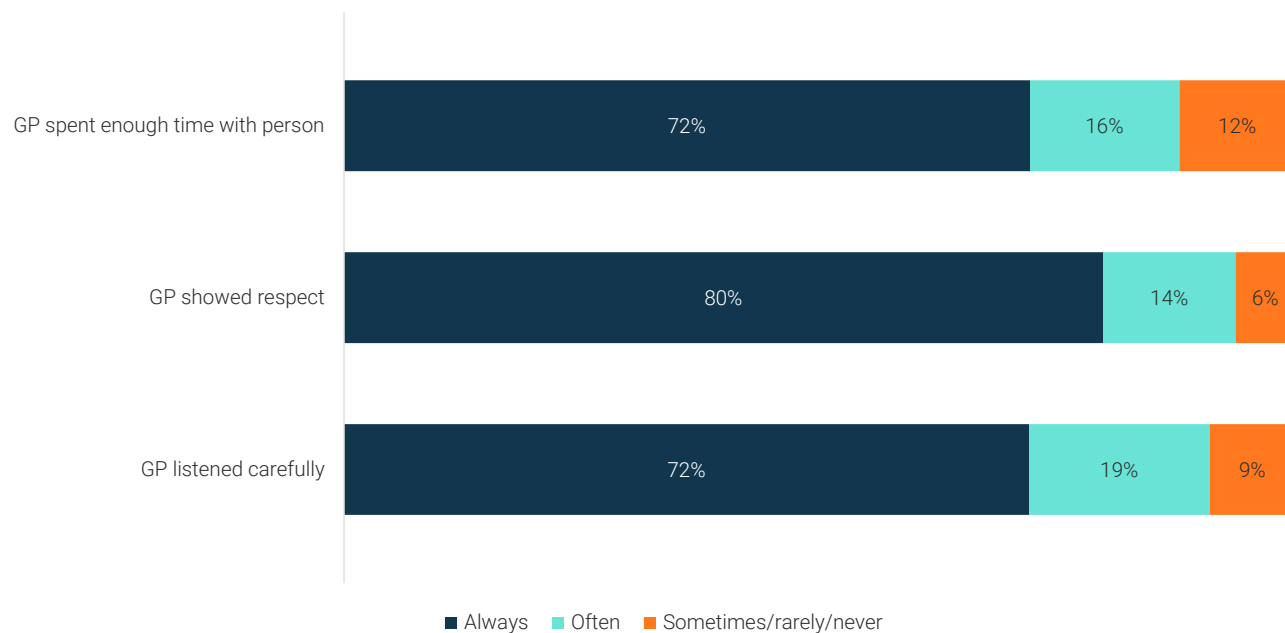
## Patient experiences of general practice care

### Satisfaction with GPs

Patients continue to rate the care they receive from their GP highly. More than 88% of patients report their GP always or often spent enough time with them, 94% reported their GP showed respect, and more than 91% said their GP listened carefully.<sup>2</sup> Results from the PaRIS report highlight that a continuous relationship with a GP is core to a positive experience for the patient. Patients who saw the same GP for more than a year tended to rate their care more highly and had more trust in their GP.<sup>3</sup>

FIGURE 4

**Patients continue to be very satisfied with GP care**



4 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2023–24. ABS: 2024. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release](https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release)

Time spent with patients

The average time GPs spend with their patients continues to increase. Between 2024 and 2025, the average time GPs report spending with their patients has increased from 18.7 minutes to 19.7 minutes. Since 2022, the average time GPs report spending with patients has increased by 11%.

Consistent with previous years, female GPs spend more time with their patients (average of 21 minutes compared to 18 minutes for male GPs). As shown in Figure 5, a much greater proportion of female GPs spend 16 minutes or more with their patients. This may reflect the types of patient presentations female GPs are more likely to see, such as mental health appointments and women’s health.

Wait times for care

Fewer people now report they waited longer than they felt acceptable to see a GP. In 2023–24, 28% of people reported waiting longer than they felt acceptable to get an appointment with a GP, a decrease from 29.6% in 2022–23.<sup>2</sup> More than half of the population (54.2%) can access urgent medical care from a GP within 24 hours.<sup>2</sup> This figure has not changed between 2022–23 and 2023–24, despite GPs reporting they spend more time with patients and increased concerns around rising patient complexity (see [Chapter four](#)).

5 – Measure: Proportion of practising GP responses to the question, ‘How long do you typically spend with a patient?’  
Sample: Practising GPs man or male n=965; woman or female n=1414  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

6 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2023–24. ABS: 2024. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release](http://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release)

FIGURE 5  
Average time spent with patients

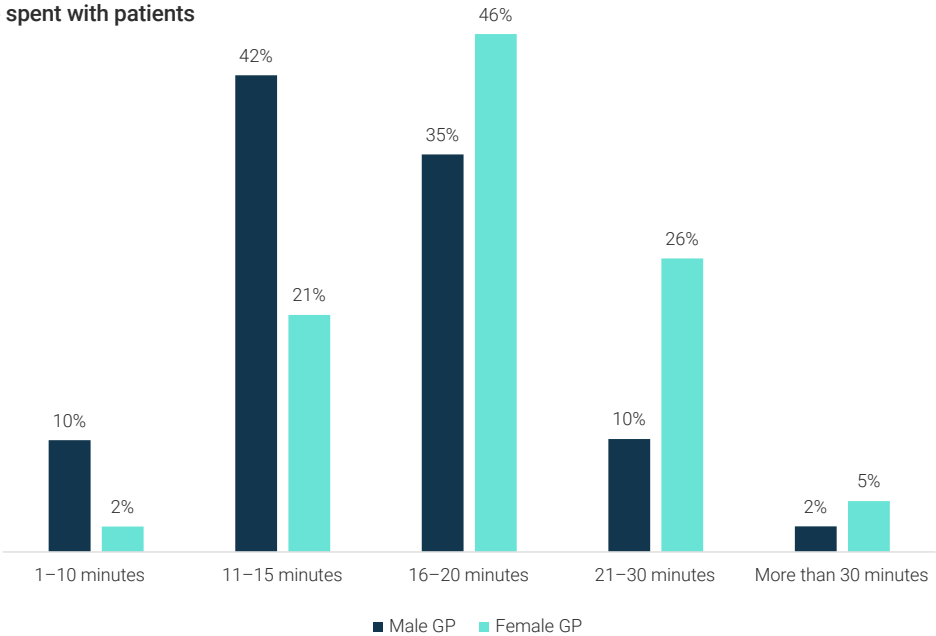
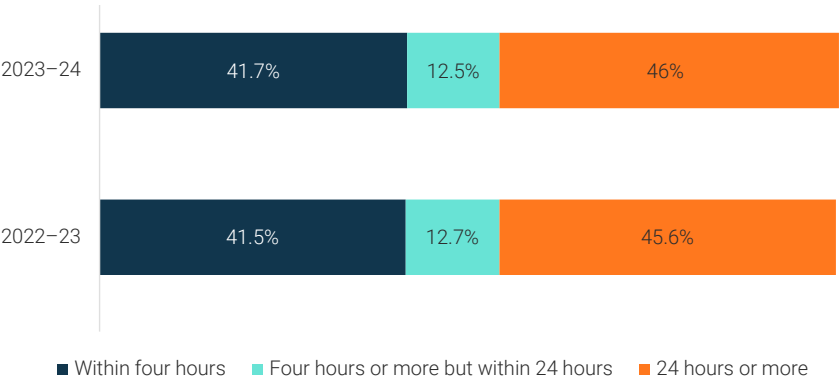


FIGURE 6  
Wait times for urgent medical care from a GP



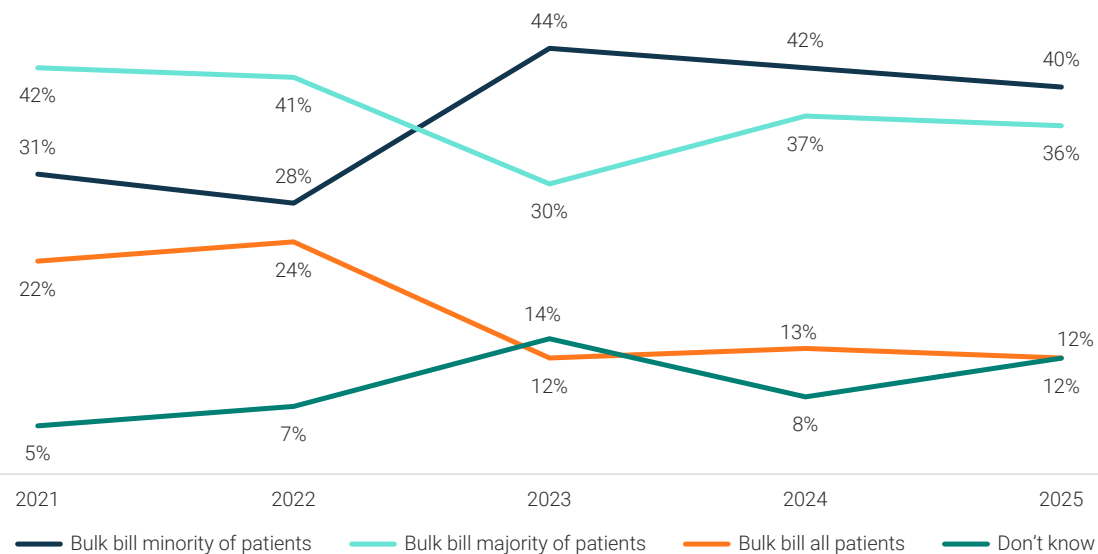
## Cost of care

The bulk billing behaviours of GPs appear to have stabilised since 2024. The percentage of patients who were bulk billed for all their care in general practice remains unchanged from 2024, at an average of 56% across all practising GPs.

When grouped by their billing practices (bulk billing the majority, minority or no patients), 12% of GPs indicated they bulk bill all their patients. The long-term trend has been a decline in GPs bulk billing all patients and an increase in those bulk billing a minority or no patients.

FIGURE 7

### GPs offering bulk-billed care to their patients



7 – Measure: Proportion of practising GPs responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?'

Sample: Practising GPs 2021 n=1386; 2022 n=3221; 2023 n=2050; 2024 n=3006; 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

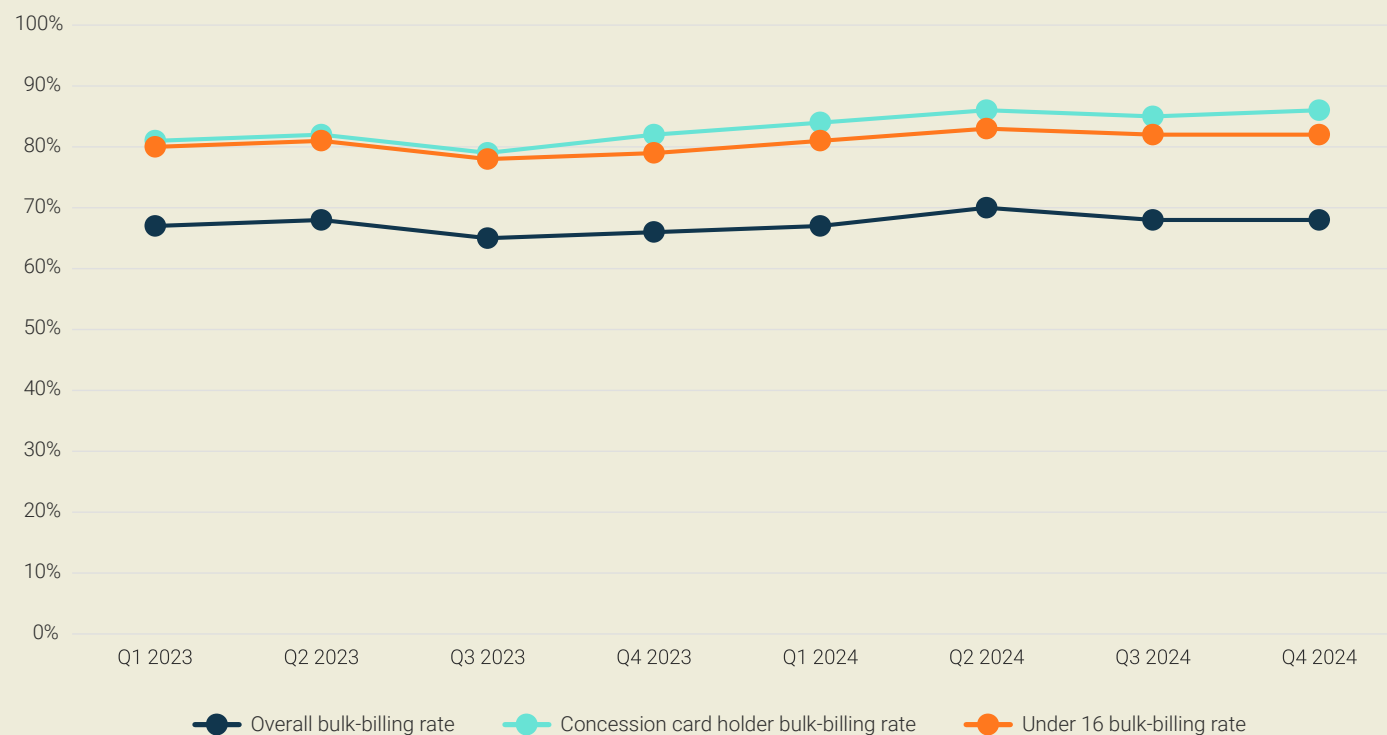
## Spotlight with Cubiko Touchstone dataset

The Cubiko Touchstone dataset draws on aggregated, de-identified data from general practices nationwide. Data from 1048 practices that have opted into the Touchstone dataset is included below.

The bulk-billing rate for different populations remained relatively steady in the Touchstone dataset throughout 2023 and 2024. Generally, concession card holders experience the most bulk billing, followed by patients under 16 years old. This is likely reflective of the additional incentives available to GPs for bulk billing these populations.<sup>6</sup>

The overall bulk-billing rate for this group of practices continues to hover between 64% and 70% over the past two years.<sup>6</sup>

FIGURE 8  
Bulk-billing rate as a percentage of invoices across eligibility types



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

Sample: Based on de-identified data from 1048 Australian general practices

Source: Cubiko, unpublished data



The typical fee charged by GPs for a Level B consult (lasting between 6–20 minutes in duration) has continued to rise.

Between 2024 and 2025, the average fee for a 6–20-minute standard consultation, including the MBS rebate of \$42.85, has increased from just over \$78 to \$82 (Figure 9). This means the average 'gap fee' for this consultation is around \$39. This represents an increase of 4.6% over that time.

For the first time in the Health of the Nation survey, half of practising GPs (50%) are charging \$90 or more for a 6–20-minute standard consultation, inclusive of the MBS rebate of \$42.85.

The average fee for a Level B consult (6–20 minutes) with a GP varied by rurality. Patients in Modified Monash Model (MMM)<sup>†</sup> 2 (outer metropolitan) areas had the highest average fee for a 6–20-minute consult with a GP, at \$86.74 including the Level B MBS rebate of \$42.85.

<sup>†</sup> 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. Examples of MM2 areas includes Ballarat, Mackay, Toowoomba, Albury and Bunbury.

9 – Measure: Proportion of practising GP 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: Practising GPs 2023 n=2050; 2024 n=3006; 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

10 – Measure: Proportion of practising GPs 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: Practising GPs 2025 MM1 n=1669; MM2 n=257; MM3–4 n=151, MM5–7 n=335

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 9

**Total fee for a 6–20-minute GP consult (including MBS rebate)**

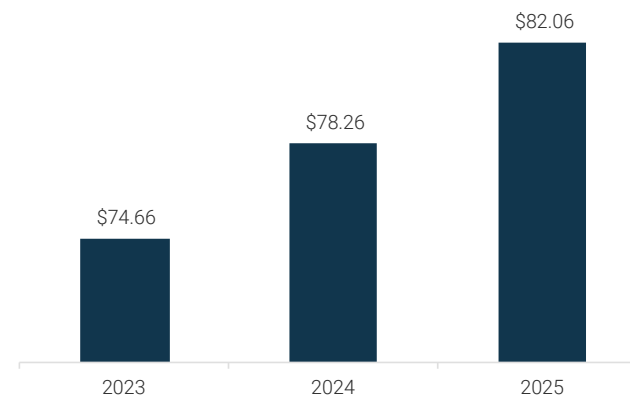
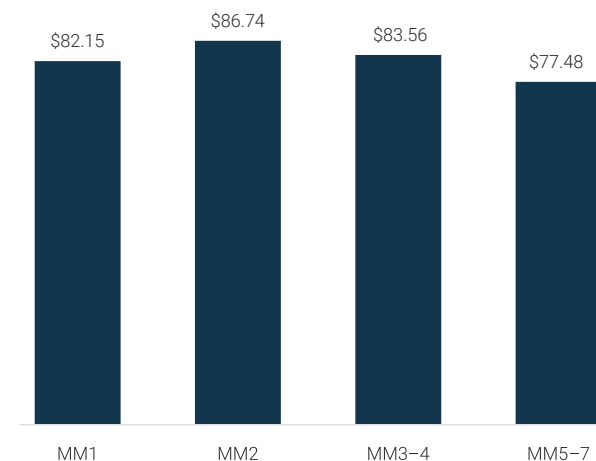



FIGURE 10

**Average Level B consult (6–20 minutes duration) fee by rurality**



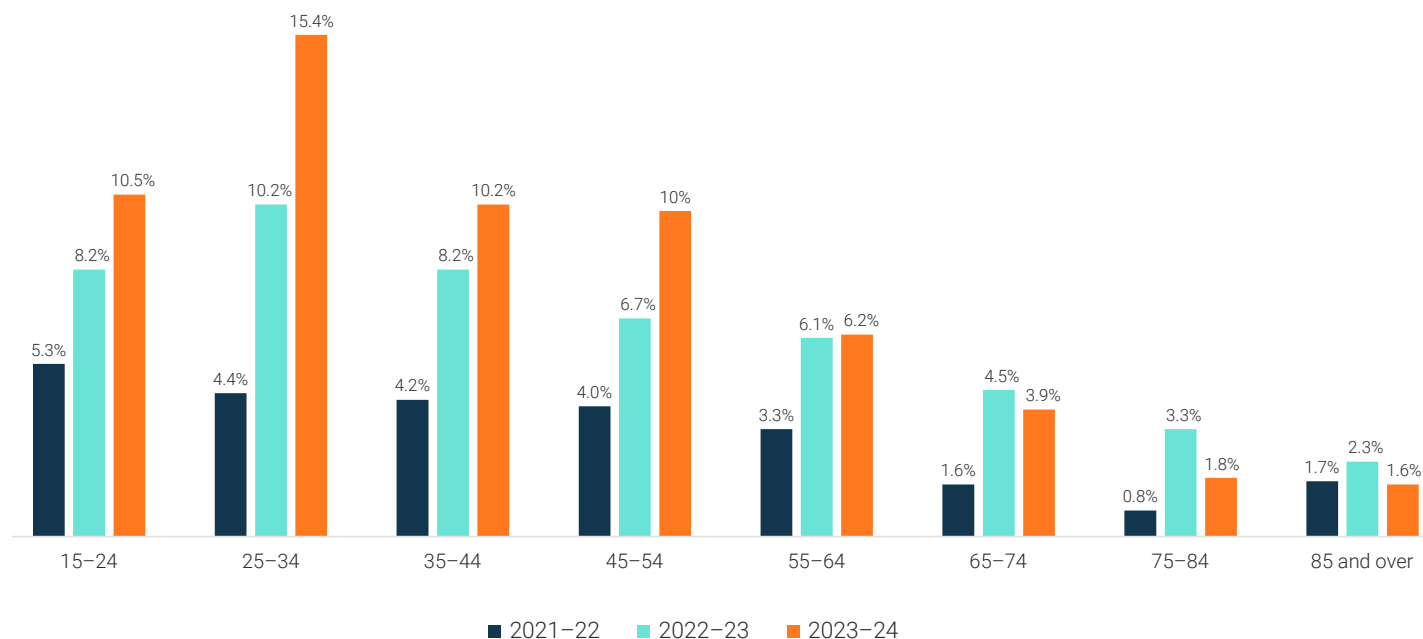
The trend in a growing number of people delaying access to GP care due to cost has continued in 2023–24.<sup>2</sup> The overall proportion of people delaying GP care due to cost has increased from 7% to 8.8% between 2022–23 and 2023–24.<sup>2</sup> People aged 15–34 remain most likely to delay care due to cost. Delayed care can have significant impacts for this age group. They may miss out on essential care for mental health concerns or early interventions to prevent chronic disease in middle age. This can have lifelong impacts, diminishing quality of life and productivity.

# 8.8%



The proportion of people delaying GP care due to cost **has increased from 7% to 8.8%** between 2022–23 and 2023–24

FIGURE 11  
Proportion of people who have delayed accessing GP care due to cost



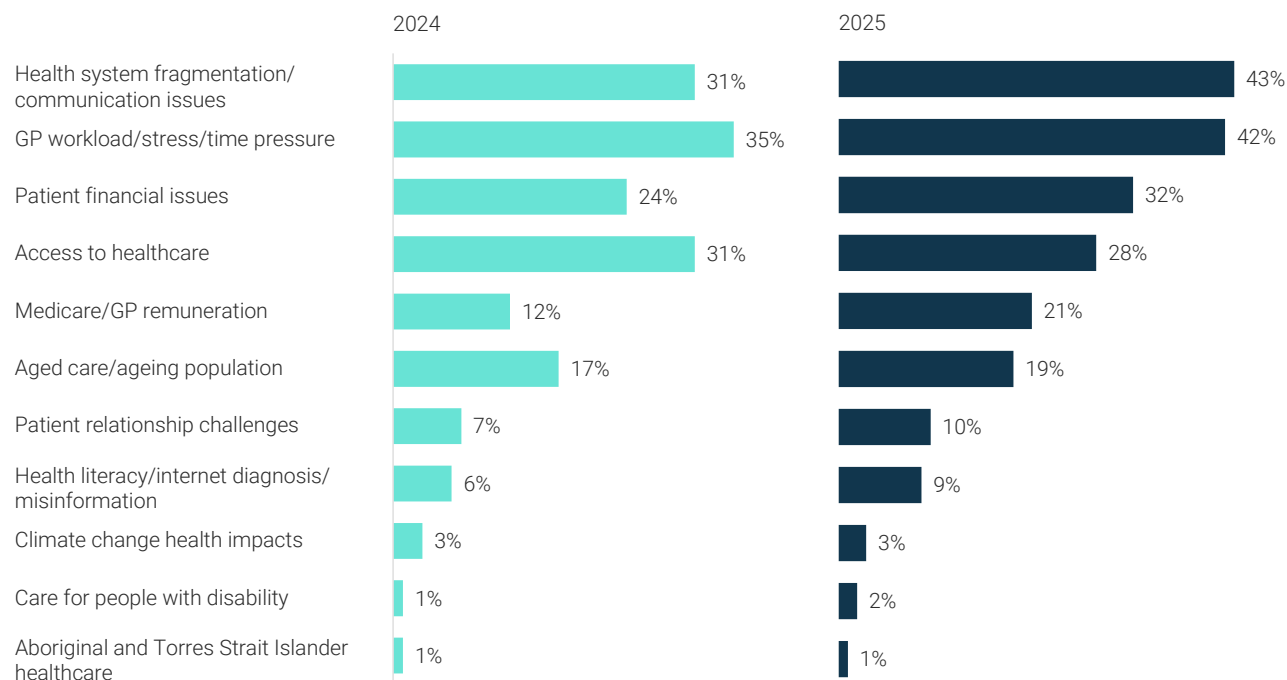
11 – Sources: Australian Bureau of Statistics. Patient experience in Australia. 2023–24. ABS: 2024. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release](http://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release); Australian Bureau of Statistics. Patient experience in Australia. 2022–23. ABS: 2023. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/2022-23](http://www.abs.gov.au/statistics/health/health-services/patient-experiences/2022-23); Australian Bureau of Statistics. Patient experience in Australia. 2021–22. ABS: 2022. Available at [www.abs.gov.au/statistics/health/health-services/patient-experiences/2021-22](http://www.abs.gov.au/statistics/health/health-services/patient-experiences/2021-22)

## Emerging issues in general practice

GPs identified health system fragmentation and communication issues as the leading concern for the future. This was highlighted by almost half of practising GPs (43%), a jump from 31% last year. This was closely followed by their workloads and patient financial issues. Concerns about patient financial issues were highlighted by around one-third of GPs (32%), an increase from 24% in 2024.

FIGURE 12

### Health system issues of concern nominated by GPs



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

Sample: Practising GPs 2024 n=3006; 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

More than two-thirds of GPs (68%) have highlighted the increasing complexity of patient presentations as the greatest challenge facing the profession. This is in the context of growing rates of chronic disease, high rates of mental health presentations and the ageing population across Australia.

People with a long-term health condition were more likely than those without to see three or more health professionals (28.5% compared to 6.7%) and report issues caused by a lack of communication between health professionals (17.1% compared to 12.4%).<sup>2</sup> Despite this, Australia performs well in international comparisons regarding experiences of coordination of care – with over two-thirds (74%) of patients reporting positive experiences versus 59% across OECD countries.<sup>3</sup>

**An estimated 15.4 million (61%) Australians were living with a long-term or chronic health condition in 2022.**<sup>7</sup> More recently in 2023–24, the Australian Bureau of Statistics (ABS) found people with a long-term health condition were more likely than those without to:

- ✓ **See a GP**  
(93.9% compared to 70.4%)
- ✓ **See a GP for urgent medical care**  
(12.6% compared to 4.6%)
- ✓ **See an after-hours GP**  
(6.8% compared to 3.6%)
- ✓ **See another medical specialist**  
(55.8% compared to 21.4%)
- ✓ **Visit a hospital emergency department**  
(21.4% compared to 8.7%)
- ✓ **Be admitted to hospital**  
(18.5% compared to 6.3%).<sup>2</sup>

## GP INSIGHTS

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

**‘One of the most concerning emerging issues is the increasing volume and complexity of patient presentations in general practice** without a corresponding increase in consultation time, support, or remuneration. Mental health, chronic disease, and aged care needs are rising sharply, often requiring extended management and follow-up, yet the system still operates on outdated funding models that undervalue the time, skill, and responsibility borne by GPs. This mismatch contributes directly to burnout and dissatisfaction across the profession, particularly among early-career GPs, and poses a long-term risk to workforce sustainability and quality patient care.’

**‘I am increasingly concerned about the growing burden of mental health issues across the patient population.** Mental health presentations are becoming more frequent and more complex, affecting people of all ages and backgrounds. The rising demand, coupled with limited access to timely

support services, continues to place significant pressure on both patients and GPs. The prevalence of chronic diseases including diabetes, obesity, and cardiovascular conditions also remains a major concern. These conditions are often presenting earlier, with greater complexity and multimorbidity, requiring sustained and coordinated management. In addition, we are seeing and detecting an increase in cancer cases, particularly breast, cervical, and colorectal cancers. Early detection remains critical, but these conditions often present at later stages due to barriers in access or low engagement with routine care. As GPs, we are often the first point of contact for patients facing these complex health challenges. To deliver the level of care required, there needs to be adequate funding for general practice, along with increased Medicare rebates for longer consultations. This would enable more comprehensive assessments and continuity of care, ultimately improving patient outcomes.’

## Preventive health in general practice

As the most accessed health professionals in the primary care health system, GPs are uniquely placed to provide comprehensive and coordinated preventive care. This keeps patients out of hospitals and relieves pressure on other parts of the health system.<sup>8</sup> Most practising GPs provide a wide range of preventive health services for their patients, highlighting the breadth of general practice work. Blood pressure and cholesterol tests, along with vaccinations and diabetes screenings are commonly provided (Figure 13).

Every touch point in the provision of general practice care affords an opportunity to improve multiple health outcomes. Australians are living longer but there has been no change in the proportion of life spent in full health. In fact, years lived in ill health are increasing. More than one-third (36%) of Australia's burden of disease last year could have been prevented by reducing exposure to modifiable risk factors, such as smoking or alcohol use.<sup>9</sup> Many of these factors can be addressed in general practice, including through opportunistic care when people see a GP for a routine or unrelated matter such as a vaccination.

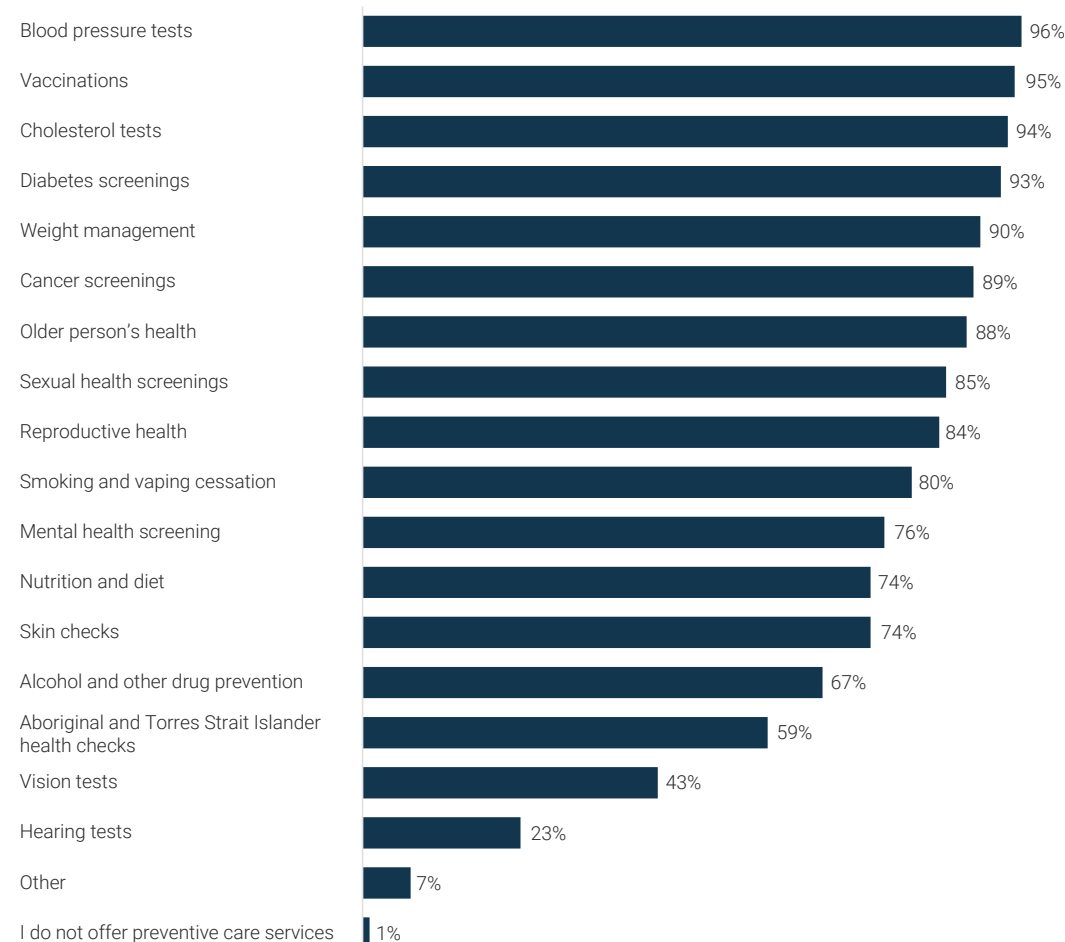
13 – Measure: Proportion of practising GP responses to the question, 'Which preventive care services do you offer to your patients?'

Sample: Practising GPs who answered the questions on preventive care 2025  
n=1958

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 13

### Preventive care services offered by GPs



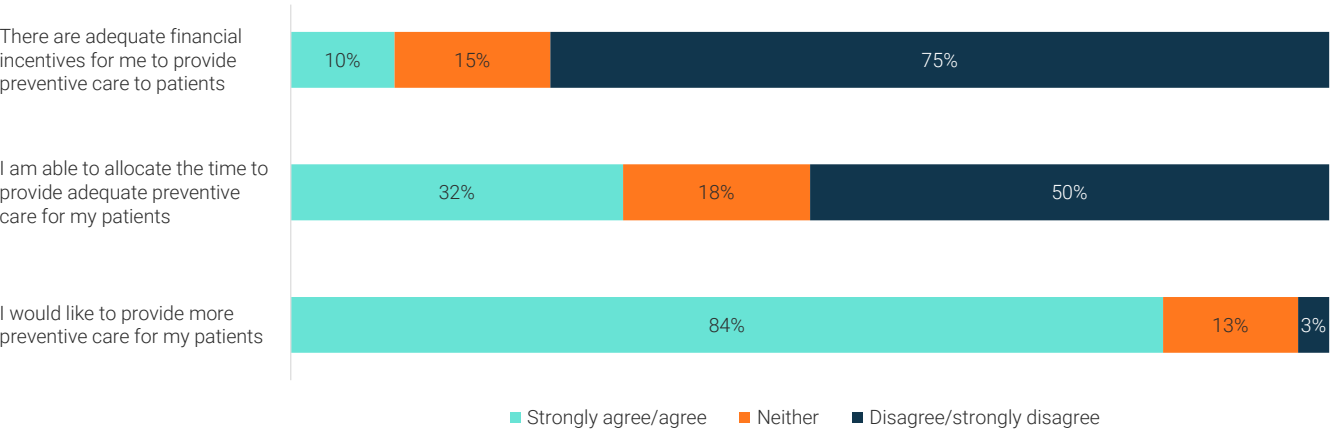
More than four in five practising GPs would like to provide more preventive care to their patients, with 38% strongly agreeing and 45% agreeing with the proposition. GPs nominated vaccinations as the most beneficial preventive health service, with nearly one in two GPs placing it in their three most important services. While examined further in this survey, this may be partially reflective of vaccinations as an opportunity to provide other preventive health services to patients. Vaccinations can also be offered when people present to general practice for other care.

The top two barriers to providing more preventive care are a lack of time and financial incentives. More than four in five (82%) practising

GPs say that MBS rebates and incentive schemes are insufficient to support more preventive care for patients. From a patient perspective, this means potentially missing out on care that GPs are well-positioned to provide due to inadequate funding for this type of care. Government budget papers highlight “Every dollar invested in preventive health saves an estimated \$14.30 in healthcare and other costs”.<sup>10</sup>

A similar proportion of practising GPs indicate a lack of time is a barrier to providing greater levels of preventive care. Closely related to the issue of time is the trade-off GPs make to prioritise patients who have more urgent health issues in the form of acute or chronic conditions.

FIGURE 14  
GP attitudes towards preventive care



GP INSIGHT

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

“The increase in chronic diseases in many patients, some of which are preventable is a great concern. Some of these start in younger and younger people. The time we can allocate for a patient consultation needs to be longer and longer if we are to deal with the whole person in a satisfactory way. This is very difficult in the current system where financial aspects have to be taken into account if we are to maintain the practice running with all the overheads we have to provide. The fragmentation of healthcare occurring now is also a big concern.”

14 – Measure: Proportion of practising GP responses to the question, “To what extent do you agree or disagree with the following statements?”

Sample: Practising GPs who answered the questions on preventive care 2025 n=1958.

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## Racism in healthcare

*The **RACGP is committed** to understanding more about member and patient experiences of racism and building our capacity to monitor, measure and act on racism to foster a healthcare system free from racism. This year, GPs were asked about their experiences of racism within the healthcare system over the past 12 months.*

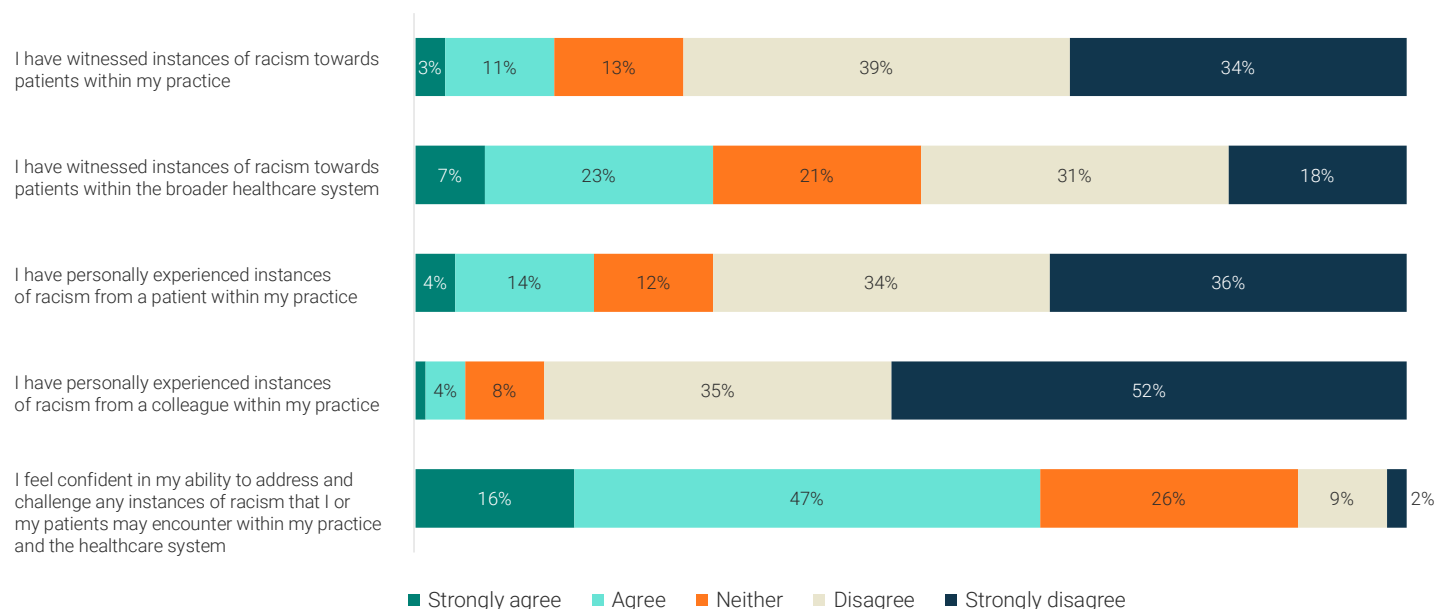
When asked about racism within the healthcare system, nearly one third (30%) of practising GPs have observed racism towards patients

within the broader healthcare system. More than one in 10 (14%) GPs reported witnessing racism towards a patient within their own practice. Nearly two in 10 practising GPs (18%) say they have personally experienced racism from a patient within their practice in the past 12 months and one in 10 have personally experienced racism from a colleague in their practice.

While the majority (63%) of practising GPs feel confident in dealing with racism, one in 10 GPs (11%) indicated they do not feel confident in their ability to address racism. Twenty-six per cent of GPs indicated 'neither agree nor disagree' when asked if they felt confident addressing and challenging racism within the healthcare system.

FIGURE 15

### GP experiences with racism in the healthcare system in the past 12 months

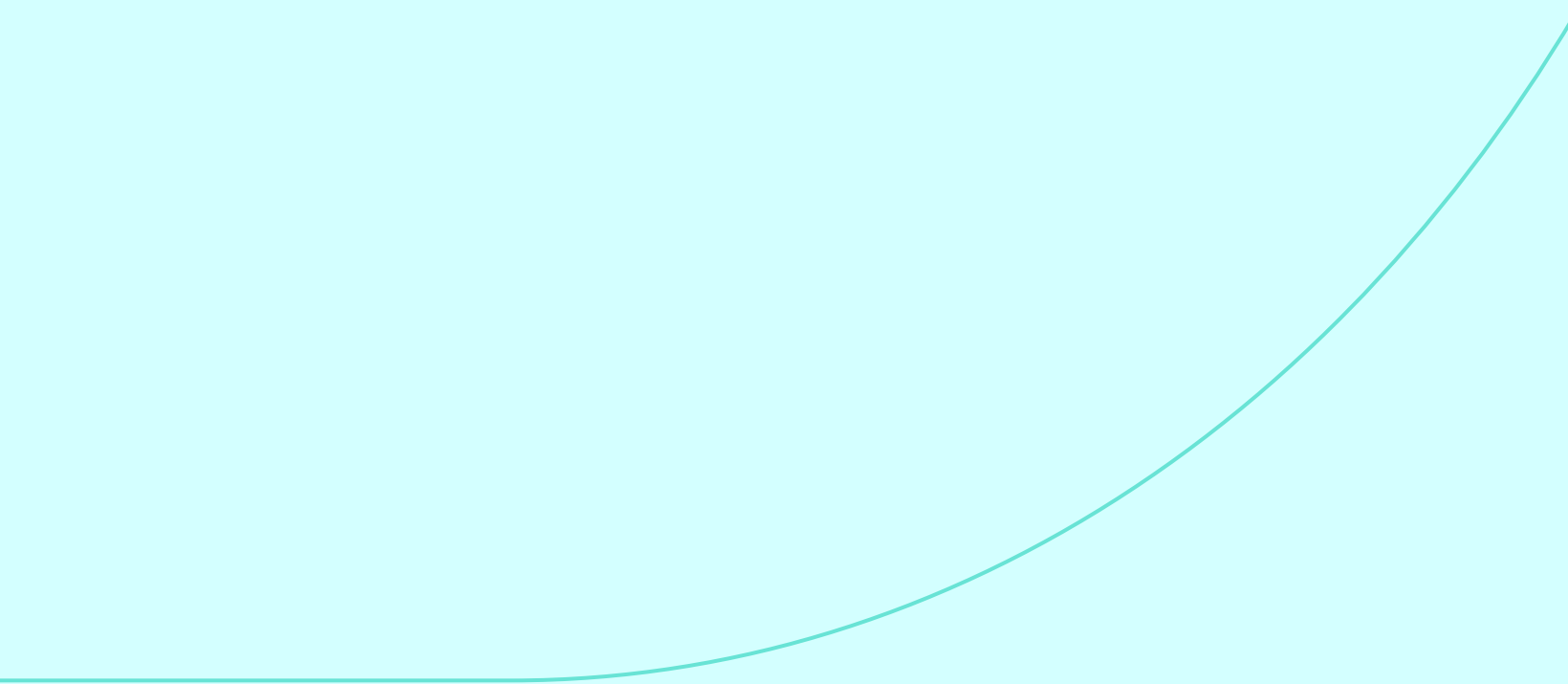


15 – Measure: Proportion of practising GP responses to the question, 'To what extent do you agree or disagree with the following statements?'

Sample: Practising GPs 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025





There is a strong appetite among GPs for introducing more multidisciplinary team (MDT) care funding and support to better meet patient needs. **Nearly two-thirds (65%) of GPs want to participate in more MDT care.**

## **Chapter two**

The role of GPs  
in the health system

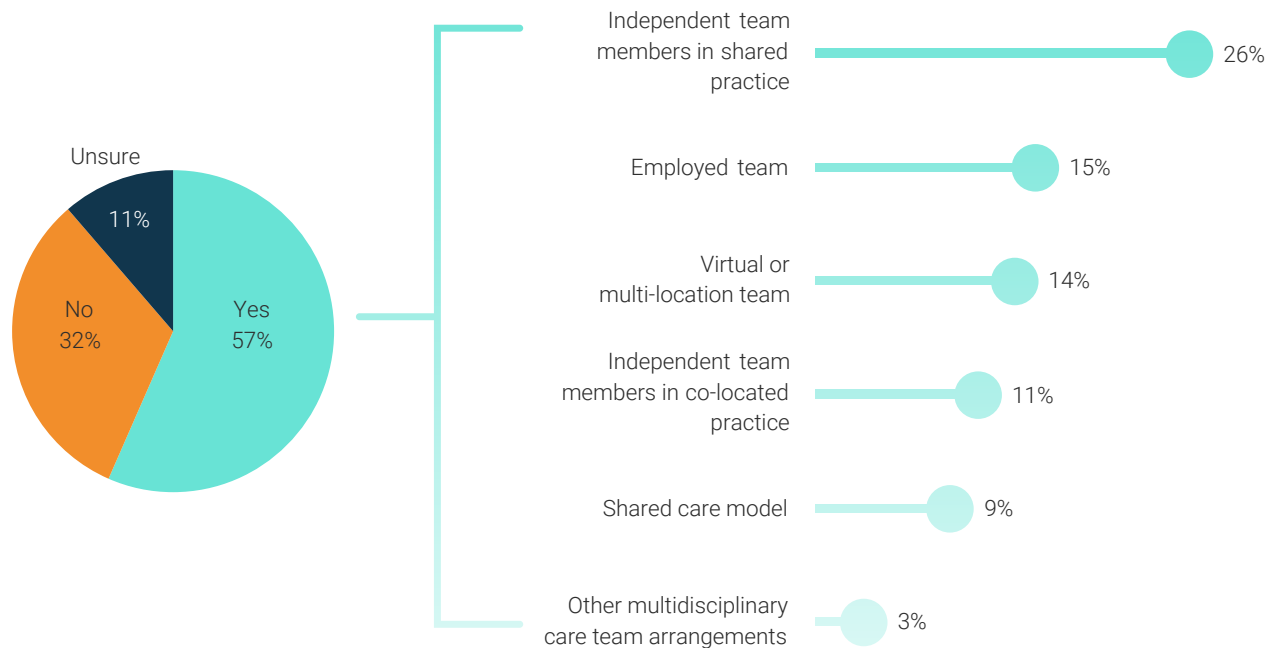


## Understanding the multidisciplinary team landscape

A well-resourced, general practice multidisciplinary team (MDT) has the capacity to coordinate care and ensure patient needs are met. This is particularly important for people with chronic and complex conditions.

More than half of all practising GPs (57%) say they currently work in MDT care arrangements (Figure 16). The incidence of working in these arrangements is higher in an Aboriginal and Torres Strait Islander health setting (90%) and hospital settings (79%) compared to a solo practice setting (40%). In addition, GPs who work in remote (63%) or very remote (72%) regions within Australia are more likely to work in a MDT setting compared to major cities (55%).

FIGURE 16  
GPs who currently work within a multidisciplinary team care arrangement



16 – Measure: Proportion of GP responses to the question, 'Do you currently work as part of a multidisciplinary care team?' and 'Which of the following best describes the multidisciplinary care team arrangements in which you currently work?'

Sample: Practising GPs 2025 who answered the questions on multidisciplinary team care n=1841

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

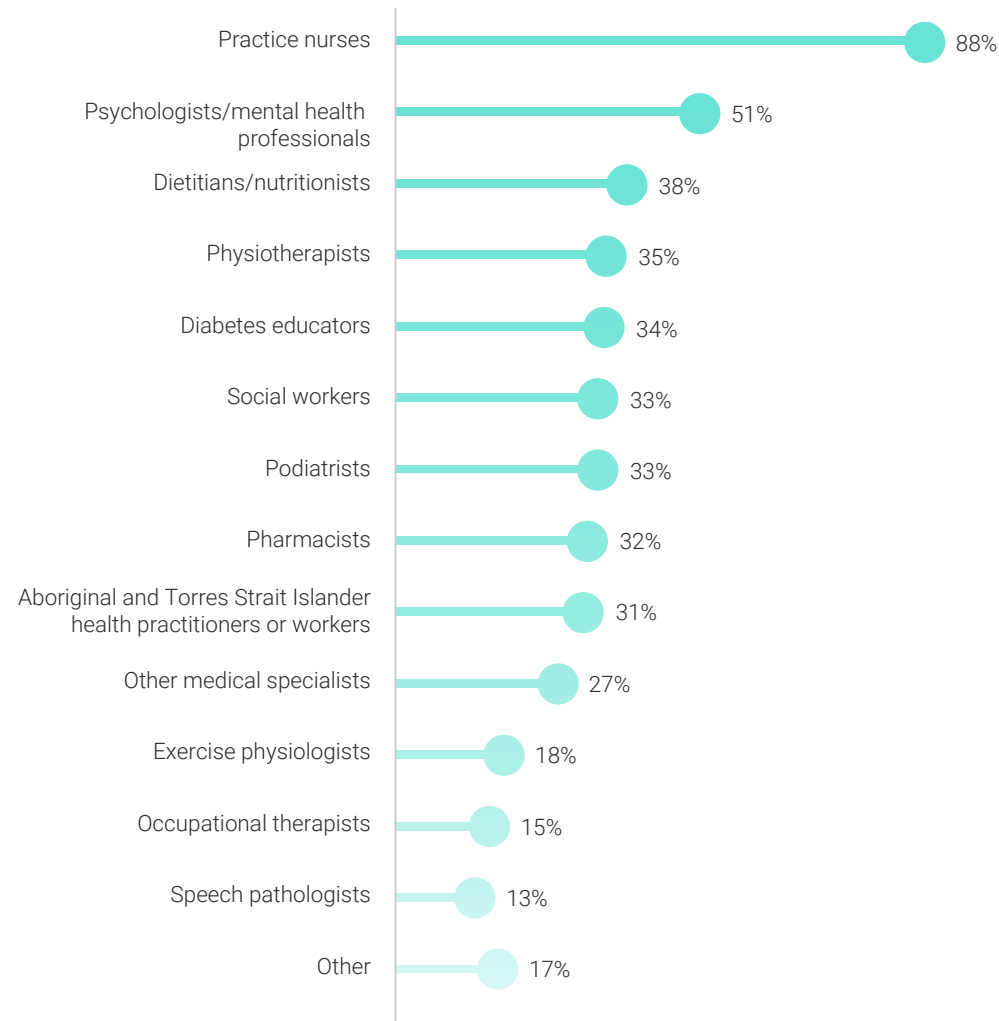
Note: The sum of the proportion of GPs working in each type of MDT arrangement exceeds 57%, as some GPs work in multiple teams and arrangements.

The 57% of GPs currently in MDT care arrangements are mainly comprised of independent team members within a shared practice (26%) (Figure 16) accessing the same patient medical record. A further 15% work as employees of general practice teams and 14% as members of virtual or multi-location teams.

GPs operating within an employed team indicated the other health professionals who were employed by, or work within, their main practice were mostly practice nurses (88%), followed by psychologists or mental health professionals (51%).

FIGURE 17

**Proportion of other health professionals who work with a GP in an employed team arrangement**



17 – Measure: Proportion of GP responses to the question, 'What health professionals are employed by or work in your main practice?'

Sample: Practising GPs working in employed MDT care arrangements 2025  
n=287

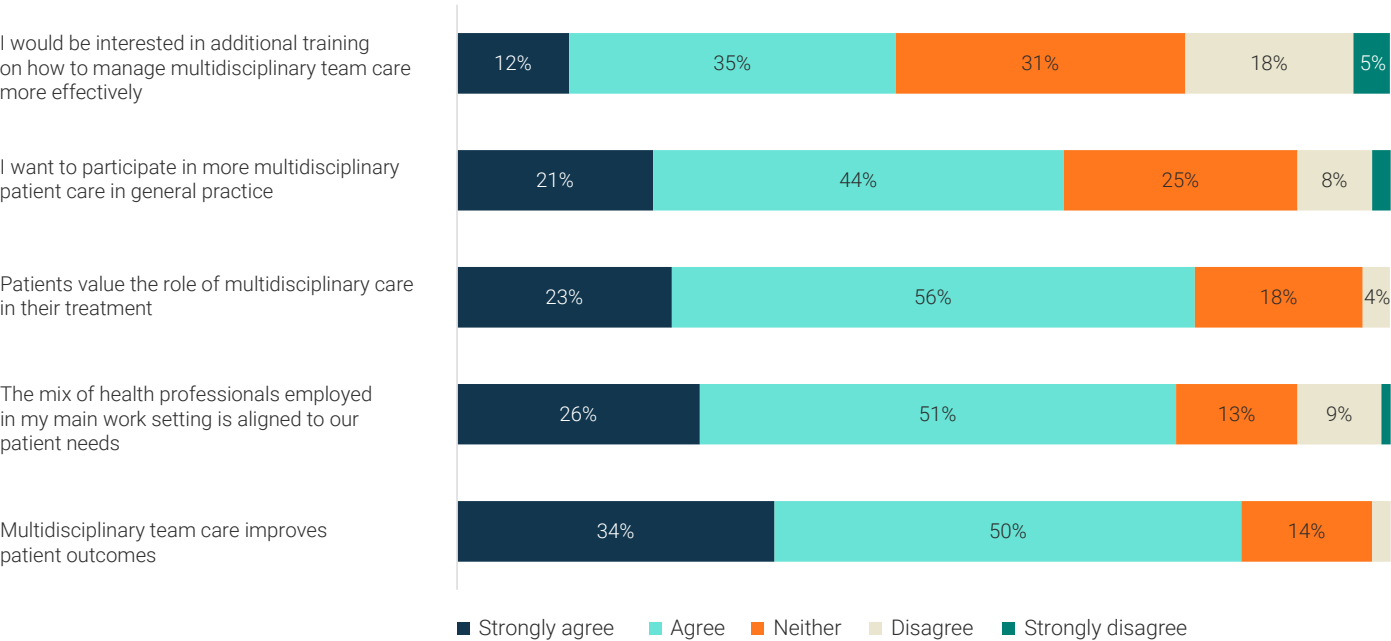
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

GP perceptions of multidisciplinary team care

Among practising GPs, there is strong agreement that MDT care improves patient outcomes. More than eight in 10 GPs (84%) agree with this statement (Figure 18). This sentiment is even stronger among those currently working in a MDT care arrangement, with 91% of GPs agreeing this model of care improves patient outcomes. Even among those not currently working in MDTs, 75% agree these arrangements benefit patients.

Nearly eight in 10 (77%) GPs agree that the mix of health professionals employed in their main work setting is aligned to their patients’ needs, along with 79% of GPs agreeing patients value the role of MDT care in their treatment (Figure 18). There is a strong appetite among GPs for introducing more MDT care funding and support to better meet patient needs. Nearly two-thirds (65%) of GPs want to participate in more MDT care, with 47% of GPs stating they would be interested in additional training on how to manage this more effectively (Figure 18).

FIGURE 18  
GP perceptions of multidisciplinary team care



18 – Measure: Proportion of GP responses to the question ‘To what extent do you agree or disagree with the following statements?’  
Sample: Practising GPs who answered the questions on multidisciplinary team care 2025 n=1841  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## Perceived barriers and enablers to multidisciplinary team care in general practice

Seventy-nine per cent of GPs identified a lack of government funding and incentives as a barrier to MDT care within their practice, followed by lack of time to collaborate (69%) and lack of access to other health professionals (47%) (Figure 19). More than a third of GPs (35%) felt that workforce shortages were a barrier to MDT care, and four in 10 GPs cited coordination and scheduling issues as a barrier (Figure 19).

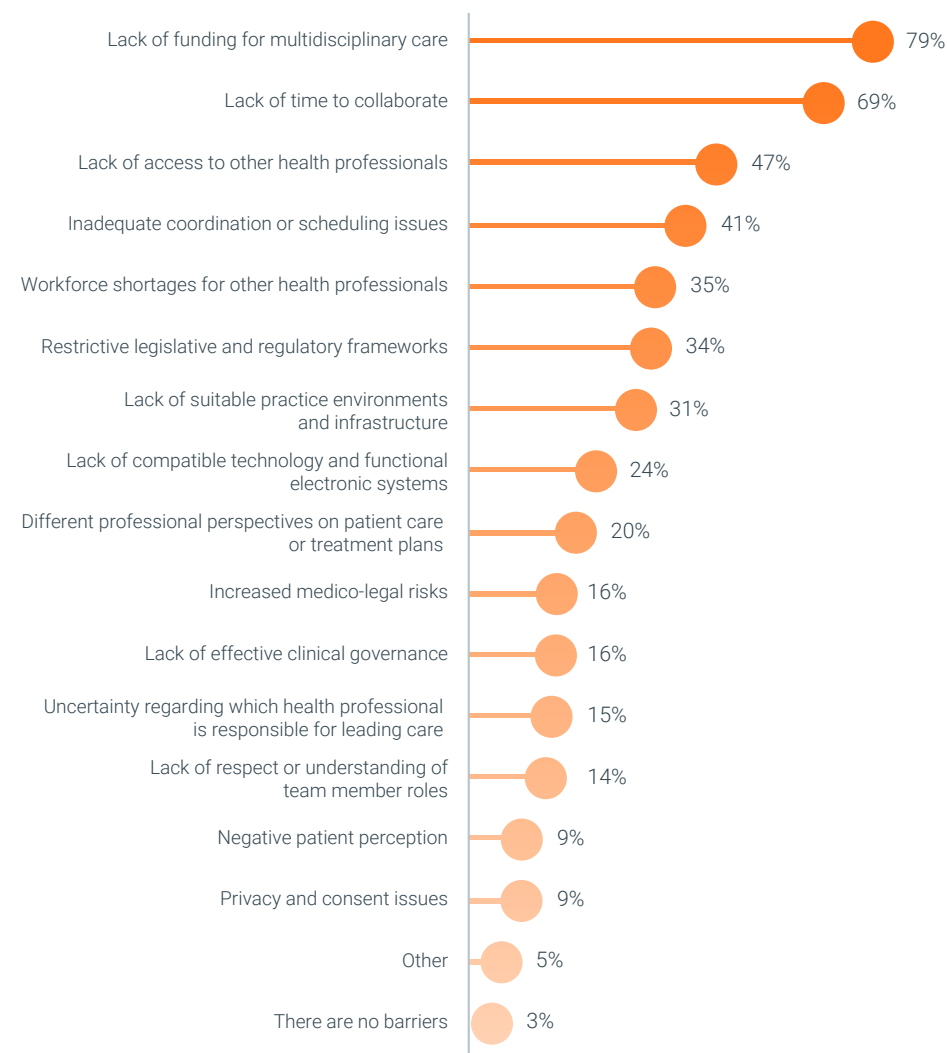
19 – Measure: Proportion of GP responses to the question, 'What barriers, if any, do you face for providing multidisciplinary team care in general practice?'

Sample: Practising GPs who answered the questions on multidisciplinary team care 2025 n=1841

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 19

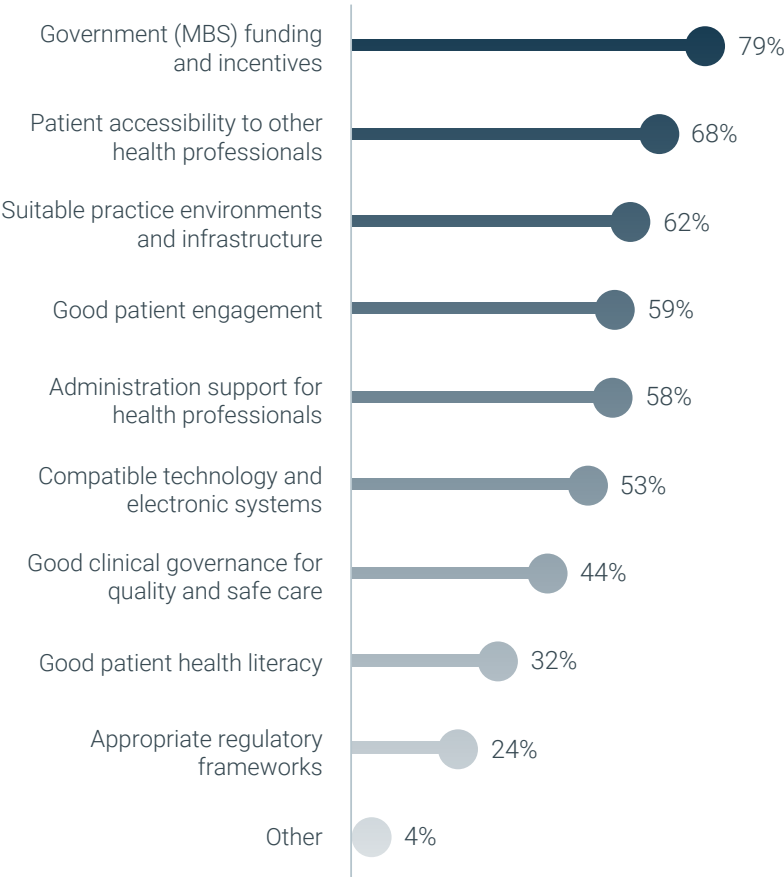
### Perceived barriers to multidisciplinary team care in general practice



In many instances, the factors perceived as barriers by GPs were then recognised as enablers to MDT care in general practice if GP concerns were effectively addressed. For example, nearly eight in 10 GPs (79%) identified government funding and incentives as the top enabler, aligning with the proportion of GPs who noted a lack of funding as a barrier. The next top enabler was patient accessibility to other health professionals (68%) and a suitable practice environment and infrastructure (62%) (Figure 20).

The perceptions of enablers within a MDT care environment differ between those working in MDT care and those who are not. In particular, those not working in MDT care are less likely to identify good clinical governance, suitable practice environments, patient engagement, administrative support, and compatible technology and systems as enablers of MDT care in general practice.

FIGURE 20  
Perceived enablers to multidisciplinary team care in general practice



20 – Measure: Proportion of GP responses to the question, 'What enablers, if any, do you face for providing multidisciplinary team care in general practice?'

Sample: Practising GPs who answered the questions on multidisciplinary team care 2025 n=1841

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## The scope of GPs across the health system

GPs are typically the first point of contact in the health system and manage most problems without further referral. Studies demonstrate the continuity of the general practice relationship that provides patients with comprehensive care for acute and chronic conditions, mental health, and preventive care provides a beneficial impact on mortality – saving patients' lives.<sup>11</sup> As highlighted earlier in the report, almost eighty per cent (78.7%) of patients have a preferred GP.<sup>2</sup> Given this relationship, a key role of general practice is to guide patients through the complexities of the healthcare system while preventing unnecessary screening, testing and treatment and supporting patients to seek appropriate care.

Almost nine in 10 (86%) GPs expressed they are supporting patients to manage conditions non-GP specialists might typically treat (Figure 21). Fifty-seven per cent of GPs are managing these conditions on an 'often' or 'very often' basis, with only 2% of GPs never managing patient conditions that would typically be treated by a non-GP specialist (Figure 21). Of the conditions GPs are managing, mental health leads by far (67%), followed by diabetes (32%) and cardiovascular issues (26%) (Figure 22).

21 – Measure: Proportion of GP responses to the question, 'How often do you personally manage conditions that might typically be expected to be treated by a non-GP specialist?'

Sample: Practising GPs 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

22 – Measure: Proportion of GP responses to the question, 'What types of conditions are you managing that might typically be expected to be treated by a non-GP specialist?'

Sample: Practising GPs who sometimes, often or very often treat non-GP specialist patient conditions 2025 n=2085  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 21

**The extent to which GPs are personally managing conditions that non-GP specialists might typically treat**

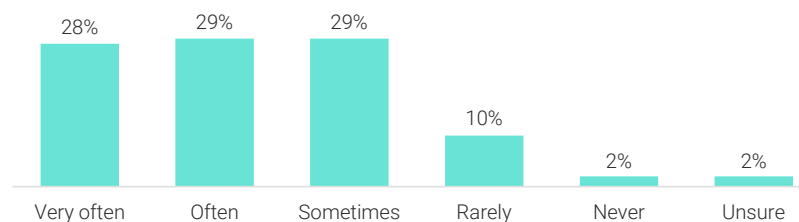
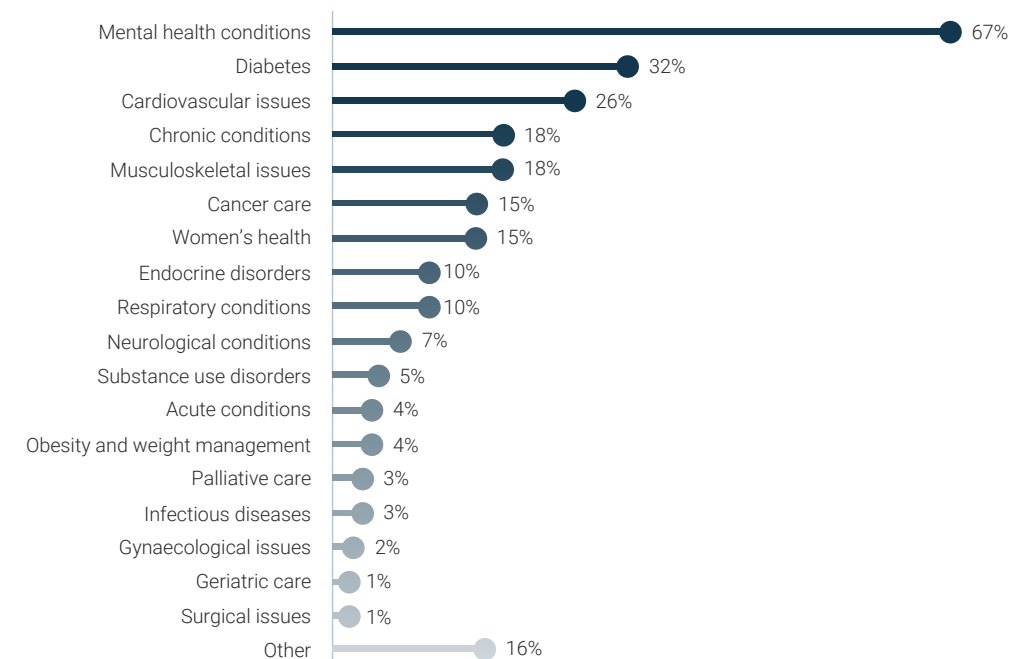


FIGURE 22

**The types of patient conditions GPs are personally managing that non-GP specialists might typically treat**





GPs are managing conditions that might typically be expected to be treated by a non-GP specialist for varied reasons. Limited access to non-GP specialists was the main reason (78%), closely followed by cost barriers preventing patients from seeing non-GP specialists (76%) – indicating seeing a GP is a more cost-effective means for patients to address their health concerns (Figure 23).

One in two GPs (50%) indicated they were managing these conditions because they felt the condition was within their scope, along with 45% stating their patient preferred they (the GP) manage the condition (Figure 23).

Seventy-two per cent of GPs are managing patient conditions that would typically be expected to be treated in a hospital emergency department or urgent care clinic (UCC) (Figure 24). Nearly one in three (29%) GPs say they ‘often’ or ‘very often’ take on responsibility for managing these conditions they thought would be treated in an emergency department or UCC (Figure 24). This figure increases when rurality is considered, as 41% of GPs in an MM5, MM6 and MM7 region are ‘often’ or ‘very often’ treating conditions that would be expected to be treated in a hospital emergency department or UCC.

23 – Measure: Proportion of GP responses to the question, ‘What are the main reasons you personally manage conditions that would typically be expected to be treated by a non-GP specialist?’  
Sample: Practising GPs 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

24 – Measure: Proportion of GP responses to the question, ‘How often do you personally manage conditions that might typically be expected to be treated by a hospital emergency department or urgent care clinic?’  
Sample: Practising GPs 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 23  
The reasons why GPs are managing conditions typically expected to be treated by a non-GP specialist

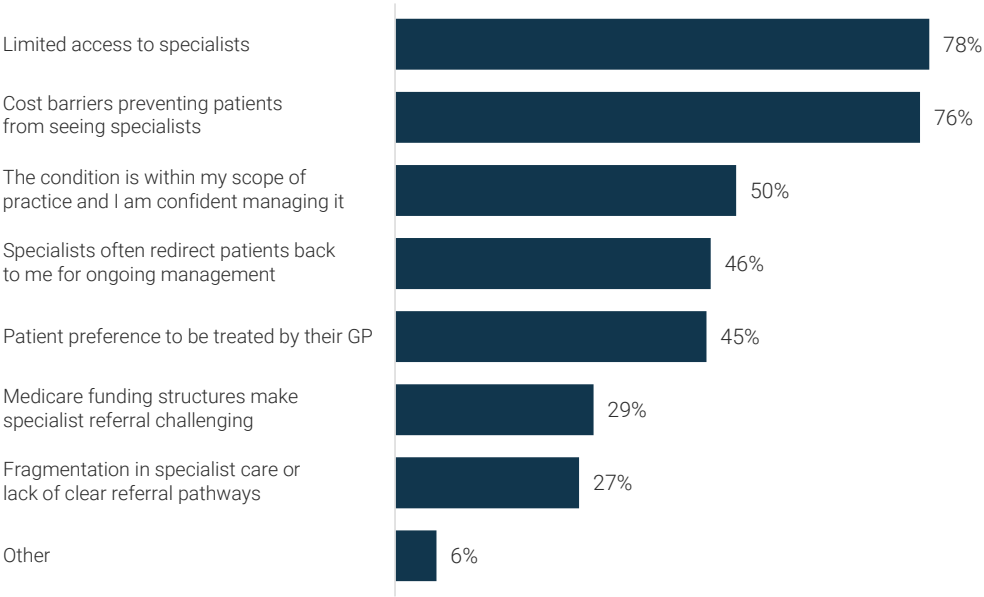
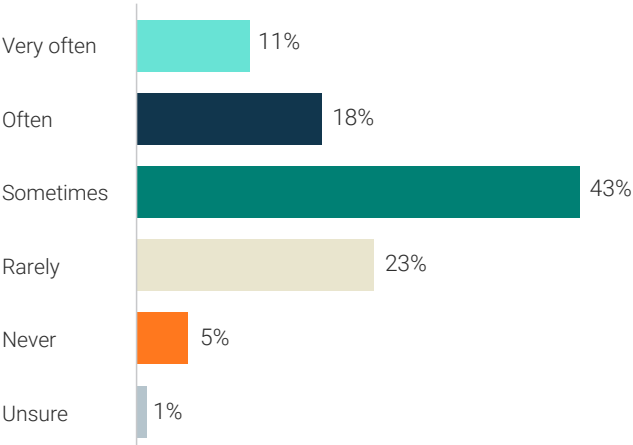


FIGURE 24  
The extent to which GPs are personally managing conditions a hospital emergency department or urgent care clinic might treat



## GPs perspectives on urgent care clinics

When asked to consider a range of statements regarding UCCs, most practising GPs (79%) agreed they are concerned about their impact on patient continuity of care (Figure 25). A similar proportion (76%) agreed the collaboration between UCCs and general practice needs to improve.

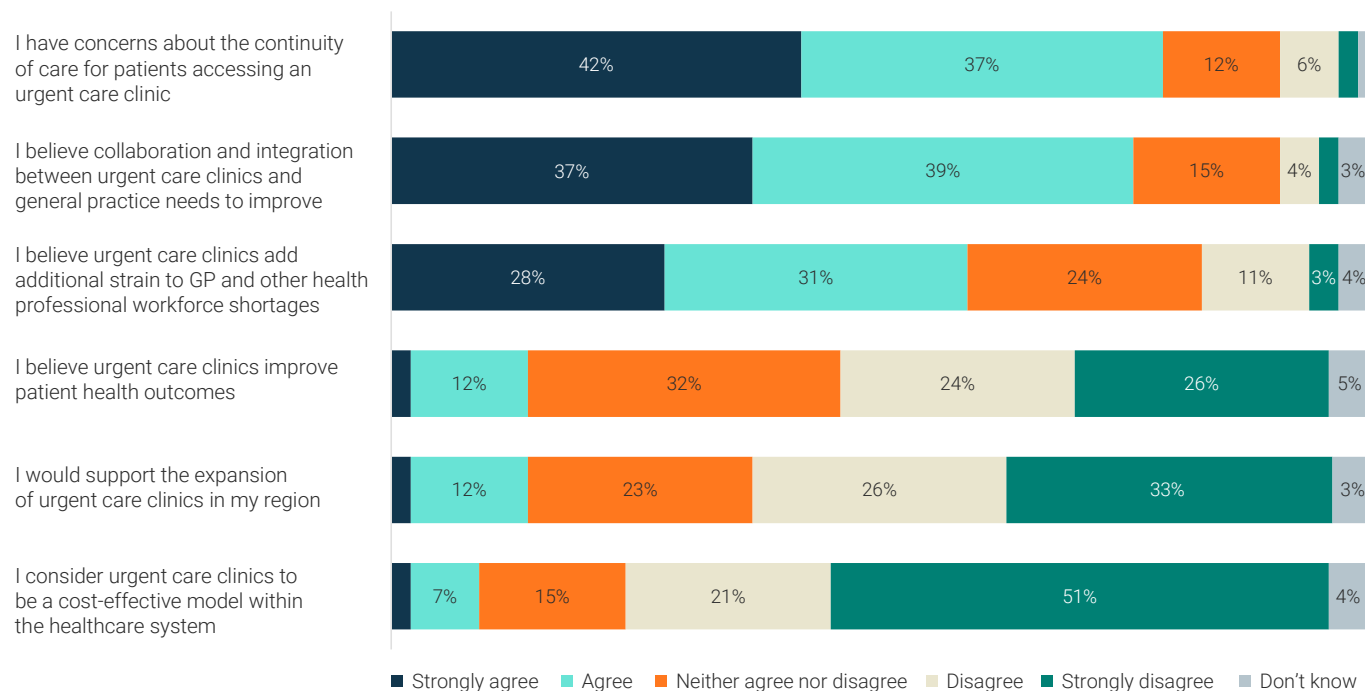
More than one in two GPs are concerned about the impact of UCCs on the broader GP workforce, with 59% agreeing UCCs place additional strain on GP and other health professional workforce shortages.

There is limited confidence in the cost-effectiveness of UCCs within the healthcare system, with 72% of GPs stating they believe UCCs are not cost-effective. Most GPs also believe UCCs do not improve patient outcomes, with only 14% of GPs agreeing with this sentiment.

When asked if they would support the expansion of UCCs in the region where they practise, only 14% of GPs agreed.

FIGURE 25

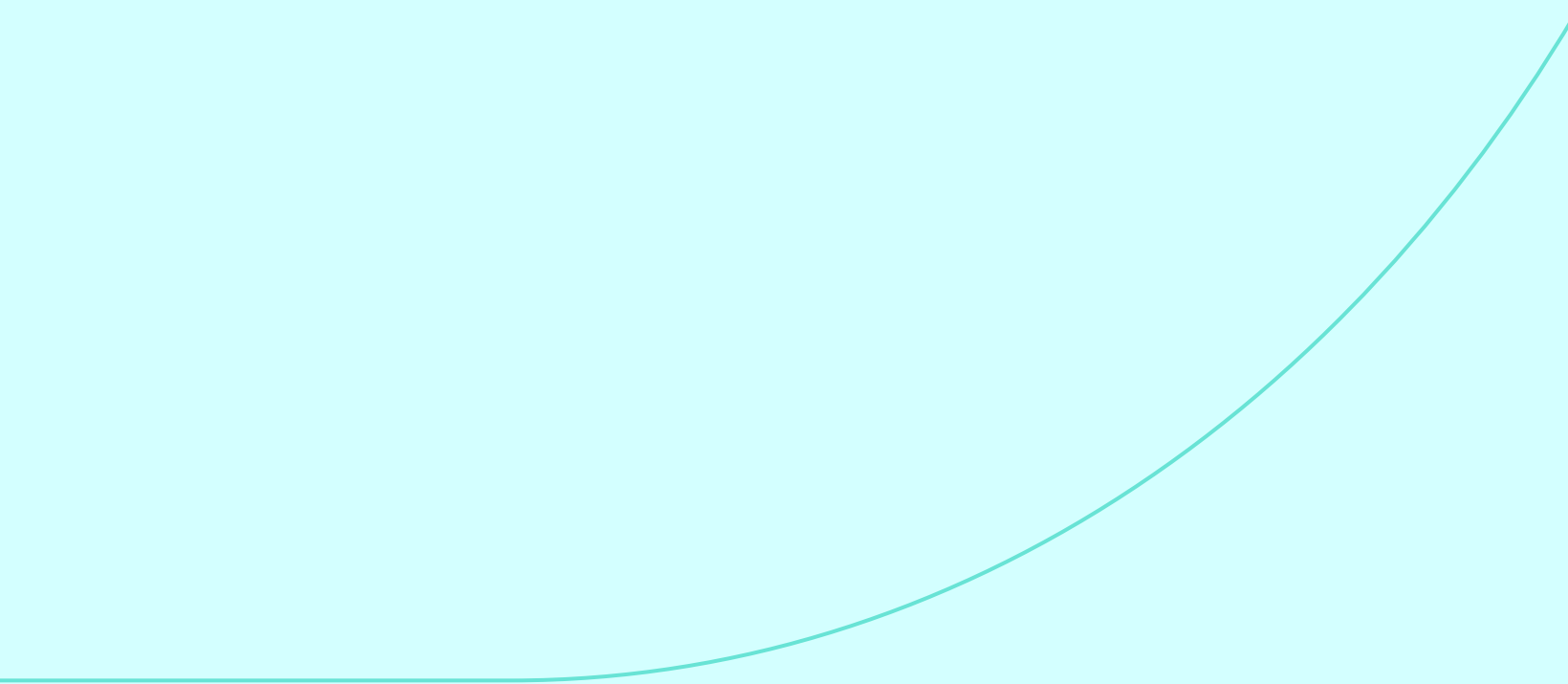
### GP sentiment about urgent care clinics



25 – Measure: Proportion of GP responses to the question, 'To what extent do you agree or disagree with the following statements?'

Sample: Practising GPs 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025



In 2023–24, the Australian Government spent \$452 on general practice services per person – **a 2.9% increase from the previous year.**

## Chapter three

### General practice funding and viability

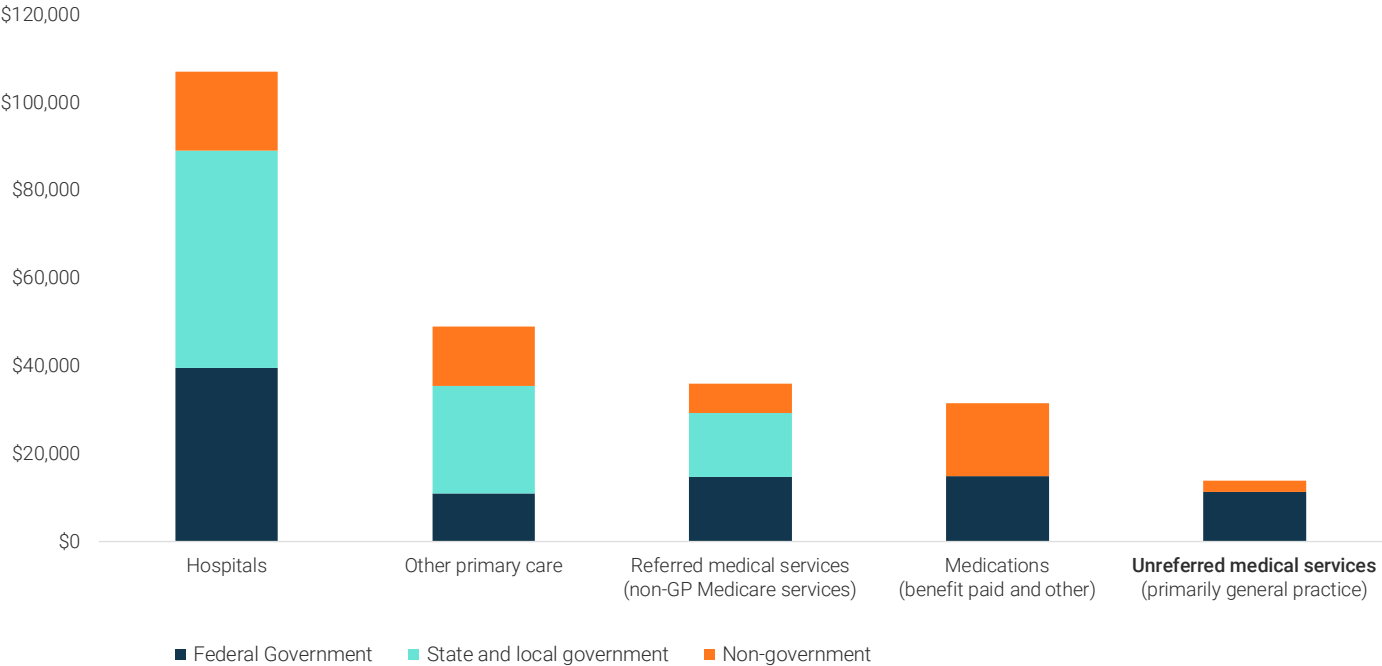


### Spending on healthcare and primary care

In 2022–23, Australian Institute of Health and Welfare expenditure data shows the Federal Government spent \$178.7 billion on health, accounting for around 17.1% of total government expenses.<sup>12</sup> Between 2021–22 and 2022–23, health prices grew by 4.17% on average.<sup>12</sup> This is generally consistent with yearly health inflation over the past decade, which has ranged between 1.66% and 4.17%.<sup>12</sup>

Most general practice funding is provided by the Federal Government. Government spending on general practice is markedly less than in other parts of the health sector (Figure 26). In 2022–23, \$107.1 billion was spent on hospitals in Australia.<sup>12</sup> Over the same period, \$13.8 billion was spent on unreferral medical services (mostly general practice services) in primary care.<sup>12</sup> This data is only available up to 2022–23 and does not include recent Medicare funding commitments made by the Albanese Government.

FIGURE 26  
General practice funding as a proportion of overall health funding (\$ million) in 2022–23



26 – Measure: Health expenditure, current prices, by area of expenditure and source of funds, 2022–23 (\$ million)  
Source: Australian Government, Australian Institute of Health and Welfare, Health expenditure Australia 2022–23. Available at [www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/about](http://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/about)

Funding for general practice care per person has remained relatively stagnant over the past decade (Figure 27). It peaked during the COVID-19 pandemic, between 2020 and 2022, before dipping to below pre-COVID-19 pandemic levels in 2022–23. In 2023–24, the Australian Government spent \$452 on general practice services per person. Although this was a 2.9% increase from the previous year, this was the same amount spent per person in 2015–16, demonstrating that funding has remained relatively consistent in the last eight years.<sup>13</sup>

Comparatively, the per person spend on public hospitals for 2022–23 (the most recent available year) was \$3649. In the eight years between 2014–15 and 2022–23, per person spend on public hospitals has increased by 30.1%.<sup>12</sup> This is a dramatic rise compared to general practice spending per person.

General practice remains the most cost-effective part of the health system, and there is a strong imperative for policymakers to consider investment in seeing GPs sooner to reduce costs across the health system.

## Australian Government spending on general practice services<sup>12</sup>

**2022–23**  
**\$440**  
 PER PERSON

→

**2023–24**  
**\$452**  
 PER PERSON

FIGURE 27

### Australian Government spending on general practice services per person

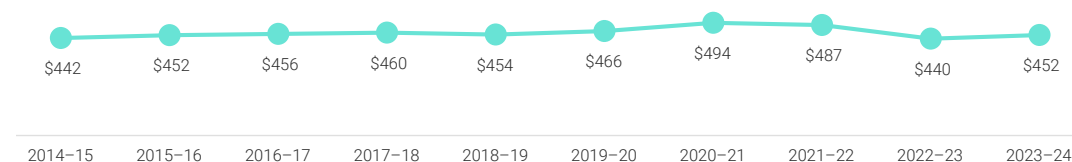


FIGURE 28

### Spending on public hospital services per person

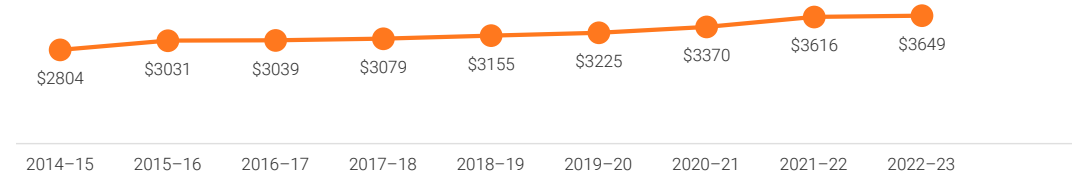
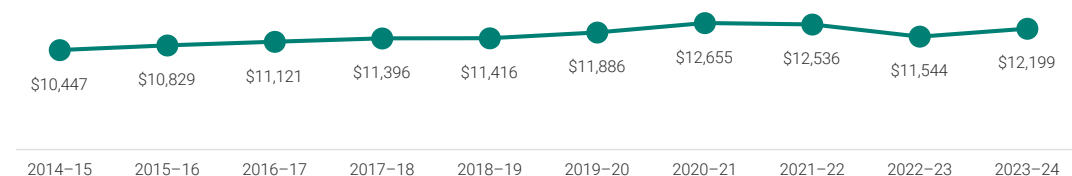


FIGURE 29

### Australian Government spending on GPs (\$ millions)



27 – Measure: Total Australian Government expenditure on general practice services per person. All amounts in 2023–24 dollars

Data sources: Australian Government, Productivity Commission. Report on government services 2025, 10. Primary and community health

Available at [www.pc.gov.au/ongoing/report-on-government-services/2025/health/primary-and-community-health](http://www.pc.gov.au/ongoing/report-on-government-services/2025/health/primary-and-community-health)

28 – Measure: Recurrent expenditure per person, public hospital services (including psychiatric). All amounts in 2022–23 dollars

Data sources: Australian Government, Productivity Commission. Report on government services 2025, 12. Public hospitals

Available at [www.pc.gov.au/ongoing/report-on-government-services/2025/health/public-hospitals](http://www.pc.gov.au/ongoing/report-on-government-services/2025/health/public-hospitals)

29 – Measure: Total Australian Government expenditure on GPs. All amounts in 2023–24 dollars

Data sources: Australian Government, Productivity Commission. Report on government services 2025, 10. Primary and community health

Available at [www.pc.gov.au/ongoing/report-on-government-services/2025/health/primary-and-community-health](http://www.pc.gov.au/ongoing/report-on-government-services/2025/health/primary-and-community-health)

The average cost to government for a patient to visit an emergency department without being admitted to hospital is \$749. If the patient is admitted to hospital, this cost rises to \$1443.<sup>13</sup> In comparison, government only funds \$84.90 to support a patient to spend 20–39 minutes with their GP for appropriate preventive care, early diagnosis and early treatment for health conditions, potentially reducing avoidable hospital admissions.

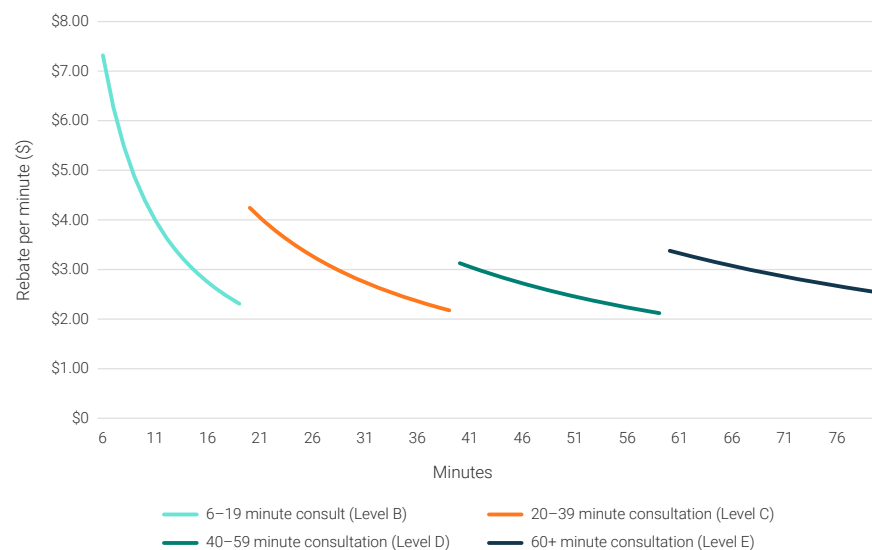
Medicare funding for patients to access longer GP consultations is not proportionally equivalent to shorter consultations. Generally, the rebate that patients receive per minute decreases for patients seeking longer consultations, which are usually for complex or multifaceted health needs (Figure 30).<sup>14</sup> In this way, the current funding system for general practice devalues appointments for more complex care.

30 – 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](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home)

FIGURE 30

## MBS patient rebate per minute for standard GP consultation items



Patients spending  
39 minutes with their GP

**\$85**

**COST**

Non-admitted  
emergency department  
presentation

**\$749**

**COST**

## If your GP spends...

15 minutes with you,  
the patient rebate is

**\$2.93**

**PER  
MINUTE**



35 minutes with you,  
the patient rebate is

**\$2.43**

**PER  
MINUTE**



55 minutes with you,  
the patient rebate is

**\$2.27**

**PER  
MINUTE**



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

**'The ever-increasing gap fees** for the usual time-based consults due to the Medicare rebates not increasing in pace with increasing costs to keep the clinic running.'

**'Patients being unable to afford the healthcare they need,** having to factor in costs associated with healthcare for my patients (eg trying to figure out what to do if a patient clinically needs something but is not able to afford it).'

**'Multimorbidity and complex patient care without appropriate funding and support.** Mental health concern escalation without appropriate availability for support (time constraints/allied health/specialist care/cost).'

**'Growing burden of disease and Medicare incentivising short consults.** Financial viability of my practice and need to increase fees to keep up with costs and this impacting on patient access and affordability of my services.'



General practice ownership

In 2024 there were approximately 7132 accredited general practices in Australia.<sup>13</sup> Close to one in four practising GPs (24%) are practice owners. Of the respondents that indicated they were practice owners, 57% identified as men, 42% identified as women and 1% identified as non-binary or other.

Interest in becoming a practice owner continues to fall, with 82% of non-owner GPs saying they are not interested in owning a practice in the future. Encouragingly, GPs in training expressed the greatest interest in practice ownership, with 34% indicating they would like to own a practice in the future.

Among GP practice owners, the most common challenges are financial, including increasing business costs and business profitability overall. Staffing is the next most prominent challenge, specifically in relation to sourcing GPs, with seven in 10 owners indicating this is an issue for their practice.

31 – Measure: Proportion of non-practice owner practising GPs responses to the question, ‘Are you interested in owning a GP practice in the future?’  
Sample: Non-practice owner practising GPs 2024 n=2215; 2025 n=1788  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

32 – 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=601  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

FIGURE 31  
Are you interested in owning a general practice in the future?

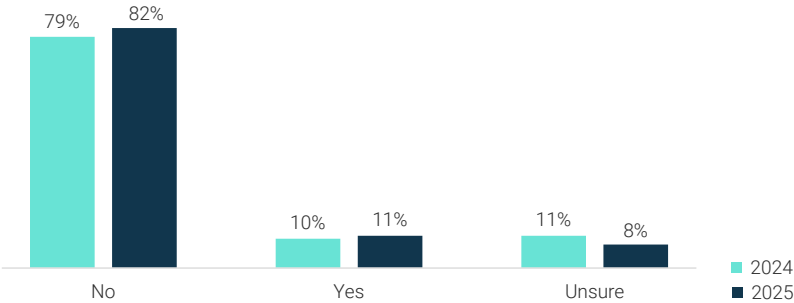
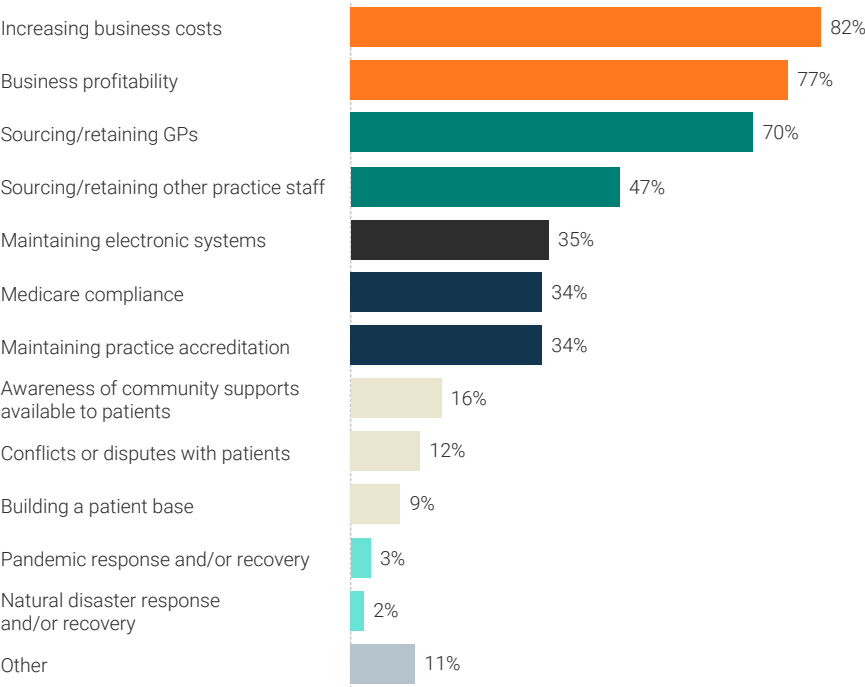
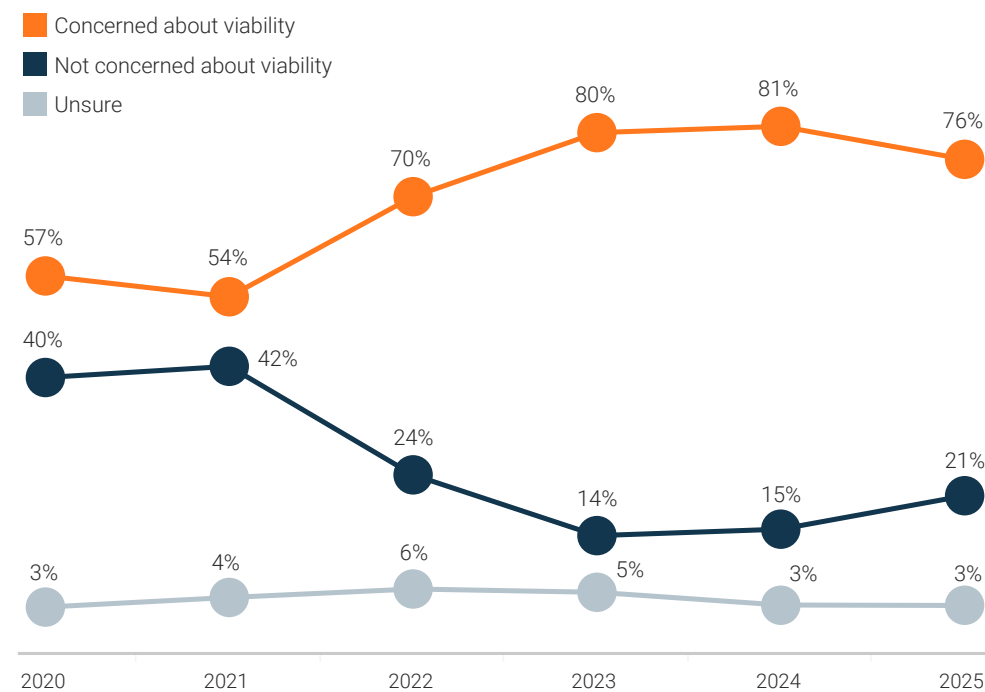


FIGURE 32  
Main business challenges faced by practice owners



For the first time since 2021, practice owner sentiment about the viability of their practice has improved notably, increasing from only 15% of practice owners saying they are not concerned about the viability of their practice in 2024 to 21% in 2025. While a positive outcome for the sector, levels of concern remain elevated relative to 2020 and 2021.

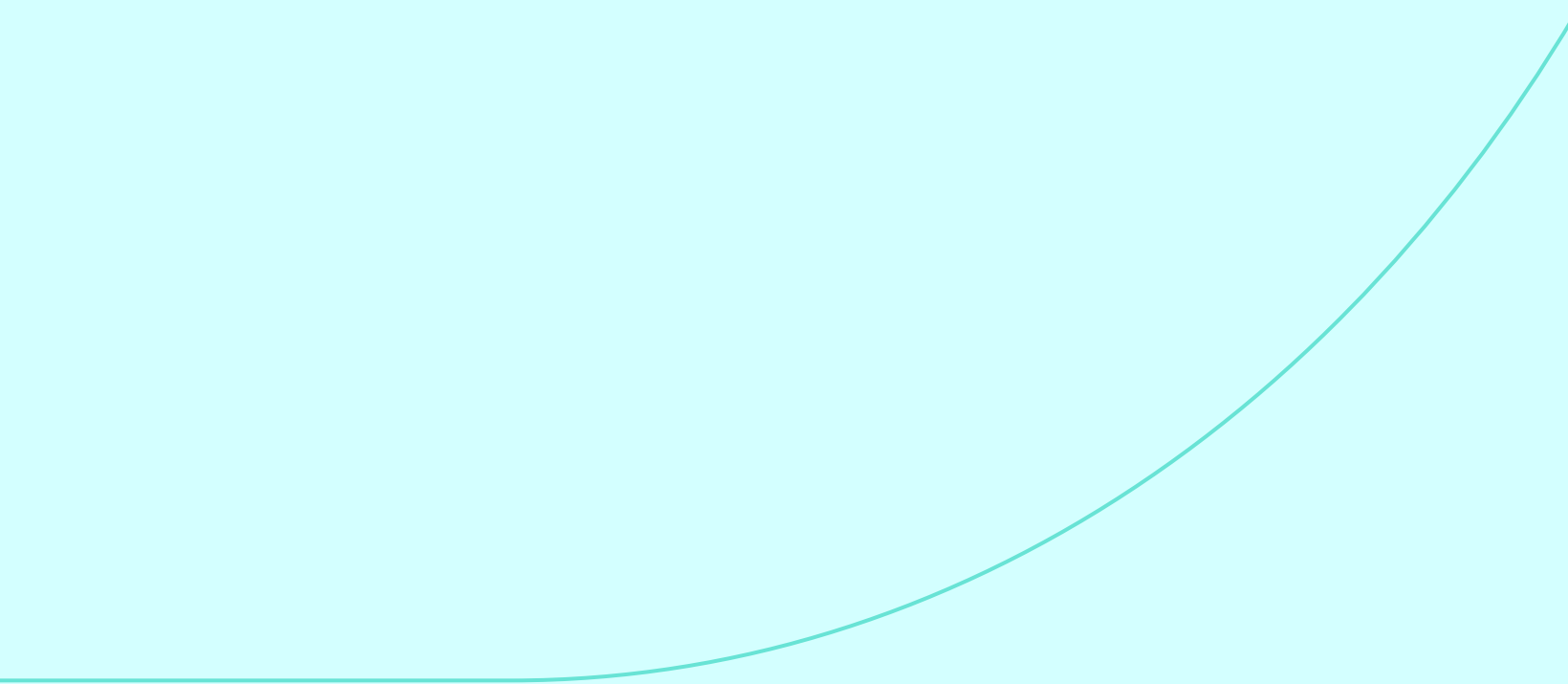
FIGURE 33

**Are you concerned about the viability of your practice?**

33 – 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=439; 2021 n=325; 2022 n=808; 2023 n=485; 2024 n=749; 2025 n=601

Source: The Navigators, RACGP Health of the Nation survey April/May 2025



**71% of GPs are satisfied with their job.** 47% of GPs would recommend general practice to future doctors (up from 44%).

## Chapter four

### Current workforce



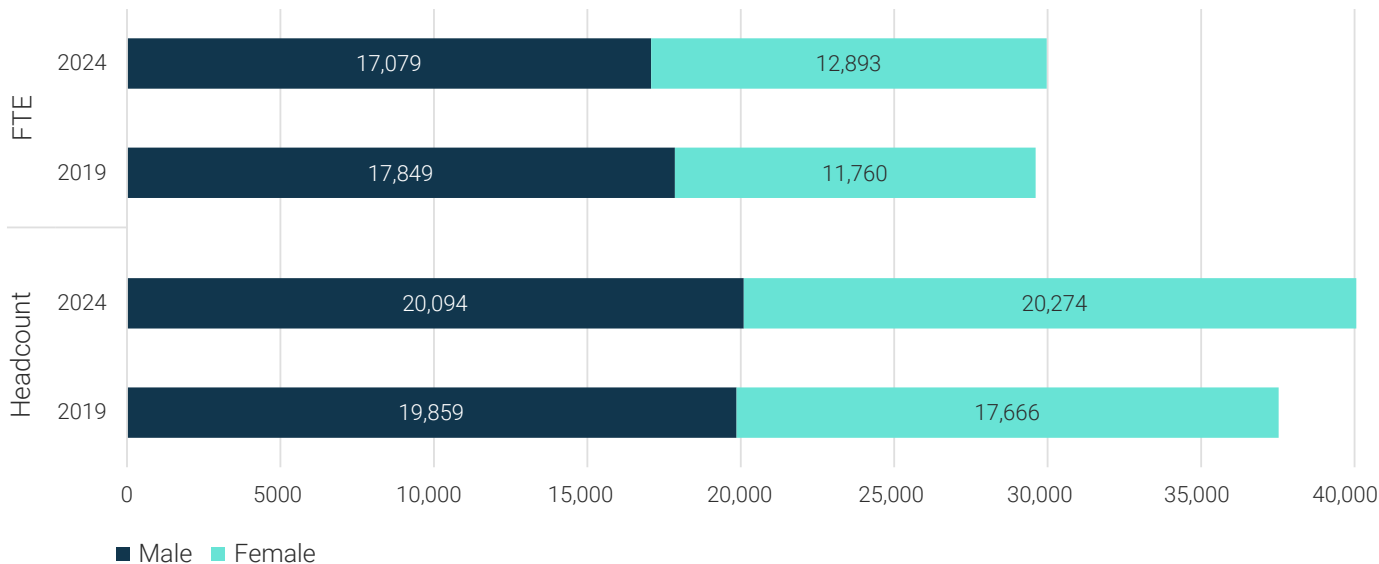
## Current workforce characteristics

In 2024 there were 40,375 GPs within Australia's primary care workforce.<sup>1</sup> Of these, 32,557 were vocationally registered, 1618 were non-vocationally registered and 6200 were GPs in training.<sup>1</sup> The total number of GPs in Australia continues to increase each year, and the number of full-time equivalent (FTE) GPs also increased in 2024 to 29,976 GPs, ceasing a downward trend in FTE GPs which had been occurring since 2022.<sup>1</sup> Similar to previous years, growth in the number of female GPs continues to outpace male GPs. While there are more female GPs than male in terms of headcount, male GPs constitute a larger proportion of the overall GP workforce in terms of FTE (Figure 34).<sup>1</sup>



Similar to previous years, **growth in the number of female GPs** continues to outpace male GPs

FIGURE 34  
Male and female GPs as a proportion of the workforce, 2019–24



34 – Measure: GP headcount and GP FTE by sex  
Source: Australian Government, Department of Health, Disability and Ageing, General practice workforce providing primary care services in Australia, 2019 to 2024 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 continues to vary. Similarly to previous years, there are near identical numbers of GPs per 100,000 people in Queensland (115), Victoria (117) and New South Wales (117), but fewer GPs per 100,000 people in the Northern Territory (84), Tasmania (105), South Australia (107), Western Australia (97) and the Australian Capital Territory (91).<sup>1</sup>

Overall, in 2024 there were 113 FTE GPs per 100,000 people in Australia, an increase from 2023 (110). This is reflected in every state and territory in Australia.<sup>1</sup>

FIGURE 35

Full-time equivalent GPs per 100,000 people by state/territory



35 – Measure: GP full-time equivalent by state/territory

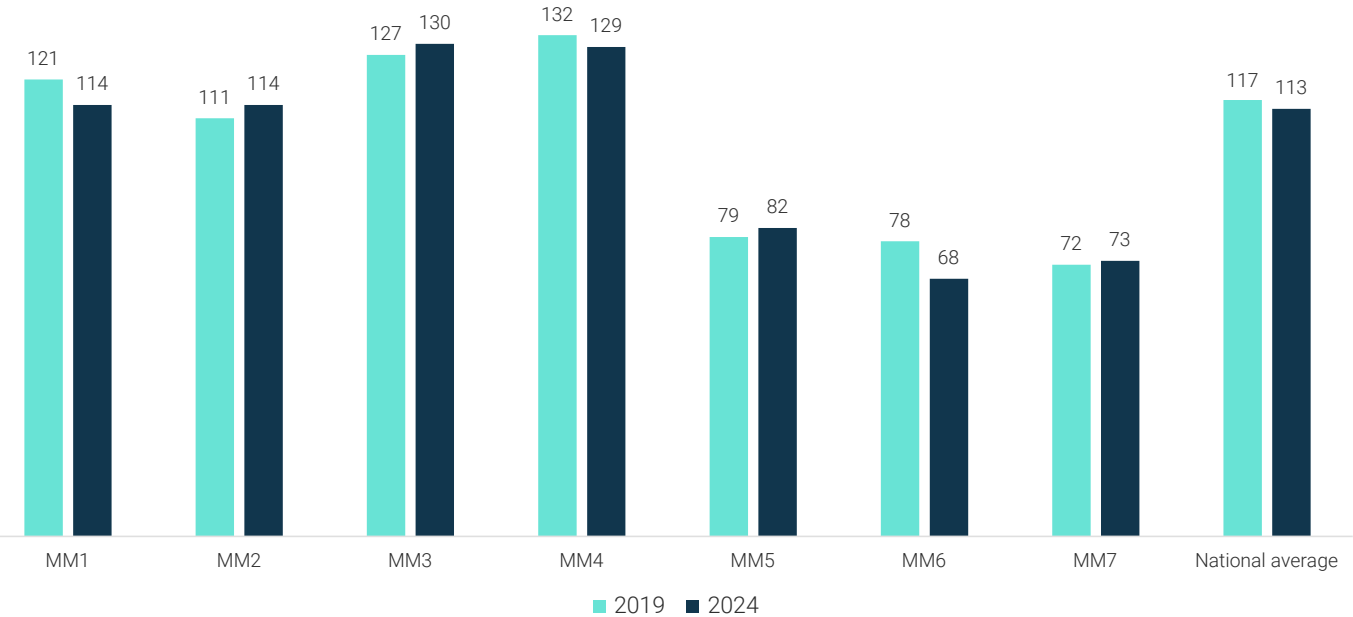
Source: Australian Government, Department of Health, Disability and Ageing, General practice workforce providing primary care services in Australia, 2019 to 2024 calendar years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Although FTE GPs per 100,000 people increased from 2023 to 2024, the overall FTE has decreased from 2019 to 2024, from 117 to 113 FTE GPs per 100,000 people (Figure 36).<sup>1</sup> This decrease has been reflected in MM1, MM4 and MM6 regions, whereas MM2, MM3, MM5 and MM7 have slightly increased.<sup>1</sup> Data shows that MM6 regions continue to see a larger decrease than other regions, dropping from 78 FTE GPs per 100,000 people in 2019, to 68 FTE GPs per 100,000 people in 2024. MM6 regions this year again have

the lowest number of GPs per 100,000 people in Australia (68), compared to MM3 regions which have the highest number of GPs per 100,000 people (130) (Figure 36).<sup>1</sup>

Rural and remote communities in MM4–7 regions experience a notable shortfall in GP workforce, with far fewer GPs per population compared to metropolitan areas. This inequity results in reduced access to timely, continuous, and comprehensive care, contributing to poorer health outcomes for people living outside major cities.

FIGURE 36  
Full-time equivalent GPs per 100,000 people in 2019 and 2024, by Modified Monash Model area

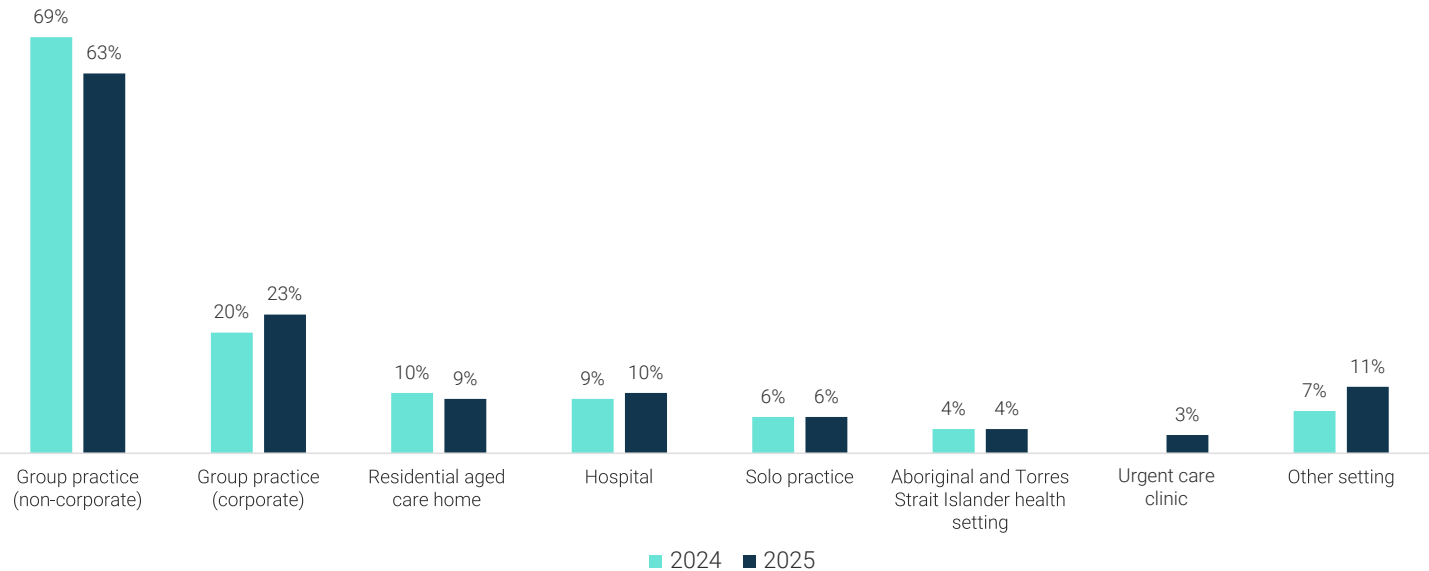


36 – Measure: GPs by Modified Monash Model area (service location)  
Source: Australian Government, Department of Health, Disability and Ageing, General practice workforce providing primary care services in Australia, 2019 to 2024 calendar years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

### General practice settings

The majority of GPs work in a non-corporate (GP-owned) practice setting (63%), followed by a non-GP owned corporate group practice (23%) (Figure 37). Seventy-nine per cent of GPs worked in only one practice setting in the past month, with the remaining 21% working at multiple settings.

FIGURE 37  
GP practice setting in the past month



37 – Measure: Proportion of GP responses to the question, 'In which of the following settings have you practised in the past month?'  
Sample: Practising GPs, 2024 n=3006, 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025



# GP job satisfaction and challenges

GP job satisfaction has remained steady over the last year. Seventy-one per cent of GPs state they are satisfied with their job, a slight decrease from 73% in 2024 (Figure 38).

Job satisfaction is influenced by age, gender and career stage. Across all age cohorts, female GPs are slightly more likely to be satisfied with their job (72%) than male GPs (69%). After the age of 65, male GPs have comparable levels of satisfaction with female GPs, each with 78% overall satisfaction (Figure 38). It is notable that male GPs aged between 45 and 54 are the least satisfied of all GP cohorts, with only 64% saying they are very or moderately satisfied with their job.

GPs aged over 65 had the overall highest job satisfaction rate (78%), followed by GPs under 35 (74%) (Figure 39).

FIGURE 38

Overall job satisfaction

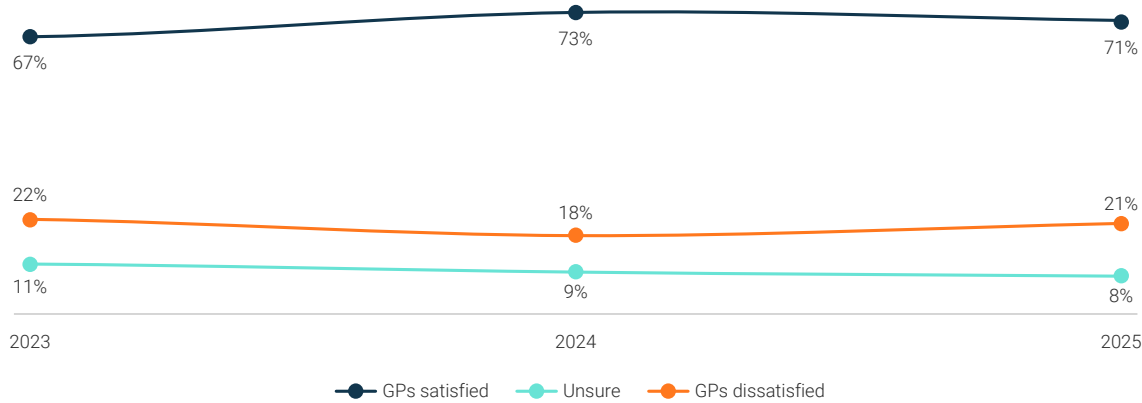
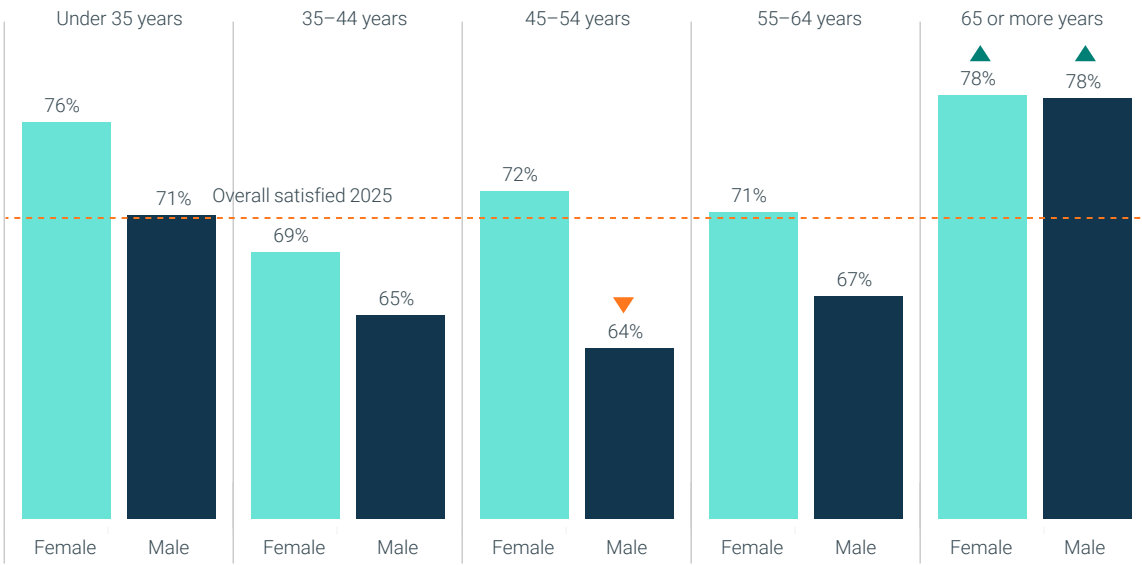


FIGURE 39

Job satisfaction by age and gender of GP



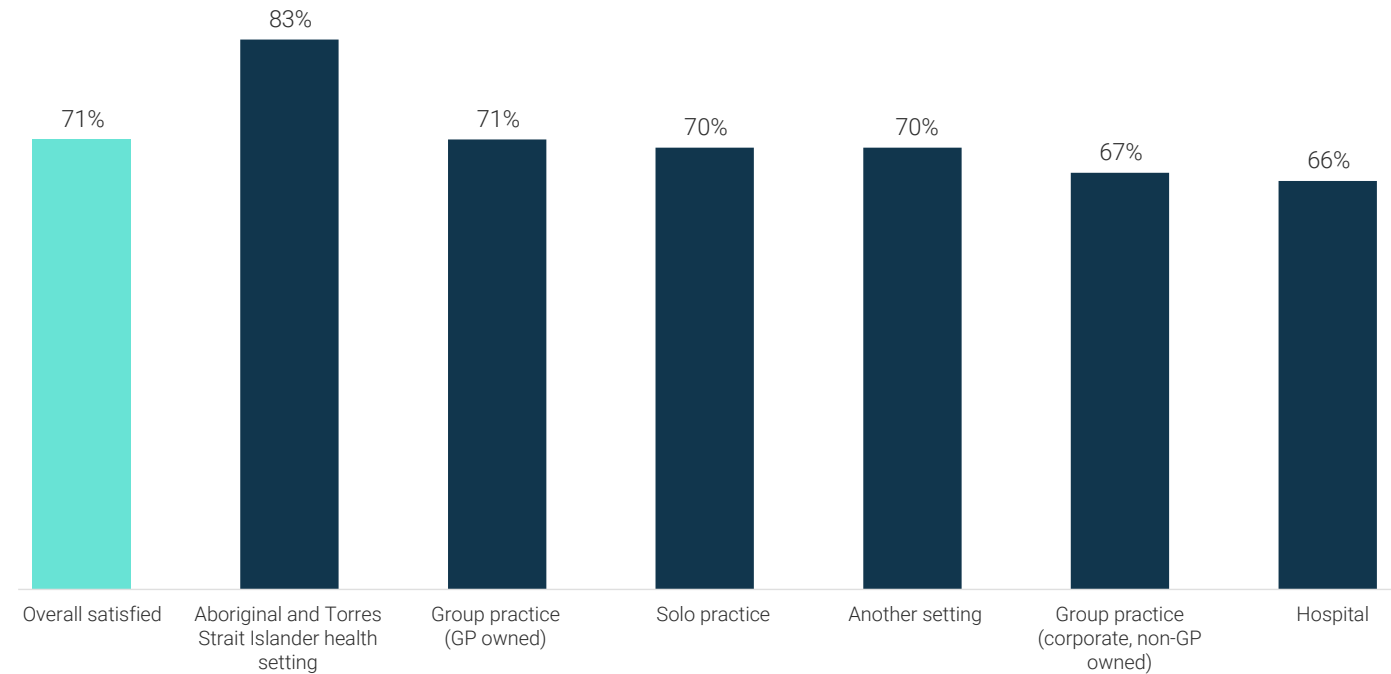
38 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'  
Sample: Practising GPs 2023 n=2050, 2024 n=3006, 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

39 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'  
Sample: Practising GPs 2025 n=2416, under 35 years female n=68, under 35 years male n=32, 35-44 years female n=252, 35-44 years male n=106, 45-54 years female n=295, 45-54 years male n=145, 55-64 years female n=281, 55-64 years male n=173, 65 or older female n=124, 65 or older male n=210  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## GP s who work in Aboriginal and Torres Strait Islander health settings are more satisfied

Consistent with earlier Health of the Nation reports, job satisfaction is highest among GPs whose main practice setting is an Aboriginal and Torres Strait Islander health setting, including Aboriginal community controlled health organisations (ACCHOs), with 83% of GPs who work in these settings indicating they are satisfied with their job. This compares with the average job satisfaction level of 71% (Figure 40).

FIGURE 40  
Job satisfaction is dependent on practice setting

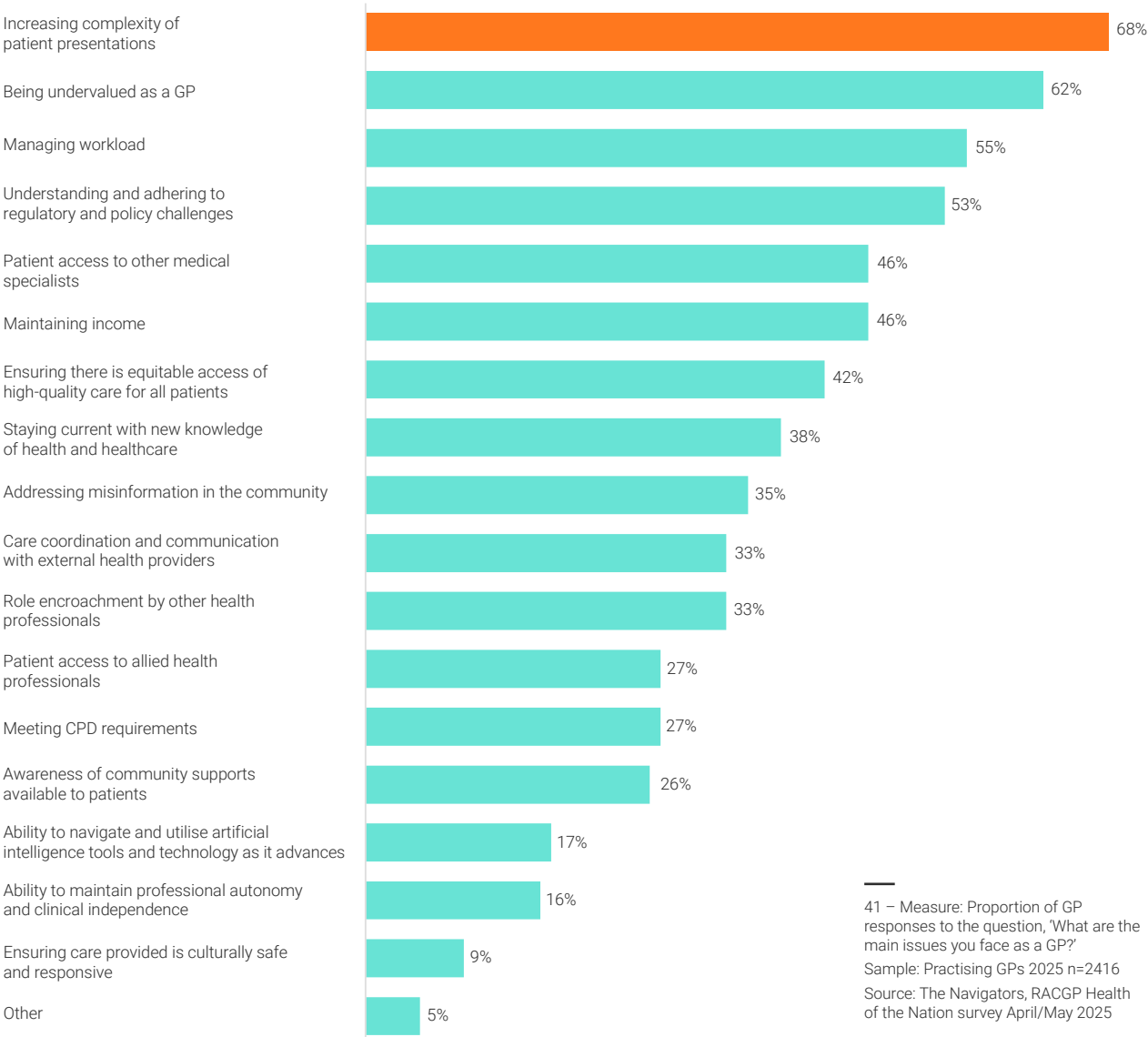


40 – Measure: Proportion of GP responses to the question, ‘How would you rate your overall job satisfaction?’  
Sample: Practising GPs 2025 Aboriginal and Torres Strait Islander health settings n=75, group practice (non-corporate) n=1437, solo practice n=128, other settings n=215, hospital n=65, group practice (corporate) n=496  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

GP perceptions  
of the profession

This year, GPs stated the increasing complexity of patient presentations was the number one issue they face, with 68% of GPs identifying with this challenge (Figure 41). Being undervalued as a GP was the next rated challenge nominated by survey respondents (62%), followed by managing workload (55%) and understanding and adhering to regulatory and policy challenges (53%). Seventeen per cent of GPs felt that navigating and utilising artificial intelligence (AI) tools and technology was a challenge.

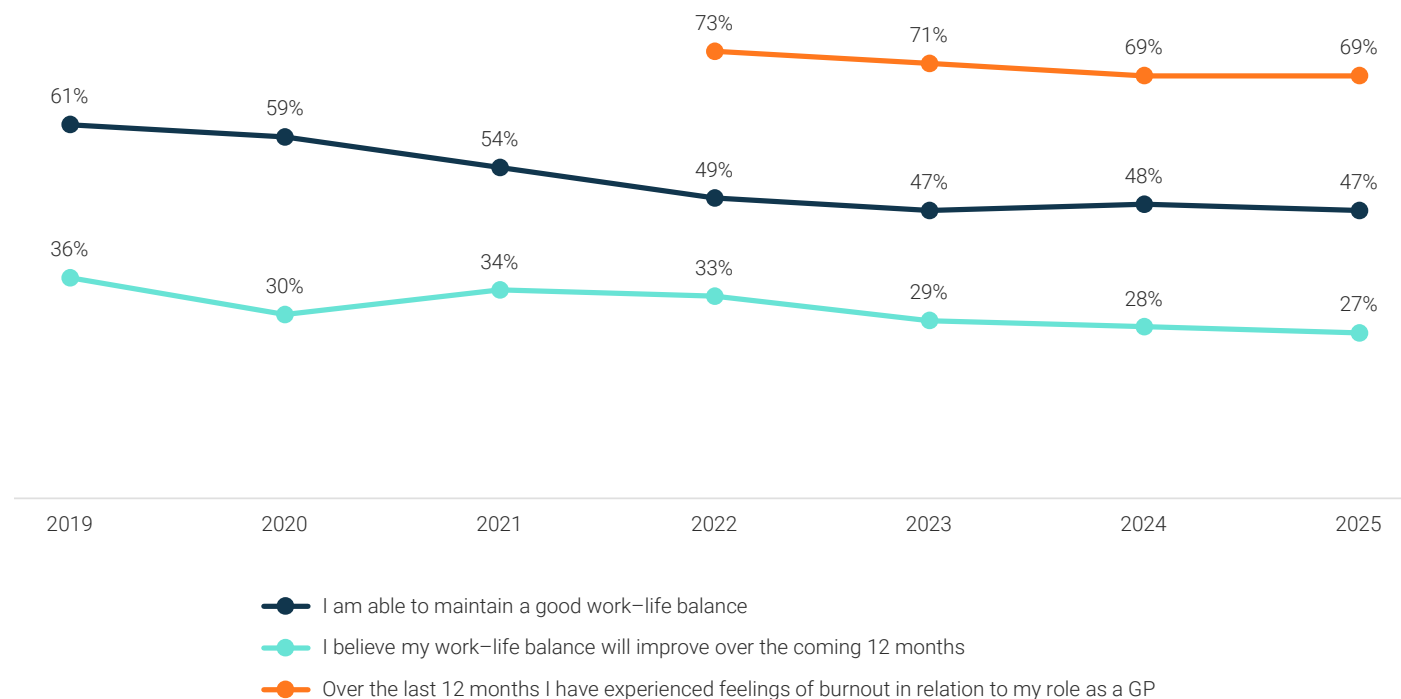
FIGURE 41  
The main issues GPs are facing



41 – Measure: Proportion of GP responses to the question, 'What are the main issues you face as a GP?'  
Sample: Practising GPs 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

The proportion of GPs who felt they were able to maintain a good work–life balance (47%) and believed that their work–life balance would improve in the coming 12 months (27%) has remained largely the same over the past three years (Figure 42). Level of burnout has also stayed the same, with 69% of GPs experiencing burnout in 2025.

FIGURE 42

**Perception of work–life balance**

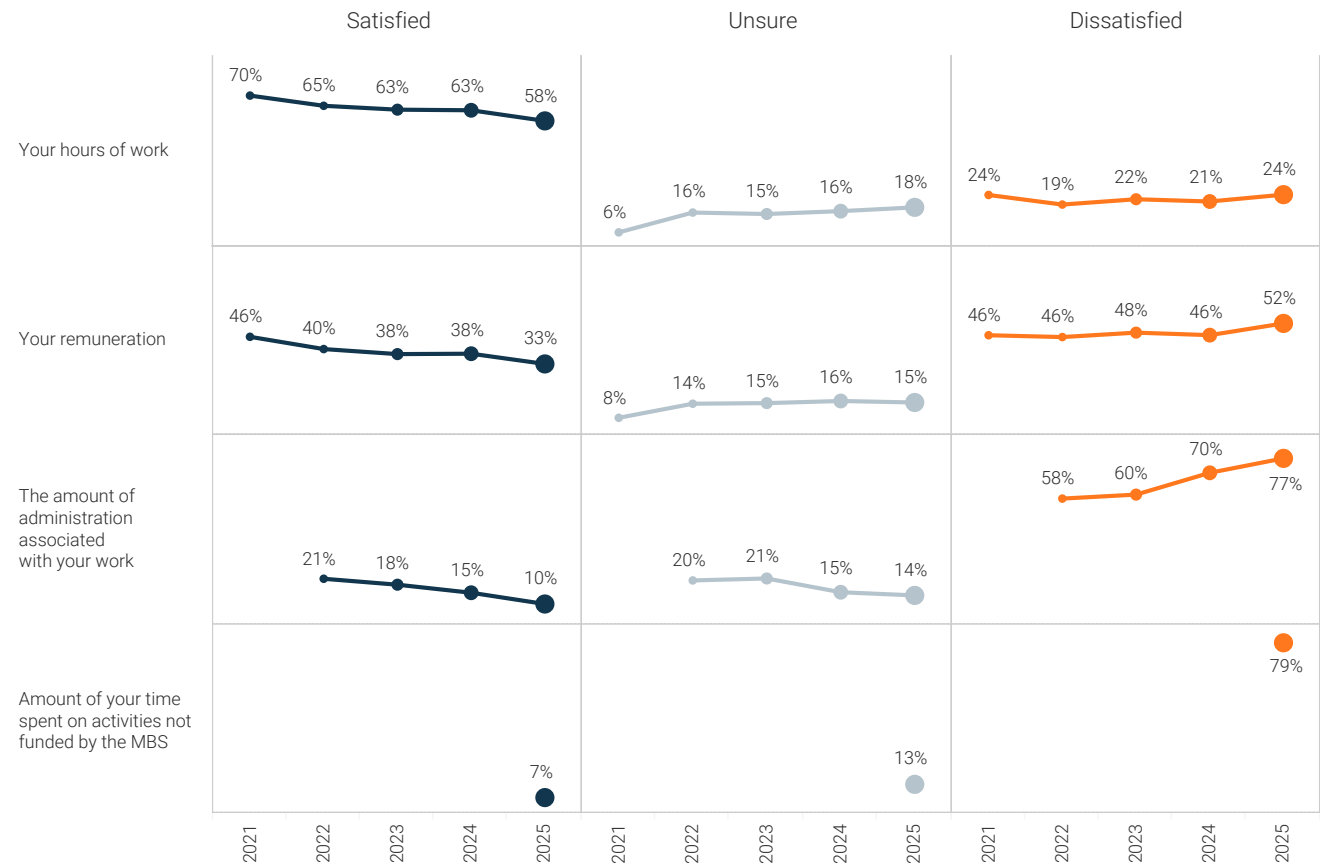
42 – Measure: Proportion of GP responses to the question, 'To what extent do you agree or disagree with the following statements?'

Sample: Practising GPs 2019 n=1174, 2020 n=1782, 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006, 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

Compared with last year, there have been notable changes in GP satisfaction levels regarding hours of work, remuneration and administration (Figure 43). This year, 24% of GPs were dissatisfied with their hours of work (increasing from 21% in 2024), along with 52% of GPs who were dissatisfied with their remuneration (increasing from 46% in 2024). Nearly eight in 10 GPs (77%) were dissatisfied with the amount of administration associated with their work. This has increased markedly from 70% in 2024 to 77% in 2025, continuing an upwards trend in dissatisfaction.

FIGURE 43  
Satisfaction with work hours, pay and administration



43 – 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, 2025 n=2416

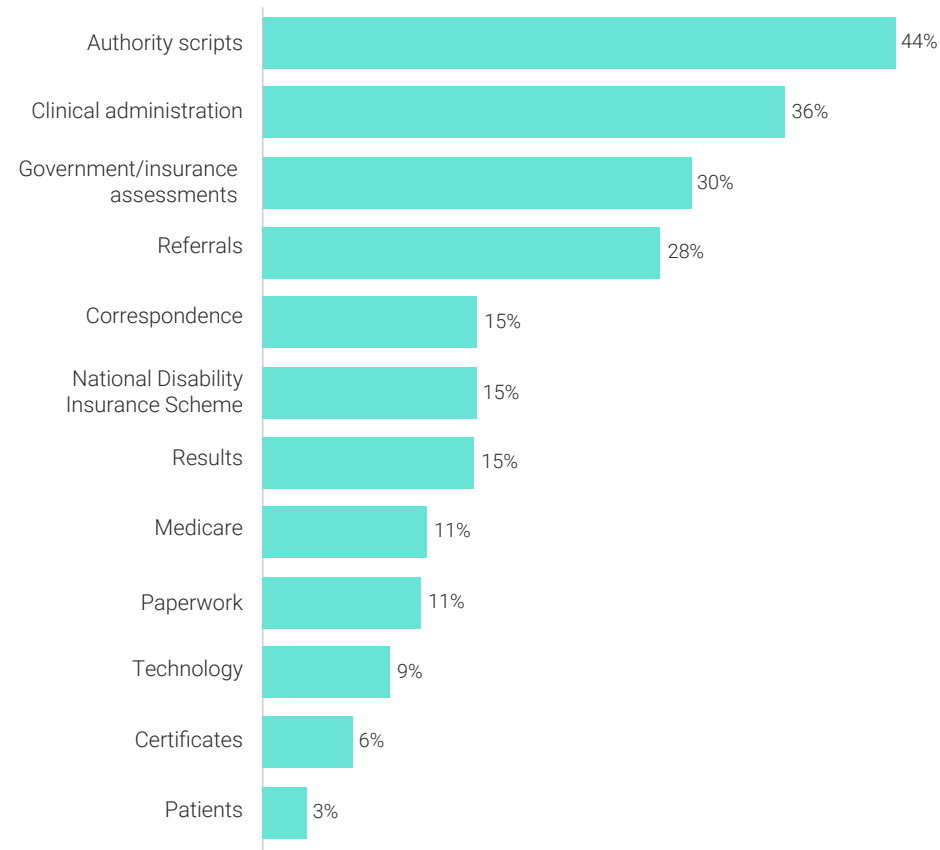
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

The main administrative pain point identified by GPs is authority prescriptions, with 44% of GPs identifying this as an administrative task that could be improved (Figure 44). Various forms of clinical administrative tasks were the second most frequently nominated opportunity to reduce time on administration, identified by 36% of GPs. Some examples mentioned by GPs included note taking, mental health and care plan paperwork, and aged care correspondence. Work to support patients with government and insurance assessments, for example Centrelink and WorkCover, was another area GPs felt efficiencies could be achieved (identified by 30% of GPs).

Reducing the load from these administrative tasks would not only ease pressure on GPs but also free up more time for direct patient care, where it matters most.

FIGURE 44

#### Administrative tasks that GPs feel could be changed or improved



44 – Measure: Proportion of GP responses to the question, 'Please describe up to three specific administrative tasks or processes that you feel could be changed or removed to reduce the amount of time you spend on administration'

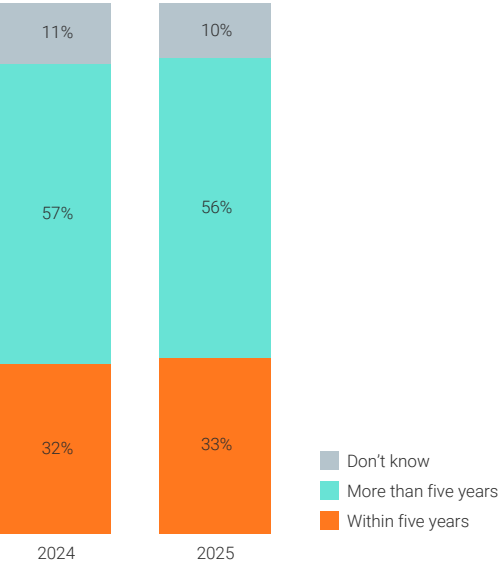
Sample: Practising GPs 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## Intentions of current GPs to stop practising

One-third (33%) of current GPs plan to cease practising within the next five years (Figure 45). A large percentage (63%) are also considering reducing their time spent practising. This is a slight increase compared to 2024 (61% of GPs).

FIGURE 45  
Timeframe for GPs intending to stop practising



45 – Measure: Proportion of GP responses to the question, 'When do you intend to stop practising as a GP?'  
Sample: Practising GPs 2024 n=3006, 2025 n=2416  
Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## **Chapter five**

### Future workforce





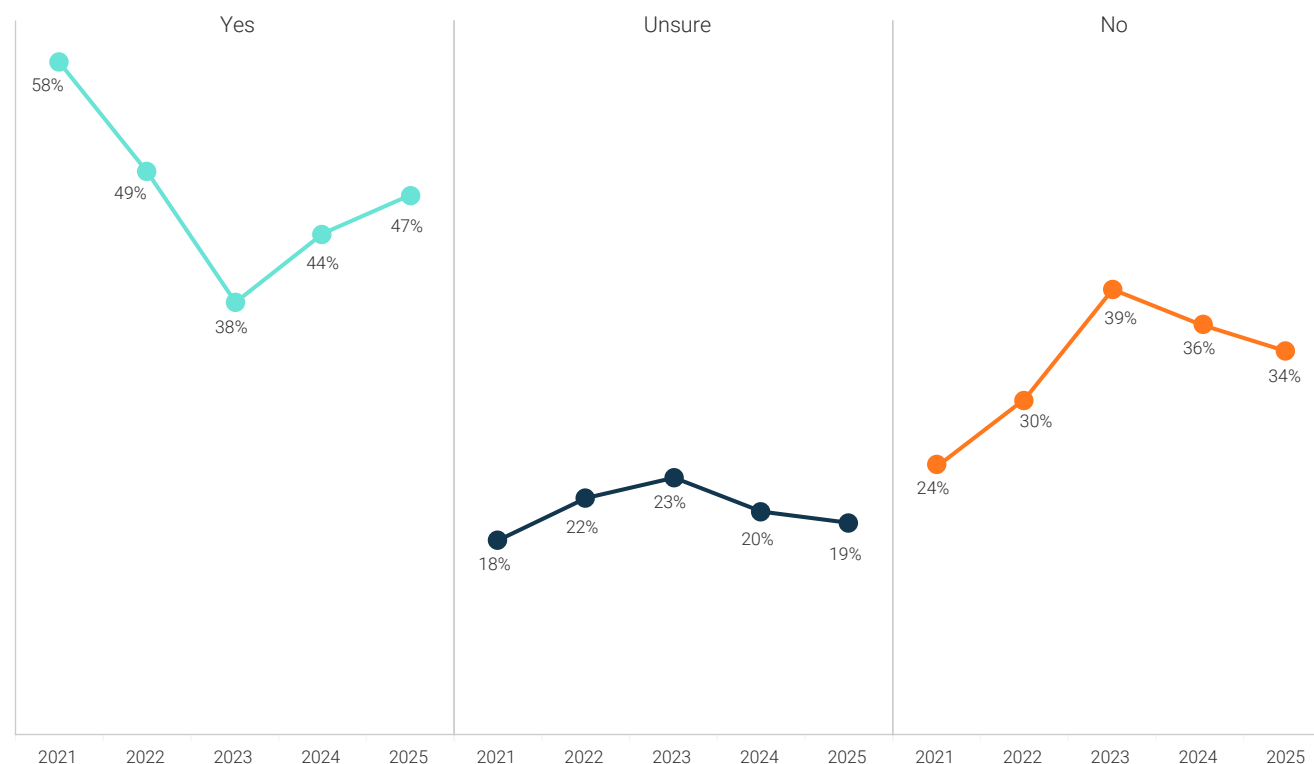
## GPs recommending general practice as a career

There has been a continued upward trend in the proportion of GPs recommending general practice as a career to future doctors. This has increased from 44% in 2024 to 47% in 2025 (Figure 46). There has also been a commensurate decrease in the proportion of GPs who would not recommend general practice as a career, dropping from 39% in 2023 to 34% in 2025.



**47% of GPs** would recommend general practice to future doctors (up from 44%)

FIGURE 46  
Proportion of GPs who would recommend the profession as a career



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

Sample: Practising GPs 2021 n=1386, 2022 n=3221, 2023 n=2050, 2024 n=3006, 2025 n=2416

Source: The Navigators, RACGP Health of the Nation survey April/May 2025

## GPs in training

There continues to be a decline in medical students' preference to specialise in general practice. In 2024, only 9.4% of medical students reported general practice as their preferred specialty, compared to 10.6% in 2023 and 13% in 2022.<sup>15</sup>

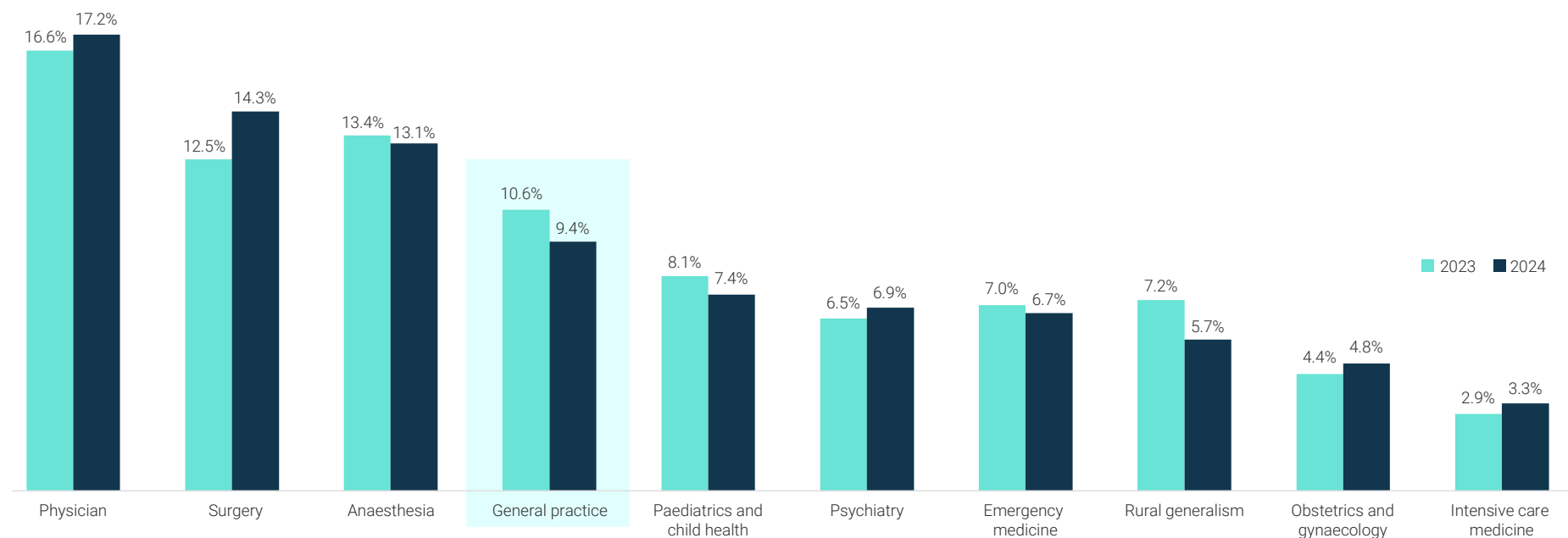
Interest in specialising as a Rural Generalist has decreased, with 5.7% of medical students identifying this as their preferred specialty in 2024, compared to 7.2% in 2023.<sup>15</sup>

General practice as a preferred specialty for future practice ranks fourth (Figure 47). When combined with rural generalism as a preferred speciality, this increases to the second-most preferred specialty overall, at 15.1%.<sup>15</sup>

47 – Measure: Medical students preferred specialty for future practice  
Source: Medical Deans Australia and New Zealand. National data report 2025  
Available at <https://medicaldeans.org.au/data/medical-schools-outcomes-database-reports/>

FIGURE 47

**Fewer medical students are preferring general practice as a specialty**



The number of doctors entering the RACGP Australian General Practice Training (AGPT) Program has increased from 1204 doctors in 2024 to 1544 doctors in 2025 (Figure 48). The Fellowship Support Program (FSP) had 496 GP training participants starting the program in 2025, an increase from 409 participants who started in 2024. The Practice Experience Program (PEP) – Specialist is a program for overseas GP specialists wishing to qualify for RACGP Fellowship, with 185 GP participants starting this program in 2025.

Females continue to represent a larger proportion of the GPs in training cohort across all RACGP training programs (Figure 49).

RACGP program	Participants in 2025
Fellowship Support Program (FSP)	496 (Semester 1 and Semester 2)
Practice Experience Program (PEP) – Specialist	185
Remote Vocational Training Scheme (RVTS)	15

Measure: Number of doctors entering the Fellowship Support Program, Practice Experience Program – Specialist and Remote Vocational Training Scheme

Source: RACGP training data as at July 2025 (unpublished)

FIGURE 48  
Number of doctors entering the AGPT Program each year since 2019

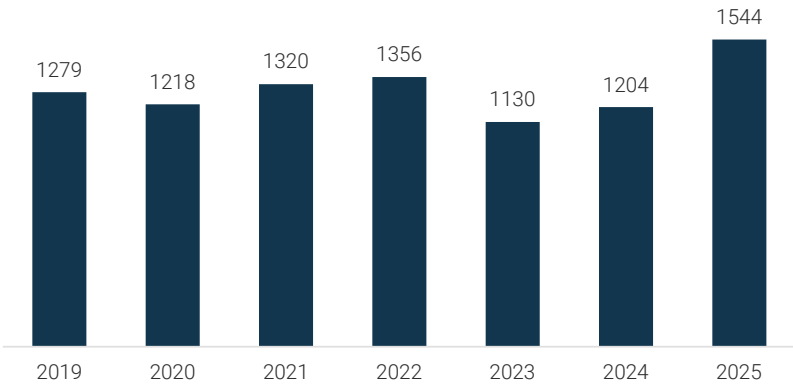
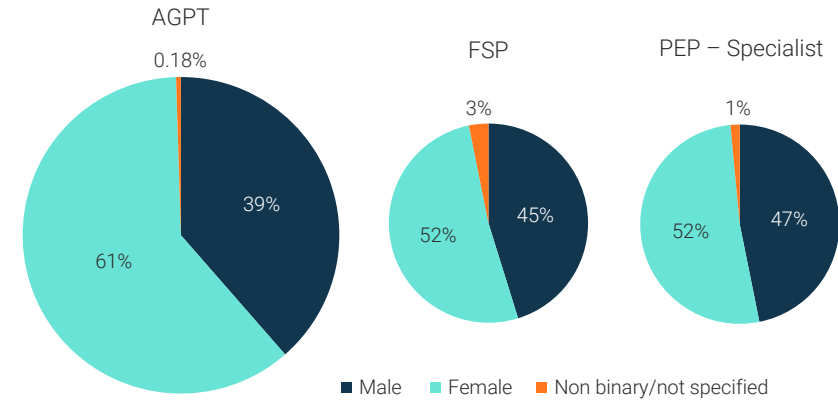


FIGURE 49  
Gender breakdown of active doctors in RACGP training programs 2024–25



48 – Measure: Number of doctors entering the Australian General Practice Training Program by year since 2019  
Source: RACGP training data as at July 2025 (unpublished)

49 – Measure: Active GPs in the Australian General Practice Training Program, Fellowship Support Program and Practice Experience Program – Specialist, by gender  
Source: RACGP training data as at July 2025 (unpublished)

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- Dr Rob Hoskings (REC–Practice Technology and Management Chair)
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- Dr Cathy Andronis, Chair of RACGP Specific Interests Psychological Medicine

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- RACGP Aboriginal and Torres Strait Islander Health
- RACGP Rural
- Marketing and External Communications
- Education and Training, Evaluation
- Survey and Operations and Information and Technology teams

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