10 YEARS



10

General Practice **Health of the Nation** 2026

Recognising 10 years of insight into the state of Australian general practice

RACGP
Royal Australian College of General Practitioners

Front cover

Dr Rory Hampstead is a GP practising in New South Wales. He works as a contractor GP with Dubbo Family Doctors, focusing on rural medicine, as part of our rural GP community.



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Cover image: Dr Rory Hampstead

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Recognising 10 years of insight into the state of general practice in Australia

Health of the Nation report focus areas over the years

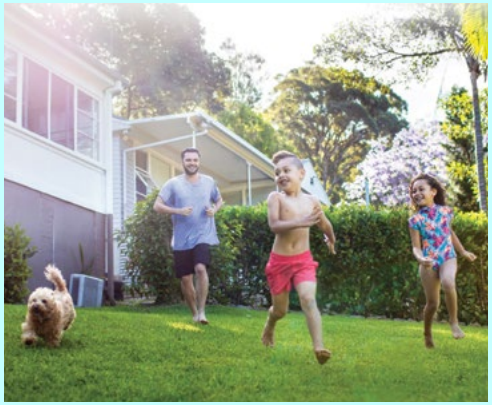
From 2017 to 2026, the RACGP's Health of the Nation report has provided critical insights into the state of general practice in Australia.

These insights have supported RACGP advocacy for key reforms to chronic disease management, fit-for-purpose digital systems, workforce reform, improved funding, and stronger GP-led community-based care.



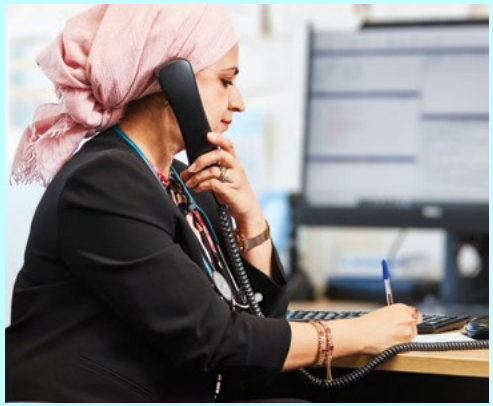
2017

Inaugural General Practice: Health of the Nation report



2018

Exploration of the challenges and opportunities of general practice care



2022

Sustainability of general practice



2023

Attraction and retention of the general practice workforce



2019

GP self-care and wellbeing



2020

Environment created by COVID-19 pandemic and 2019–20 summer bushfires



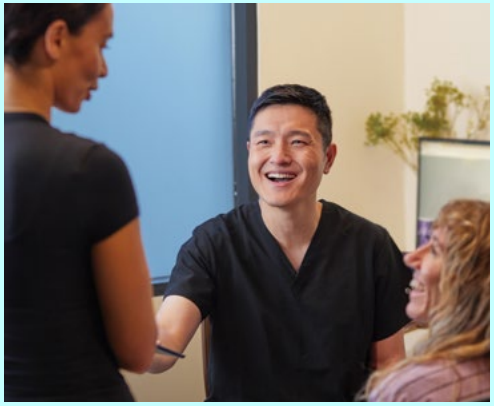
2021

Multimorbidity in general practice



2024

Innovation in general practice



2025

Multidisciplinary team care and preventive health activities



2026

GPs at the heart of a thriving health system



President's message

In 2026, the *General Practice: Health of the Nation* report marks a decade of tracking the state of general practice. Over the past 10 years it has provided compelling evidence of the central contribution GPs make to the health and wellbeing of communities across the country. Looking back over the last decade of reports, we have seen major changes in our health system.

From the first survey, the breadth of conditions treated by GPs was evident, including the prominent and growing role of psychological conditions within the care provided by many GPs. We now see less focus on respiratory conditions after a major spike during the COVID pandemic, and less focus on cardiovascular disease, alongside increasing attention to women's health, prevention and multimorbidity. At the same time, the complexity of care continues to increase.

> **Over the past 10 years GPs have been spending more time with patients, and this year increasing complexity of presentations was once again identified as the number one challenge facing general practice.**

Compared with the inaugural 2017 Health of the Nation report, which showed very high satisfaction with the intrinsic aspects of general practice such as autonomy, variety and professional responsibility, recent reports have revealed a more nuanced picture. While 76% of GPs remain satisfied with their job, increasing consultation complexity, workforce pressures and concerns about fragmentation, funding and future sustainability are affecting sentiment. Compared to 2021, fewer GPs are recommending general practice as a career, but the last couple of years have seen improvements from the all-time lows reported at the end of the pandemic.

Participation in the Health of the Nation survey has more than doubled, with this year recording the largest response to date.

And we've seen changes in our College too – membership has grown from 35,000 to more than 52,000. The RACGP is back training Australia's future GP workforce, and we have seen interest in training increase substantially in recent years. As a result, Australia's GP workforce continues to grow, with 41,862 GPs working across primary care and an increase in the number of full-time equivalent GPs. Today's GP workforce has more female GPs and around 25% of GPs work in a corporate practice – up from 10% nearly a decade ago.

Despite the increase in GP numbers and complexity of care GPs are providing, we are yet to see increased and sustained investment into general practice and primary care, which is needed to take pressure off hospital services that continue to consume an increasingly large share of the health budget. Comparatively, investment in general practice was reported as 6.6% of the health budget back in 2015–16 and decreased to 5.5% in 2022–23.

We know funding gets results, as we've seen the impact of recent government investment in Medicare and general practice. Australian Government expenditure on patient care delivered through general practice has increased from $469 to $489 per person in the past year. The average proportion of people paying no out-of-pocket costs for all their GP visits increased to 63% in 2026, up from 56% in each of the previous two years. These investments are an important recognition of the role of general practice, and the value we deliver to our patients and the broader health system.

Multidisciplinary team-based care is also becoming an increasingly important feature of general practice.

Almost half of practising GPs now work within multidisciplinary practices, and many more are enthusiastic about participating in these models of care.

The report highlights both the opportunities and challenges associated with multidisciplinary care, with workforce shortages, infrastructure requirements and funding arrangements remaining barriers to wider implementation. For these models to succeed, GPs must continue to play a central coordinating role.

The report also explores experiences of racism within healthcare. The findings show that racism continues to impact both patients and healthcare professionals. Around one-third of practising GPs reported witnessing racism towards patients within the broader healthcare system, while one in five have personally experienced racism from a patient. These findings highlight the need for continued action to create a healthcare system that is safe, culturally responsive and respectful for all.

The findings of this year's Health of the Nation report demonstrate that GPs are truly at the heart of a thriving but increasingly complex health system. Every week, we provide accessible, comprehensive and coordinated primary care to millions of Australians, managing increasingly complex health needs while supporting patients throughout their lives. Importantly, 99% of people were able to see a GP when needed.

There is no substitute for the care provided by a GP who knows their patients, understands their history and can deliver trusted, quality care over time. The RACGP will continue to advocate for the investment, policy reform and workforce support needed to strengthen general practice and ensure a sustainable, future-ready profession.

Above all, this report reminds us that when general practice is strong, Australia's health system is stronger, and patients, families and communities are healthier as a result. General practice remains the best investment in the health of individuals, families and communities. In the community, general practice improves economic productivity, and is the greenest part of the health system: investing in general practice is the best way to reduce the impact of the health system on our planet. A healthy general practice means a healthier Australia.

Dr Michael Wright
RACGP President

‘Over the past 10 years, the Health of the Nation report has provided compelling evidence of the central contribution GPs make to the **health and wellbeing of communities across the country.’**

DR MICHAEL WRIGHT
RACGP PRESIDENT





Executive summary

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 data from government and non-government sources. This year marks the 10th year of the report. Each year the report has a focus topic, with 'General practice at the heart of a thriving health system' the focus for 2026.

People across Australia continue to rely on GPs for high-quality primary care. In 2025, GPs provided 171 million health services to 22.9 million patients. The overwhelming majority of people could see a GP when they needed to in 2024–25. Psychological presentations continue to be the leading reason patients sought care (nominated by 67% of GPs).

GPs continue to spend more time with patients, with the average consultation length increasing to 19.8 minutes per patient in 2026. Two–thirds of GPs also say they are spending more time with patients on average than they have in the past few years. The main reasons given for spending more time with patients are the complexity of presentations and care. GPs also again stated increasing complexity of patient presentations was the number one issue they face (identified by 72% of GPs).

Female GPs and male GPs have different experiences in general practice. Female GPs are seeing a higher proportion of patients presenting with complex psychosocial, mental health and women's health issues, and have longer consultations on average than male GPs. Female GPs are also reporting less positive outcomes for wellbeing metrics than male GPs, including work–life balance, job satisfaction and burnout.

This year saw a shift towards increased bulk billing in general practice, likely a reflection of the Federal Government's recent investment in Medicare bulk-billing incentives. The average proportion of people bulk billed for all their GP visits increased to 63% in 2026, up from 56% in both 2024 and 2025. When factoring in all practising GPs, including those that bulk bill, the fee for a Level B consultation has decreased from more than $82 to approximately $79.

This year, GPs were again asked about their experiences of racism within the healthcare system over the past 12 months. The results show racism remains part of some GPs' experience. More than 30% agree they have witnessed racism towards patients in the broader healthcare system in the past 12 months, and 19% have personally experienced racism from a patient within their practice.

GPs are continuing to bridge gaps across the health system as part of multidisciplinary care teams. Almost nine in 10 GPs are managing conditions that non-GP specialists might typically treat, and 76% of GPs are managing conditions typically treated in a hospital emergency department or urgent care clinic. Fragmentation of care continues to be a challenge, and GPs nominated communication and information sharing as the most important enabler of better coordination across the health system.

There has been a notable improvement in GP sentiment in the last year. The proportion of GPs satisfied with their job has increased from 71% in 2025 to 76% in 2026. Improvements in satisfaction with administration and work hours, better feelings of work–life balance and a rise in the number of GPs recommending general practice as a career indicate a positive shift within the profession. While there has been a reduction in GPs experiencing burnout, it still impacted 60% of GPs over the past 12 months. While modest, these positive shifts demonstrate the resilience of the profession across Australia.

The total number of GPs in Australia continues to increase each year, and the number of full-time equivalent GPs also increased in 2025 to 30,476. Rural and remote communities are still experiencing a notable shortfall in the GP workforce. This inequity results in reduced access to timely, continuous, and comprehensive care, contributing to poorer health outcomes for people living outside major cities.

General Practice: Health of the Nation 2026 **at a glance**

10

The general practice landscape

48%

of practising GPs currently work in multidisciplinary care teams.

81%

of practice owners report their practice is registered with MyMedicare.



Patient experiences in general practice

GPs identified **increasing complexity of patient presentations** as the number one reason they're spending more time with patients.

In 2025, GPs provided **171 million health services to 22.9 million patients**.

In 2024–25, **99% of people** could see a GP when they needed to.

GPs are spending more time with patients than ever. In 2026, GPs spent on average 19.8 minutes with each patient, rising from 19.7 minutes in 2025, and 17.7 minutes in 2022.

79% of patients have a preferred GP. The proportion of people always able to see their preferred GP increased from 63.7% in 2023–24 to 67.2% in 2024–25.

67%

of practising GPs identified psychological presentations as a leading reason patients sought care.

63%

The average proportion of people bulk billed for all their care increased to 63% in 2026, up from 56% in both 2024 and 2025.



GPs at the heart of the health system

Communication and information sharing is the most important enabler of better coordination across the health system (nominated by 53% of GPs).

76%

of GPs are managing conditions typically treated in a hospital emergency department or urgent care clinic.

89%

of GPs are managing conditions that non-GP specialists might typically treat.

7.7%

of patients delayed GP care due to cost in 2024–25, down from 8.8% in 2023–24.

$489

is the average per person Australian Government spend on general practice in 2024–25, rising from $469 per person in 2023–24.

GPs are continuing to bridge gaps across the health system as part of multidisciplinary care teams.



GP wellbeing and workforce sustainability

In 2025, there were **41,862 GPs** within Australia's primary care workforce. The number of **full-time equivalent GPs increased** to 30,476 GPs in 2025, up from 29,976 in 2024.

Around one-third of practising GPs expect to stop practising within the next five years, and this has remained stable since 2024.

76%

of GPs are satisfied with their job, increasing from 71% in 2025.

72%

of GPs stated that the increasing complexity of patient presentations was the number one issue they face.

56%

of GPs were able to maintain a good work–life balance, rising from 47% in 2025.

54%

of GPs would recommend the profession to future doctors, increasing from 47% in 2025.

About the report

The 10th 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 system.

Survey

This report draws directly on the reflections and experiences of GPs and GPs in training via the RACGP Health of the Nation survey. The annual survey spans 10 years and has historically involved RACGP Fellows from all parts of Australia.

This year's online survey, undertaken by The Navigators in close collaboration with the RACGP, ran from 10 April to 3 May 2026. Survey respondents covered a wide range of demographics across the GP community. The 2026 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 2,766 practising GPs:

- 58% female, 41% male, 1% identifying as non-binary, or using a different form
- 5% aged <35 years, 23% 35–44 years, 26% 45–54 years, 25% 55–64 years, 21% ≥65 years
- 27% New South Wales, 23% Victoria, 20% Queensland, 13% Western Australia, 9% South Australia, 4% Tasmania, 2% Australian Capital Territory, 2% Northern Territory
- 62% in major cities, 22% in inner-regional, 11% in outer-regional, 5% in remote and very remote

Demographics of the 239 non-practising GPs:

- 50% male, 49% female, 1% identifying as non-binary, or using a different form
- 3% aged <35 years, 12% 35–44 years, 9% 45–54 years, 19% 55–64 years, 57% ≥65 years

Demographics of the 504 GPs in training:

- 59% female, 40% male, 1% identifying as non-binary, or using a different form
- 31% aged <35 years, 40% 35–44 years, 21% 45–54 years, 7% 55–64 years, 1% ≥65 years
- 29% New South Wales, 23% Victoria, 23% Queensland, 11% Western Australia, 6% South Australia, 4% Tasmania, 3% Northern Territory, 1% Australian Capital Territory,
- 30% in major cities, 33% in inner-regional, 29% in outer-regional, 8% in remote and very remote

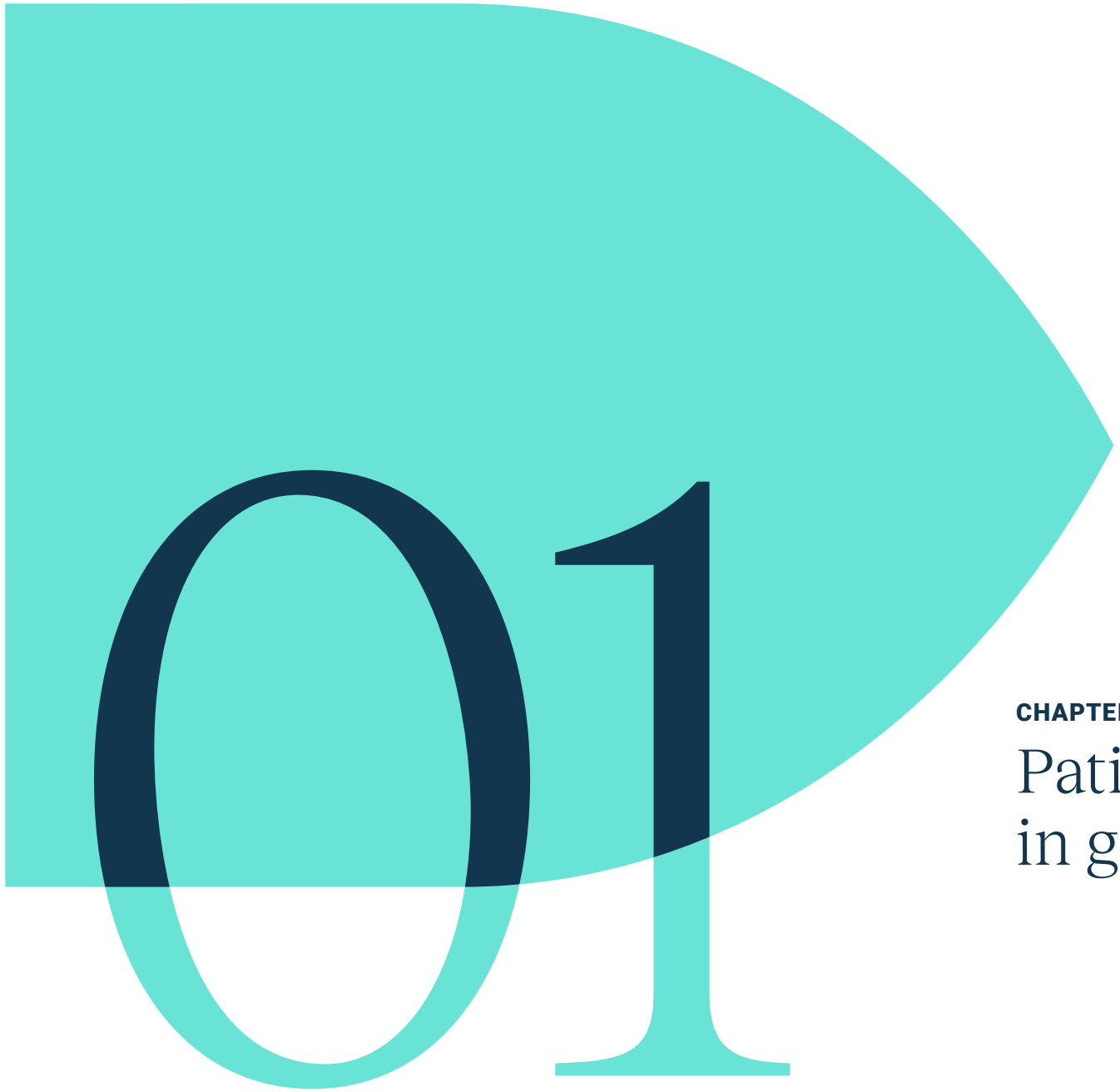
This report also draws on data collected in previous editions of the RACGP's Health of the Nation survey which was undertaken by EY Sweeny from 2017 to 2021.

Minor year-on-year differences may arise from rounding or variations in the underlying data.

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.



CHAPTER 1

Patient experiences in general practice

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 professionals in the country and general practice the cornerstone of Australia's primary care system. In 2025, GPs provided 171 million health services to 22.9 million patients – an average of 7.5 services per patient.[1*]

> **10-year insight** In 2017, GPs delivered around 152 million health services to patients across Australia, at an average of 7.2 services per patient in the following financial year.[2]

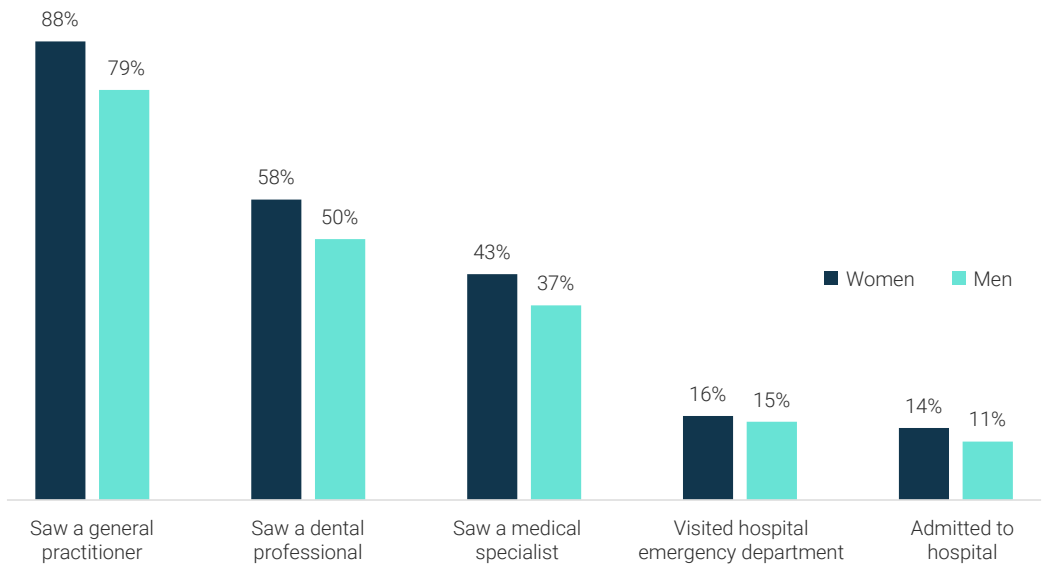
GPs continued to be the most commonly seen health professionals in 2024–25 (Figure 1).[3] Australian Bureau of Statistics data shows the overwhelming majority of patients can access general practice care, with only 1% of people reporting they were unable to see a GP when they needed to in 2024–25.[3] Women were more likely than men to see a GP (87.9% compared to 78.6%).[3]

Seventy-nine per cent of patients have a preferred GP, with the proportion of people always able to see their preferred GP increasing from 63.7% in 2023–24 to 67.2% in 2024–25.[3] A higher proportion of female patients have a preferred GP compared to male patients (81.5% compared to 76.1%), however, they were less likely than male patients to be able to see their preferred GP when needed (62.9% compared with 72.7%).[3]

Less fragmentation and stronger continuity in GP–patient relationships are linked to lower mortality, fewer hospitalisations, and reduced emergency department presentations in primary care populations.[4] GPs also place clear value on sustained patient relationships, with 52% identifying long-term continuity of care as the aspect of practice they most enjoy, followed by the opportunity to build rapport and trust with patients (32%). These findings highlight the reciprocal benefits of continuity of care and the role of ongoing GP–patient relationships as a foundation of high-quality, person-centred primary healthcare.

FIGURE 1

Health service usage between women and men**



> **Rural insights** 79.9% of people living in major cities have a preferred GP compared with 73.5% of those living in outer-regional/remote regions.[3]

> 68.9% of people living in major cities could always see their preferred GP, compared with 60.2% of those living in outer-regional and remote areas.[3]

*The number of services by GPs is based on the latest review of primary health care GP items on the Medicare Benefits Schedule.[1]

**Data sources beyond women and men unavailable

1 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2024–25. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release

Reported reasons people see their GP

Health of the Nation data consistently highlights the central role GPs play in supporting patients with their mental health. In 2026, 67% of practising GPs identified psychological presentations as one of the leading reasons patients sought care, with psychological concerns remaining the most commonly reported reason for attendance since the survey commenced in 2017 (Figure 2). This is a decrease from 2023, when mental health presentations peaked at 72%. Endocrine and metabolic issues (37%), musculoskeletal presentations (36%) and women's health (35%) are the next most commonly reported reasons for patient presentations.

The longer-term pattern suggests that psychological presentations have remained a defining feature of general practice since the sharp lift seen around 2020 at the beginning of the COVID-19 pandemic. At the same time, women's health has continued to grow in prominence, while respiratory presentations have fallen back markedly from their earlier peak, and musculoskeletal issues appear slightly lower than in recent years.

From 1 November 2025, some general practice mental health items were removed from the Medicare Benefits Schedule (MBS), with GPs directed to use general attendance items instead. While these items were not intended to monitor mental health care usage and may not have been a reliable estimate, their removal may have made mental health care less visible as a distinct service category and could be a possible contributing factor for the reason psychological presentations may have reduced as one of the most common reasons for patient presentations. Earlier work has highlighted most MBS-supported mental health care services (82%) are provided by GPs.[5]

GP experience

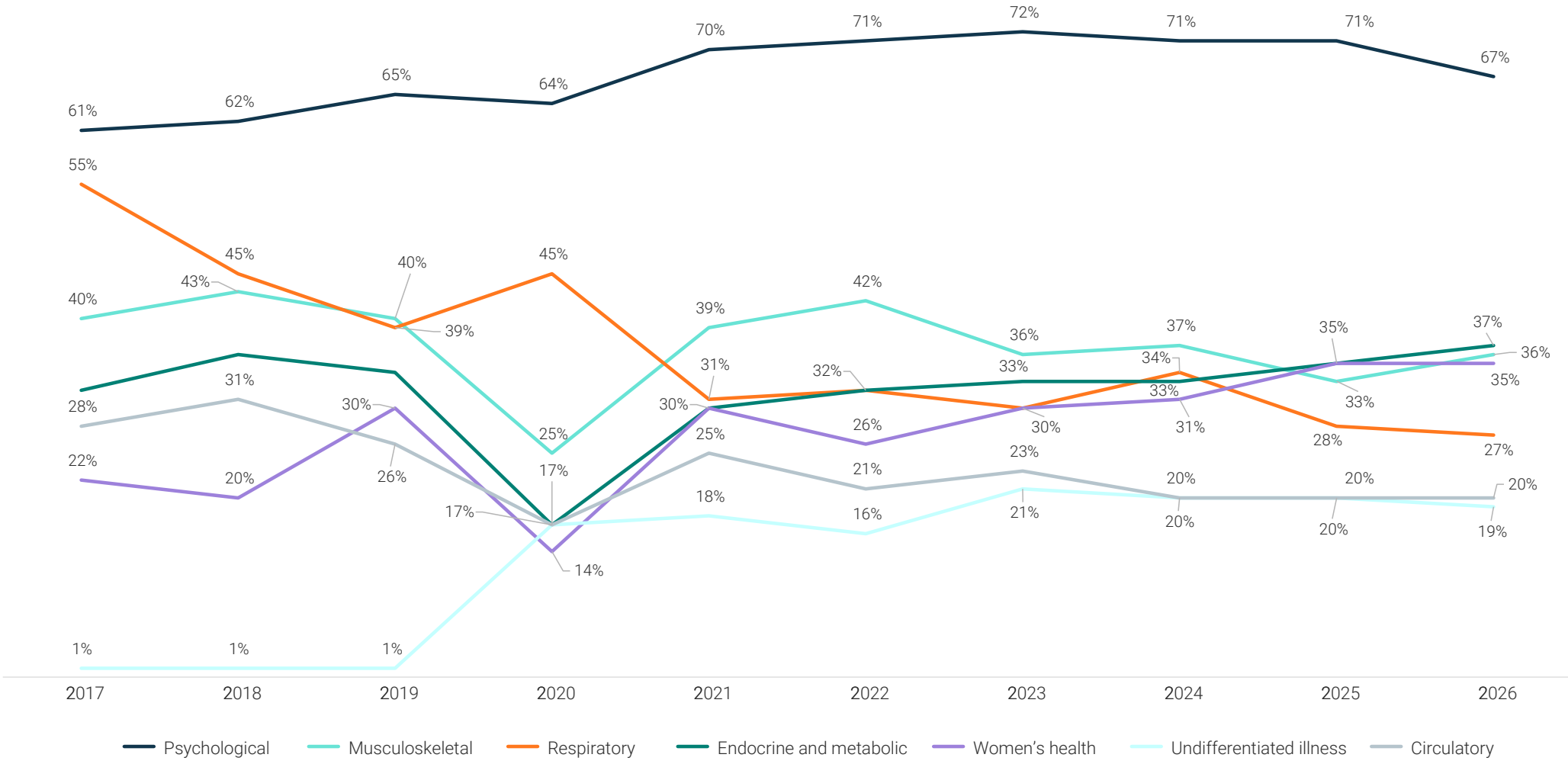
What are the emerging patient health issues causing you the most concern for the future?

> 'Mental health burden and psychosocial complexity. There is a marked rise in anxiety, depression, trauma-related disorders, and social isolation across all age groups, especially among young adults and working-age populations. Many presentations are linked to financial stress, housing insecurity, workplace pressures, and relationship breakdowns rather than purely medical causes. Patients increasingly present with complex psychosocial needs requiring longer consultations, continuity of care, and multidisciplinary support, which are difficult to sustain within current funding models. Increasing demand for disability and long-term support services.'

> 'The high levels of poor mental health in the community, particularly as it becomes increasingly harder to access psychiatry support in caring for extremely complex patients, with more and more responsibility falling to GPs. As Medicare continues to de-fund mental health care in general practice and emphasises "six-minute medicine" through their billing model, these vulnerable patients will continue to fall through the cracks.'

FIGURE 2

Psychological factors are the main reason GPs report seeing patients



GP experience

'My main concern would be the increasing amount of mental health presentations that I am seeing. Medicare seems to be reducing the amount of remuneration and making it more difficult for GPs to provide the necessary care. We are incentivised to having short appointments which does not benefit any patient.'

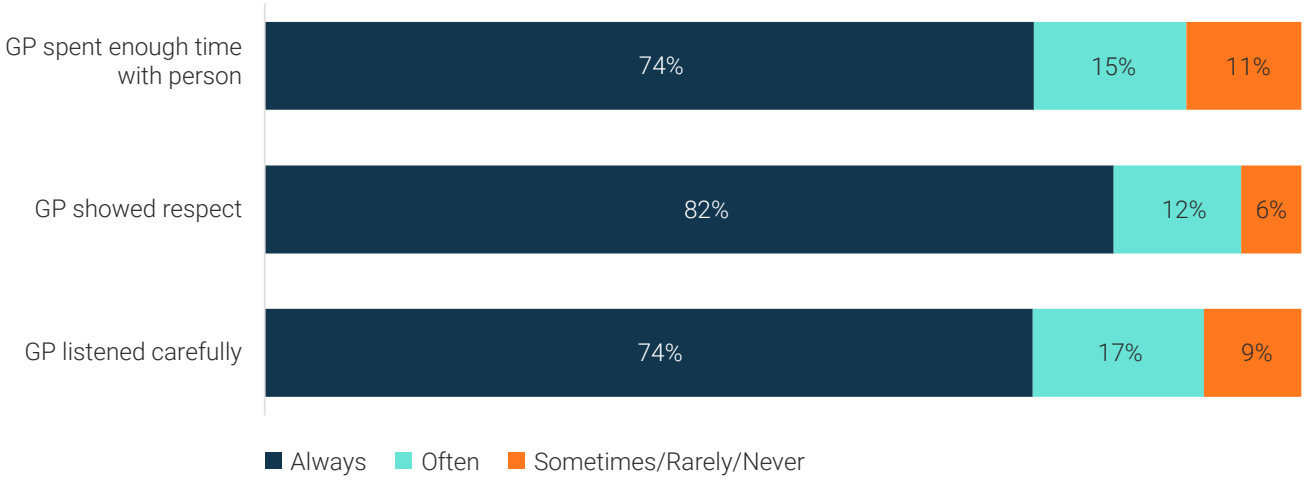
Patient experiences of general practice care

Satisfaction with GPs

Patients continue to rate the care they receive from their GP highly. Nearly nine in 10 (89%) patients report their GP always or often spent enough time with them, 94% reported their GP always or often showed respect and 91% reported their GP always or often listened carefully (Figure 3).[3]

FIGURE 3

Patients continue to be very satisfied with GP care

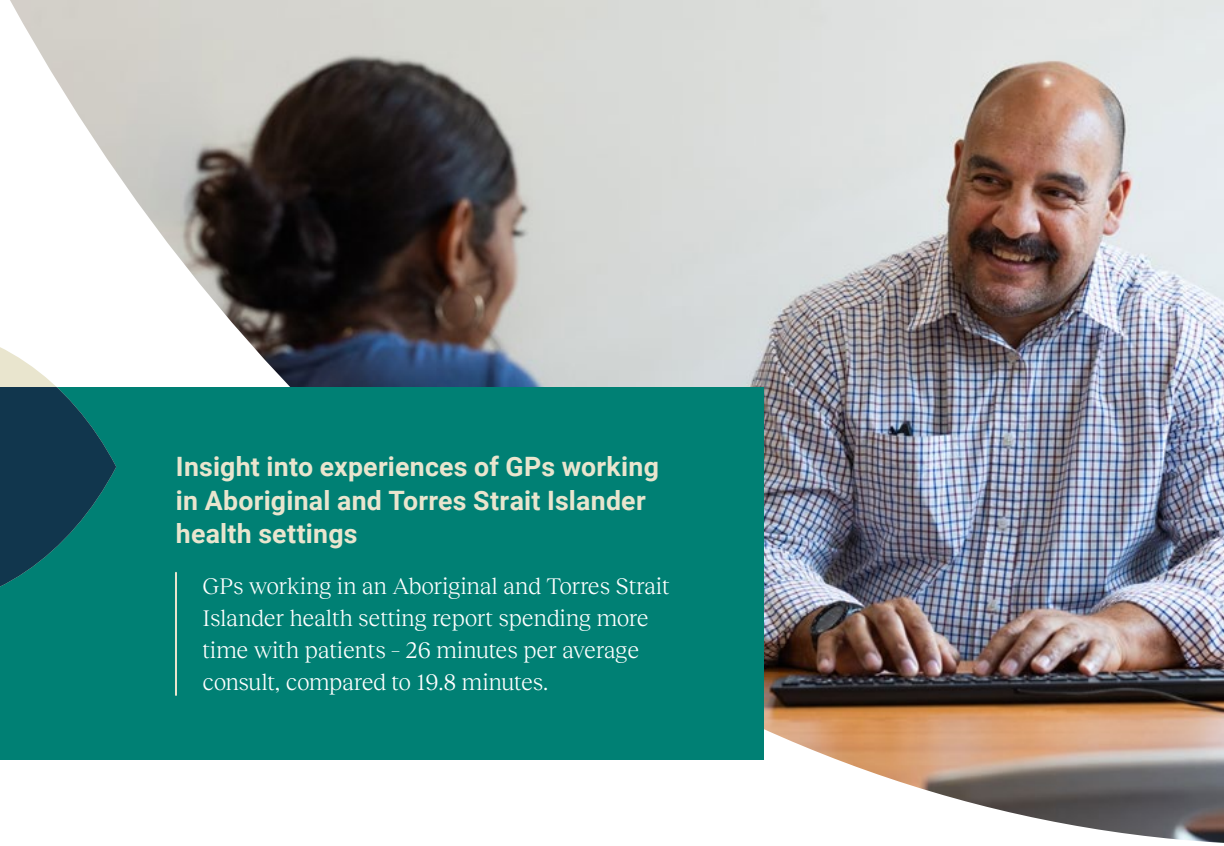


2 – Measure: Proportion of practising GPs responses to the question, 'When thinking about your patients overall, what are the three most common reasons for patient presentations?'

Sample: Practising GPs 2017 n=1,390, 2018 n=1,537, 2019 n=1,174, 2020 n=1,782, 2021 n=1,386, 2022 n=3,221; 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

3 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2024–25. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release



Time spent with patients

The average time GPs spend with their patients has continued to rise, increasing a long-term upward trend. In 2026, GPs reported spending an average of 19.8 minutes with each patient, up from 17.7 minutes in 2022. This represents an increase of approximately 12% over the four-year period (Figure 4).

MBS data provides some further insights into consultation lengths. When comparing the June Quarter in 2025 with the same period in 2026, there is an increase in Level A (1–5 minutes), Level B (6–19 minutes) and Level C (20–39 minutes) general practice consultations.[2] The number of Level B consultations increased from 27.5 million to 28.3 million over this period, while Level C consultations increased from 5.5 million to 6.2 million. Level A consultations increased from 2.5 million to 2.6 million.[2] Due to the structure of MBS items, spending more time with patients is not necessarily aligned with more funding for this care. The patient rebate for a six-minute consultation is the same as for 19 minutes.

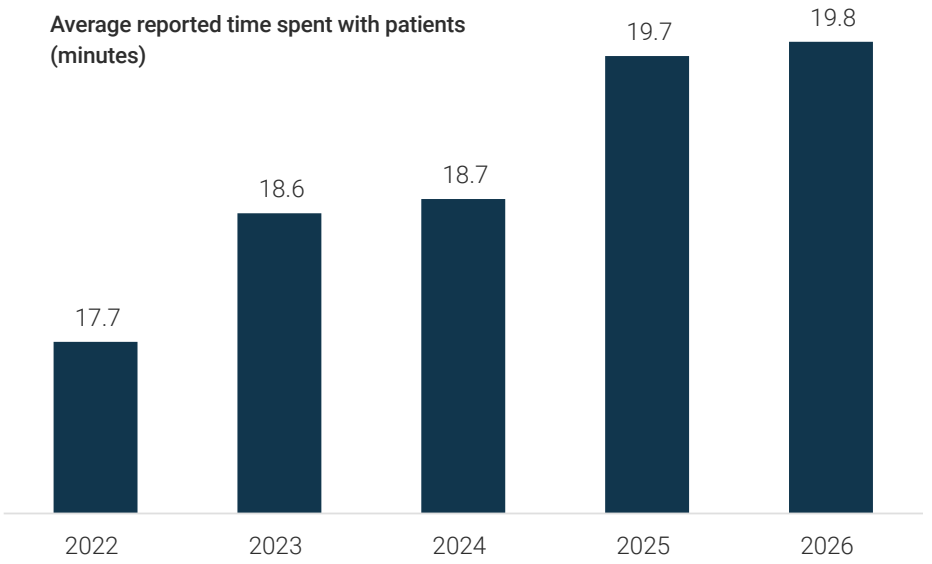
GPs were asked if they felt they were spending more time with patients compared to previous years. Sixty-six per cent of GPs agreed they were spending more time with patients, with 34% of these GPs stating they were spending 'significantly' more time with patients.

Insight into experiences of GPs working in Aboriginal and Torres Strait Islander health settings

> GPs working in an Aboriginal and Torres Strait Islander health setting report spending more time with patients - 26 minutes per average consult, compared to 19.8 minutes.

FIGURE 4

Average reported time spent with patients (minutes)



4 – Measure: Proportion of practising GP responses to the question, 'How long do you typically spend with a patient?'

Sample: 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026



Among the reasons GPs gave for spending more time with patients, the leading drivers are the increasing complexity of patient presentations (49%), and the complexity of care GPs are providing (48%) (Figure 5). Forty-one per cent of GPs nominated increased mental health-related presentations as a reason for spending more time with patients, as well as increased patient expectations (38%) and preventive health-focused consultations (28%).

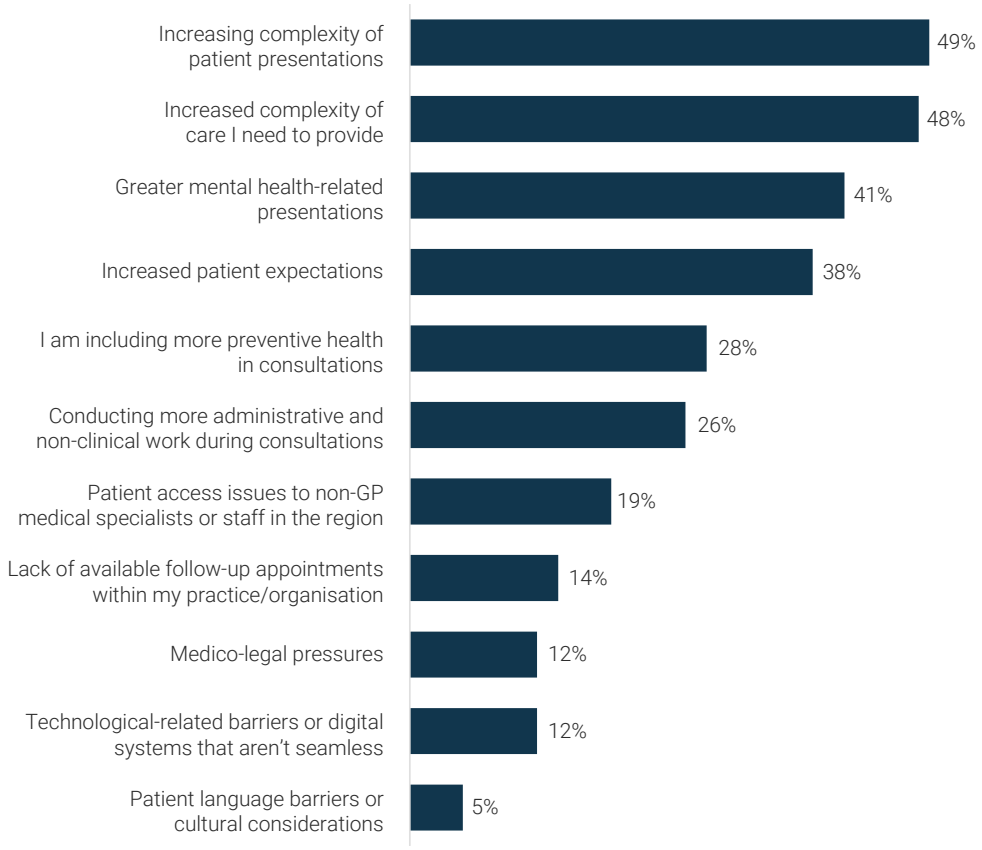
These findings indicate that longer consultations may be a response to more demanding clinical care, ahead of other reasons such as administration and technology barriers. Administrative and non-clinical tasks contribute for some GPs (26%), but the main reason for longer consultations appears to come from the nature of the consultation itself: supporting patients with broader care requirements and more complex presentations that may take longer to assess, explain and manage well. Recent research has found during the average consultation, around 19 minutes, eight items are mentioned or discussed by GPs and patients.[6]

GP experience

> 'I address multiple issues in a consultation, because it is very difficult to only address one issue and ignore the other interrelated issues.'

FIGURE 5

Reasons why GPs are spending more time with patients



5 – Measure: Proportion of practising GP responses to the question, 'Why do you believe you are spending more time with patients per consultation?'

Sample: Practising GPs n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

Spotlight on female GPs



> Health of the Nation data indicates female and male GPs may have different experiences in general practice.

Female GPs tend to see a higher proportion of patients presenting with complex psychosocial, mental health and women's health issues, and consultations are reported to be longer on average. Male GPs, by contrast, may see a different mix of presentations and consultation patterns. Workload in general practice is not solely determined by the number of patients seen, but also by the complexity, nature, and duration of consultations, which can vary by GP gender.

Regarding patient presentations, 71% of female GPs nominated psychological as one of their top three reasons for patient presentations, compared to 58% for male GPs (Figure 6). Male GPs reported higher rates of musculoskeletal, respiratory, ear, nose and throat and circulatory-related patient presentations.

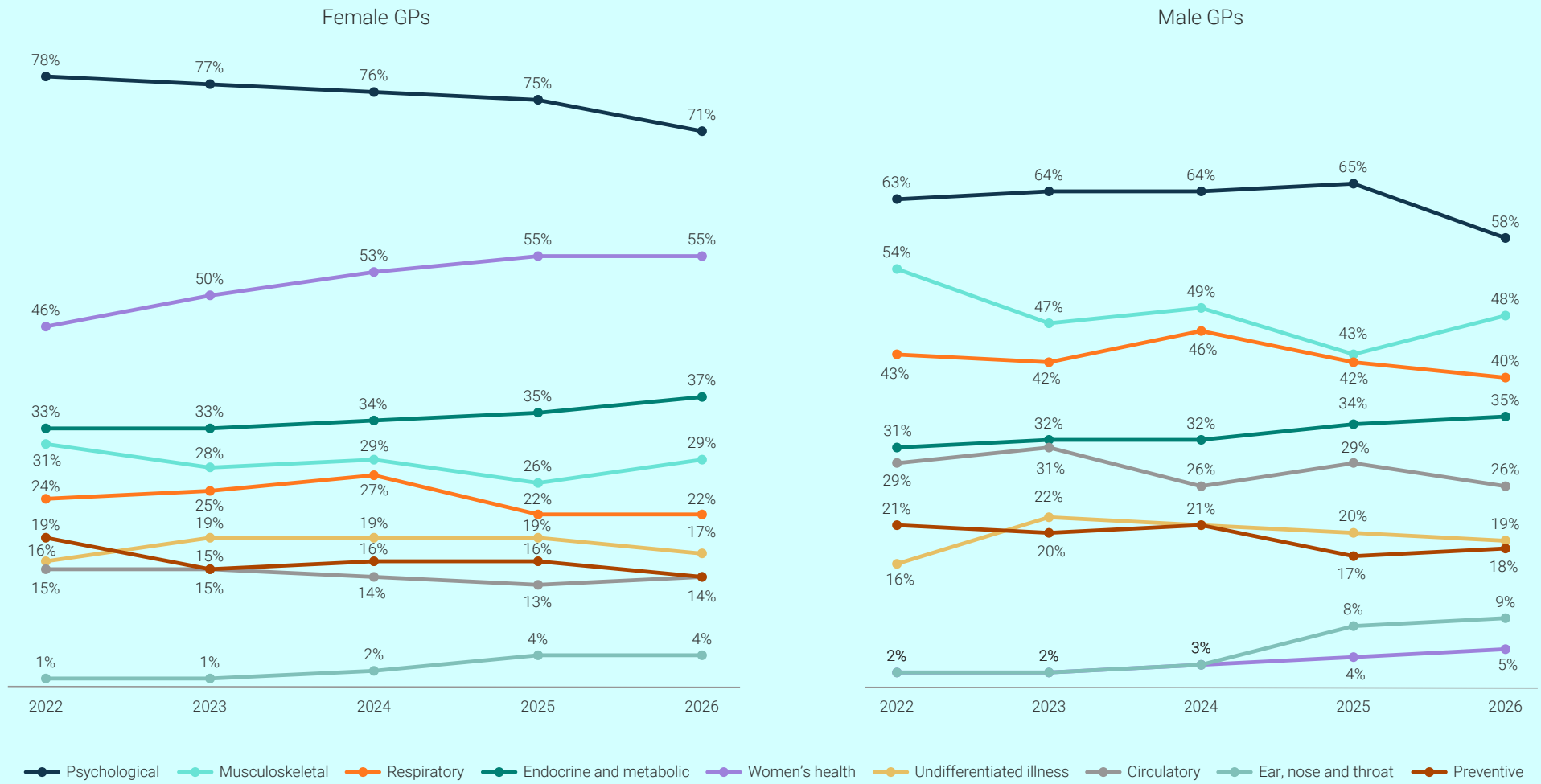
The data indicates female GPs are seen by patients as well-placed to deal with these complex issues, including mental health and comorbidities. Alongside seeing a higher proportion of psychological-related presentations, a higher proportion of female GPs report playing an important role in meeting demand for mental health care within the health system, with 52% identifying this as a key priority area in which they are supporting patients, compared to 33% of male GPs.

Consistent with previous years, female GPs continue to report spending more time with their patients (more than 21 minutes compared to just below 18 minutes for male GPs). As shown in Figure 7, there is an increasing trend for both male and female GPs spending more time with patients, however in 2026, female GPs report spending on average 3.7 minutes more per patient consultation than male GPs.

Female GPs were more likely than male GPs to report spending more time with patients compared to previous years, with 70% of female GPs indicating this was the case, compared with 61% of male GPs. Eighty-eight per cent of female GPs believe patient complexity is driving increased time spent with patients, compared to 81% of male GPs.

FIGURE 6

Common reasons for patient presentations, by female GP and male GP



For the first time, female GP satisfaction is lower than male GP satisfaction (see more in Chapter 4), and male GPs are more likely than female GPs to recommend general practice as a profession to younger colleagues. In 2025, 47% of male GPs stated they would recommend the profession to future GPs, compared to 48% of female GPs. In 2026, this was 57% and 53% respectively, suggesting that confidence in the profession improved among both groups over the past year, however this increase was stronger among male GPs.

Female GPs are also now less likely than male GPs to be experiencing a good work–life balance. In 2025, 45% of male GPs reported the ability to maintain a good work–life balance, compared to 48% of female GPs. In 2026, 57% of male GPs report this ability, compared to 55% of female GPs. This has encouragingly increased among all GPs, although again shows a greater positive shift in male GPs.

Female GPs report higher burnout than male GPs. In 2026, 65% of female GPs reported that they had experienced feelings of burnout in the previous 12 months, compared to 53% of male GPs (Figure 8). Historically, female GPs have always reported higher burnout than male GPs. Burnout has been slowly decreasing since first reported in 2022 and this has encouragingly decreased sharply among both groups in 2026. Again, the decrease was slightly more pronounced for male GPs (Figure 8).

FIGURE 7

Average time spent with patients based on GP gender (minutes)

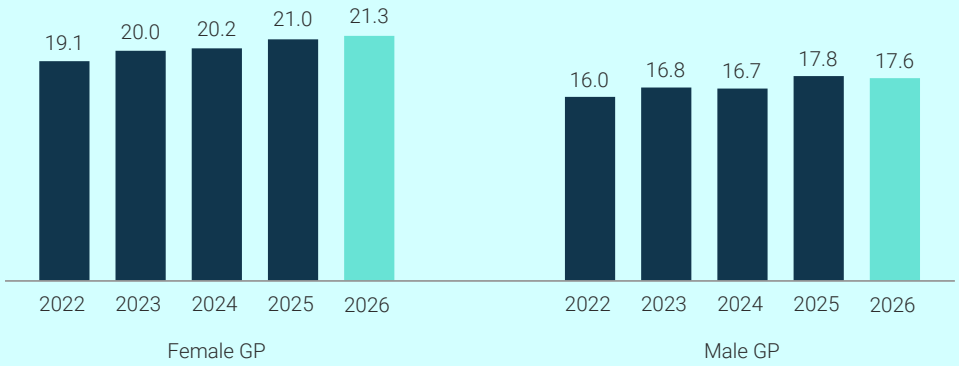
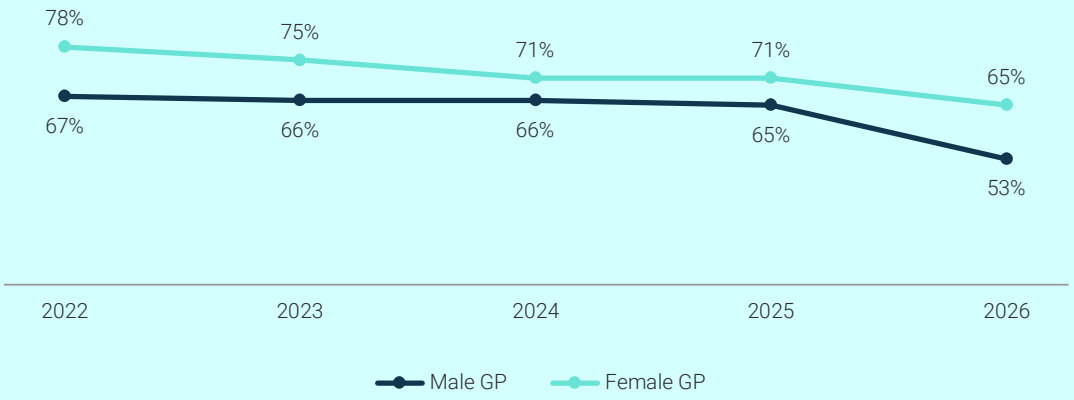


FIGURE 8

Proportion of burnout experienced by female and male GPs in the previous 12 months



6 – 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 2022 n=3,219, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

7 – Measure: Proportion of practising GP responses to the question, 'How long do you typically spend with a patient?'

Sample: Practising GPs woman or female 2022 n=1,757, 2023 n=1,180, 2024 n=1,687, 2025 n=1,414, 2026 n=1,594, practising GPs man or male 2022 n=1,441, 2023 n=849, 2024 n=1,282, 2025 n=965, 2026 n=1,123

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

8 – Measure: Proportion of practising GP responses to the question, 'Over the past 12 months, I have experienced feelings of burnout in relation to my role as a GP'

Sample: Sample: Practising GPs woman or female 2022 n=1,757, 2023 n=1,180, 2024 n=1,687, 2025 n=1,414, 2026 n=1,594, practising GPs man or male 2022 n=1,441, 2023 n=849, 2024 n=1,282, 2025 n=965, 2026 n=1,123

Source: The Navigators, RACGP Health of the Nation survey April/May 2026



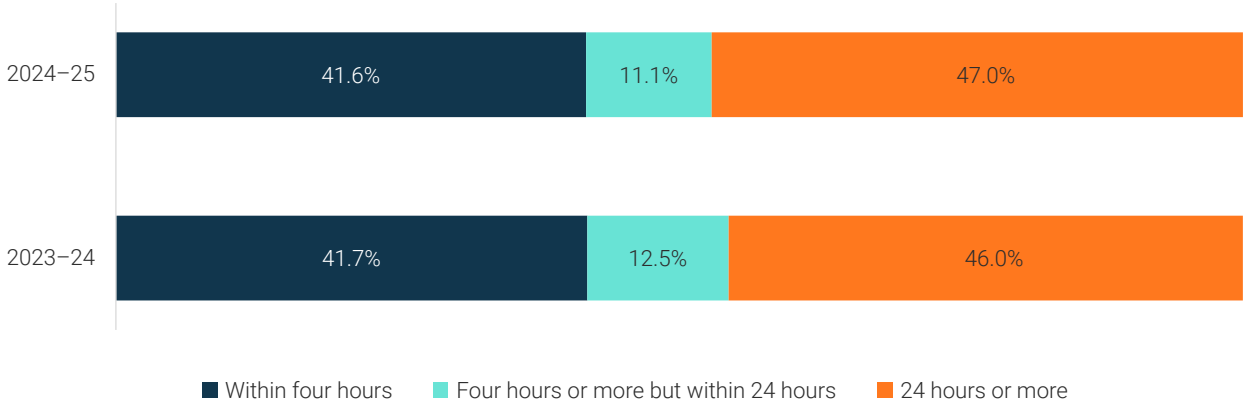
Wait times for care

Fewer people are reporting they waited longer than they felt acceptable to see a GP. In 2024–25, 26% of people reported waiting longer than they felt acceptable to get an appointment with a GP, a decrease from 28% in 2023–24.[3] More than half the population (52.7%) were able to access urgent medical care from a GP within 24 hours (Figure 9).[3] This figure has remained stable since 2022–23, showing patients can still access this care despite GPs reporting they are spending more time with patients and their main challenge is rising patient complexity (see Chapter 4).

This may not be a consistent experience for some groups. Earlier data from 2022–23 shows the highest proportion of unmet need for Aboriginal and Torres Strait Islander people is in major cities, and this is driven in part by wait times for care.[†]

FIGURE 9

Wait times for urgent medical care from a GP



[†]Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander people's preferences for, use of, and access to primary health care 2025. Available at www.aihw.gov.au/reports/indigenous-australians/first-nations-people-primary-health-care-2025/contents/gp-services/unmet-need

9 – Source: Australian Bureau of Statistics. Patient experience in Australia. 2024–25. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release



Rural insight

Those living in outer-regional or remote areas faced longer than what they perceived as acceptable wait times than those living in major cities (33.6% compared to 24.6%).[3] Fewer people living in outer-regional or remote areas were able to access urgent medical care from a GP within 24 hours, compared to those living in major cities (39.8% compared to 57%).[3]

Cost of care

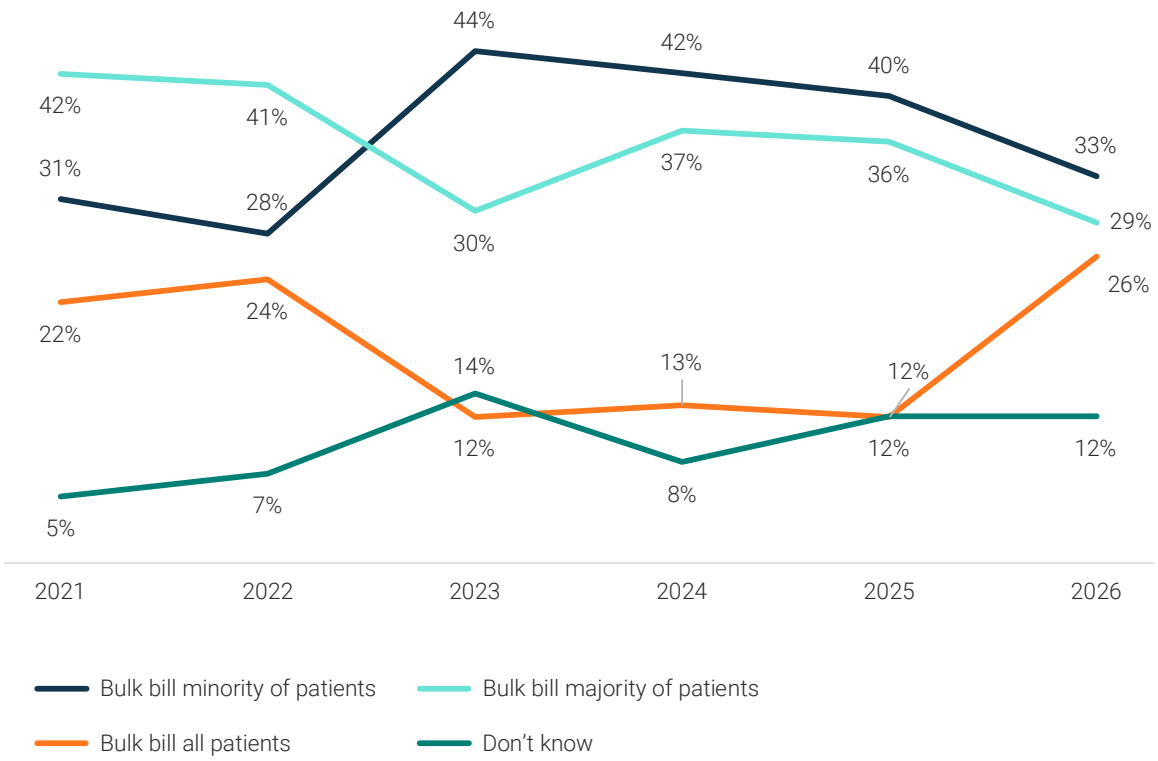
The Australian Government provides funding for Australians (and some overseas visitors) to access general practice services through the MBS. A service is 'bulk billed' when a patient does not pay a gap fee and the healthcare practitioner accepts the MBS patient rebate as full payment for a service. The average proportion of people bulk billed for all their care in general practice has increased to 63% in 2026, up from 56% in both 2024 and 2025. This remains below the 2019 level of 70%.

When grouped by their billing approach (bulk billing the majority, minority or no patients), 26% of GPs indicated they bulk bill all their patients (Figure 10). This is a marked increase from 2025, where only 12% of GPs indicated their patients were bulk billed, and is likely reflective of the November 2025 changes to general practice funding. Correspondingly, the proportion of GPs bulk billing the minority and majority of their patients has declined.

The typical out-of-pocket fee charged by GPs for a Level B consult (lasting between 6–20 minutes in duration) has decreased this year, following an upward trend from 2023 to 2025.

FIGURE 10

GPs offering bulk-billed care to their patients



10 – 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=1,386, 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

The average total fee charged by GPs for a Level B consult (lasting between 6–20 minutes in duration) has decreased this year. Between 2025 and 2026, the average fee for a 6-20-minute standard consultation, including the MBS rebate of $43.90, has decreased from just over $82 to just under $79 (Figure 11). This figure includes bulk billing GPs, who accept the $43.90 rebate from government as the 'fee' for their service.

When bulk billing GPs are removed from the sample, the average fee for a 6-20-minute standard consultation has increased by $3.39 to $90.45 (Figure 11). This means for people that are not bulk billed for a Level B consultation, the average 'gap fee' has increased and is just over $46.

Further information on patient Medicare rebates and funding for general practice services in provided in Chapter 3.

The average fee for a Level B consult (6–20 minutes) with a GP varied by rurality. Patients in Modified Monash Model‡ 2 (outer-metropolitan) areas had the highest average fee for a 6–20-minute consult with a GP, at $85.17 including the Level B MBS rebate of $43.90 (Figure 12). This figure includes bulk billing GPs.

FIGURE 11

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

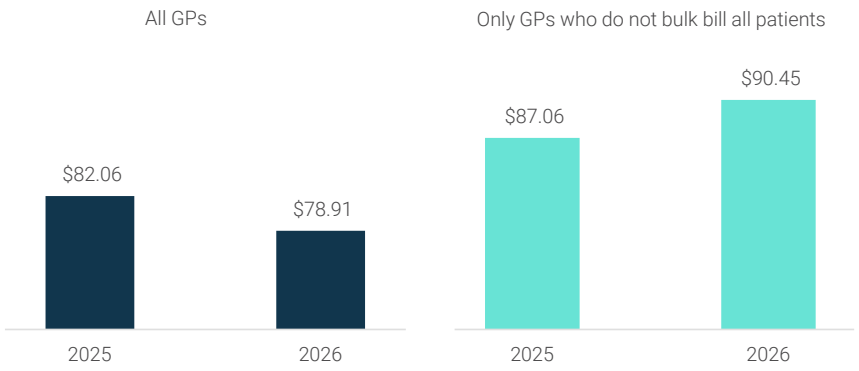


FIGURE 12

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



‡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 MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote. Examples of MM 2 areas includes Ballarat, Mackay, Toowoomba, Albury and Bunbury.

11 – Measure: Proportion of practising GP responses to the question, 'What is the total fee for patients at your main practice for a standard (Level B) consultation?'

Sample: Practising GPs 2025 n=2,416, 2026 n=2,766, practising GPs who do not bulk bill all patients 2025 n=2,578, 2026 n=2,635

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

12 – 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 2026 MM 1 n=1,892, MM 2 n=280, MM 3 & 4 n=191, MM 5, 6 & 7 n=394

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

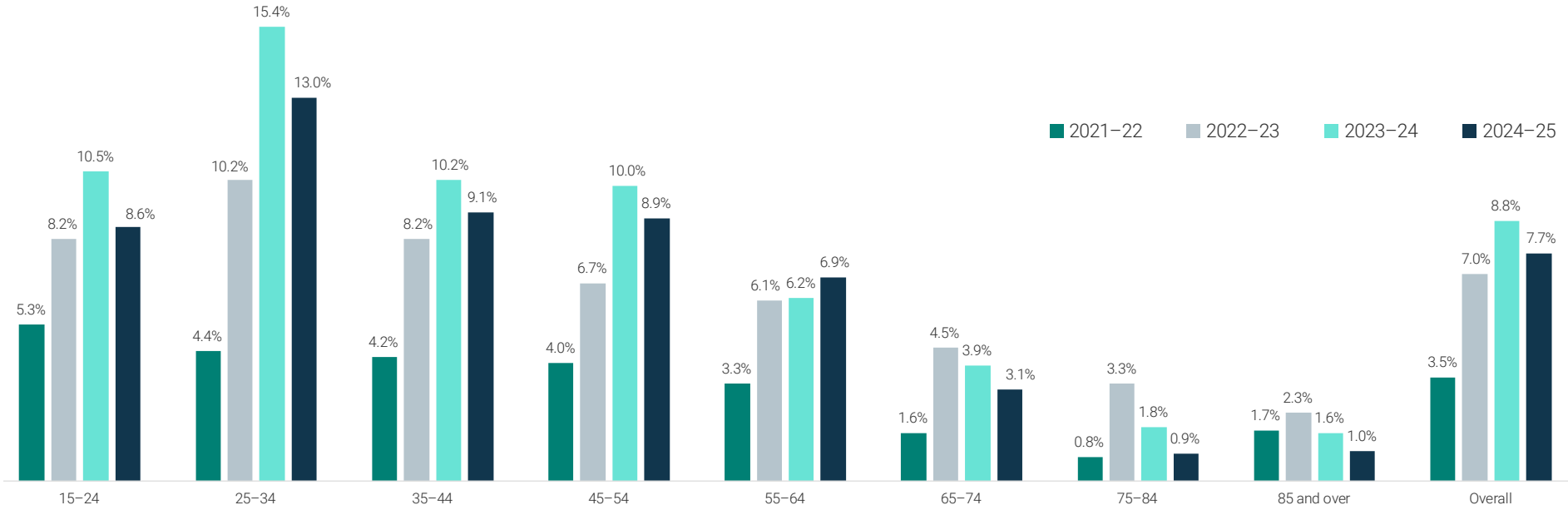
The trend in people delaying access to GP care due to cost has improved in 2024–25 (Figure 13).[3] The overall proportion of people delaying GP care due to cost has decreased from 8.8% to 7.7% between 2023–24 and 2024–25.[3] This decline was observed across nearly all age groups, with the exception of people aged 55–64 years. People aged 25 to 34 remain the most likely to delay care due to cost (13%).

13 – Sources: Australian Bureau of Statistics. Patient experience in Australia. 2024–25. 2025. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release; Australian Bureau of Statistics. Patient experience in Australia. 2022–23. 2023. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/2022–23; Australian Bureau of Statistics. Patient experience in Australia. 2021–22. 2022. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/2021-22

10-year insight 96% of GPs agree general practice in Australia needs more investment to support high-quality general practice care.

FIGURE 13

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



Emerging issues in general practice

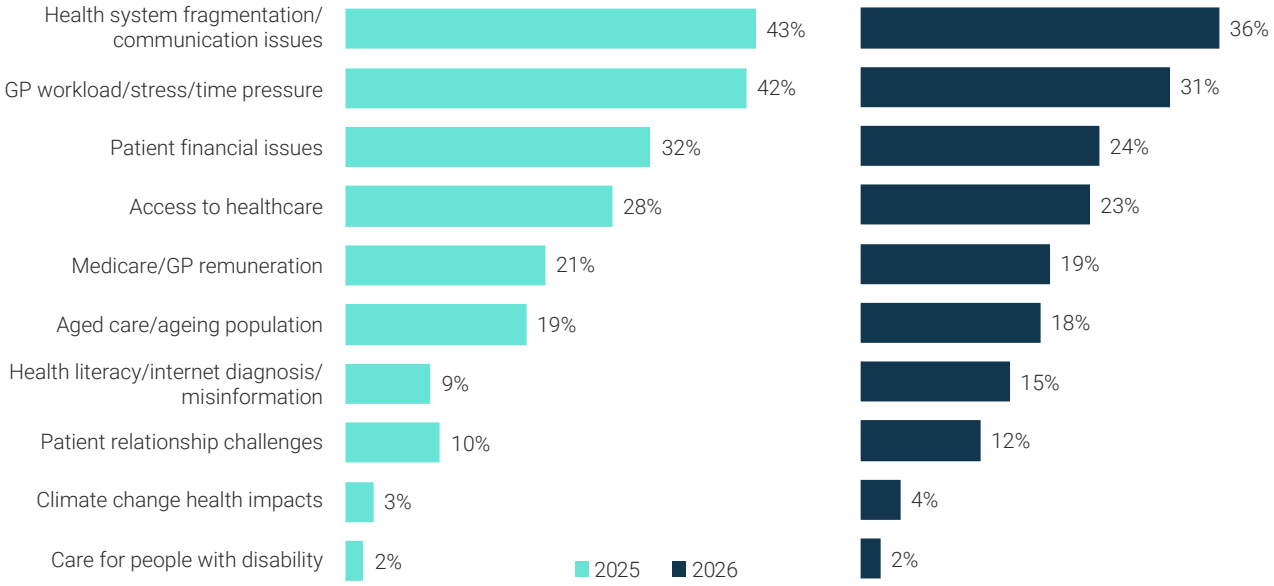
GPs again identified health system fragmentation and communication issues as the leading health system concern for the future (Figure 14). This was highlighted by more than one-third of practising GPs (36%), a decrease from 43% last year. This was followed by concerns about workload and patient financial issues – both of which have decreased since last year. Concerns about patient health literacy increased from 9% in 2025 to 15% in 2026, as well as patient relationship challenges (increasing from 10% in 2025 to 12% in 2026).

More than two-thirds of GPs (72%) have highlighted the increasing complexity of patient presentations as the greatest challenge facing the profession (see Chapter 4 for more). This is in the context of growing rates of chronic disease, high rates of mental health presentations and an ageing population across Australia. Notably, in 2024–25, the Australian Bureau of Statistics (ABS) found people with a long-term health condition were:

- more likely to see a GP (94.8% compared to 71.4% for the general population)
- visit a hospital ED (21.8% compared to 9.0% for the general population)
- be admitted to hospital (18.1% compared to 6.7% for the general population).[3]

FIGURE 14

Health system issues of concern nominated by GPs





Health system fragmentation and communication issues were identified as the leading health system concern for the future by 36% of GPs.

Fifty-three per cent of GPs believe **communication and information sharing will enable better coordination** across the health system, as well as shared records and interoperability (29% of GPs) (see Chapter 3).

14 – 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 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

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 again asked about their experiences of racism within the healthcare system over the past 12 months.

Racism remains part of some GPs' experience. Around a third of GPs agree they have witnessed racism towards patients in the broader healthcare system in the past 12 months, while 19% have personally experienced racism from a patient within their practice (Figure 15). Other reports of racism within practice environments are lower, but still present: 14% of GPs have witnessed racism towards patients within their practice, and 6% have personally experienced racism from a colleague within their practice. Most GPs feel confident in their ability to address and challenge racism when it occurs, with 65% agreeing they are confident addressing racism from patients or colleagues within their practice and the broader healthcare system, increasing from 63% in 2025.

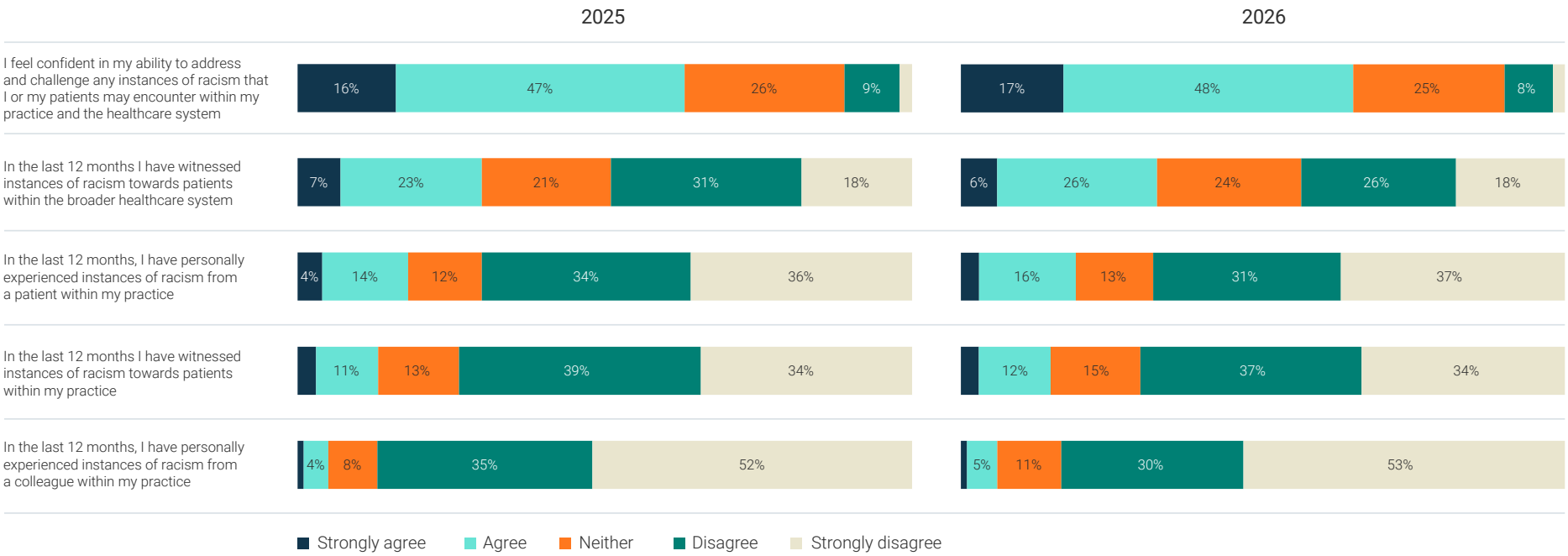
15 – Measure: Proportion of practising GP responses to the question, 'To what extent do you agree or disagree with the following statements?'

Sample: Practising GPs 2025 n=2,416, 2026 n=1,092

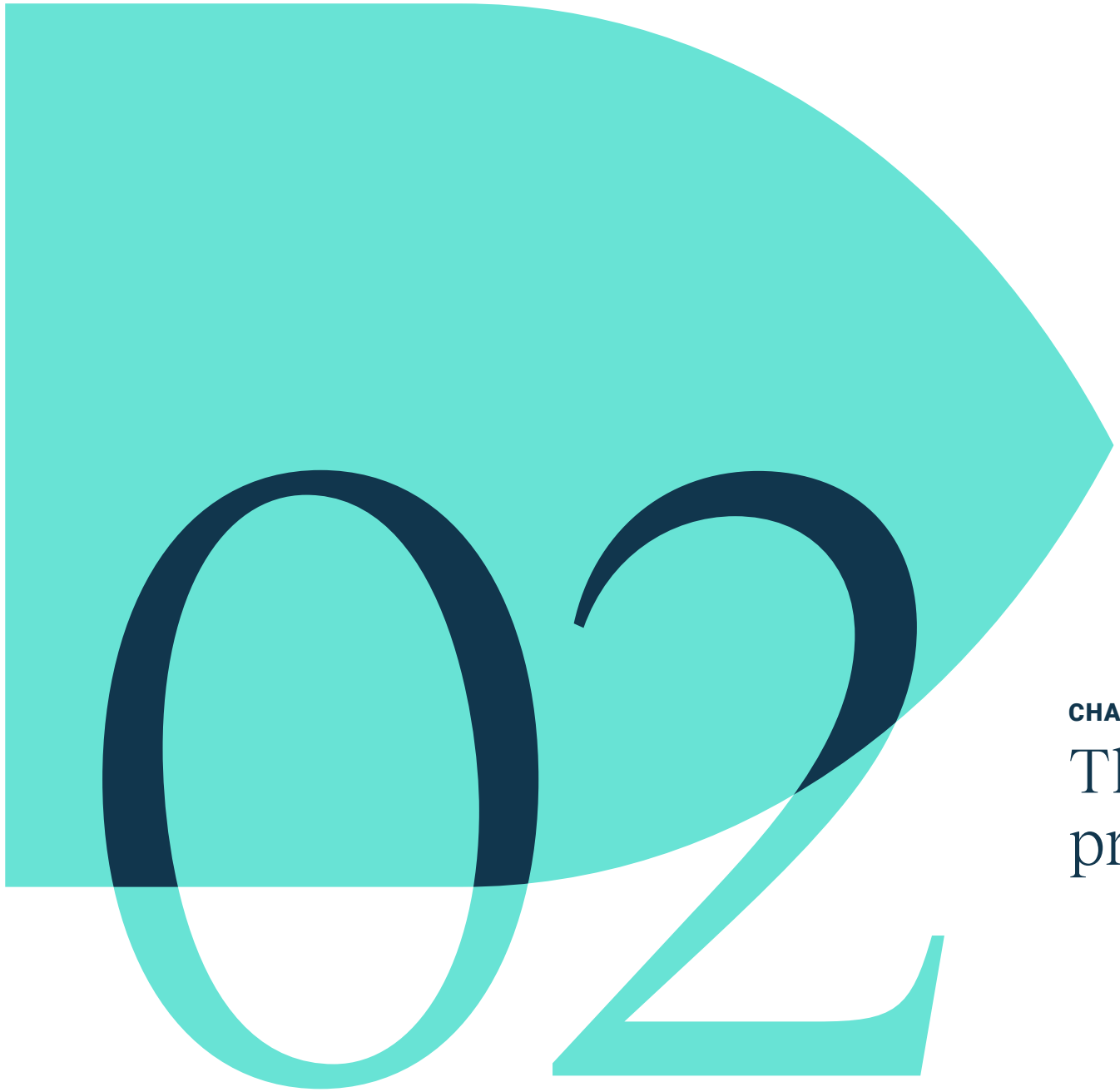
Source: The Navigators, RACGP Health of the Nation survey April/May 2026

FIGURE 15

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




3
Dr Kylie Alexander
HeadtoHelp
PROTOS
general practice



CHAPTER 2

The general practice landscape

Understanding the multidisciplinary team landscape

A well-resourced, GP-led multidisciplinary team care (MDTC) model has the capacity to coordinate care and ensure patient needs are met. This is particularly important for people with chronic and complex conditions, and core to care for people with mental health concerns. MDTC models can operate where teams are communicating in real-time or asynchronously, and in person, via video, audio or secure text-based platform.

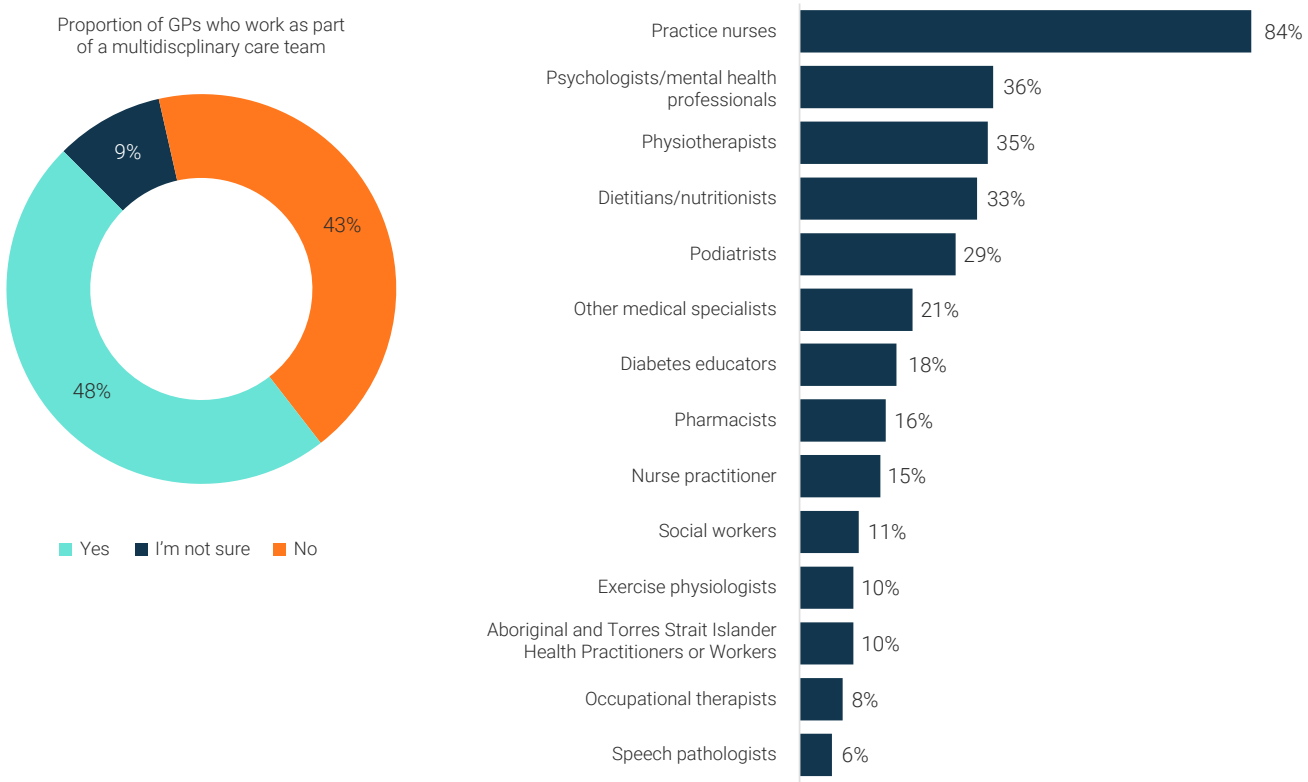
Close to half of all practising GPs (48%) say they currently work in MDTC arrangements (Figure 16). GPs operating within an employed team indicated the proportion of other health professionals who were employed by, or work within their main practice were mostly practice nurses (84%), followed by psychologists or mental health professionals (36%), physiotherapists (35%) and dietitians or nutritionists (33%).

Rural insight GPs who work in more remote regions are more likely to participate in multidisciplinary team care, with 74% of GPs in very remote areas participating in these teams, compared to 45% of GPs in major cities.

10-year insight When asked to think about how general practice has changed over the past 10 years, 61% of GPs say team-based care has become more important to their ability to deliver high-quality patient care.

FIGURE 16

GPs who 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 'What health professionals are employed by or work in your main practice?'

Sample: Practising GPs 2026 n=2,766, practising GPs working in MDTC arrangements 2026 n=1,335

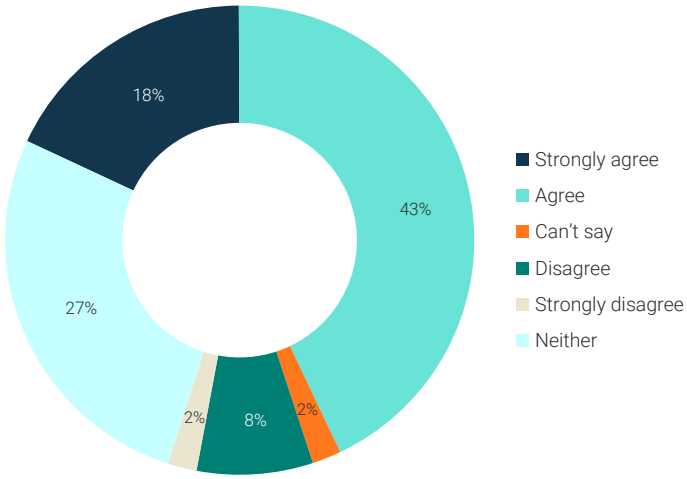
Source: The Navigators, RACGP Health of the Nation survey April/May 2026

Although only 48% of GPs work in a MDTC setting, 61% of all practising GPs agree that team-based care has become more important over the last 10 years (Figure 17). The level of agreement is even higher among those currently working as part of a MDTC arrangement, with 71% agreeing this has become more important to their ability to deliver high-quality care.

Research has found models of MDTC vary across primary care and that outcomes can differ depending on their design and implementation. Preventive care and chronic disease management are key areas where MDTC could strengthen primary care.[7]

FIGURE 17

The majority of GPs agree that team-based care is important in delivering high-quality patient care



17 – Measure: Proportion of GP responses to the question 'Thinking about how general practice has changed over the past 10 years, to what extent do you agree or disagree with the following statement: Team-based care has become more important to my ability to deliver high-quality patient care'

Sample: Practising GPs 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

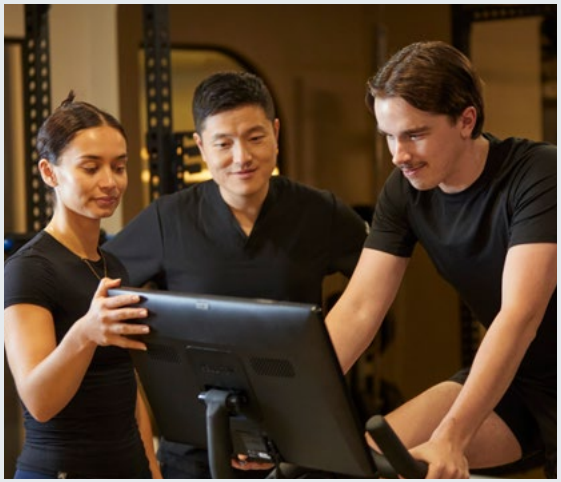
Insight into experiences of GPs working in Aboriginal and Torres Strait Islander health settings

While multidisciplinary care is an important aspect of general practice across many settings, GPs working in Aboriginal and Torres Strait Islander health services are particularly likely to work within multidisciplinary teams, with 92% reporting this model of care compared with 48% of GPs overall.



Spotlight on digital health and innovation

GPs and general practices are continuing to adopt innovative approaches to better meet patient needs, including e-prescribing and telehealth.



Since the COVID-19 pandemic, telehealth has become an integrated element of general practice care and continues to bridge access gaps in the health system, particularly for rural and remote patients. Eighty per cent of GPs agree telehealth (video and phone) is an established component of clinical practice. Only 12% of GPs felt their practice did not have the systems and infrastructure to deliver telehealth services equitably and effectively.

There has also been an expansion of artificial intelligence (AI) use in general practice in recent years. However, many GPs are still cautious around the introduction of this new technology. Thirty-nine per cent of GPs believe AI-enabled clinical documentation tools (eg AI scribes) add value and improve efficiency in general practice. GPs in training were more likely to view AI-enabled clinical document tools favourably, with 68% indicating they added value and improved efficiency. The RACGP has developed guidance to support safe AI adoption, covering privacy, consent, medico-legal considerations and indemnity.

There have been continued positive shifts for GPs feeling well informed about the state of innovation in general practice and their adoption of innovative approaches. In 2026, 41% of GPs reported feeling well informed about innovation in general practice, increasing from 37% in 2025, and 13% in 2024 (Figure 18). In 2026 half of all GPs (50%) had adopted an innovation approach in their practice within the previous 12 months, increasing from 47% in 2025 and 34% in 2024. This highlights a growing trend of GPs adopting more digital tools and innovative technologies.[§]

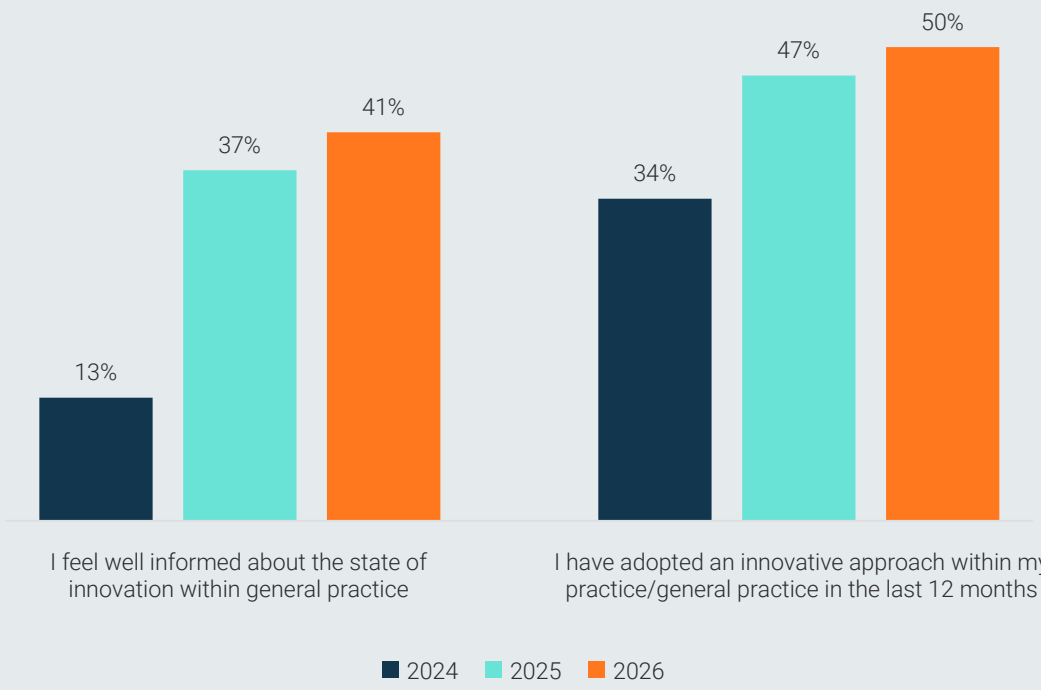
GPs in training demonstrated they are more eager to adopt innovative methods of working and delivering care, with nine in 10 GPs in training agreeing with this statement, compared to 72% of practising GPs.

The recent digital reform agenda has also included Sharing by Default changes. Since 1 July 2026, pathology and diagnostic imaging results are being uploaded by default to My Health Record, and GPs are working to adapt to this step towards greater interoperability.

[§]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.

FIGURE 18

GP perceptions and adoption of innovation in general practice



10-YEAR INSIGHT

74% of GPs agree digital tools have improved aspects of care delivery in general practice over the past 10 years.

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

Sample: Practising GPs 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

MyMedicare

Since 2023, patients and general practices have been steadily opting into the Government's voluntary patient registration scheme, MyMedicare. This aims to formalise the relationship between patients, their general practice and their GP.

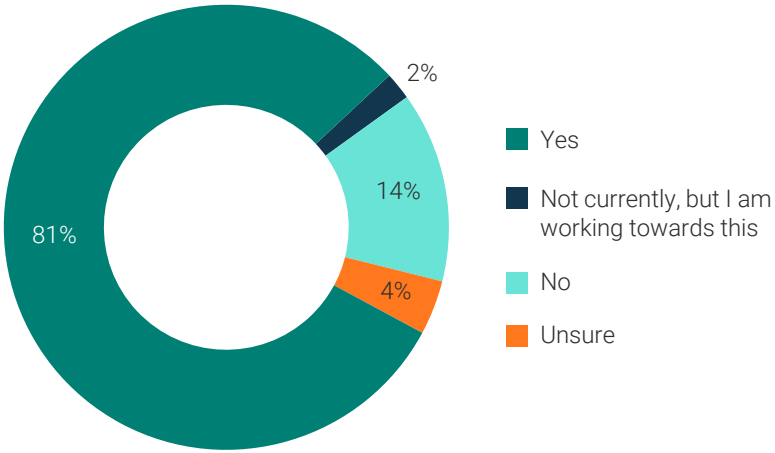
MyMedicare registration is widespread among GP-owned practices, with 81% of practice owners reporting their practice is registered (Figure 19). However, registration has not yet translated into high patient enrolment for most practices. Only 23% of practice owners report more than half their patients are enrolled in MyMedicare.

This suggests that while MyMedicare has achieved broad practice-level registration, patient enrolment remains at an earlier stage of maturity, indicating there are opportunities to further strengthen awareness, engagement and uptake of patient registration.

FIGURE 19

MyMedicare registration reported by practice owners

Proportion of practices registered with MyMedicare





Rural insight

According to general practice owners, registration with MyMedicare is higher in rural areas, increasing from 77% in major cities to 85% in inner-regional areas and 92% in outer-regional areas.



Preventive health in general practice

By providing comprehensive and coordinated preventive care, GPs help keep patients out of hospital and reduce pressure on the broader health system. However, the ability of GPs to provide this valuable service is compromised by time constraints. Eighty per cent of GPs agree that patients' acute or complex presentations limit the time and opportunity to engage on preventive health matters (Figure 20).

Furthermore, GPs feel current MBS items are insufficient to adequately support the delivery of preventive health in general practice. Only 10% of practising GPs felt the current item structure for preventive health is fit for purpose.

19 – Measure: Proportion of GP responses to the question, 'Is your practice registered with MyMedicare?' and 'What proportion of your patients do you estimate are enrolled in MyMedicare at your practice?'

Sample: Practice owner GPs 2026 n=607

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

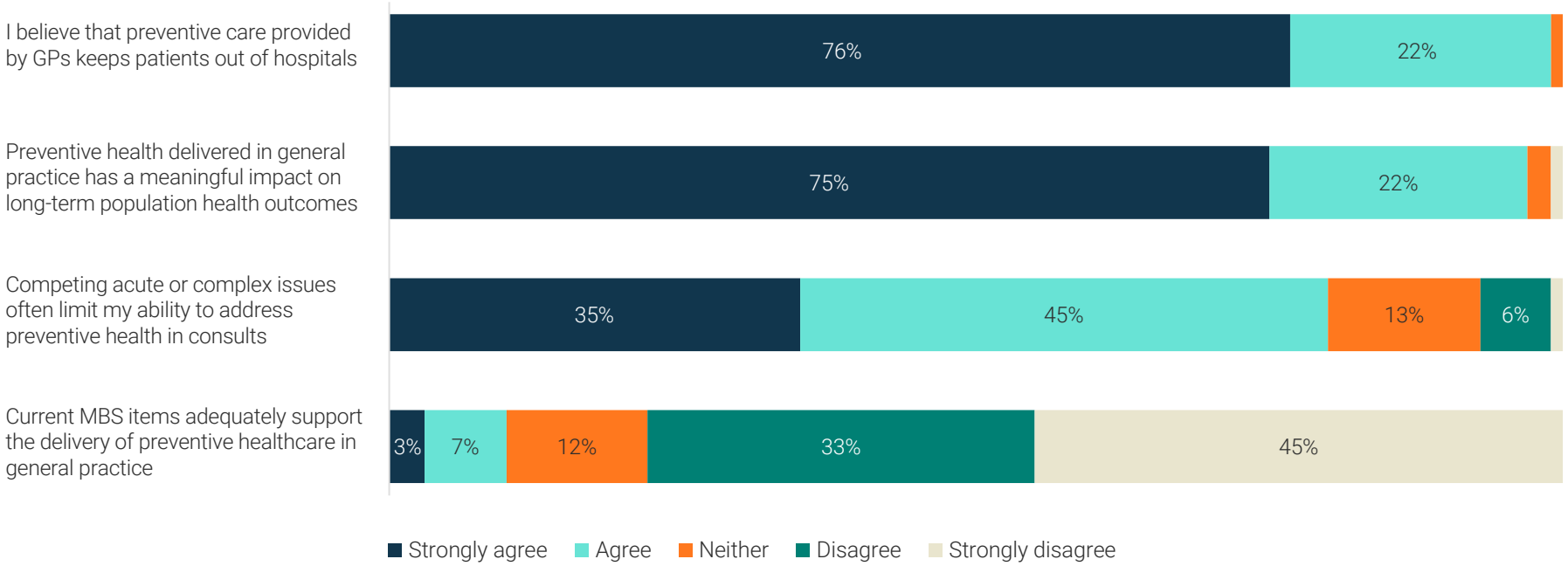
20 – Measure: Proportion of practising GP responses to the question, 'To what extent do you agree or disagree with the following statements regarding preventive health within general practice?'

Sample: Practising GPs who answered the questions on preventive care 2026 n=908

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

FIGURE 20

GP perceptions on preventive health within general practice



General practice ownership

There are upwards of 7,000 general practices across Australia.[8] General practices in Australia are accredited against the National General Practice Accreditation Scheme, and there were 6,846 general practices from 2023 to 2026 in Australia that completed assessment and had related outcomes data.[9]

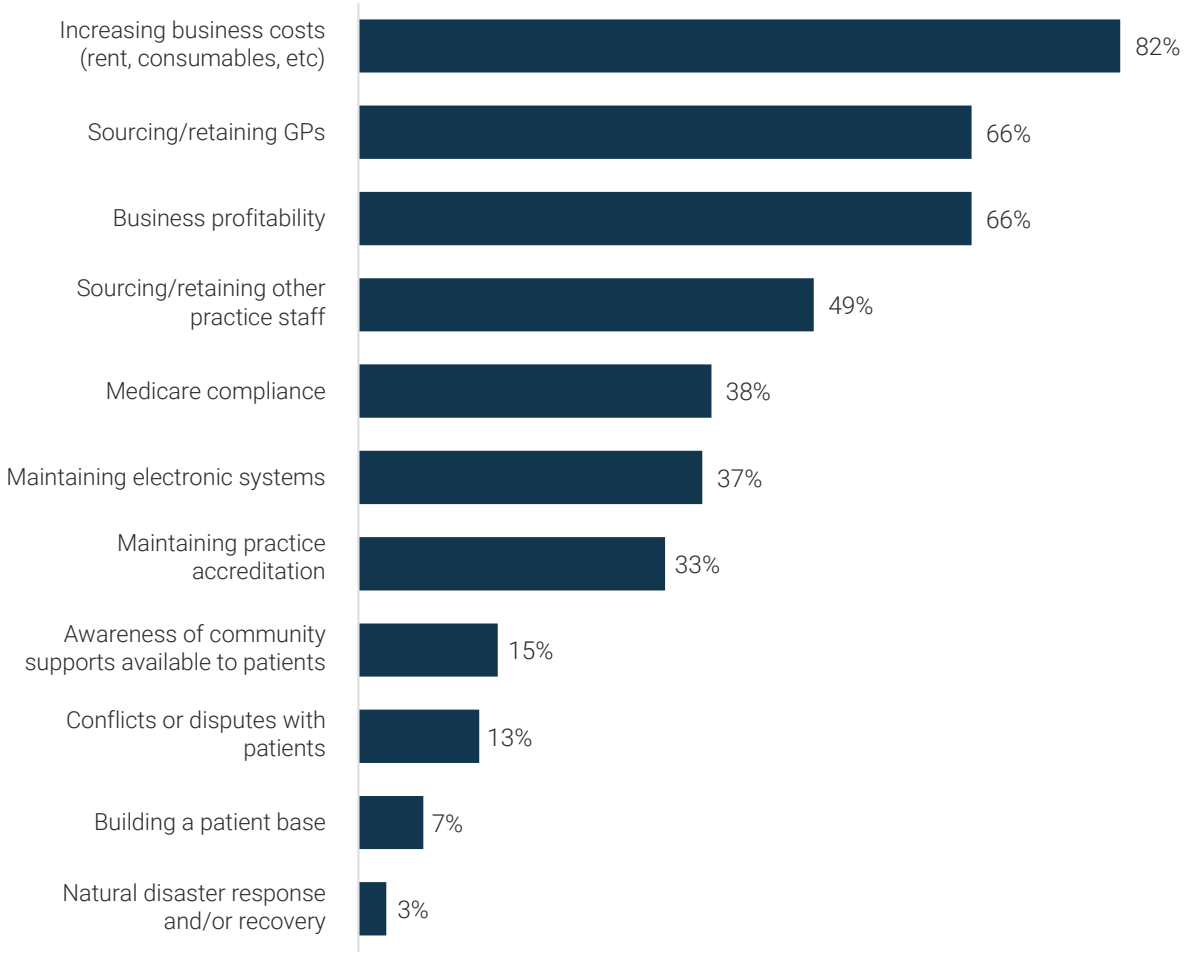
In 2026, 21% of GPs were practice owners. However, interest in becoming a practice owner continues to be low. Seventy-nine per cent of non-owner GPs indicated they are not interested in owning a practice in the future. This is a slight decrease from 82% in 2025.

Interest in future practice ownership is substantially higher among GPs in training than among currently practising GPs who do not own a practice. In 2026, 39% of GPs in training said they were interested in owning a GP practice in the future, compared with 10% of currently practising GPs. Interest in practice ownership among GPs in training has also increased steadily since 2023, rising from 27% to 39%, while the proportion not interested has fallen from 47% to 32%.

Among GP practice owners, the most common challenges are financial, including increasing business costs and business profitability overall (Figure 21). Staffing is the next most prominent challenge, particularly in relation to sourcing GPs, with nearly seven in 10 owners citing this as an issue for their practice.

FIGURE 21

Main business challenges faced by practice owners



21 – Measure: Proportion of practice owner GPs responses to the question, 'What are the main business challenges you face as a practice owner?'

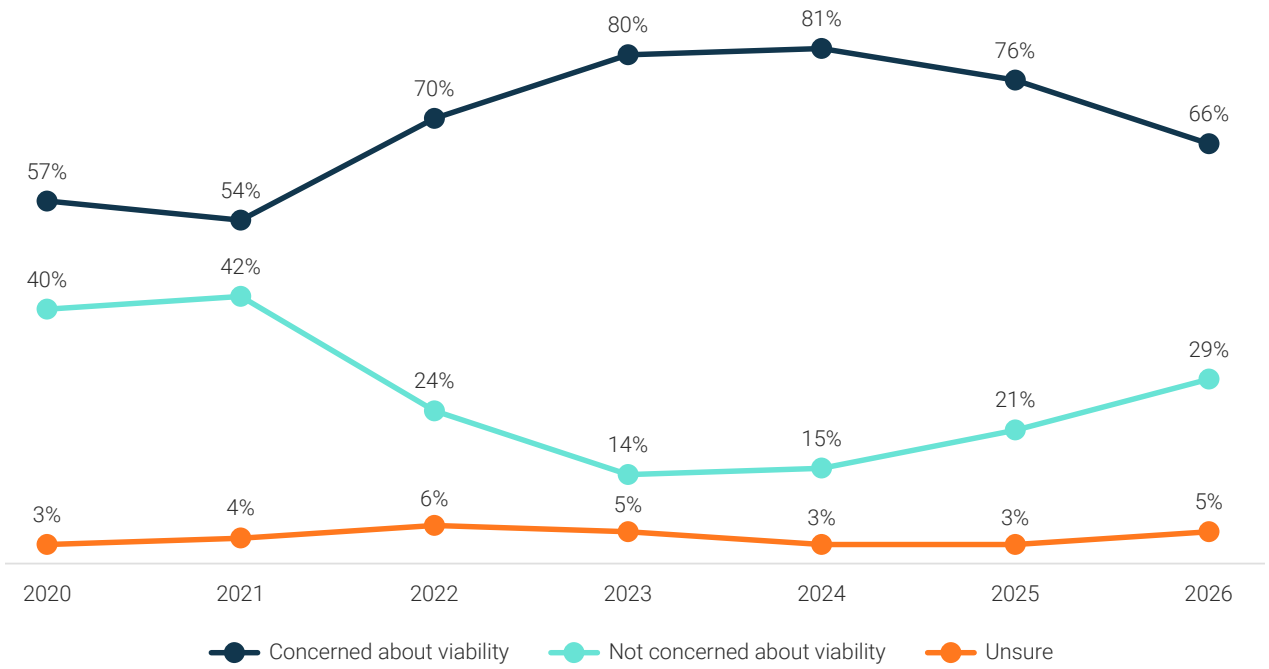
Sample: Practice owner GPs n=607

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

In the past 12 months, overall practice owner sentiment about the viability of their practice has improved, with 29% of practice owners stating they are not concerned about viability, increasing from 21% in 2025 (Figure 22). Although still not at 2020 and 2021 levels (40% and 42% respectively), this continues an upward trend from 2023.

FIGURE 22

GP concern regarding practice viability



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

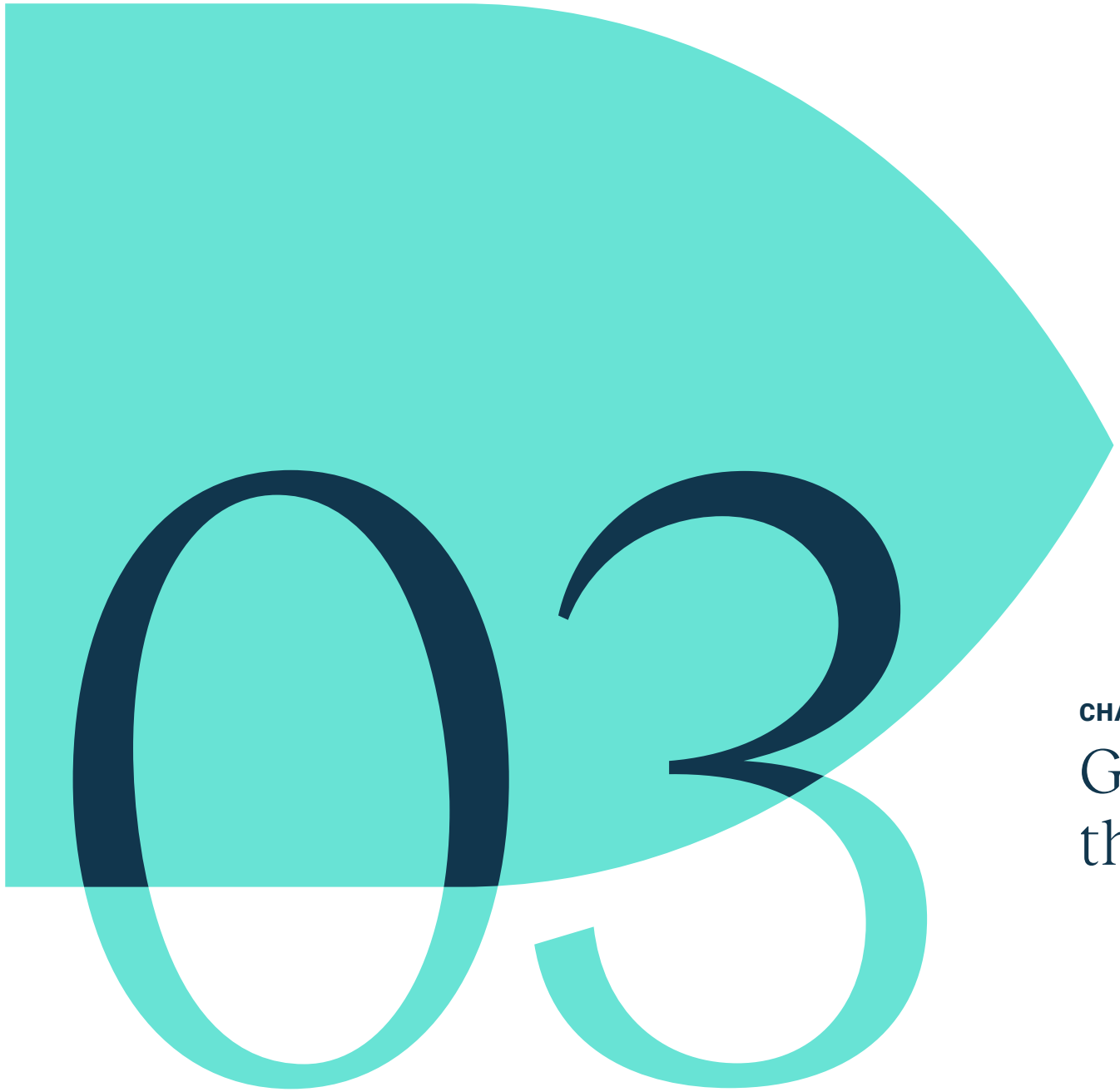
Sample: Practice owner GPs 2020 n=439, 2021 n=325, 2022 n=808, 2023 n=485, 2024 n=749, 2025 n=601, 2026 n=607

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

GP experience

‘I strongly believe that high-quality, holistic, patient-centred general practice is all that is really needed. It is deeply rewarding to receive unsolicited patient feedback describing the care as the best they have experienced, but also to see tangible improvements such as better diabetes sugar control, improved cholesterol readings, and functional day-to-day improvements to their quality of life. GP work is not always superhero work and life-saving – in fact it can seem mundane from the outside. However, delivering consistent, thoughtful care within the traditional consultation remains both meaningful and impactful.’





CHAPTER 3

GPs at the heart of the health system

The scope of GPs across the health system

GPs continue to play a central role in ensuring patients receive coordinated, continuous and comprehensive care across an increasingly complex health system. Nearly nine in 10 practising GPs (89%) are personally managing conditions that non-GP specialists might typically treat (Figure 23). The proportion of practising GPs who have identified they are working at a higher scope has increased from 86% in 2025 to 89% in 2026.

Seventy-six 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 – an increase from 72% in 2025. Nearly one in three (30%) GPs say they 'often' or 'very often' take on responsibility for managing conditions they thought would be treated in an emergency department or urgent care clinic (Figure 24).

Psychological presentations are the most commonly reported 'gap' in the health system that GPs report they are filling. Forty-three per cent of GPs nominated mental health as a gap they frequently fill, followed by non-GP specialist access (32%). Both factors sit ahead of other issues such as care coordination, hospital avoidance and social support, potentially indicating that general practice is carrying a substantial overflow role where patients cannot readily access appropriate mental health services or non-GP specialist care.

FIGURE 23

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

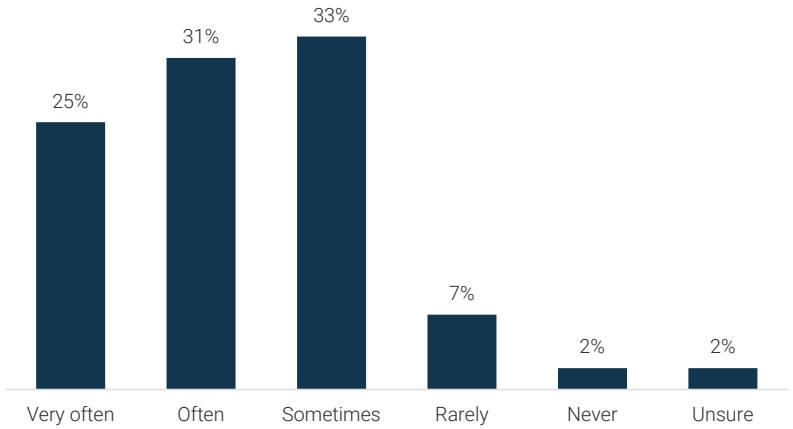
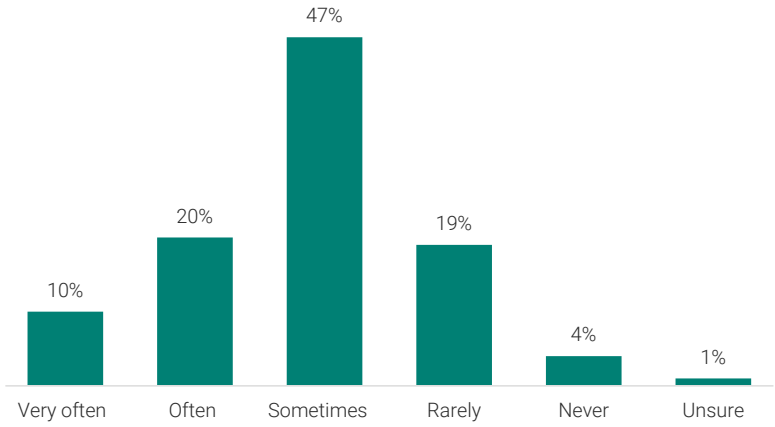


FIGURE 24

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



23 – 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 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

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 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

Coordination with other parts of the health system

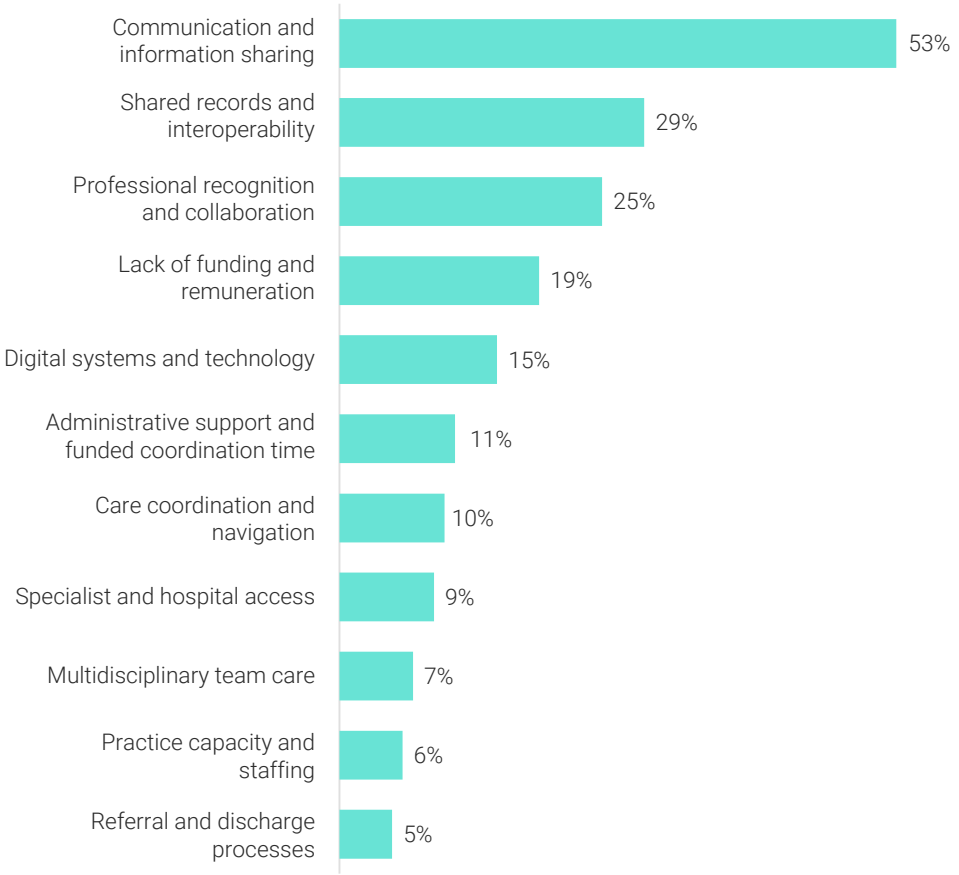
The GP care coordination role helps ensure safe, continuous, comprehensive, patient-centred and high-quality care. GPs facilitate access to high-quality, evidence-based and necessary care and, in doing so, help ensure healthcare resources can be distributed more effectively, equitably and sustainably.

Among practising GPs, communication and information sharing stands out as the single most important factor contributing to better coordination across the health system, with 53% of GPs nominating this as an enabler (Figure 25). Shared records and interoperability were nominated as an enabler by 29% of GPs, followed by professional recognition and collaboration, nominated by 25% of GPs.

Coordinated care is particularly important for people with chronic and long-term health conditions. According to the Australian Bureau of Statistics, people with a long-term health condition were more likely than those without to see three or more health professionals (28.7% compared to 6.4%) and report issues caused by a lack of communication between health professionals (17.4% compared to 14.7%).[3] 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.[10]

FIGURE 25

Enablers of care coordination within the health system



25 – Measure: Proportion of GP responses to the question, 'What would enable your practice to better coordinate care with other parts of the health system?'

Sample: Practising GPs who answered the questions on enablers to improved care coordination 2026 n=365

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

Spending on healthcare and general practice

The Federal Government contributes to the cost of general practice services through patient Medicare rebates and other funding provided direct to GPs and general practice. In 2024–25, the Australian Government spent $13.4 billion on patient care in general practice (Figure 26). This was a 5.9% increase from $12.7 billion in 2023–24 and reflects the Government's Strengthening Medicare investment in successive Federal Budgets.[11] However, this does not include the November 2025 changes, such as the introduction of the Bulk Billing Practice Incentive Program.

Per person Australian Government spending on general practice has risen from $469 per person in 2023–24 to $489 per person in 2024–25 (Figure 27). However, it remains below the 2020–21 peak of $512 per person.[11] General practice spending remains a relatively small part of health system expenditure overall. Productivity Commission data shows that in 2023–24 (latest year available) spending on public hospital services was $3,812 per person, compared to $469 per person on general practice services in the same year.[11]

10-year insight Federal Government spending for general practice services per person has increased by 4% since 2015-16, compared to nearly 20% for public hospital spending per person.

FIGURE 26

Australian Government spending on GPs ($ millions)

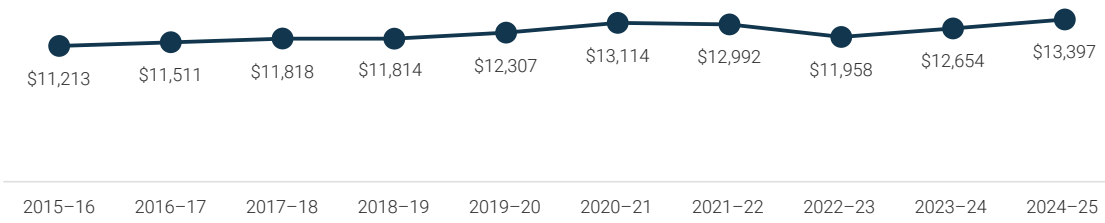
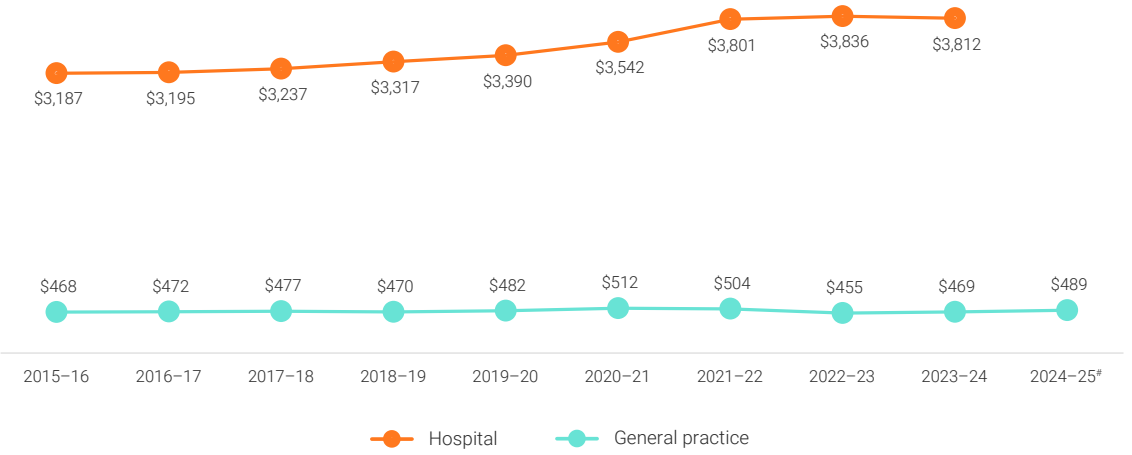


FIGURE 27

Australian Government spending on public hospital and general practice services per person ($ dollars)



26 – Measure: Total Australian Government expenditure on GPs. All amounts in 2024–25 dollars.

Data source: Australian Government, Productivity Commission. Report on government services 2026, 10: Primary and community health.

Available at www.pc.gov.au/ongoing/report-on-government-services/2026/health/primary-and-community-health

27 – Measures: Recurrent expenditure per person, public hospital services (including psychiatric), 2023-24 dollars. Total Australian Government expenditure on general practice services per person, 2024–25 dollars.

Data sources: Australian Government, Productivity Commission. Report on government services 2026, 10: Primary and community health.

Available at www.pc.gov.au/ongoing/report-on-government-services/2026/health/primary-and-community-health

Australian Government, Productivity Commission. Report on government services 2026, 12: Public hospitals.

Available at www.pc.gov.au/ongoing/report-on-government-services/2026/health/public-hospitals

#Hospital expenditure data not available for 2024–25

Research shows funding for direct primary care services, based on Australian Institute of Health and Welfare unreferred medical services data, has fallen from 8% of total health expenditure in 2002–03 to 5.5% in 2022–23.[12]

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

The average cost for a patient visit to an emergency department without being admitted to hospital is $802. If a patient is admitted to hospital, this cost rises to $1,534.[13] In comparison, it only costs the Government $87.10 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 more expensive and avoidable hospital admissions.

GPs continue to highlight insufficient funding as a barrier to high-quality care for patients across Australia. Ninety-four per cent of GPs agree or strongly agree that current funding arrangements do not adequately reflect the complexity of care now provided in general practice. In the 2025 National Consumer Sentiment Survey, one in two consumers considered government spending on healthcare was too low.[14]

One key concern is that 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. In this way, the current funding system for general practice devalues appointments for more complex care.

If your GP spends …

15 minutes with you, the patient rebate is

$3.00 PER MINUTE

35 minutes with you, the patient rebate is

$2.49 PER MINUTE

55 minutes with you, the patient rebate is

$2.33 PER MINUTE

GP experience

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

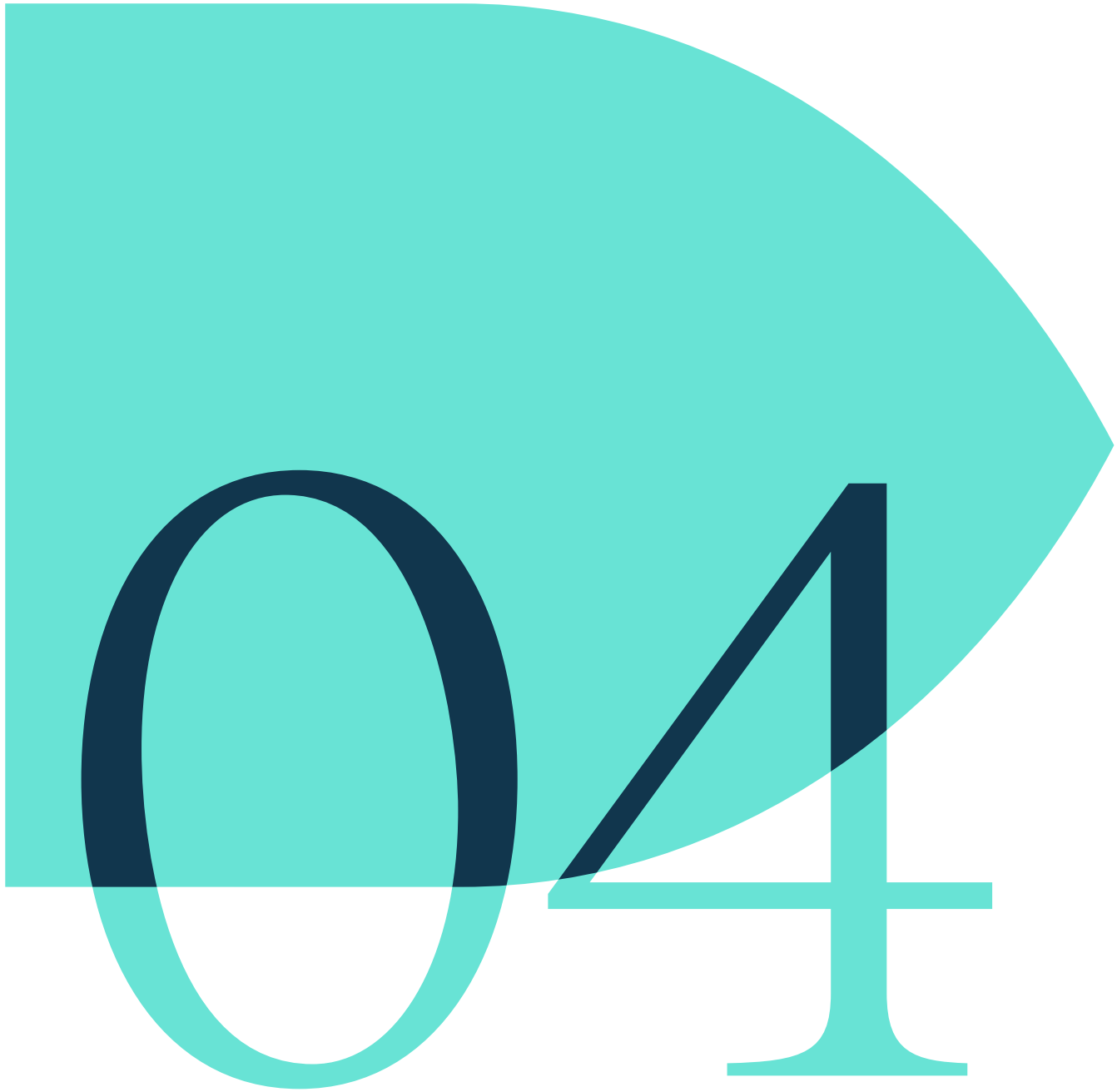
‘The high levels of poor mental health in the community, particularly as it becomes increasingly harder to access psychiatry support in caring for extremely complex patients, with more and more responsibility falling to GPs. As Medicare continues to de-fund mental healthcare in general practice and emphasises “six-minute medicine” through their billing model, these vulnerable patients will continue to fall through the cracks.’

Spotlight on GPs in training and New Fellows' perspectives on future funding for general practice



When looking to the future of general practice, there is broad agreement among GPs in training that the current, primarily fee-for-service, funding model is suited to providing high-quality care for all patients. In surveys sent out in 2025 and 2026, 70% of GPs in training participating in the Australian General Practice Training (AGPT) Program agreed or strongly agreed that fee-for-service allowed GPs to provide high-quality care to all patients.[15] Comparatively, for those in the Fellowship Support Program (FSP), 74% agreed or strongly agreed with this statement.[16] A small sample of New Fellows responded to a similar survey in June/July 2026, and 74% agreed or strongly agreed that fee-for-service allowed GPs to provide high-quality care to all patients.[17]

The preferred model among all these groups was the current funding model which is primarily fee-for-service. However, the second most popular model for AGPT GPs in training and New Fellows was a salaried funding model. The second most popular model for FSP GPs in training was pay-for-performance or quality payments.



CHAPTER 4

GP workforce pressures and sustainability

Current workforce characteristics

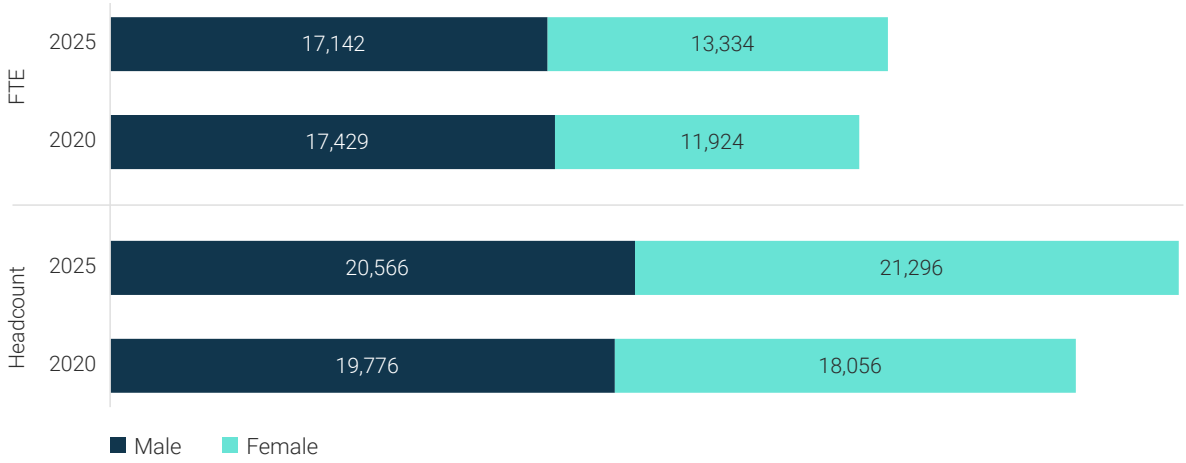
According to Australian Government data, in 2025 there were 41,862 GPs within Australia's primary care workforce.[1] Of these, 33,374 were vocationally registered, 1,708 were non-vocationally registered and 6,780 were GPs in training.[1] The total number of GPs in Australia continues to increase each year, and the number of full-time equivalent (FTE) GPs also increased in 2025 to 30,476 GPs, up from 29,976 in 2024. Similar to previous years, growth in the number of female GPs continues to outpace male GPs. While there are slightly more female GPs (51%) than male GPs (49%) in terms of headcount, male GPs constitute a notably larger proportion of the overall GP workforce in terms of FTE (56% male FTE GPs, versus 44% female FTE GPs) (Figure 28).[1]

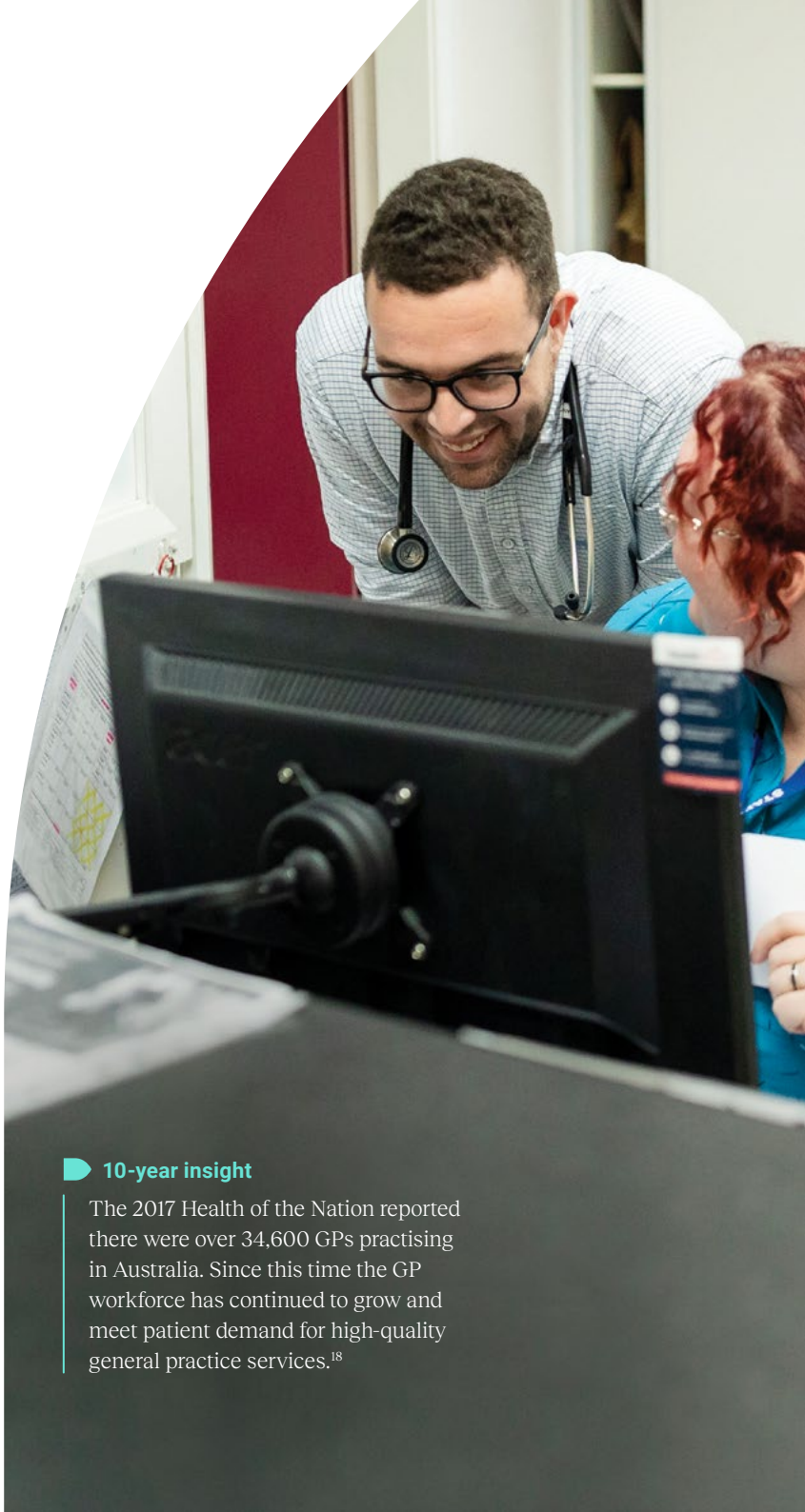
28 – Measure: GP headcount and GP FTE by sex

Source: Australian Government, Department of Health, Disability and Ageing, General practice workforce providing primary care services in Australia, 2020 to 2025 calendar years. Available at https://hwd.health.gov.au/resources/data/gp-primarycare.html

FIGURE 28

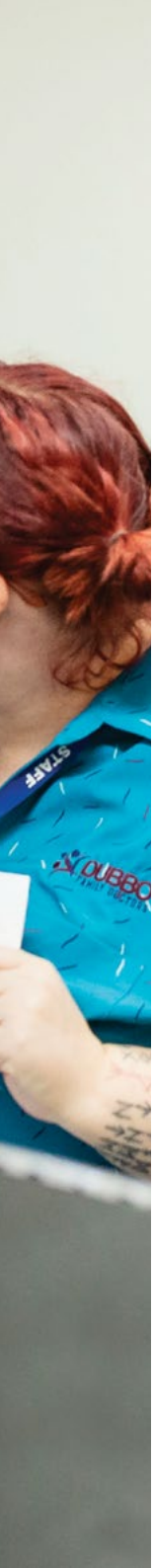
Male and female GPs as a proportion of the workforce, 2020–25





10-year insight

The 2017 Health of the Nation reported there were over 34,600 GPs practising in Australia. Since this time the GP workforce has continued to grow and meet patient demand for high-quality general practice services.[18]



GP distribution

The number of FTE GPs in each state and territory continues to vary each year. There are similar numbers of GPs per 100,000 people in Queensland (114), Victoria (117) and New South Wales (116), but fewer GPs per 100,000 people in the Northern Territory (84), Tasmania (109), South Australia (106), Western Australia (97) and the Australian Capital Territory (89) (Figure 29). Tasmania saw the largest increase in GPs, rising from 104 FTE GPs per 100,000 people in 2024 to 109 in 2025.[1]

Overall, in 2025 there were 112 FTE GPs per 100,000 people in Australia, increasing from 110 in 2024.[1]

Though the GP FTE per 100,000 people increased from 2024 to 2025, it has decreased overall since 2020 (114), and from the peak of 121 FTE in 2021.[1] As shown in Figure 30, Modified Monash Model 5–7 regions have fewer GPs per population compared to metropolitan areas.

FIGURE 29

GP full-time equivalent (FTE) per 100,000 people by state/territory

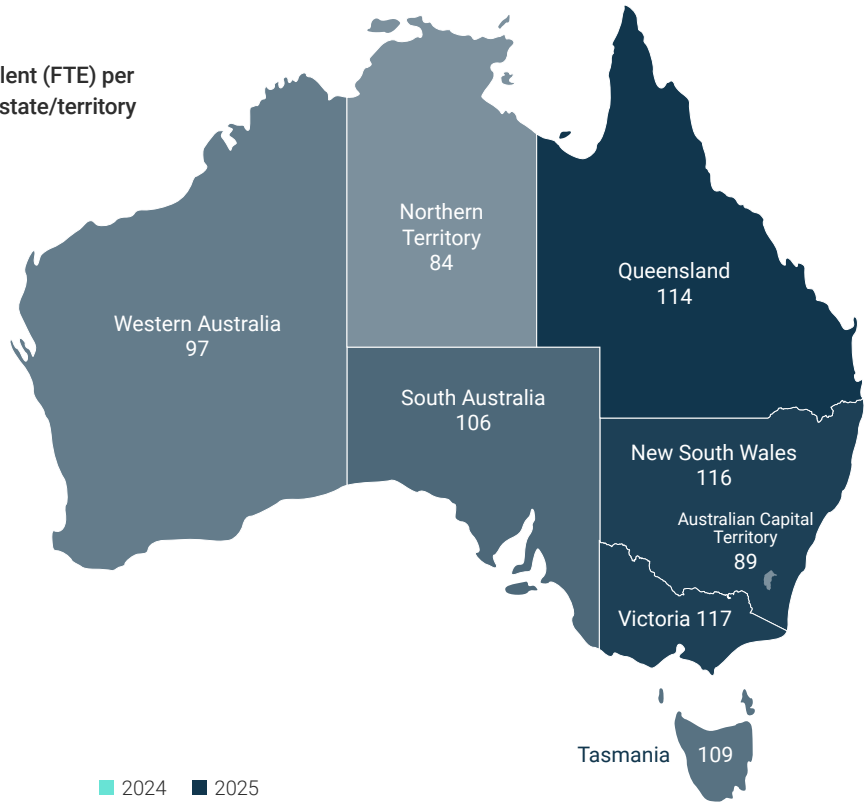
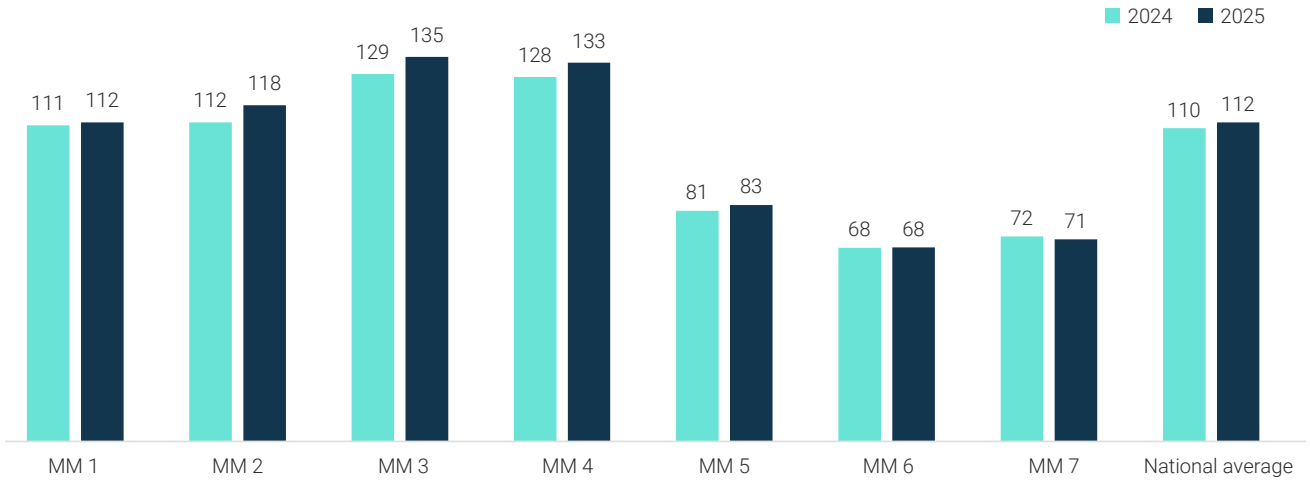


FIGURE 30

GP full-time equivalent (FTE) per 100,000 people in 2024–25, by Modified Monash Model area



29 – 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, 2020 to 2025 calendar years. Available at https://hwd.health.gov.au/resources/data/gp-primarycare.html

30 – Measure: GPs by Modified Monash Model area (service location)

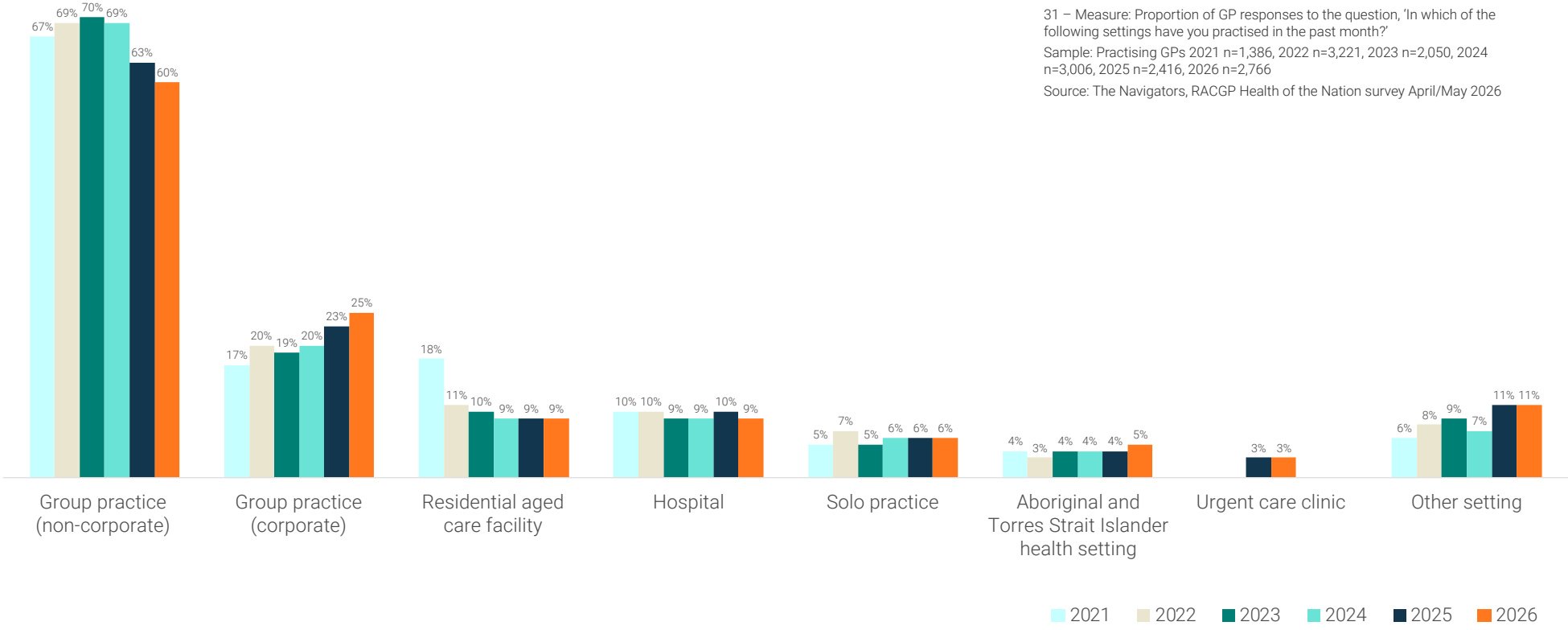
Source: Australian Government, Department of Health, Disability and Ageing, General practice workforce providing primary care services in Australia, 2020 to 2025 calendar years. Available at https://hwd.health.gov.au/resources/data/gp-primarycare.html

General practice settings

Historical trends continue with the majority of GPs reporting working in a non-corporate (GP-owned) practice setting (60%). The second highest reported work setting was a non-GP owned corporate group practice (25%) (Figure 31). Seventy-nine per cent of GPs worked in only one practice setting in the past month, with the remaining 21% working at multiple settings. Notably, from 2023 to 2026, there has been a gradual decrease in GPs working in GP-owned group practices, and a respective increase in the proportion of GPs working in a corporate group practice setting, increasing from 17% in 2021 to 25% in 2026.

FIGURE 31

GP practice setting in the past month



31 – 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=1,386, 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

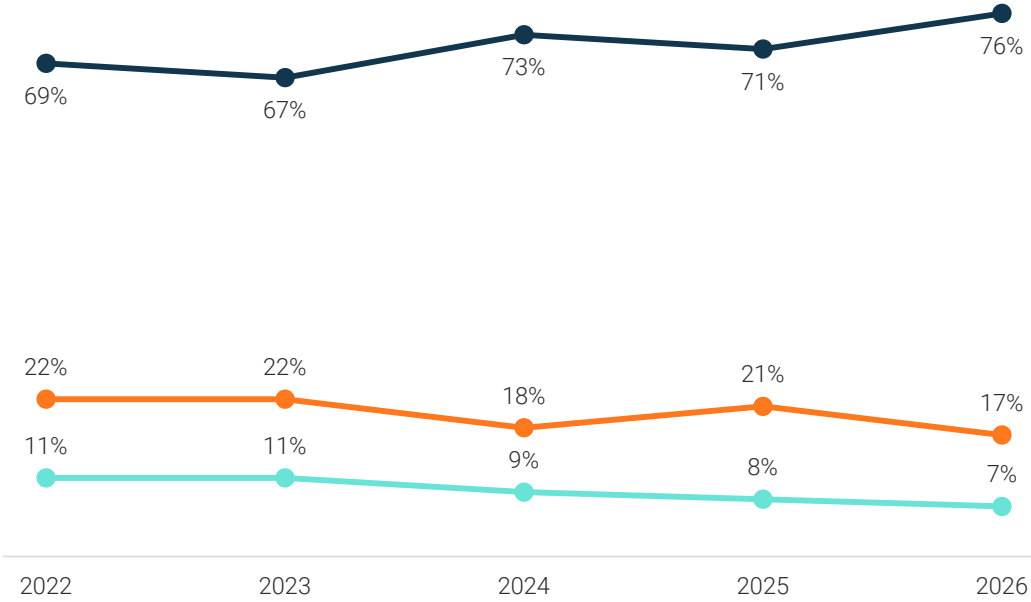
GP job satisfaction and challenges

The proportion of GPs who reported being satisfied with their job overall has increased, rising from 71% in 2025 to 76% in 2026 (Figure 32). This increase records the highest job satisfaction rate among practising GPs since the measure was first introduced to Health of the Nation in 2022.

Job satisfaction varies by age, gender and career stage. From 2022 to 2025, female GPs were more likely to be satisfied with their job than male GPs. Notably, this trend has reversed in 2026, with 78% of male GPs being satisfied with their job, compared to 75% of female GPs. Across all age groups and genders, job satisfaction has increased from 2022 to 2026, except for female GPs aged 65 years and over. Job satisfaction has decreased for this cohort, from 88% in 2022 to 83% in 2026 (Figure 33).

FIGURE 32

Overall job satisfaction



32 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'

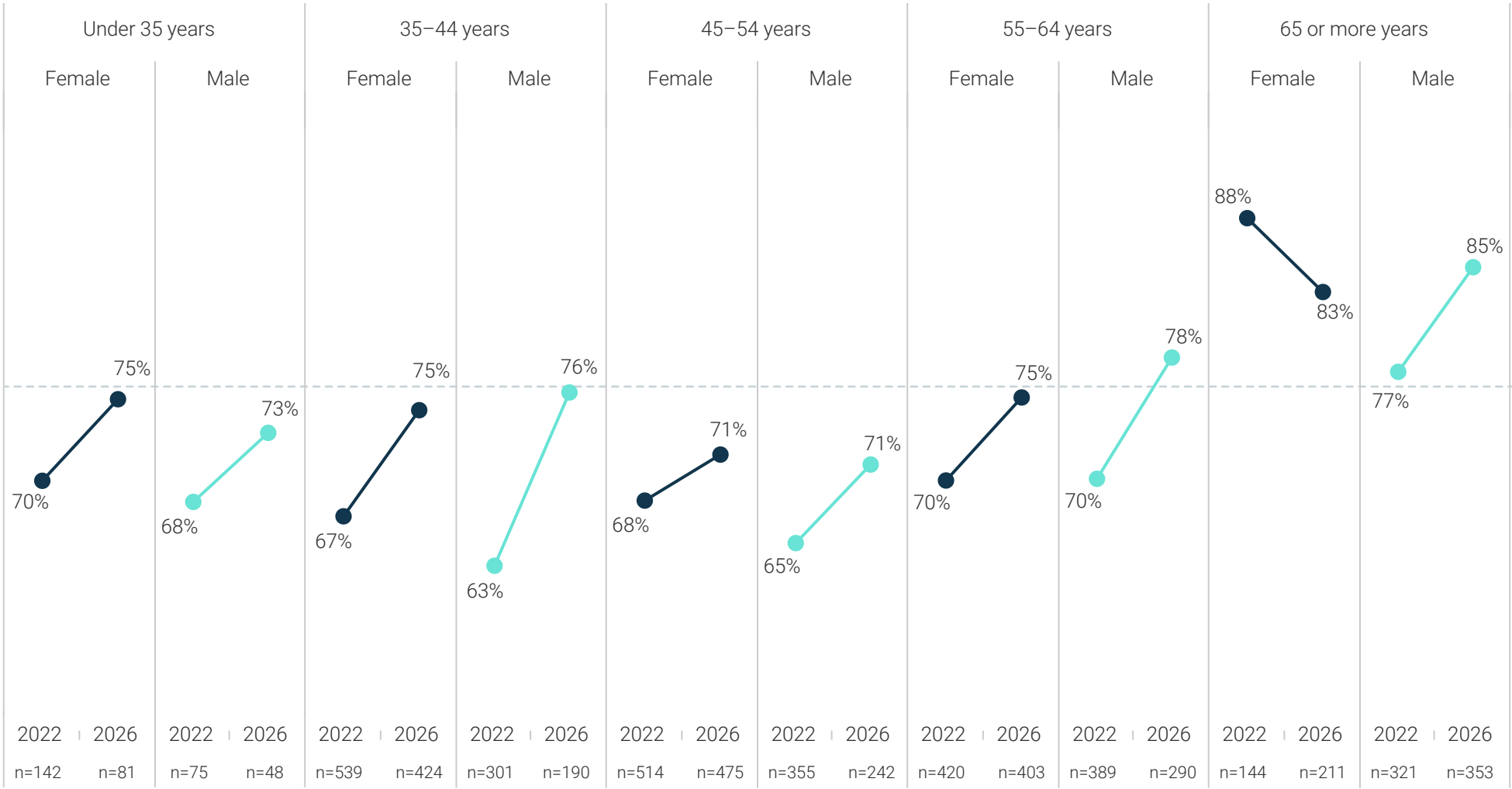
Sample: Practising GPs 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026



FIGURE 33

Job satisfaction by age and gender of GP

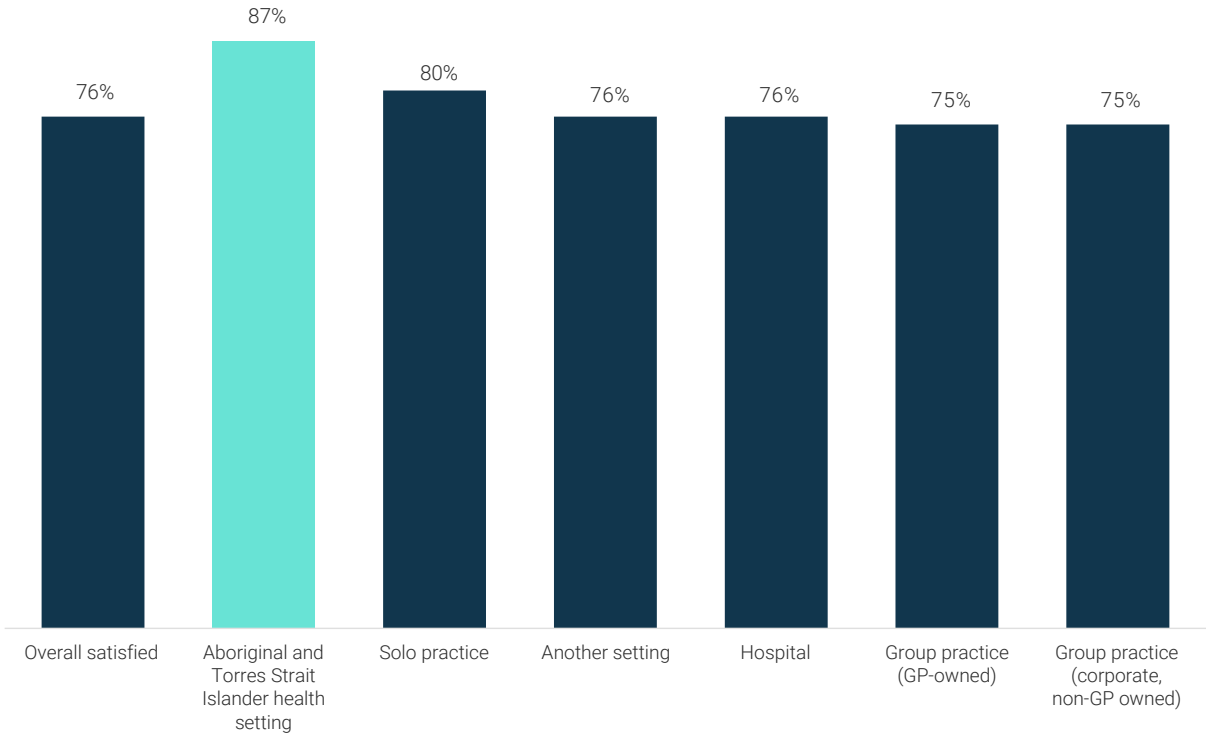


GPs who work in Aboriginal and Torres Strait Islander health settings are more satisfied[#]

Consistent with earlier Health of the Nation reports, job satisfaction continues to be highest among GPs whose main practice setting is an Aboriginal and Torres Strait Islander health setting (including Aboriginal Community Controlled Health Organisations). Eighty-seven per cent of GPs who work in these settings indicate they are satisfied with their job. This compares with the average job satisfaction level of 76% (Figure 34).

FIGURE 34

Job satisfaction is dependent on practice setting



[#]Small sample size for Aboriginal and Torres Strait Islander health settings may not be sufficient for attribution to larger population.

33 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'

Sample: Practising GPs 2022 n=2,416, under 35 years female n=142, under 35 years male n=75, 35–44 years female n=539, 35–44 years male n=301, 45–54 years female n=514, 45–54 years male n=355, 55–64 years female n=420, 55–64 years female n=389, 65 or older female n=144, 65 or older male n=321, practising GPs 2026 n=2,766, under 35 years female n=81, under 35 years male n=48, 35–44 years female n=424, 35–44 years male n=190, 45–54 years female n=475, 45–54 years male n=242, 55-64 years female n=403, 55–64 years female n=290, 65 or older female n=211, 65 or older male n=353

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

34 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'

Sample: Practising GPs 2026 Aboriginal and Torres Strait Islander health setting n=91, group practice (GP-owned) n=1,575, solo practice n=143, another setting n=213, hospital n=68, group practice (corporate, non GP-owned) n=634

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

GP perceptions of the profession

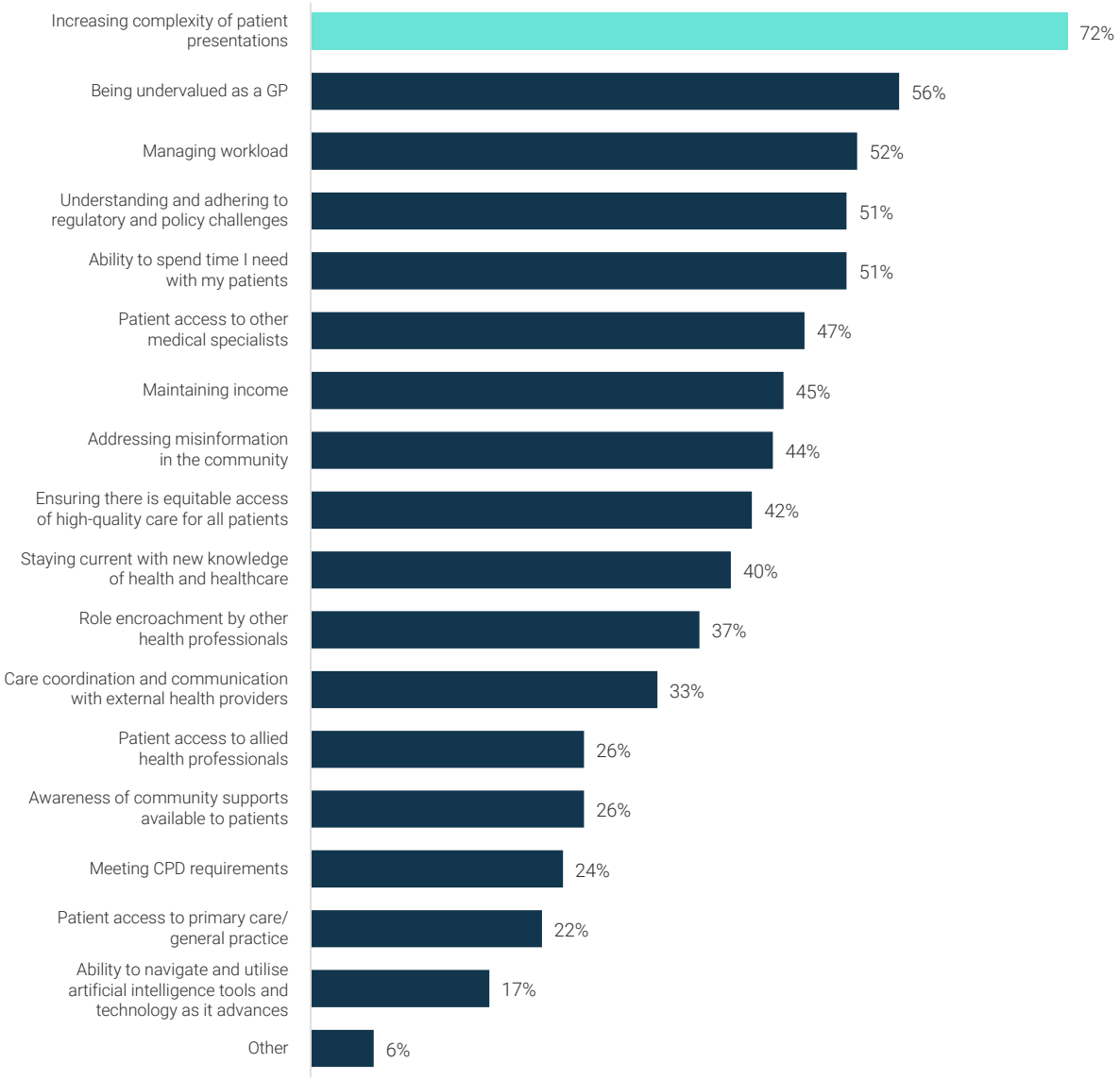
This year, GPs again stated the increasing complexity of patient presentations was the number one issue they face, with 72% of GPs identifying this challenge (Figure 35), increasing from 68% in 2025. Being undervalued as a GP was the next most nominated challenge (56%), followed by managing workload (52%) and understanding and adhering to regulatory and policy challenges (51%). Similarly, 51% of GPs felt their ability to spend the time they needed with patients was a challenge. Addressing misinformation in the community has always been a moderate challenge that GPs have nominated, and more GPs felt this was a challenge this year, increasing to 44% in 2026 (up from 35% in 2025).

GPs practising in more rural areas report greater challenges related to patient access than their counterparts in major cities. Access to other medical specialists is a key concern, with 57% of GPs in outer-regional areas identifying this as a challenge, compared with 43% of GPs in major cities. Similarly, access to allied health professionals is reported as a challenge by 39% of GPs in outer-regional areas, compared with 23% in major cities. Rural GPs are also more likely to report difficulties in ensuring equitable access to high-quality care for patients (50% versus 41%) and in providing timely access to GP services (34% versus 19%).

10-year insight 78% of surveyed GPs agreed that the role of GPs is more professionally demanding now than it was 10 years ago.

FIGURE 35

The main issues GPs face



35 – Measure: Proportion of GP responses to the question, 'What are the main issues you face as a GP?'

Sample: Practising GPs 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

The proportion of GPs who felt they were able to maintain a good work–life balance has shifted, increasing from 47% in 2025 to 56% in 2026 (Figure 36). GPs who believed their work–life balance would improve in the next 12 months has also seen similar positive shifts, increasing from 27% in 2025 to 33% in 2026. Commensurately, the proportion of GPs experiencing burnout in the past 12 months has decreased from 69% in 2025 to 60% in 2026, the lowest level of burnout recorded for GPs since the question was first asked in the Health of the Nation survey.

GP satisfaction with work conditions has improved for the first time in six years, with changes in GP satisfaction regarding hours of work, remuneration and administration (Figure 37). This year, 63% of GPs were satisfied with their hours of work, increasing from 58% in 2025. GP dissatisfaction with remuneration has also decreased, reducing from 52% in 2025 to 42% in 2026. While 68% of GPs remained dissatisfied with the administrative burden of their work, this represents an improvement from 2025, when dissatisfaction peaked at 77%, interrupting a steady increase seen since 2022.

Rural GP experience

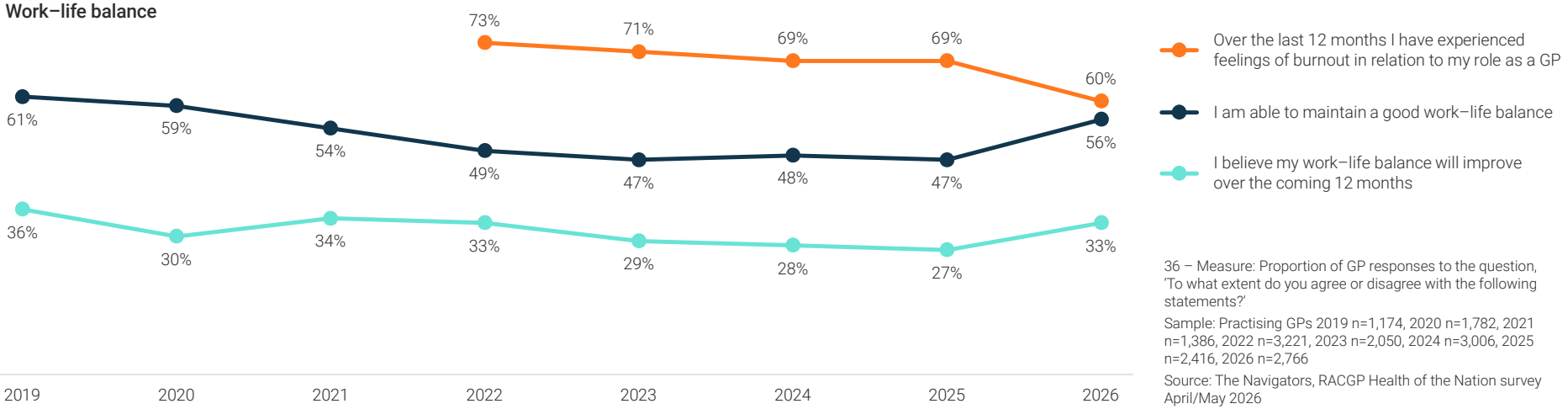
Going beyond a traditional consultation

> 'This happens quite regularly in rural general practice. Often the best support we give to families and patients extends beyond medicine to human interaction during times of illness, grief and loss. This is also often the most satisfying part of (general) practice.'

> 'There are no public specialist services available here apart from a small surgical outpatient department for endoscopy. My patient really cannot afford the cost of seeing a cardiologist and cannot manage the three-hour drive to a cardiology outpatient department. I was able to convince the cardiologist to bulk bill patients.'

FIGURE 36

Work–life balance



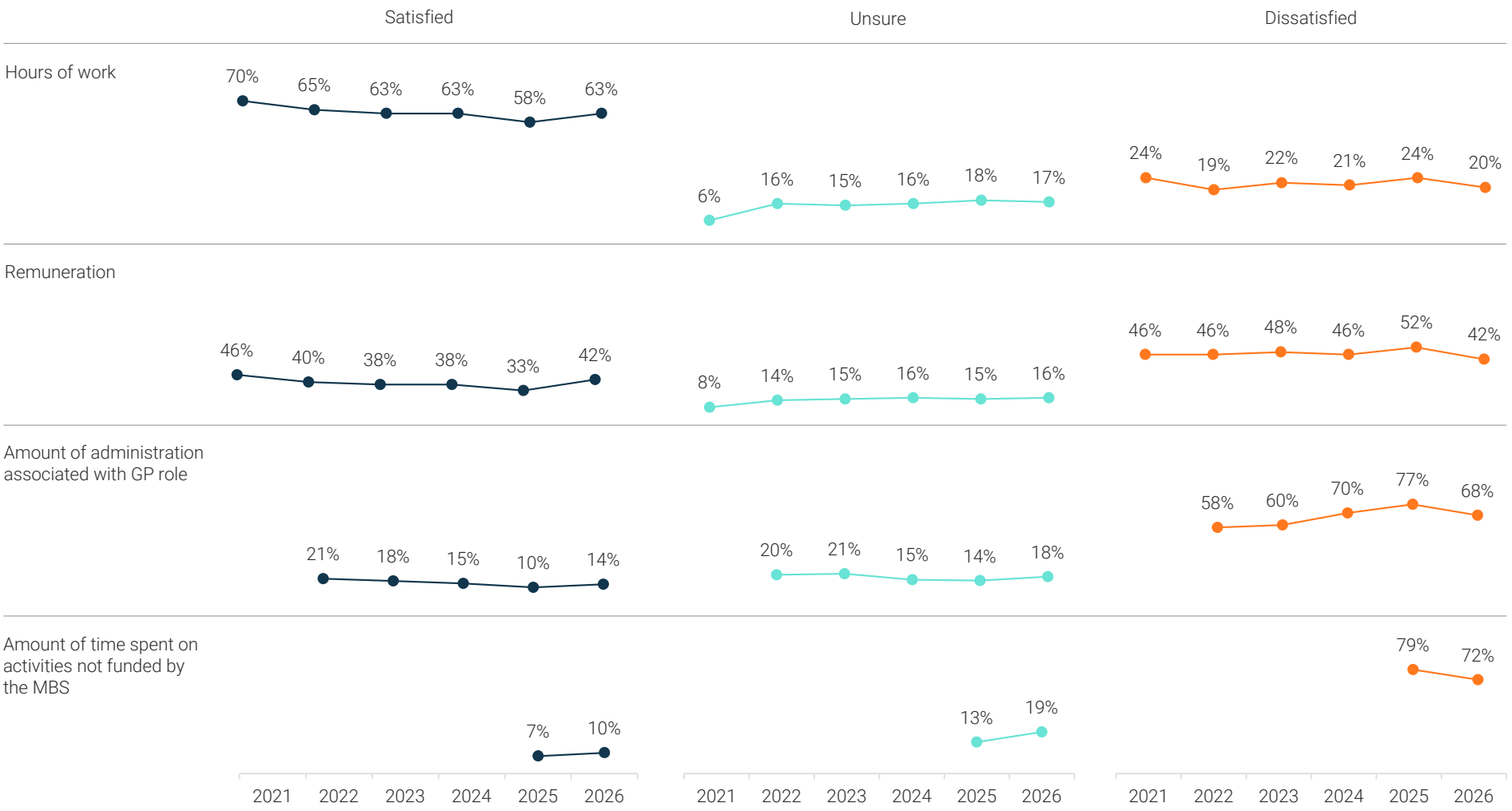
36 – Measure: Proportion of GP responses to the question, 'To what extent do you agree or disagree with the following statements?'

Sample: Practising GPs 2019 n=1,174, 2020 n=1,782, 2021 n=1,386, 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

FIGURE 37

Satisfaction with work hours, pay and administration



Intentions of current GPs to stop practising

Around one-third of practising GPs intend to stop within the next five years, and this has remained stable since 2024 (Figure 38). Intentions vary across workforce groups, with 39% of male GPs reporting their intention to stop practising within the next five years, compared to 28% of female GPs, and 83% of late-career GPs intending to stop practising within the next five years, compared to 24% of mid-career GPs.

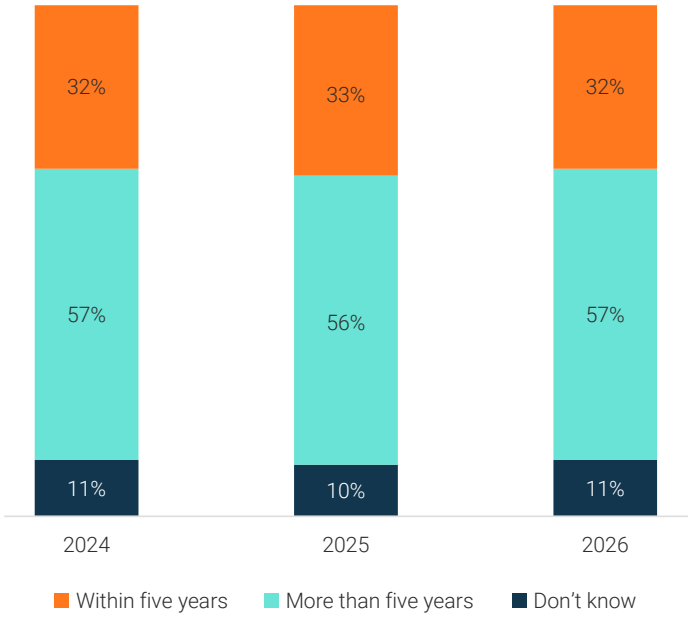
Across all practising GPs, the strongest reported measures for GPs to stay in general practice for longer are improved remuneration, incentives and conditions (74%), and general practice being more valued as a profession (64%) (Figure 39). These sit ahead of other factors, such as reduced compliance and regulation (50%) and improved work–life balance (47%), suggesting that both sufficient funding and professional standing are more powerful retention levers than operational supports alone.

The pattern is especially strong among New Fellows, with 90% of early-career GPs nominating improved remuneration and 75% nominating greater professional value.

Late-career GPs are less likely to nominate most retention levers (51%) and are more likely to say that no factors would encourage them to continue for longer (19%). This suggests retention efforts will be most impactful earlier in the career path, while extending later-career participation may be harder to influence through any single change.

FIGURE 38

Timeframe for GPs intending to stop practising



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

Sample: Practising GPs 2021 n=1,386, 2022 n=3,221, 2023 n=2,050, 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

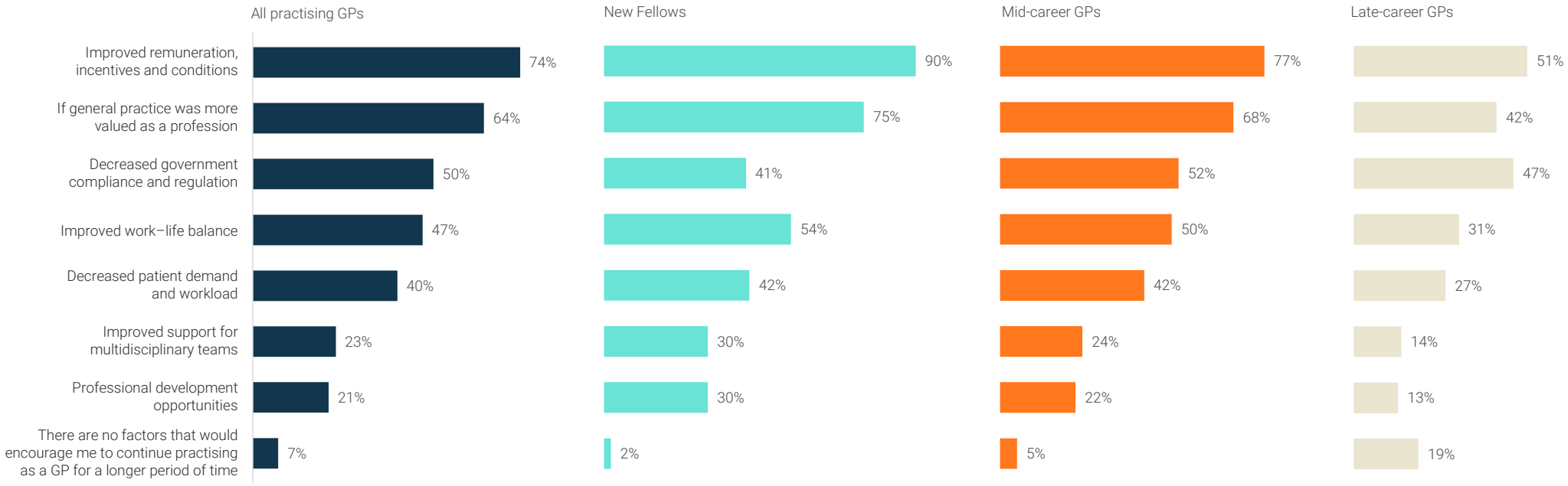
38 – Measure: Proportion of GP responses to the question, 'When do you intend to stop practising as a GP?'

Sample: Practising GPs 2024 n=3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

FIGURE 39

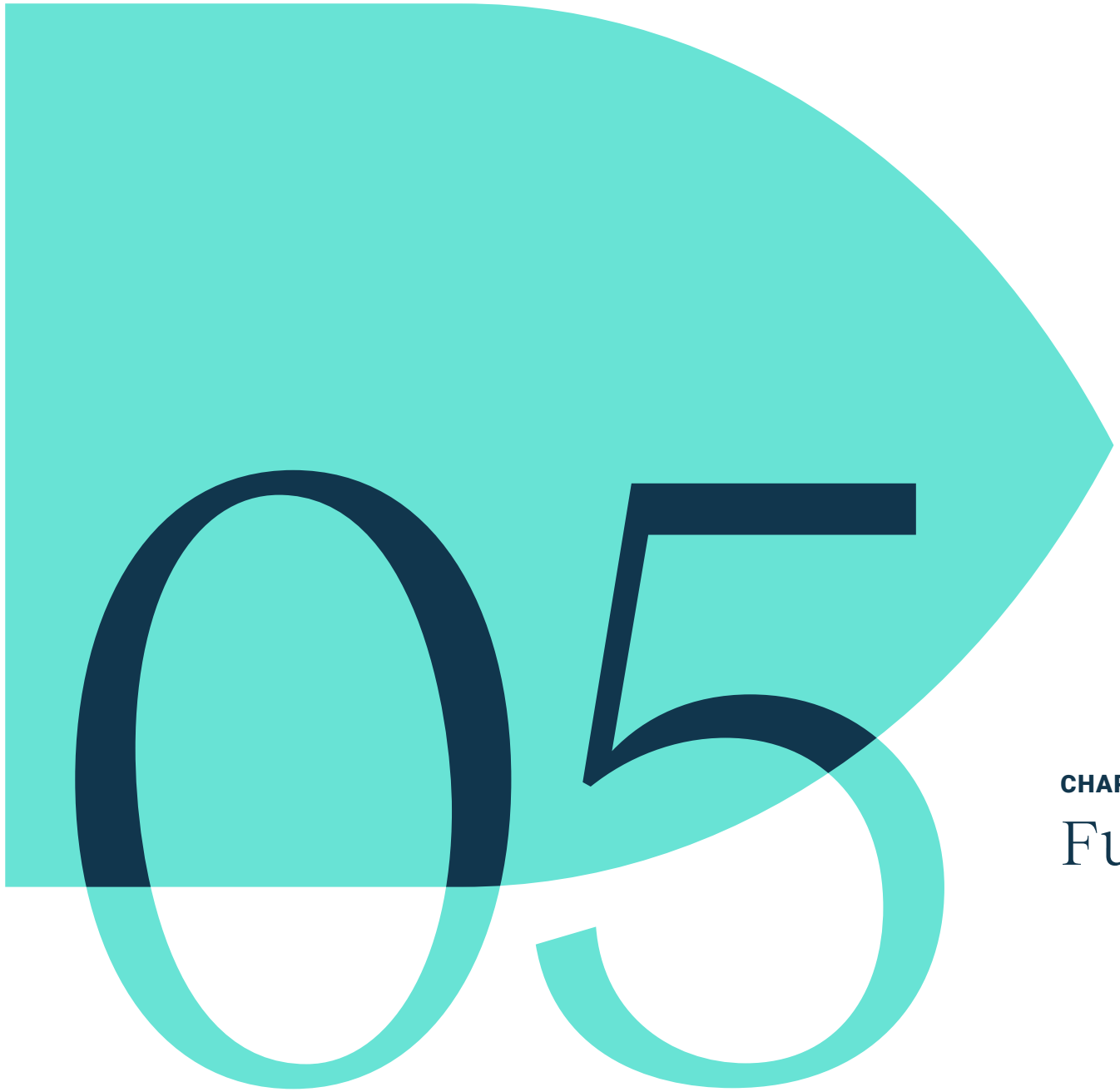
Factors that might encourage GPs to continue practising for a longer period of time



39 – Measure: Proportion of GP responses to the question, 'What factors might encourage you to continue practising as a GP for a longer period of time?'

Sample: All practising GPs 2026 n=2,765, New Fellow GPs n=424, Mid-career GPs n=1,737, Late-career GPs n=390

Source: The Navigators, RACGP Health of the Nation survey April/May 2026



CHAPTER 5

Future workforce

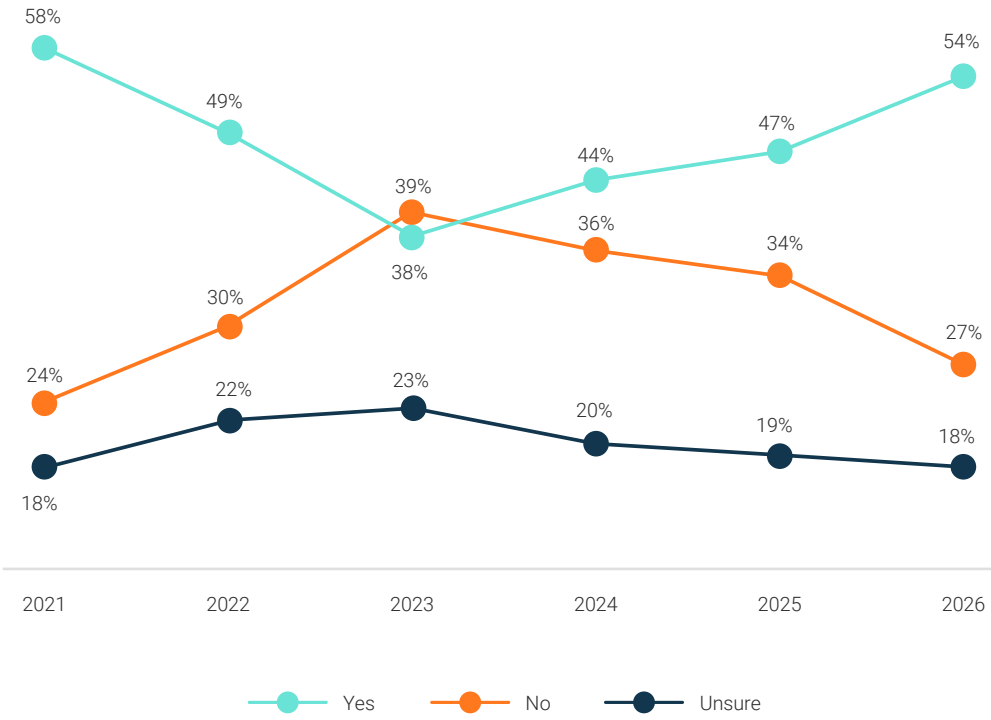


GPs recommending general practice as a career

There has been a continuing upward trend in the proportion of GPs recommending general practice as a career to future doctors. This has increased from 47% in 2025 to 54% in 2026 (Figure 40), making this the first time since 2021 that the majority of GPs are recommending general practice as a career. There has also been a commensurate decrease in the proportion of GPs who would not recommend general practice as a career, dropping from 34% in 2025 to 27% in 2026.

FIGURE 40

Proportion of GPs who would recommend the profession as a career



40 – 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=1,386, 2022 n=3,221, 2023 n=2,050, 2024 n= 3,006, 2025 n=2,416, 2026 n=2,766

Source: The Navigators, RACGP Health of the Nation survey April/May 2026

41 – 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/



General practice careers and training

Since 2021 there has been a decline in medical students' preference to specialise in general practice. In 2025, only 8.8% of medical students reported general practice as their preferred specialty, compared to 9.4% in 2024 and 10.6% in 2023.[19] Interest in specialising as a Rural Generalist has increased, with 6.8% of medical students identifying this as their preferred specialty in 2025, compared to 5.7% in 2024.[19]

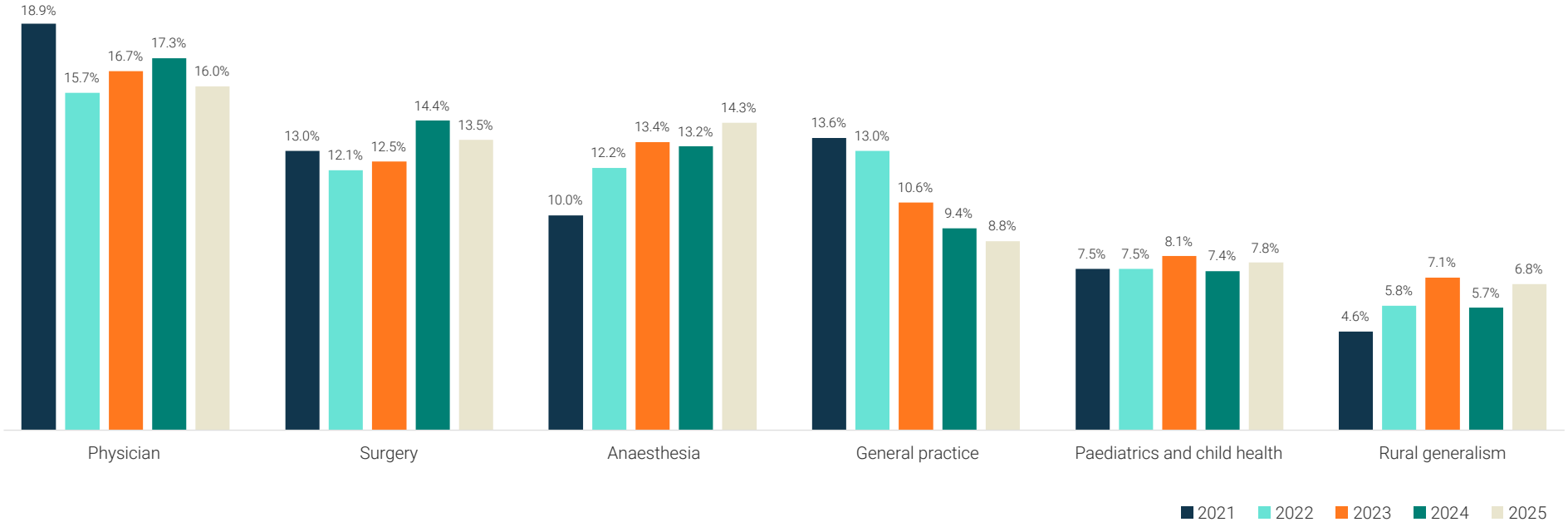
General practice as a preferred specialty for future practice ranks fourth (Figure 41). When combined with rural generalism as a preferred specialty, this increases to the second-most preferred specialty overall, at 15.6%.[19]

GP experience

> 'General practitioners are under significant pressure. Australia's ageing population is increasing demand for healthcare services, while hospital capacity and resources for general practice remain constrained. Coupled with minimal GP recruitment, these factors are undermining the sustainability of general practice and diminishing its attractiveness to new doctors.'

FIGURE 41

Medical students selecting their preferred specialty



In 2026, there were more applications for GP training than places funded by the Federal Government. The number of doctors entering the Australian General Practice Training (AGPT) Program has maintained an upward trend, increasing from 1,544 doctors in 2025 to 1,725 doctors in 2026 (Figure 42). The Fellowship Support Program (FSP) had 543 GP training participants starting the program in 2026, an increase from 496 participants who started in 2025. The Practice Experience Program (PEP) – Specialist is a program for eligible overseas GP specialists wishing to qualify for RACGP Fellowship, with 235 GP participants starting this program in 2026.

Females continue to represent a larger proportion of the GPs in training cohort across all RACGP training programs (Figure 43).

Table 1. Number of doctors entering other RACGP programs in 2026

RACGP Program	Participants in 2026
Fellowship Support Program (FSP)	543
Practice Experience Program (PEP) – Specialist	235
Remote Vocational Training Scheme (RVTS)	22

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 2026 (unpublished)

42 – Measure: Number of doctors entering the Australian General Practice Training Program by year since 2019

Data source: RACGP training data as at May 2026 (unpublished)

43 – 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 as at May 2026 (unpublished)

FIGURE 42

Number of doctors entering the AGPT Program each year since 2019

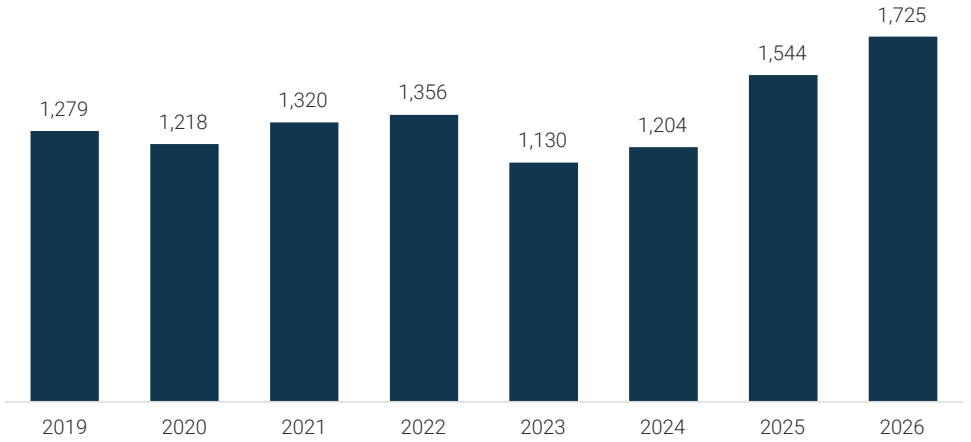
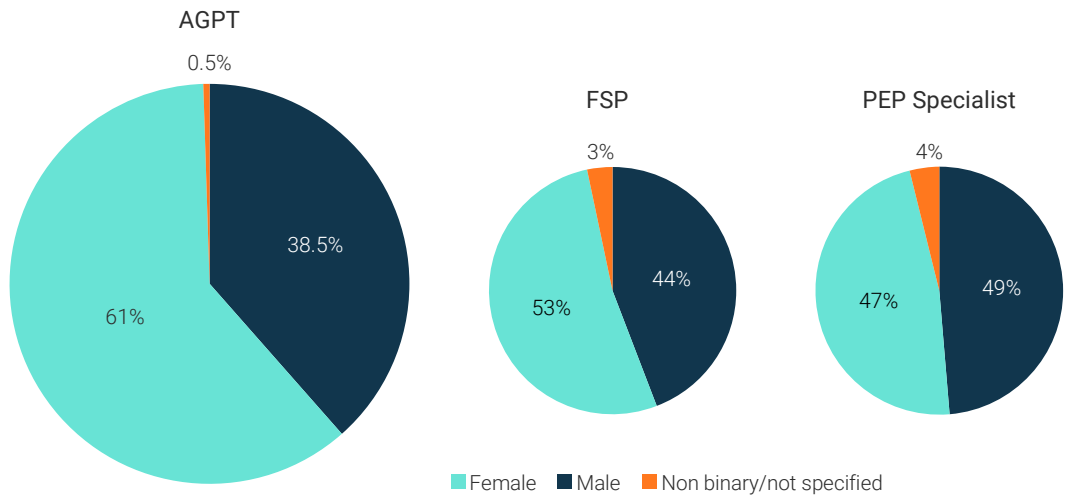


FIGURE 43

Gender breakdown of active doctors in RACGP programs 2025–26



Program definitions

- The Fellowship Support Program (FSP) is a comprehensive rural education and training program that gives doctors the skills, confidence and support to achieve Fellowship and build a sustainable career in general practice. It includes self-directed in-practice learning and workplace-based assessments to provide feedback and monitor progress. Registrars work under supervision in accredited training practices.
- The Australian General Practice Training (AGPT) Program is the most common training pathway for doctors seeking to specialise as a GP in Australia. It is an Australian Government-funded three-year, full-time (or part-time equivalent) program, with an optional additional Rural Generalist training year.
- The Practice Experience Program (PEP) – Specialist is for specialist international medical graduates who hold a recognised overseas general practice specialist qualification and wish to qualify for specialist registration in Australia and be admitted to Fellowship of the RACGP (FRACGP) via the Medical Board of Australia's (MBA) Specialist Pathway – specialist recognition.
- The Remote Vocational Training Scheme (RVTS) is a national training program for medical practitioners seeking general practice and Rural Generalist Fellowship, while they provide general medical services in a remote or isolated community.



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- RACGP Aboriginal and Torres Strait Islander Health
- RACGP Rural
- Education and Training

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Notes

Notes

Ten years of Health of the Nation

System and environmental pressures in general practice

FUNDING
Growing concern that Medicare rebates were not keeping pace with costs

WORKFORCE
Increasing focus on attracting new GPs and strengthening the rural workforce

General practice landscape through Health of the Nation

2017

- **Government funding not keeping pace with cost of care**
- Patient affordability a growing issue

2018

- **More Australian patients have their own GP**
- Mental health issues increasing
- Workforce issues worsening

2019

- **GP wellbeing a growing issue**
- Bulk billing continues to slow

RACGP and general practice wins



- **Increasing number of female GPs**
- Re-introduction of indexation for GP bulk-billing incentives



- **RACGP influence on workforce planning**
- Medicare indexation resumed
- Rollout of My Health Record



- **RACGP launch of the Vision,** advocating to government to fund patient-centred care, prevention, chronic disease management, and improved workforce distribution

Areas where the RACGP played a leading role

MEDICARE FUNDING
Successful advocacy contributed to the end of the Medicare rebate freeze and restoration of indexation

PANDEMIC RESPONSE
General practice played a central role in Australia's COVID-19 response and vaccination program

MENTAL HEALTH
Identified as a dominant component of GP workload

CHRONIC DISEASE
Increasing patient complexity and multimorbidity

GENERAL PRACTICE MODELS
Shift from solo practices toward group and corporate practices

2020

- **COVID-19**
- Rapid adoption of telehealth services
- GPs central to pandemic
- Growing numbers of international medical graduates



- **Introduction of Medicare-funded telehealth items**
- General practice recognised as an essential frontline service

2021

- **General practice delivered millions of COVID-19 vaccine doses to Australians**
- Major patient mental health burden
- Reduction in GP wellbeing



- **RACGP President focuses advocacy on private billing and lifting Medicare rebates**
- General practice led Australia's COVID-19 vaccination rollout
- Greater public recognition of the role of GPs

2022

- **Practice viability under threat**
- Drop in bulk-billed GP services
- GP burnout and recruitment challenges



- **Medicare telehealth arrangements retained**
- RACGP advocacy elevated workforce issues as a national priority

2023



GOVERNMENT ENGAGEMENT
Strengthened general practice's influence in national health policy and secured greater recognition of the sector's role in healthcare reform

DIGITAL HEALTH
Supported the adoption and integration of digital health technologies to improve patient care, access and practice efficiency

PRACTICE VIABILITY
Advocated for incentives and funding programs that support the delivery of high-quality care and the long-term viability of general practice

TECHNOLOGY

Rapid expansion of digital health tools and systems, eg artificial intelligence

GP WELLBEING

Focus on improving GP wellbeing by addressing burnout, job satisfaction and work-life balance

2024

- **Workforce challenges**
- Declining GP job satisfaction
- Health system fragmentation
- Practice viability a major concern
- GPs bulk-billing rates decline

- **Increasing patient complexity**
- Increased focus on multidisciplinary care
- Interoperability issues with digital technologies
- Workforce sentiment improves

- **Historic tripling of bulk-billing incentives**
- Return of general practice training to the RACGP
- Primary healthcare reforms highlight central role of general practice



- **Expansion of GP training and workforce incentive programs**
- Successful negotiations for state-based payroll tax exemptions

2025

- **Ageing population and multimorbidity**
- Team-based care expanding
- GPs bulk-billing gaps across the health system
- Racism first measured in Health of the Nation



- **Major expansion of bulk-billing incentives to all Australians – largest Medicare investment in general practice in decades**
- Additional AGPT training places and incentives for junior doctors

2026

- **General practice remains highly accessible**
- Notable uplift in GP sentiment
- Increased complexity of care a growing concern



- **Stronger recognition of general practice's value in reducing hospital demand**
- Continued policy focus on community-based care, workforce sustainability and prevention

WORKFORCE

Elevated workforce shortages, training pathways, rural access and GP wellbeing as national priorities

PATIENT ACCESS AND AFFORDABILITY

Advocated for policies that improve access to affordable, high-quality general practice care for all Australians

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