

General Practice **Health of the Nation** 2023

An annual insight into
the state of Australian
general practice





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

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President's message



General practice sits at the core of the health system, and the relationship between a GP and their patients is at the heart of our practices.

In the making of the 2023 *General Practice: Health of the Nation* report, many GPs shared powerful stories about the moments that make them love their profession and the resounding impact they have across the lifespan of their patients and within their community. We know the overwhelming majority of patients can access general practice care – with less than 1% of people reporting they were unable to see a GP when they needed to. Patients are continuing to tell us they feel heard and respected by their GP, and this year's report shows GPs are spending more time with their patients.

In May this year I welcomed the Federal Budget as a game changer for GPs, practice teams and the patients they care for across Australia. We know the problems impacting our health system cannot all be fixed in one go,

but the Federal Government's groundbreaking investment has shown real commitment to strengthening Medicare and rebuilding general practice for all patients.

There are many troubling findings in this year's *General Practice: Health of the Nation* report.

GPs across Australia have expressed concerns for their patients' financial issues, broader health system fragmentation, managing their workloads and burnout across the profession. They have highlighted the trend of growing complexity in patient presentations, with mental health as the leading reason for patient attendances. GPs are worried about how gaps in funding for patient care are impacting their ability to meet the needs of their communities. Concerningly, many GPs are also indicating that they would no longer recommend general practice as a career for junior doctors. Together, GPs are telling us that more needs to be done.

Those of us working within general practice know the value we bring to the community, and the fulfillment of pursuing a career as a GP.

Workforce shortages have been widespread across the health sector, including nursing and pharmacy. General practice is not immune. This year's report puts a spotlight on the issues to seek solutions to attracting and retaining the general practice workforce. This needs to be a priority for all governments to ensure that people can continue to access essential care from their GP into the future.

Despite all these challenges, and others like rising cost-of-living pressures and the long-term impacts of the COVID-19 pandemic, our practice teams continue to deliver

high-quality care to their patients. But now there is more – the health sector is preparing for major reform to the system, including the introduction of MyMedicare. These changes may be concerning for some, and they are likely to cause some disruption, but they are also an important opportunity to address the challenges facing general practice and the broader health system.

The RACGP has always maintained that unlocking the potential of GPs and their practices is key to boosting health outcomes and reducing expenditure across the health system.

We must secure the financial sustainability of general practices to prevent further practice closures, encourage bulk billing for those who need it, and ensure the sector is appropriately resourced to meet community demand.

To me, the purpose of the *Health of the Nation* report has always been to amplify the voices of GPs from the frontlines of patient care across Australia.

As such, I would like to finish by thanking all GPs and their teams for their crucial work serving the needs of your community. You continue to be the backbone of our health system, and your leadership is needed now more than ever.

Dr Nicole Higgins
RACGP President

The seventh annual General Practice: Health of the Nation at a glance

Cost of care is a growing issue for patients and GPs, reflecting the historical underfunding of general practice.

GENERAL PRACTICE FUNDING AS A PROPORTION OF OVERALL HEALTH FUNDING



6.5%

General practice represents only 6.5% of total government health spending.

12%

BULK BILLING

In the space of one year, the proportion of GPs bulk billing all of their patients halved from 24% in 2022 to just 12% in 2023.

2022 **2023**
\$64 → **\$75**
LEVEL B FEE **LEVEL B FEE**

In 2023, practising GPs reported charging an average of \$74.66 for a Level B consultation, including the \$39.75 rebate. This has increased significantly from 2022 when the average Level B consultation fee was \$64.02.

General practice remains highly utilised and accessible.



9/10

Each year, almost nine in 10 Australians visit a GP. In 2022, more than 22 million Australians visited their GP.



7.9 **EPISODES OF CARE**

On average, **patients received 7.9 episodes of care** from their GP throughout the year.



LESS THAN 1%

Less than 1% of people reported they were unable to see a GP when they needed to in 2021–22.



18mins

GPs spend an average of **18.6 minutes with each patient**, rising from 17.7 minutes in 2022.



Mental health has remained the most prominent health issue causing GPs concern for the future.

There has been a steady increase in the proportion of GPs reporting psychological issues in their top three reasons for patient presentations, from 61% in 2017 to 72% in 2023.

11%



Majority of people waiting less than 24 hours for urgent care from their GP.

More than 49% of people reported the length of time between making an appointment and seeing a GP for their urgent medical care was fewer than four hours, and around 10.9% reported the wait was between four and 24 hours.

49%

There are worsening issues around GP workforce attraction and retention.

Eight out of 10 newsGP readers report experiencing negative attitudes toward general practice during their medical studies.

In 2023, just under four in 10 practising GPs indicated they would recommend their profession to their junior colleagues.



The wellbeing of the GP workforce continues to decline.

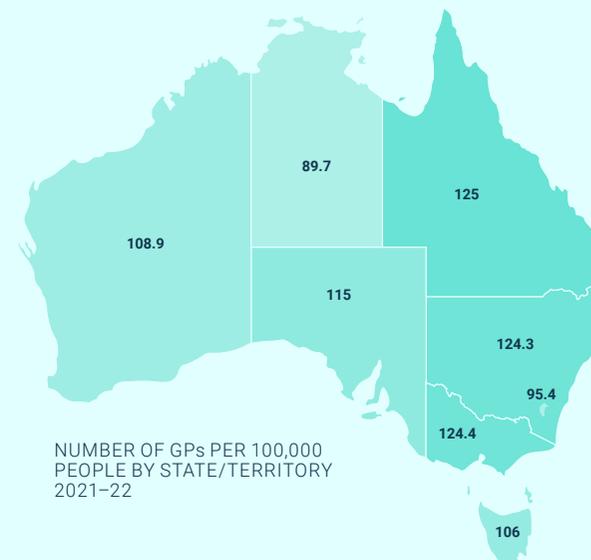
The proportion of GPs who have experienced **feelings of burnout** remains high, with over seven in 10 reporting (71%) such an experience in 2023.

71%



The downward trend in **GP job satisfaction** has continued this year. GPs report that their overall job satisfaction has decreased from 70% in 2022 to 66% in 2023.

Almost three in 10 GPs (29%) intend to retire in the next five years.



NUMBER OF GPs PER 100,000 PEOPLE BY STATE/TERRITORY 2021-22

The proportion of aspiring practice owners has halved since 2020.

PROPORTION OF GP PRACTICE OWNERS WHO ARE CONCERNED ABOUT PRACTICE VIABILITY





The seventh annual
*General Practice:
Health of the Nation*
report's topic of interest
is the **'attraction and
retention of the general
practice workforce.'**

Executive summary

General practice is the most accessed sector of the healthcare system, and its health is essential to the health of all Australians.

Each year, almost nine in 10 Australians visit a GP. In 2022 more than 179 million health services were provided by GPs, and on average, patients received 7.9 episodes of care from their GP throughout the year.¹

The *General Practice: Health of the Nation* report provides annual insights into the state of general practice in Australia. By summarising data from the Health of the Nation survey, and point-in-time data and trends from government and stakeholder publications, the report examines current and emerging health issues, patient access to care, workforce profile, job satisfaction and the business of general practice.

Each year, RACGP members select a topic of interest. The seventh annual *General Practice: Health of the Nation* report's topic of interest is the 'attraction and retention of the general practice workforce'. This year the report highlights several concerning themes relating to the general practice workforce.

Many factors influence the decision to become a GP. Aspirations for regular hours and quality of life, along with the ability to balance family and career, the diversity and breadth of work and the ability to build relationships with patients over time are all dominant contributing factors to decision making.

For pre-Fellowship and New Fellows, the decision to become a GP is made in the postgraduate years or as

an early or mid-career change. Mid- and late-career GPs were more likely to report making the decision to become a GP at university, than pre-Fellowship or New Fellows. This apparent shift towards later stage decision making may impact the focus of future campaigns promoting general practice. Later career decision making may serve to refocus future promotional campaigns to early and mid-career medical practitioners who are seeking a specialisation that provides them the opportunity to balance family and career, and where anticipated regular hours and quality of life are dominant influencing factors.

Since 2021, the likelihood of GPs recommending general practice as a career has been trending downward. In 2023, less than half of practising GPs indicated they would recommend their profession to their junior colleagues. We continue to see a decline in the number of medical students reporting general practice as their preferred specialty, along with fewer active doctors in RACGP training programs. The challenges of attracting medical students and junior doctors into the profession continue.

Across practice settings and locations, we see significant differences in the likelihood that GPs will recommend the profession. GPs working in Aboriginal Medical Services or Aboriginal Community Controlled Health Organisations (62%) are significantly more likely to recommend general practice as a career than those working in group practice (non-corporate) (39%).

Similarly, GPs working in remote (51%) and very remote settings (52%) are more likely to state they would recommend general practice as a career when compared

to those working in major cities (36%) and inner-regional areas (38%).

The differences in the likelihood to recommend the profession across practice settings is evidence of the disparate professional experiences of GPs in Australia and serves to highlight the inadequacies of the current primary healthcare system.

The cost of care is increasing. In addition, the proportion of GPs who bulk bill most of their patients decreased significantly in the last year. This is reflective of anecdotal reports from GPs about the increasing cost of providing healthcare services in general practice and further compounds patient access issues.

The downward trend in GP job satisfaction has continued this year. GPs report that their overall job satisfaction has decreased from 70% in 2022 to 66% in 2023. Simultaneously, there has been an increase in those GPs who report that they are 'very dissatisfied' with their overall job satisfaction.

Maintaining a healthy work-life balance is important for GP wellbeing and directly impacts workforce retention rates. GP work-life balance has declined annually since 2019, and the proportion of GPs who have experienced feelings of burnout remains high, with over seven in 10 (71%) reporting such an experience in 2023. Heavy workloads and demands on GP time are eroding optimism about the profession, despite some of the pressures of the COVID-19 pandemic receding. Alarming, among practising GPs, 64% are considering reducing the time they spend practising or are considering stopping practise altogether.

Regulatory and compliance burden and burnout are the dominant issues leading to GPs considering a reduction to the amount of time they spend practising, or to cease practising as a GP entirely. The new Continuing Professional Development (CPD) requirements were also reported as a significant contributor to the desire to both reduce time practising or cease practising entirely.

There has been a notable drop in GPs satisfaction with remuneration, with 48% of GPs reporting dissatisfaction with their remuneration this year. The consequences of this are now evident, with increased costs to patients and challenges meeting workforce targets.

As the discontent and frustration with the profession has grown, the acceleration in the number of GPs who expect to retire within the next five years continues. Almost three in 10 GPs (29%) intend to retire in the next five years, resulting in a net premature loss of 24% of all practising GPs.

Increased concerns with systemic issues in the Australian healthcare system are also evident this year. Patient health issues and access to care have become increasingly compounded by ongoing dysfunction in the health system. Specifically, workload and GP stress, health system fragmentation and patient financial issues have all increased significantly since 2022.

The seventh annual *General Practice: Health of the Nation* report paints a sobering picture of a workforce under considerable strain and facing significant attraction and retention challenges across all career stages. The 2023–24 Federal Budget commitments go some way to improving access to primary healthcare and reducing out-of-pocket costs for patients. The Government has listened and responded to the RACGP's calls to better support GPs, practice teams and their patients, but without continued and sustained policy reform, the steady erosion of optimism across the profession will continue.

'I love my job, but the current climate makes it feel increasingly hard to provide quality care to my patients.'

About the report: Data sources and survey demographics

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

Survey

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

In 2022, the RACGP expanded the survey to a wider group of GPs, and for the first time included GPs in training. This was continued in the 2023 survey, which included:

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

The 2023 online survey, undertaken by The Navigators in close collaboration with the RACGP, ran from 26 April – 31 May 2023. In total there were 2380 unique survey respondents, covering a wide range of demographics.

The final survey sample for analysis and reporting was 2048 practising GPs (excluding non-practising GPs and registrars) and is representative in terms of GP age and practice location but had a slightly greater proportion of female respondents. Statistical significance was based on a confidence level of 95%.

Demographics of the 2048 practising GPs were:

- 58% female, 41% male, 1% other/prefer not to say
- 8% aged <35 years, 24% aged 35–44 years, 26% aged 45–54 years, 26% aged 55–64 years, 16% aged ≥65 years
- 11% Western Australia, 2% Northern Territory, 9% South Australia, 20% Queensland, 28% New South Wales, 3% Australian Capital Territory, 24% Victoria, 4% Tasmania
- 61% in major cities, 21% in inner-regional areas, 13% in outer-regional areas, 5% in remote and very remote areas.

Demographics of the 183 GPs in training were:

- 57% female, 41% male, 2% other/prefer not to say
- 38% aged <35 years, 30% aged 35–44 years, 22% aged 45–54 years, 7% aged 55–64 years, 3% aged ≥65 years

- 11% Western Australia, 3% Northern Territory, 8% South Australia, 19% Queensland, 28% New South Wales, 2% Australian Capital Territory, 22% Victoria, 4% Tasmania*
- 44% in major cities, 27% in inner-regional areas, 22% in outer-regional areas, 5% in remote and very remote areas.*

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

Other data sources

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

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

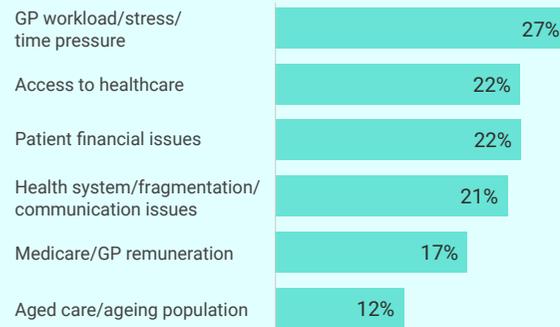
**Sum of percentages may not be 100% due to system missing responses and rounding.*



Chapter one

Current and emerging health issues

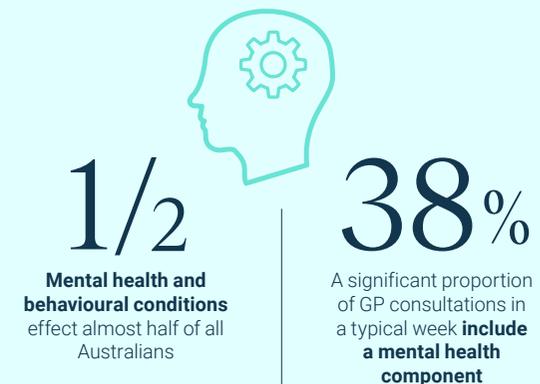
‘There is a lot of pressure on GPs to take up the responsibility for a failing health system.’



Top six health system issues causing the most concern for GPs in 2023



Proportion of GPs reporting psychological factors as the main reason for patient presentation continues to grow



GPs hold a trusted role in the Australian healthcare system. More than eight in 10 Australians primarily consult their preferred GP to support their healthcare needs. An additional 15% attend the same practice but see any available doctor.² However, patient health issues and access to care are becoming increasingly impacted by ongoing dysfunction and fragmentation in the health system.

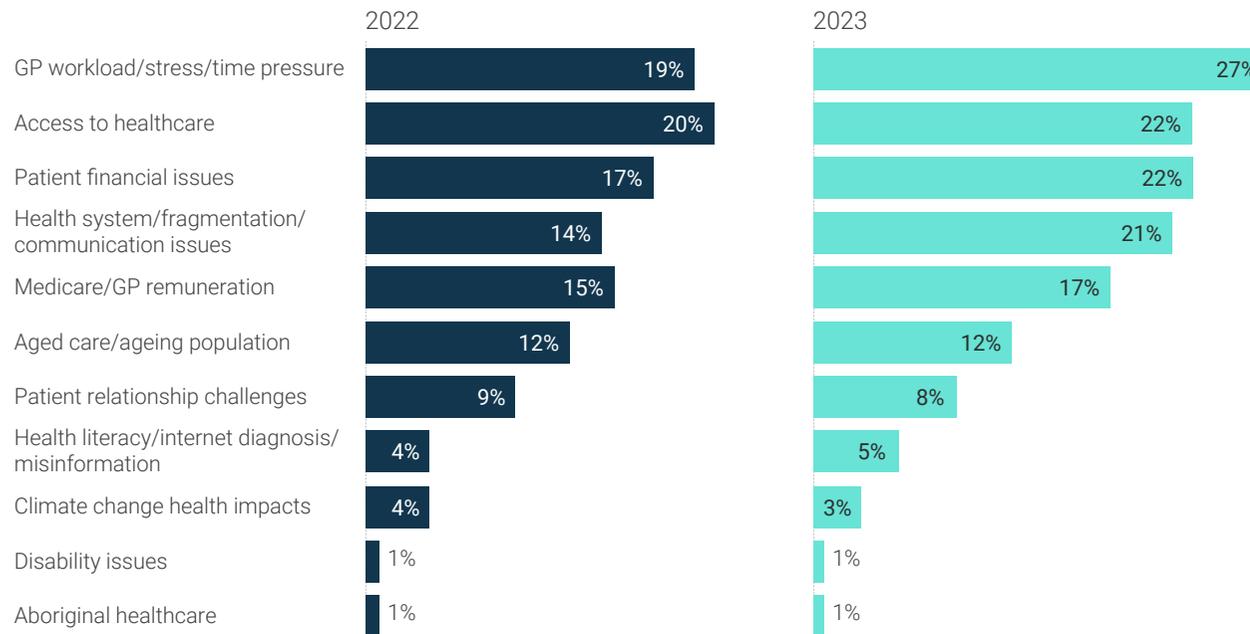
When asked about emerging health concerns, over seven in 10 (71%) GPs reported apprehension, highlighting systemic issues present for patients in the Australian healthcare system, a significant increase from 2022 (62%). Specifically, workload and GP stress, health system fragmentation and patient financial issues have all increased significantly since 2022.

Issues such as financial hardship and vulnerability faced by some patient cohorts continues to weigh heavily on the minds of GPs. Medicare/GP remuneration also persists as a frequently mentioned concern in 2023 (17%) (Figure 1).

In 2023, 60% of GPs identified an emerging patient condition(s)/issue(s) as their primary concern, a significant decrease from 75% in 2022. This decrease may largely be accounted for by the concurrent and proportional increase in GPs reporting health system issues as their main concern (Figure 1) but may also be related to the decrease in the number of GPs mentioning COVID-19 as a patient health issue this year (5%) as opposed to 2022 (14%) (Figure 3).

GP INSIGHT 'Climate change effect on health is already profound, as it affects the health of our patients, but also the ability of practices to provide care (think floods and bushfires). Anticipating and managing the risks to selected patients at risk is something we are going to have to start doing, eg patients at risk of thunderstorm asthma, when this type of storm is predicted, patients with CKD at risk during a heat wave, patients with respiratory diseases at risk during bushfires.'

FIGURE 1
Emerging health system issues causing the most concern for GPs

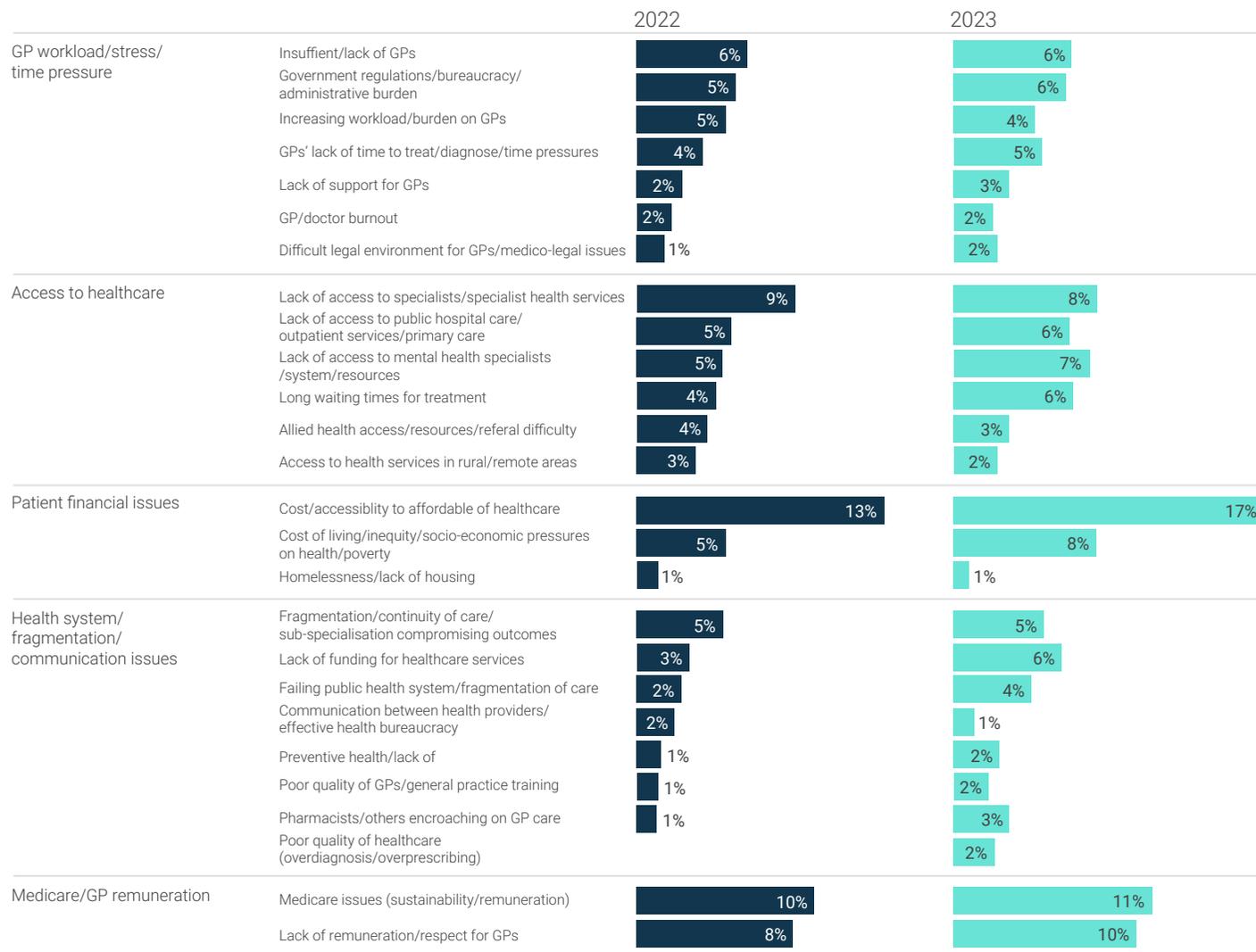


1 – Measure: Proportion of GP responses to the question, 'What are the emerging patient health issues causing you concern for the future?'. Responses are spontaneously mentioned verbatim comments coded into themes.

Sample: Practising GPs 2023 n=2048, 2022 n=3219

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 2
Detailed breakdown of emerging health system issues causing the most concern for GPs



GP INSIGHT 'There is a lot of pressure on GPs to take up the responsibility for a failing health system. For example, the shortage of developmental paediatricians and psychiatrists and prescription of ADHD medication. That is all very well, but as GPs we are already under a lot of pressure to fill in so many gaps in the system. My concern is how sustainable this is and how this will contribute to burnout on an individual level.'

2 – Measure: Proportion of GP responses to the question, 'What are the emerging patient health issues causing you concern for the future?'. Responses are spontaneously mentioned verbatim comments coded into themes.

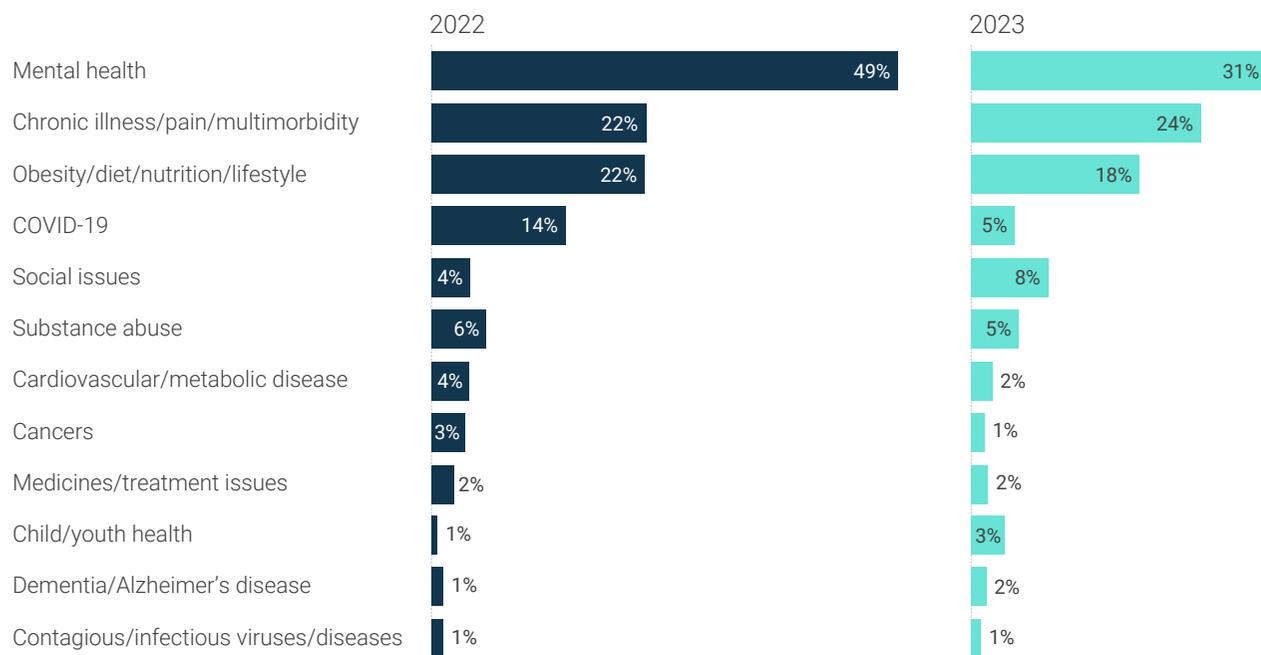
Sample: Practising GPs 2023 n=2048, 2022 n=3219

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Chronic illness and pain, obesity and nutrition and social issues were raised by GPs as key concerns for the future.

COVID-19 related issues (particularly the impact of long COVID) have significantly decreased in the last year (Figure 3). While mental health continues to be the patient health issue causing GPs the most concern, the proportion of GPs mentioning mental health as an unpromoted response this year (31%) is significantly lower than 2022 (49%) (Figure 3).

FIGURE 3
Mental health continues to be the patient issue of most concern to GPs



3 – Measure: Proportion of GP responses to the question, 'What are the emerging patient health issues causing you most concern for the future?'. Responses are spontaneously mentioned verbatim comments coded into themes.
Sample: Practising GPs 2023 n=2048, 2022 n=3219.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Mental health and psychological issues

Mental health has remained the most prominent emerging health issue causing GPs concern for the future.

Since the first Health of the Nation survey in 2017, GPs have consistently reported the most common health issues they manage are psychological. There has been a steady increase in the proportion of GPs reporting psychological issues in their top three reasons for patient presentations, from 61% in 2017 to 72% in 2023 (Figure 5).

As reported last year, Australia's disease burden from mental and neurodevelopmental disorders is among the highest in the world³ with GPs taking on a significant proportion of the workload associated with mental health.⁴ For people experiencing mental health symptoms, GPs are often the first health professional they interact with, providing access to other mental health services and essential care coordination.

Mental health and behavioural conditions affect almost half of all Australians, with 42.9% aged 16–85 experiencing a mental health disorder at some point in their lifetime.⁵ In 2020–22, one in five Australians (21.5% or 4.3 million people) had a 12-month mental disorder, and 3.4 million Australians saw a health professional to discuss mental health concerns.

Around 35% of people with a 12-month mental disorder saw a GP for their mental health, and 21.3% saw a psychologist.⁵ Thirty-eight per cent of GP consultations in a typical week include a mental health component.⁴



There has been an 11% increase in reporting of patients presenting with psychological issues since 2017

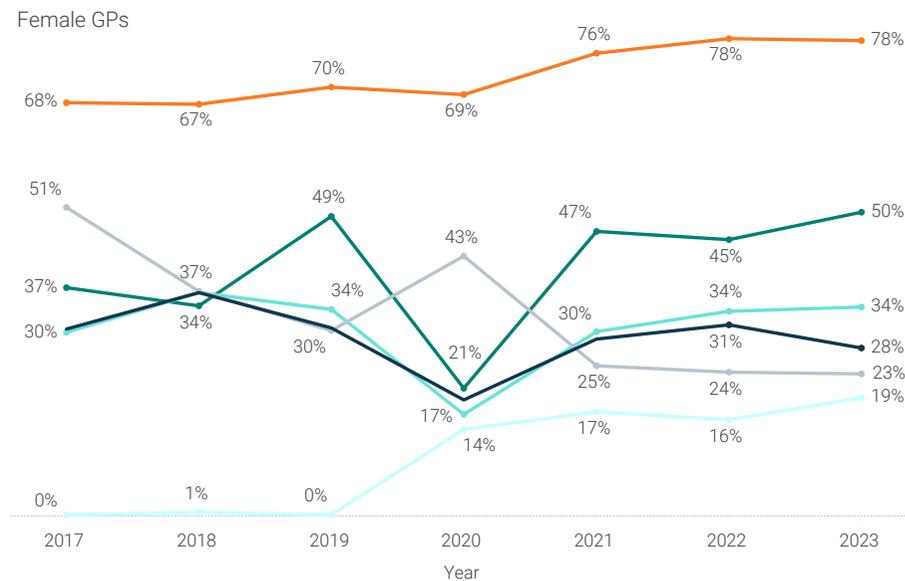
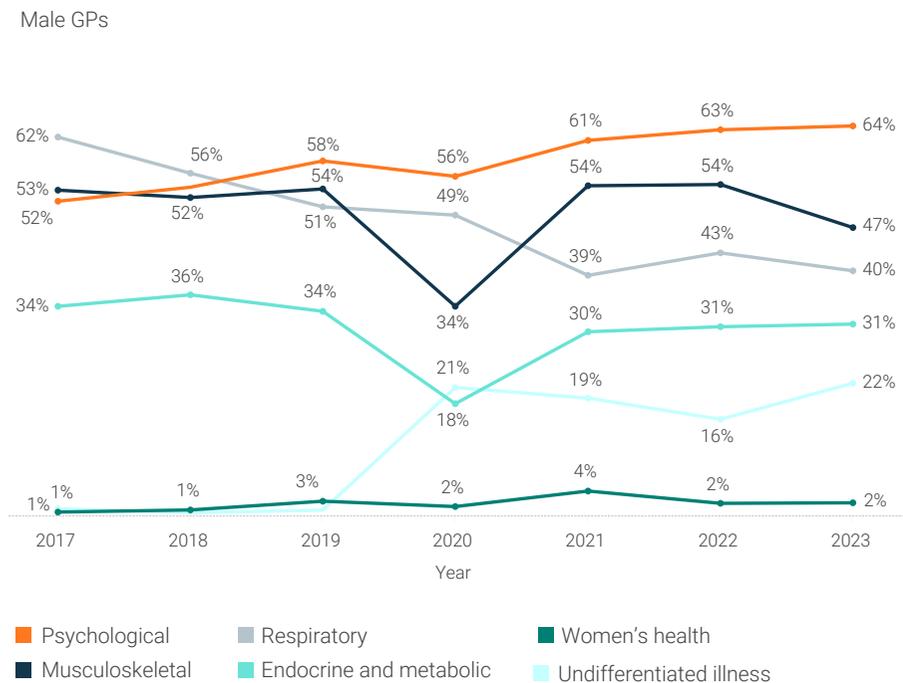
The impact of COVID-19 has exacerbated the prevalence of mental health issues, with estimates that the rate of depression in Australia has almost tripled from that of pre-COVID-19 levels.⁶

Female GPs continue to carry a heavier load of psychological presentations, with nearly eight in 10 female GPs reporting psychological issues as one of their top three reasons for patient presentations. This is in contrast to just over six in 10 male GPs. Female GPs also report a much greater incidence of women’s health and pregnancy/family planning presentations in their top three presentations (50%) compared to male GPs (2%). Male GPs report seeing a greater proportion of musculoskeletal and respiratory presentations among their patients (Figure 4).

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

Sample: Practising male GPs 2023 n=849, 2022 n=1441, 2021 n=553, 2020 n=678, 2019 n=480, 2018 n=654, 2017 n=553. Practising female GPs 2023 n=1180, 2022 n=1759, 2021 n=824, 2020 n=1102, 2019 n=691, 2018 n=880, 2017 n=754. Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 4
Three most common reasons for patient presentations

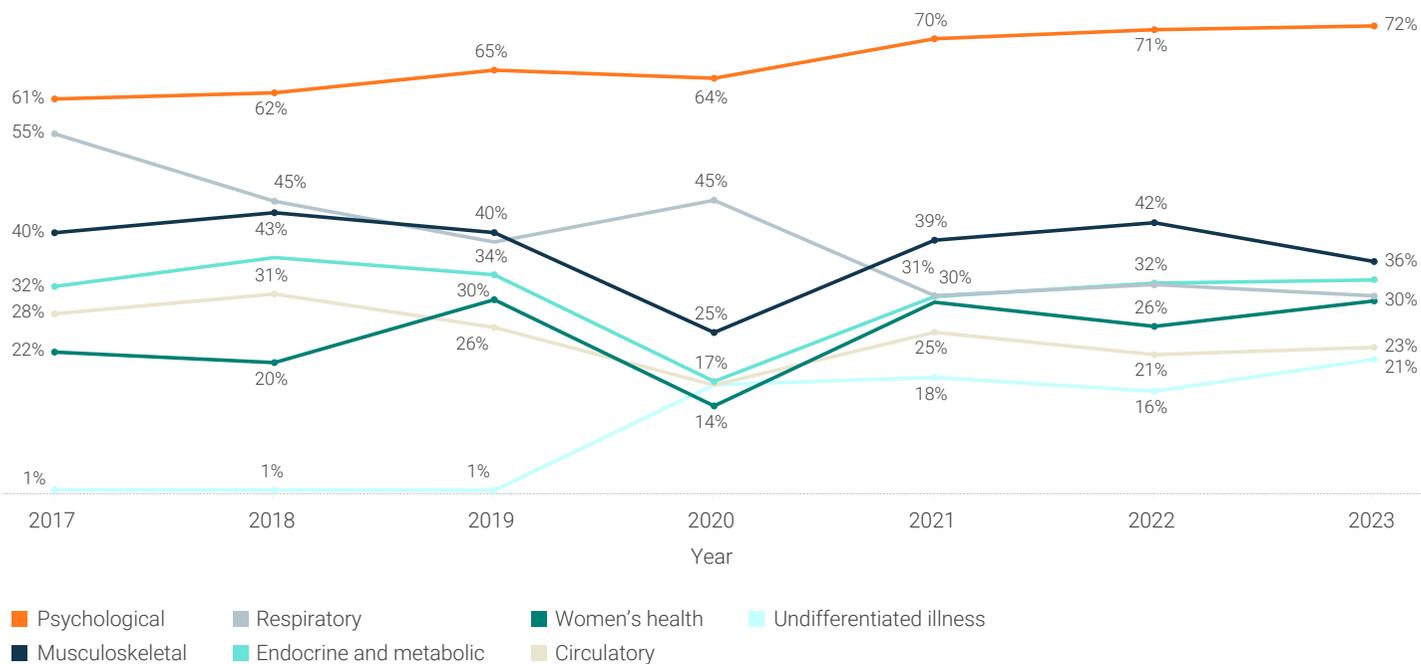


Patient presentations

As noted in last year’s report, the nature of health conditions that GPs most commonly manage has fluctuated since 2017, which can in part be attributed to the COVID-19 pandemic. In 2020, we saw a spike in respiratory and preventive care and a decrease in other chronic disease care.

The 2023 survey results show a significantly higher increase in undifferentiated illness and women’s health presentations when compared with 2022 results. GPs also reported a significant decrease in musculoskeletal presentations in the last year, from 42% in 2022 to 36% in 2023 (Figure 5).

FIGURE 5
Psychological factors are the main reason for patient presentations



GP INSIGHT ‘I have been a doctor for 22 years. In the past 3-4 years I have noticed that patients are attending with more and more complex issues, mainly due to their poor mental health ... the majority of my work has been focused on distinguishing ... the real reason for attendance. Reassuring patients has become a mission impossible due to their Google search. Gaining their trust has become exhausting. A lot of patients go to several GPs at once and get confused with different management plans ... patients don’t comprehend the importance of continuity of care.’

5 – Measure: Proportion of GP responses to the question, ‘When thinking about your patients overall, what are the three most common reasons for patient presentations?’

Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.



Chapter two

Patient access to general practice care

‘As a GP, we are stretching our limits to look after patients in the community.’



22m

Australians visited their GP in 2022



179m

services delivered by GPs



99%

of people able to see a GP when they needed



18mins

is the average time spent with patients, increasing from 2022

GPs remain an accessible and highly utilised part of the health system



Percentage of GPs that fully bulk billed all patients in 2023

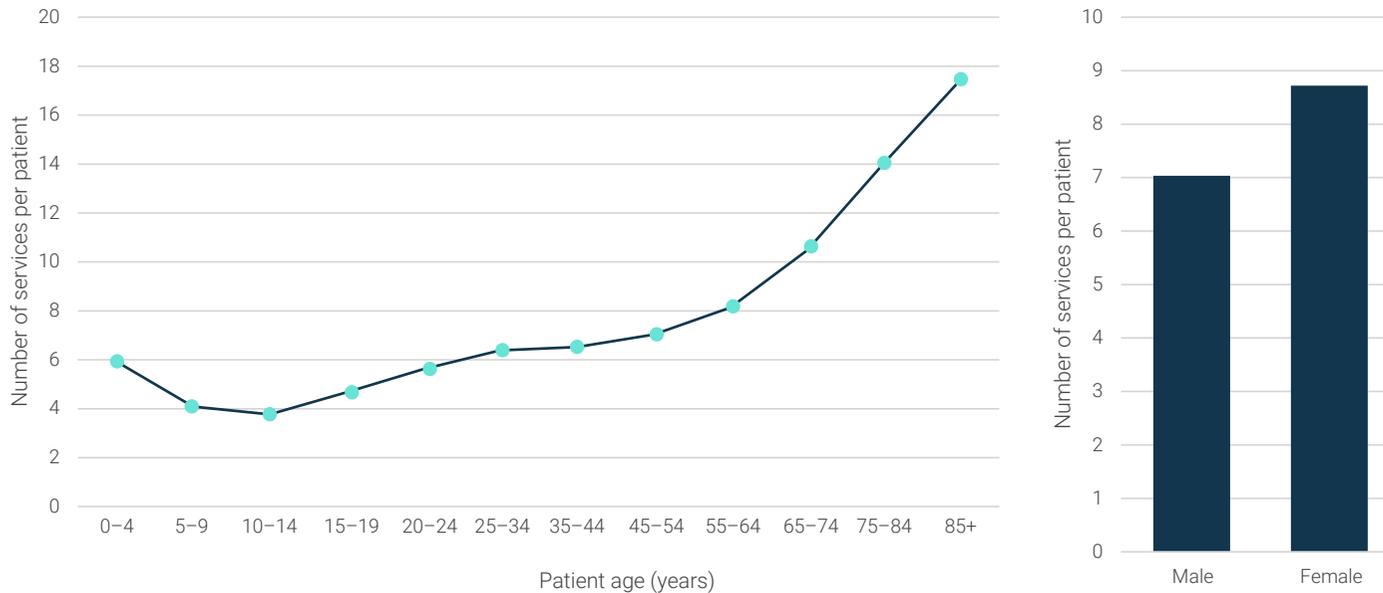
Patient profile

Each year, almost nine in 10 Australians visit a GP. Last year, over 22 million Australians visited their GP. More than 179 million health services were provided by GPs, and on average, patients received 7.9 episodes of care from their GP throughout the year.¹

GPs were the most commonly seen health professionals in 2021–22, reflecting the trend established in previous years.⁷

The patient population accessing GP services is extremely broad. Females and those over 65 years old tend to be the highest users of GP services (Figure 6). Patients living in or close to major cities also visit their GP more frequently, ranging from 7.8 services per patient in Modified Monash Model 1 (MMM1), compared to 4.3 services per patient in MMM7.¹

FIGURE 6
Number of GP services per patient by age and gender

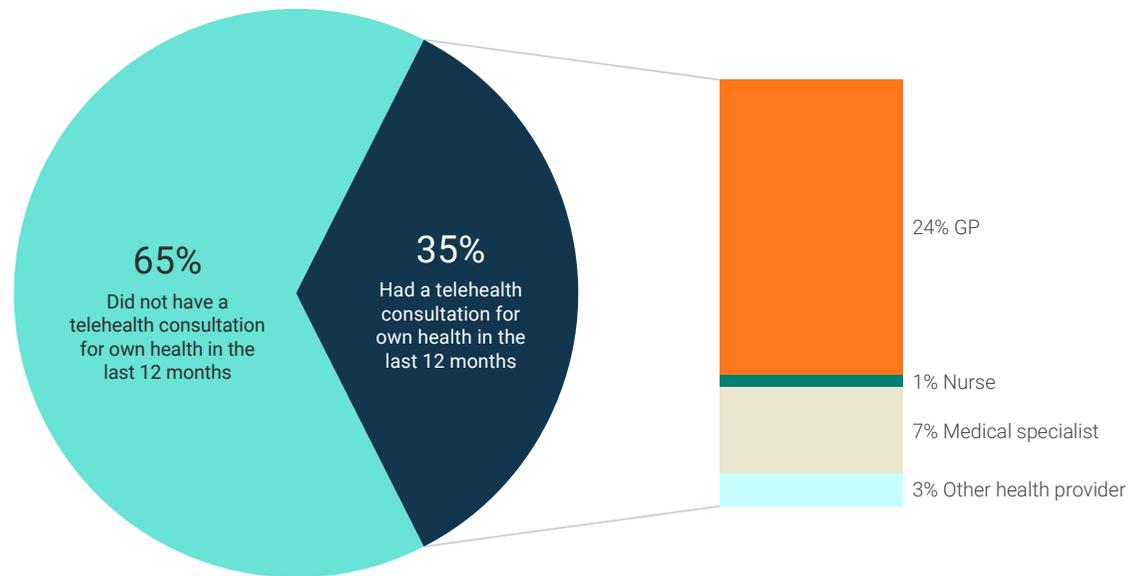


6 – Measures: Number of services per patient by age and by gender
Source: Australian Government, Department of Health and Aged Care. General practice workforce providing primary care services in Australia – General practice workforce (2015–22 financial years). 2023. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

People are continuing to access care in ways that suit them.

Around one-third of people had a telehealth consultation in 2021–22, with over 80% of these consultations occurring with a GP (Figure 7).⁷ This reflects the widescale adoption of telehealth across Australia in 2021 and its permanent integration into the health system during and post-pandemic.

FIGURE 7
Proportion of telehealth consultations provided by GPs



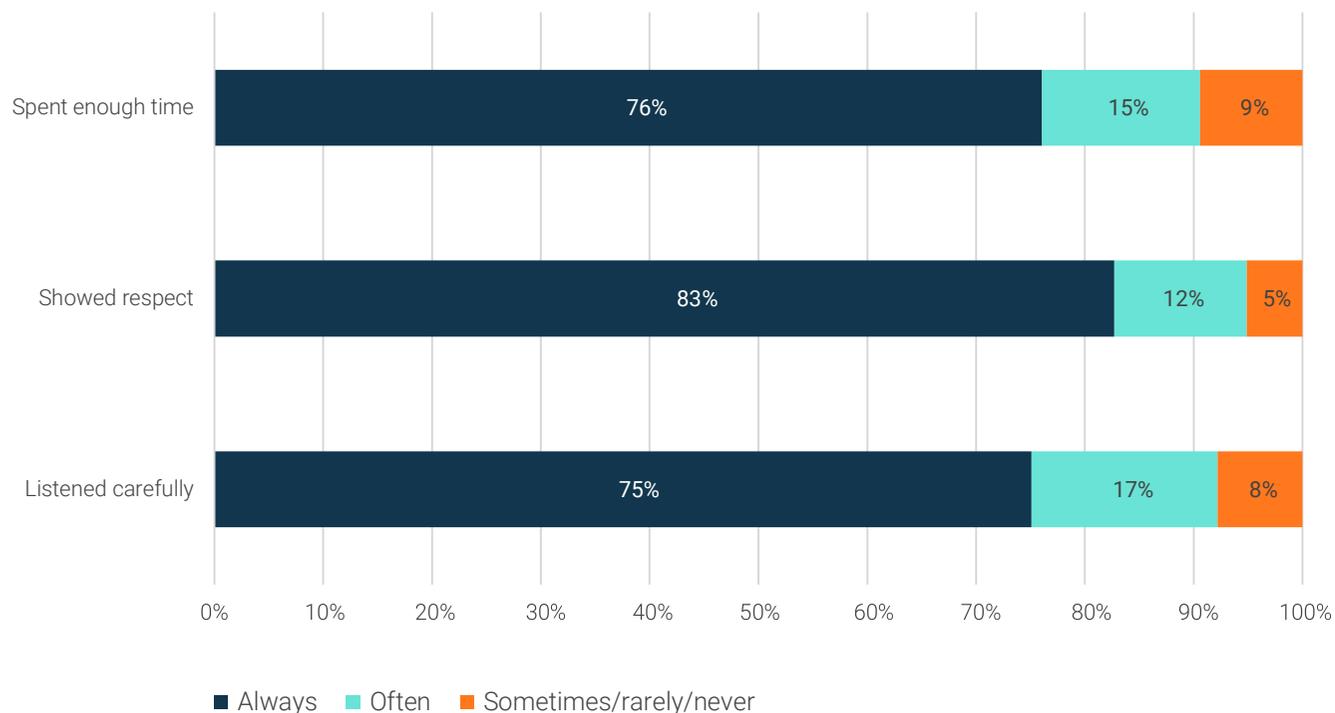
7 – Measure: Patient responses to the question, 'Since <month> last year, have you seen any of the following health professionals via a telehealth service?'.
Sample: Data based on a sample size of 23,949 fully responding persons.
Source: Australian Bureau of Statistics. Patient experience in Australia. 2021–22. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.

Patient satisfaction with care

Patients continue to generally rate the care they receive from their GP highly. Over 90% of patients report their GP always or often spent enough time with them, showed respect and listened carefully (Figure 8).

Patients also remain highly satisfied with services delivered via telehealth, the majority of which are through general practice. Over 85% of patients indicated they would use a telehealth consultation again if offered.⁷

FIGURE 8
Patient satisfaction with GP care



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

Sample: Data based on a sample size of 23,949 fully responding persons.

Source: Australian Bureau of Statistics. Patient experience in Australia. 2021–22. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.

Wait times for care

In 2021–22, 23.4% of people reported they were waiting longer than acceptable to get an appointment with a GP, compared to 16.6% the year before, which was the lowest ever reported. More than 49% of people reported the length of time between making an appointment and seeing a GP for their urgent medical care was fewer than four hours, and around 10.9% reported the wait was between four and 24 hours.⁷ People outside of major cities reported different experiences with GP wait times and are more likely to report unacceptable wait times (Figure 9) and longer wait times for urgent care (Figure 10).

9 – Measure: Patient responses to the question, 'Since <month> last year, have you waited longer than you felt was acceptable to get an appointment with a GP?', by remoteness.
 Sample: Data based on a sample size of 23,949 fully responding persons.
 Source: Australian Bureau of Statistics. Patient experience in Australia. 2021–22. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.

10 – Measure: Patient responses to the question, 'Thinking about the most recent time for urgent medical care, how long after you made the appointment were you seen by the GP?', by remoteness.
 Sample: Data based on a sample size of 23,949 fully responding persons.
 Source: Australian Bureau of Statistics. Patient experience in Australia. 2021–22. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.

FIGURE 9
 Wait times for a GP appointment by regionality

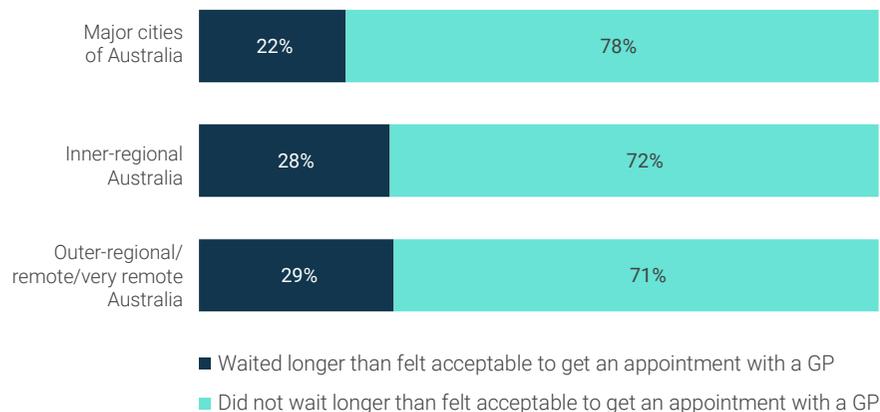
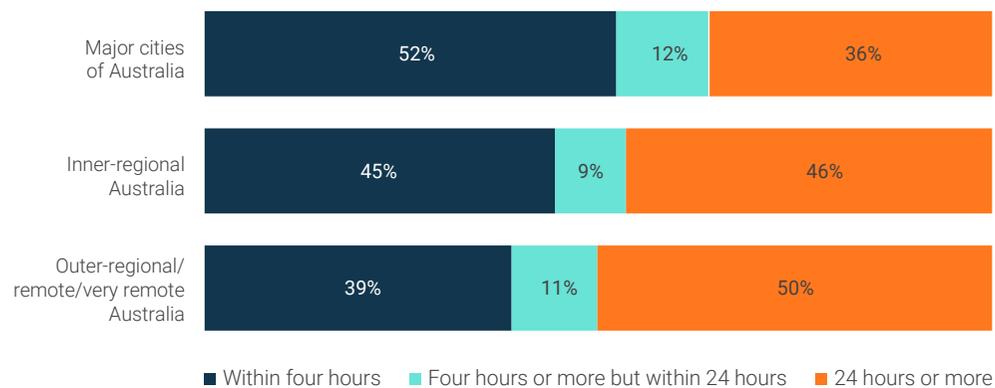


FIGURE 10
 Wait times for an urgent GP appointment by regionality



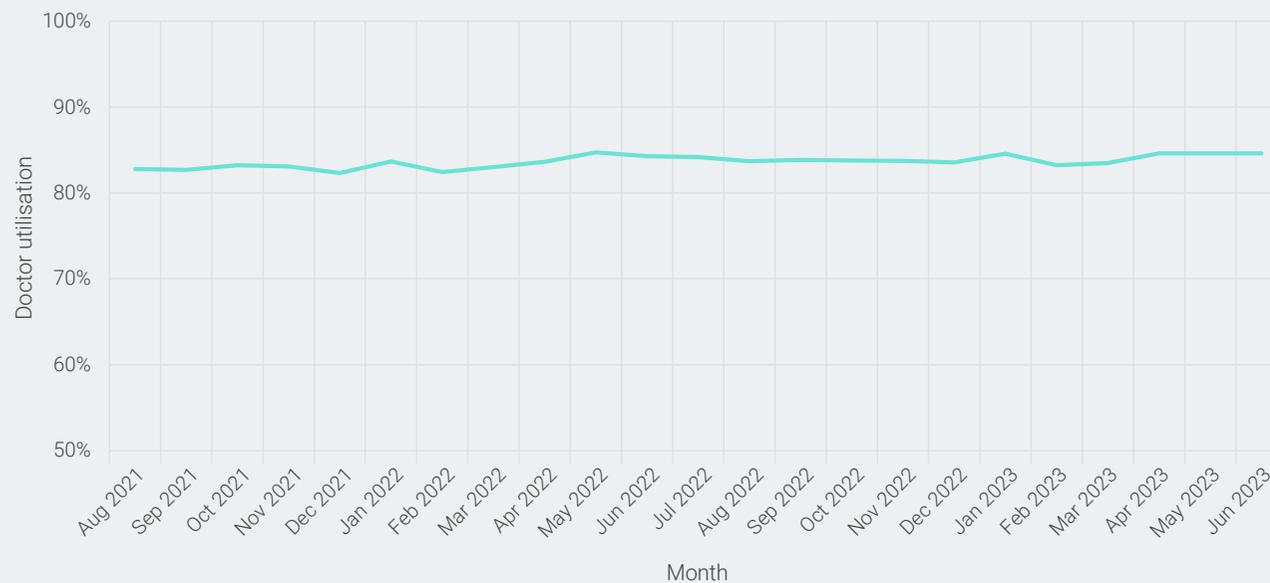
Insights from the Cubiko Touchstone dataset

Touchstone data is an opt-in aggregation of anonymised practice data comprised of Cubiko customers who have opted into the program. Touchstone includes data from 717 practices.

Touchstone data suggests that over the last two years average doctor utilisation has remained constant, resulting in minimal impact on GP appointment availability (Figure 11).

FIGURE 11

Average doctor utilisation by month in Touchstone practices



11 – Note: Full-time equivalent (FTE) hours in a month were defined as 38 (FTE doctor hours in a week) x 4 (full weeks in a month). FTE doctors are defined as doctor sessions hours/FTE hours.

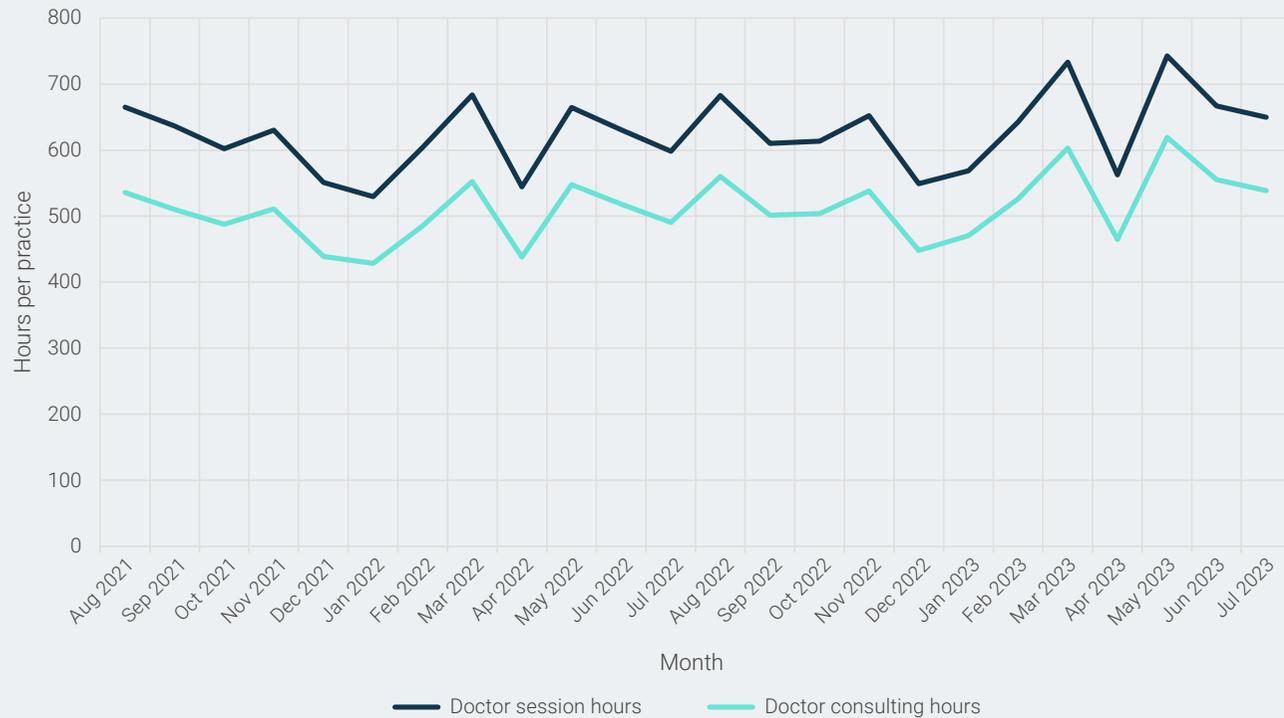
Measure: Average doctor utilisation by month.

Sample: Based on de-identified data from 717 Australian general practices.

Source: Unpublished de-identified data provided by Cubiko.

The Touchstone group also shows no significant decrease in the available hours or consulting hours of doctors in recent years. On a month-to-month basis when comparing 2022 and 2023, there has been an increase in the hours worked by doctors in that month (Figure 12). However, Touchstone data also shows there has been an increase in the average number of patients per full-time equivalent (FTE) doctor at practices.

FIGURE 12
Average total doctor hours per Touchstone practice



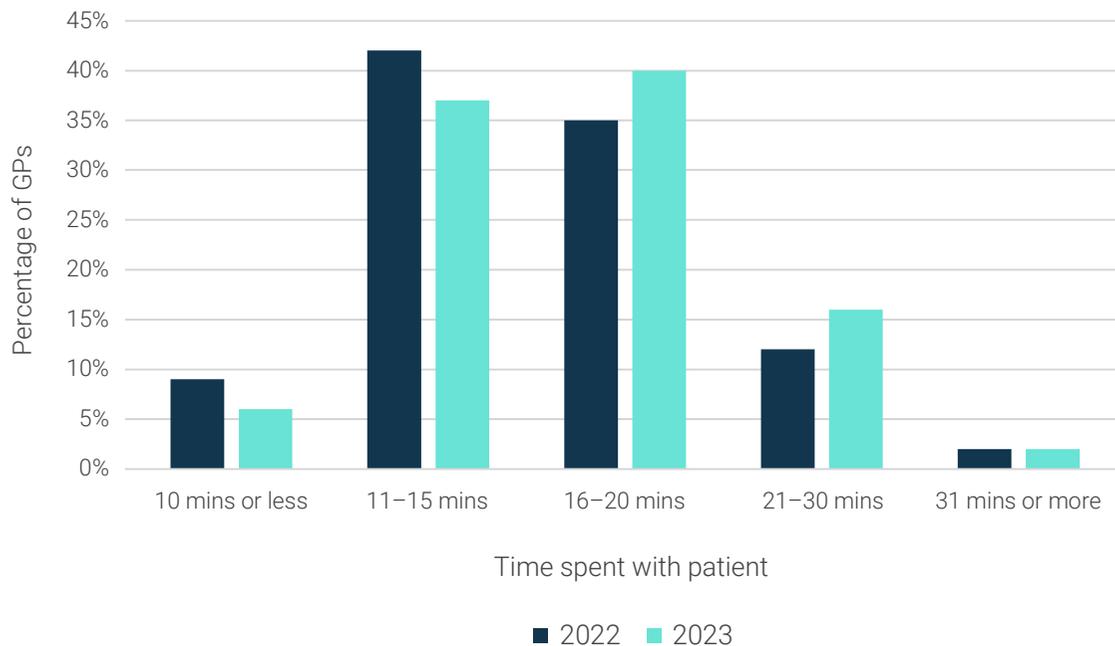
12 – Measure: Total doctor hours by practice count.
 Sample: Based on de-identified data from 717 Australian general practices.
 Source: Unpublished de-identified data provided by Cubiko.

Patient care characteristics

GPs continue to spend most of their time providing care to patients. On average 79% of a GP's time in general practice work is allocated to patient care.

Most practising GPs (58%) are typically spending more than 15 minutes with a patient during a consultation, a significant increase from 2022 (49%). The average across all practising GPs is now 18.6 minutes, rising from 17.7 minutes in the previous year (Figure 13). Accordingly, the most common type of general practice attendance is a Level B consultation (a standard consultation that lasts less than 20 minutes), of which there were 108 million in 2020– 21.⁸

FIGURE 13
Amount of time GPs spend with their patients



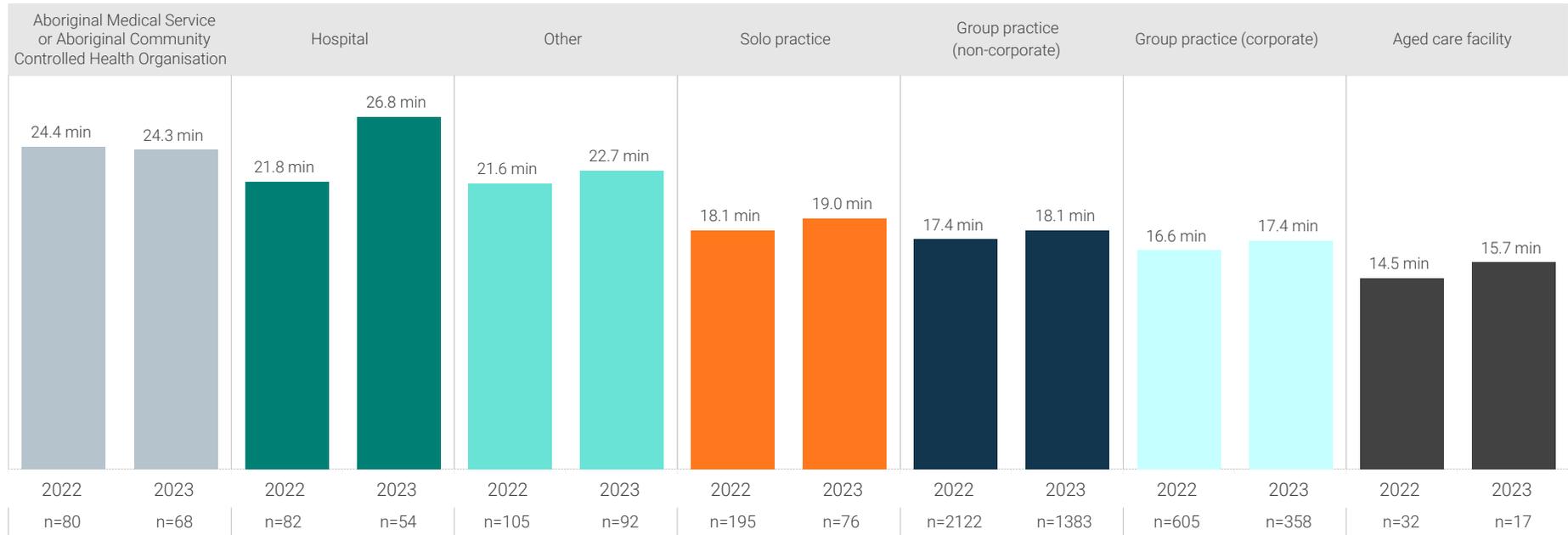
GP INSIGHT 'There are more complex cases in general practice. With patients' increasing cost of medical expenses, as a GP, we are still looking after patients with complex medical conditions and patients are not affording to see private specialists and the public healthcare system is also under strain. As a GP, we are stretching our limits to look after patients in the community.'

13 – Measure: Responses to the question, 'How long do you typically spend with a patient?'.
Sample: 2023 n=2048, 2022 n=3219.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

The increase in the time spent with patients is significantly higher in both corporate and non-corporate group practice settings (Figure 14). GPs who mainly work in hospital settings report a significant increase in the time being spent with patients. This increase could be reflective of increasing patient demand for longer consultations that address more complex and multifaceted health concerns, which may be related to patients delaying care during the pandemic.

FIGURE 14
Amount of time GPs spend with their patients by practice setting

14 – Measure: Responses to the question, 'How long do you typically spend with a patient?'.
Sample: 2023 n=2048, 2022 n=3221.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

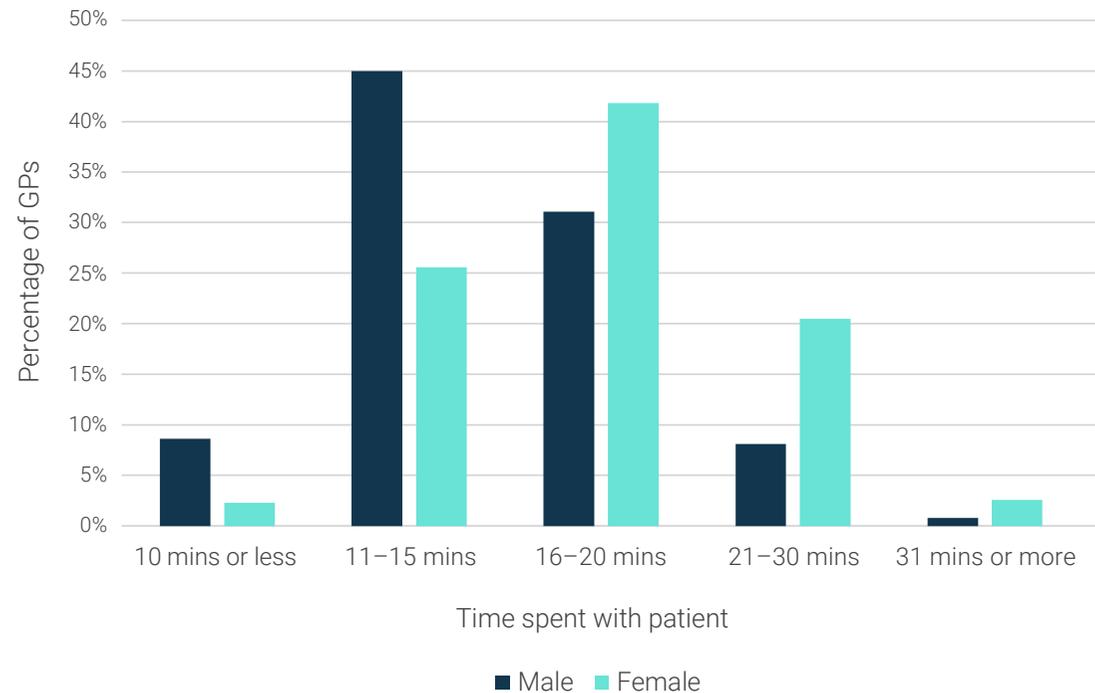


Female GPs spent significantly longer (average 20.0 minutes) with their patients compared with male GPs (average 16.8 minutes) (Figure 15).

This might be explained by the types of consultations conducted by female GPs. For example, female GPs report significantly higher proportions of consultations with a mental health component, which are typically complex consultations requiring more time (see Chapter 1).

Consultations in very remote parts of Australia were significantly longer (average 22.6 minutes) than in major cities and all other categories of remoteness. It is likely this is due to the lack of access to other medical specialists, resulting in GPs carrying the burden of more complex presentations.

FIGURE 15
Time spent with patients by gender



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

Sample: Male n=982, female n=1372.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Accessing multidisciplinary care in general practice

A well-resourced, multidisciplinary general practice team has the capacity to coordinate care and ensure that patient needs are met.

Patient care in general practices continues to be supported by a variety of professionals within the general practice care team. Members of general practice teams can vary significantly depending on community need, and often include nurses, allied health professionals and administrative staff.

More than 90% of general practices employ practice nurses, while more than half of practices include allied health professionals in the care team (Figure 16).

Cost of care

Practising GPs report charging an average fee of \$74.66 for a Level B consultation, including the \$39.75 rebate for 2021–22. This has increased significantly from 2022 when the average Level B consultation fee was \$64.02. The proportion of GPs indicating they charge \$85 or more for this type of consultation has nearly doubled in only 12 months (Figure 17).

16 – Measure: Responses to the question, 'What other individual health workers or professionals are employed by or work in your main practice?'.
Sample: 2023 n=2225.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

17 – Measure: Responses to the question, 'What is the total fee for patients at your main practice for a standard (Level B) consultation? [including both the current rebate of \$39.75 and any out-of-pocket cost]'.
Sample: 2023 n=2048, 2022 n=3219.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 16
Other health professionals employed in GP practices

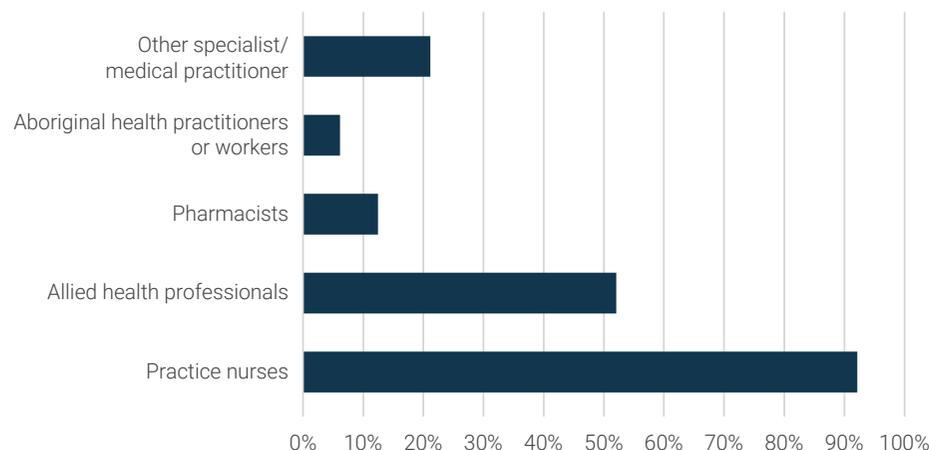


FIGURE 17
Total fee charged for a standard (Level B) consultation



6 INSIGHTS
FROM GPs

‘The complexity and expectations of patients are wildly out of kilter with the amount of time we are remunerated to spend with them via Medicare.’

‘Cost and access to services are a big issue. I work in two settings: a private clinic (three days/week) and a headspace centre (one day).’

‘My headspace patients would be unable to afford the fees that we charge in order to work sustainably at my private clinic. I could not afford to work at the headspace centre and provide bulk-billed quality care without my private work. Many patients need multidisciplinary care and this is very difficult to access financially (eg allied health/specialist input). When patients cannot access the care they require, this puts more pressure on me as the GP, which leads to feeling alone, disheartened and burnout at being unable to support the patient optimally.’

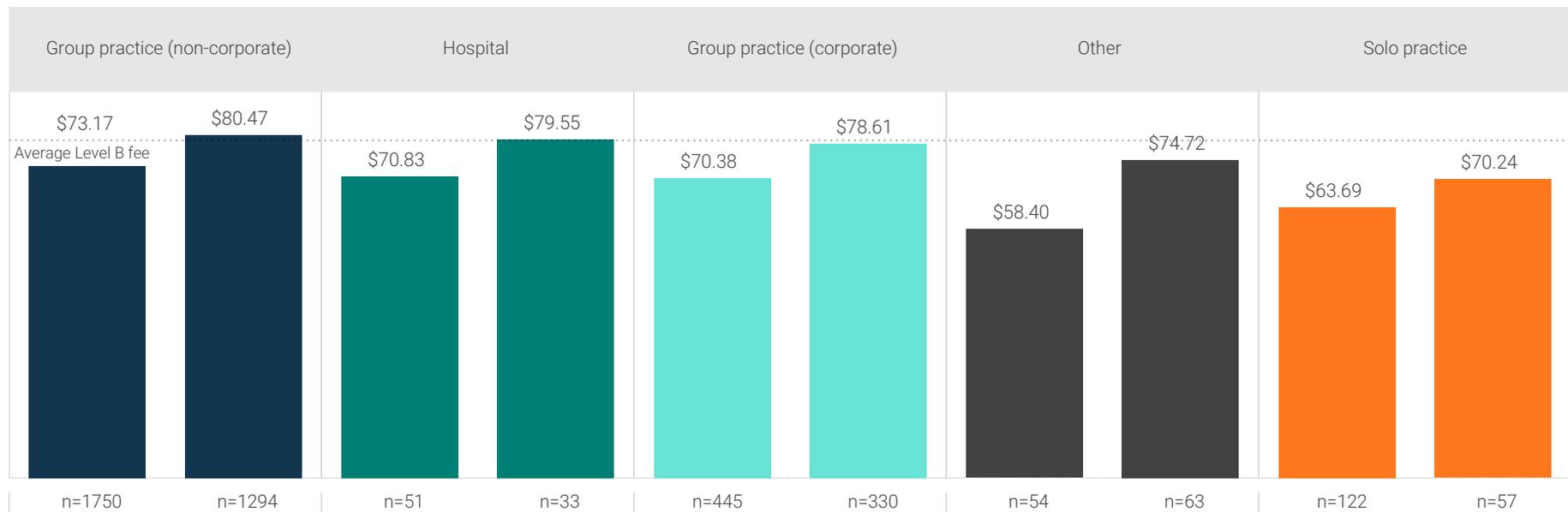
‘I love my job, but the current climate makes it feel increasingly hard to provide quality care to my patients.’

‘GPs are being expected to prop up a systemically underfunded health system, while patients become more complex, and the gap between Medicare funding and the cost of providing care widens. Disadvantaged patients are facing more and more barriers to access care, and it is being left to GPs to both fund their care and spend significant time advocating for them in a dysfunctional health system.’

When excluding GPs who exclusively bulk bill all patients, an increase in Level B consultation fees is observed across all practice settings (Figure 18). This is reflective of anecdotal reports from GPs on the increasing cost of providing healthcare services in general practice.

FIGURE 18
Total fee charged for a standard (Level B) consultation by main practice setting

18 – Measure: Responses to the question, 'What is the total fee for patients at your main practice for a standard (Level B) consultation? [including both the current rebate of \$39.75 and any out-of-pocket cost]'.
 Sample: 2023 n=2048, 2022 n=3219.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.



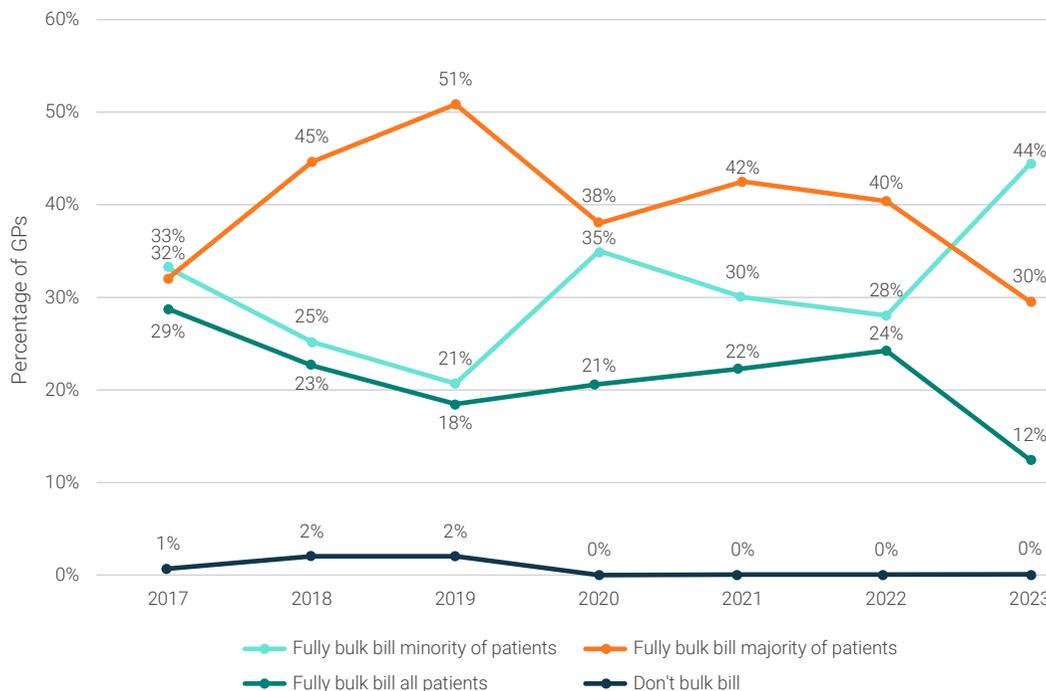
Fully subsidised general practice care

Government data indicates that the proportion of Australians bulk billed for all care they receive from their GP is 65.8%. This decreased by 1.8% between 2020–21 and 2021–22.⁹

In contrast, practising GPs responding to the survey report an average of 52% of their patients are fully bulk billed for all their care. The proportion of GPs bulk billing all patients had been increasing steadily between 2019 and 2022. In the space of just one year, the proportion of GPs bulk billing all of their patients halved from 24% in 2022 to just 12% in 2023. In addition, the proportion of GPs who bulk bill most of their patients decreased significantly and the proportion who bulk bill a minority of patients increased significantly in the last year (Figure 19).

This change is also observed in group practice settings where less than one in 10 GPs report bulk billing all patients. Significant drops in the tendency to bulk bill all patients since 2022 are also evident in solo practices and other practice settings (Figure 20).

FIGURE 19
Proportion of GPs who bulk bill all patients



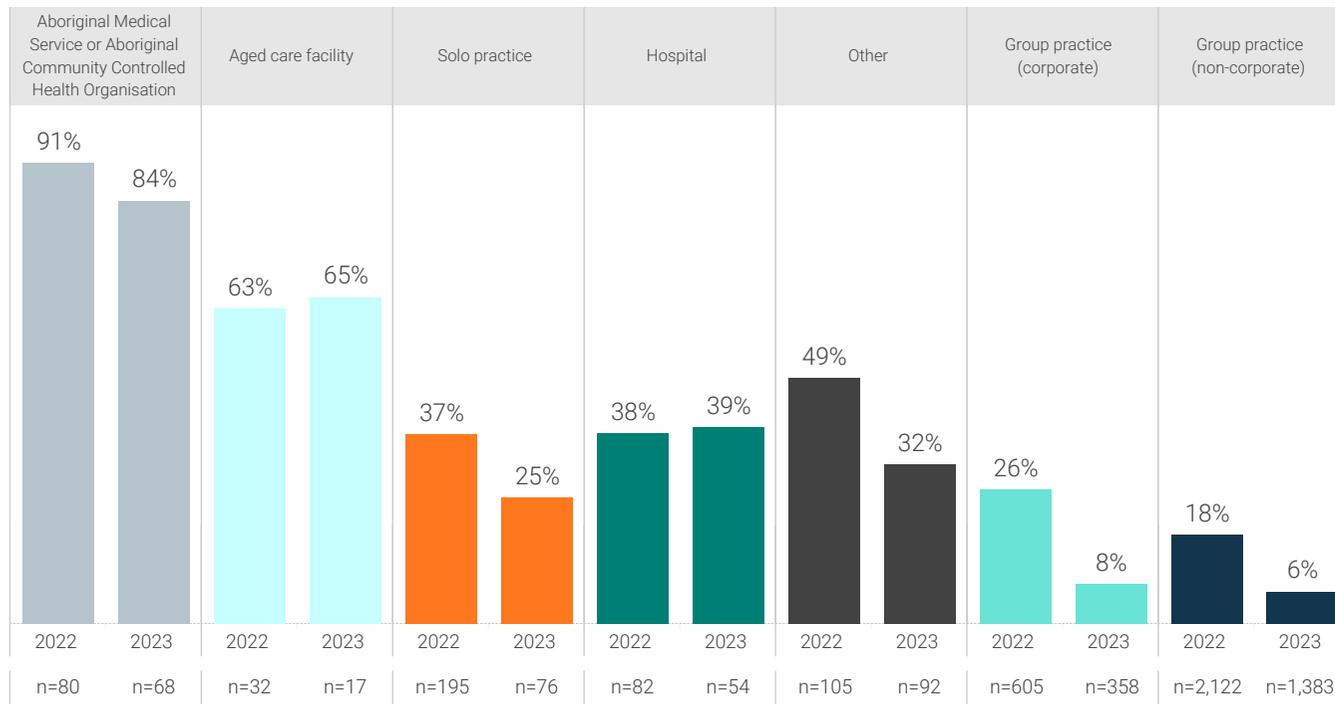
19 – Measure: Responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?'

Sample: 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 20

Proportion of GPs who bulk bill all patients by practice setting



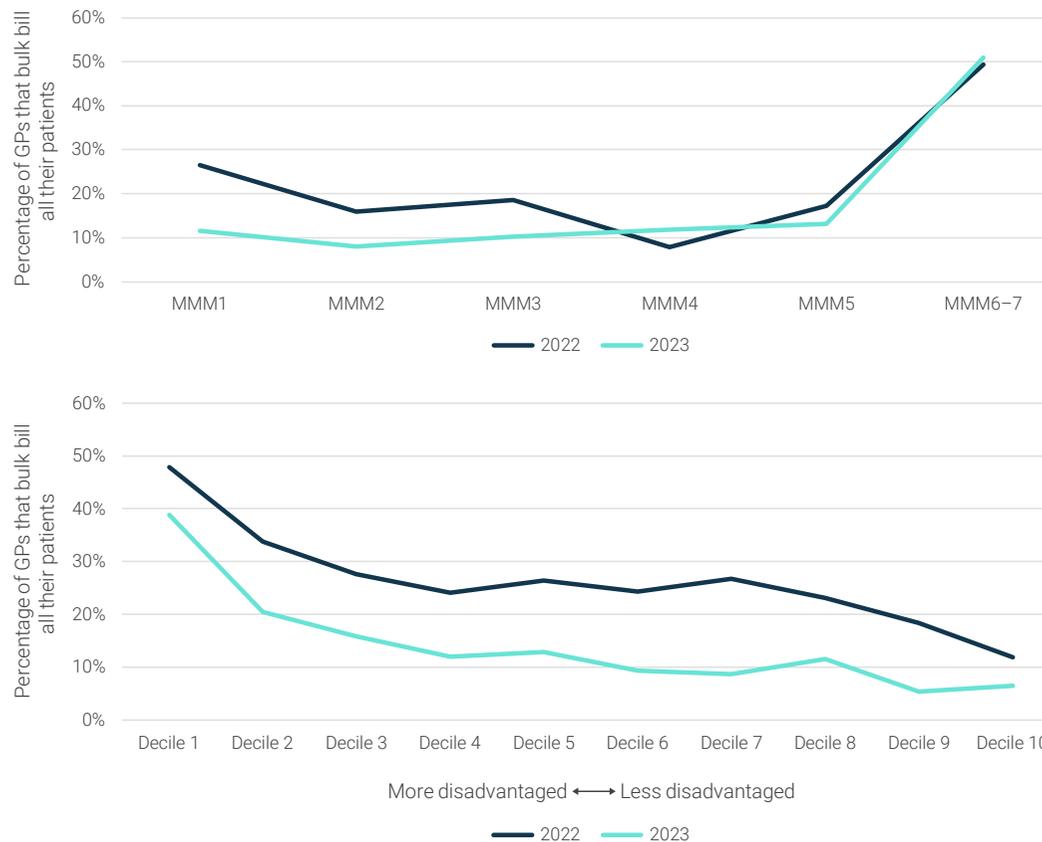
20 – Measure: Responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?', by main practice location. Sample: 2023 n=2048, 2022 n=3219. Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

The change in GPs bulk billing all patients is evident across several MMM regions of Australia (Figure 21). However, the rapid decrease in bulk-billing rates is more evident in metropolitan areas (MMM1) than in remote and very remote areas (MMM6–7). Bulk billing as a percentage of total billings in MMM1 locations decreased from 72% to 56% in 2022. In the same period, MMM6–7 locations experienced a smaller decline, from 86% to 83%. This discrepancy may be due to a greater proportion of metropolitan practices (56%) focusing on revenue generation to cover increasing practice costs versus those in regional areas (45%).²

The reduction in rates of GPs bulk billing all patients is also evident across all deciles of socio-economic disadvantage. While bulk-billing rates remain higher in the most socio-economically disadvantaged areas, the proportion of GPs that are prepared to bulk bill all patients has dropped significantly over the last year (Figure 21).

FIGURE 21

Proportion of patients who are bulk billed by Modified Monash Model (MMM) and Index of Relative Socio-economic Disadvantage (IRSD)



21 – Measure: Responses to the question, “What proportion of your patients are fully bulk billed for all of their care?”, by Modified Monash Model (MMM) and Index of Relative Socio-economic Disadvantage (IRSD).

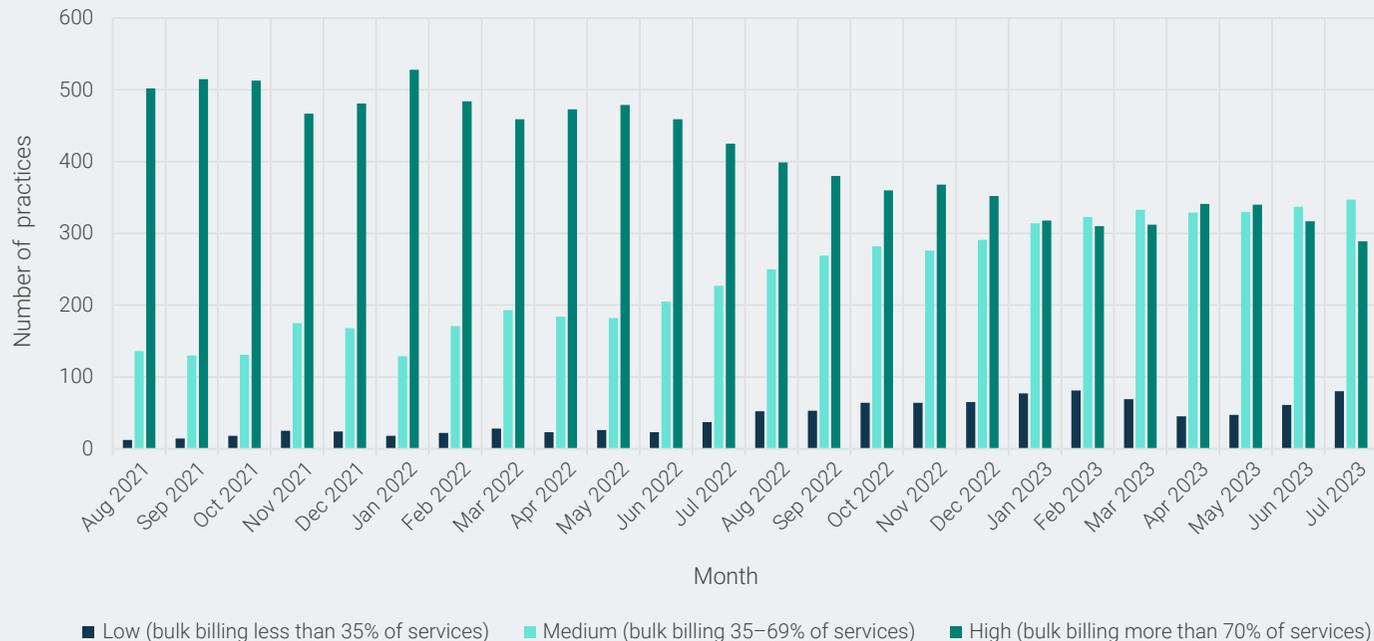
Sample: 2023 n=2048, 2022 n=3219.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Insights from the Cubiko Touchstone dataset

Within the Cubiko Touchstone dataset, there has been a gradual shift from high bulk-billing rates to medium rates across general practices over the past two years. There is a clear trend for more practices shifting into the low bulk-billing group (bulk billing less than 35% of services) and medium bulk-billing group (bulk billing less than 70% of services) over time (Figure 22).

FIGURE 22
Shift in bulk-billing approach across Touchstone practices



GP INSIGHT ‘We are the only bulk-billing practice in our town and surrounding towns. We get patients from several towns away since all others started private billing. It is now getting more and more difficult to sustain a purely bulk-billing practice. I have been asked several times about whether we will be going private billing and we are trying our best to hold off. I am afraid this will change later this year as it is getting unsustainable to provide the necessary supplies to treat our patients.’

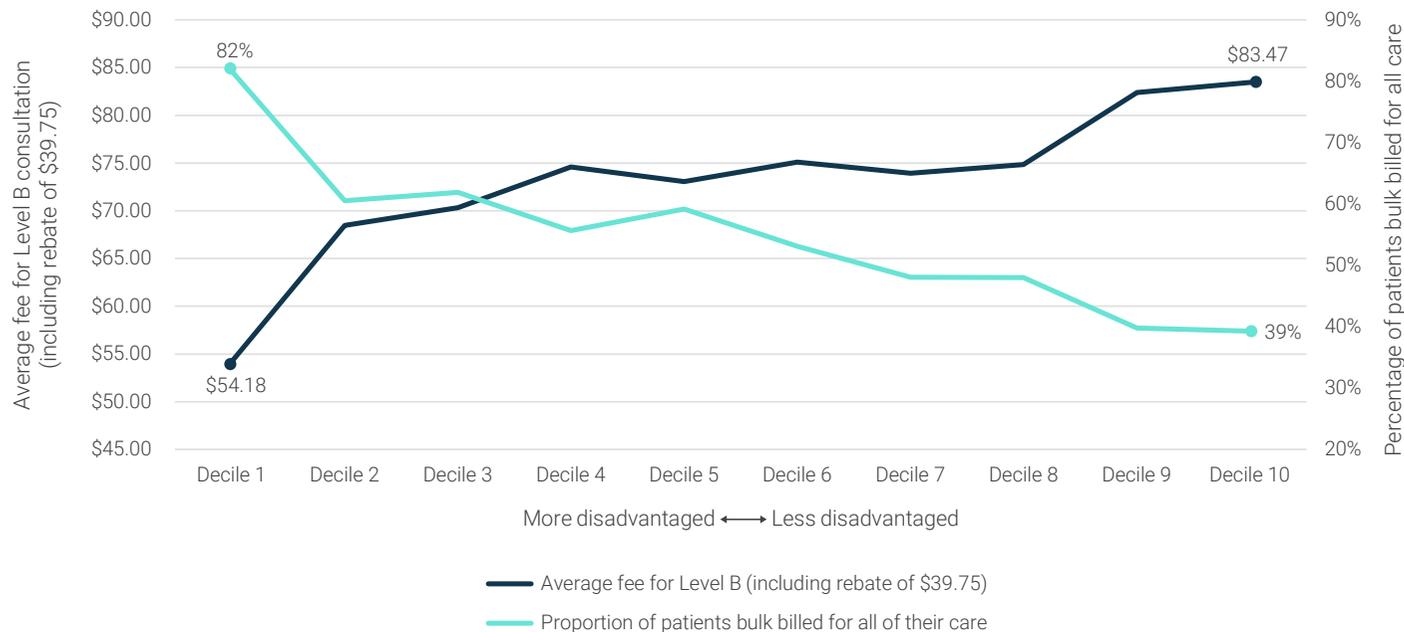
22 – Note: Data in the Touchstone dataset were based on the bulk-billing rate of invoices. Bulk-billing category was defined using these rates: High is a practice bulk-billing rate of 70% or higher, medium is 35–69% and low is less than 35%. Measure: Total practices by bulk-billing category. Sample: Based on de-identified data from 717 Australian general practices. Source: Unpublished de-identified data provided by Cubiko.

6 INSIGHTS FROM GPs

'I currently cannot afford to return to work after taking maternity leave, the wage I would earn from practice would not cover the cost of childcare. I love being a GP, I love my job, but I hate that I have to choose between working and affording to pay my bills.'

'It is awful not being able to bulk bill patients and remain viable.
As a GP you are always aware of the vulnerable who need healthcare and are not able to access it as things are at the moment.'

FIGURE 23
Average fee for Level B consultation and the proportion of patients who are bulk billed for all their care

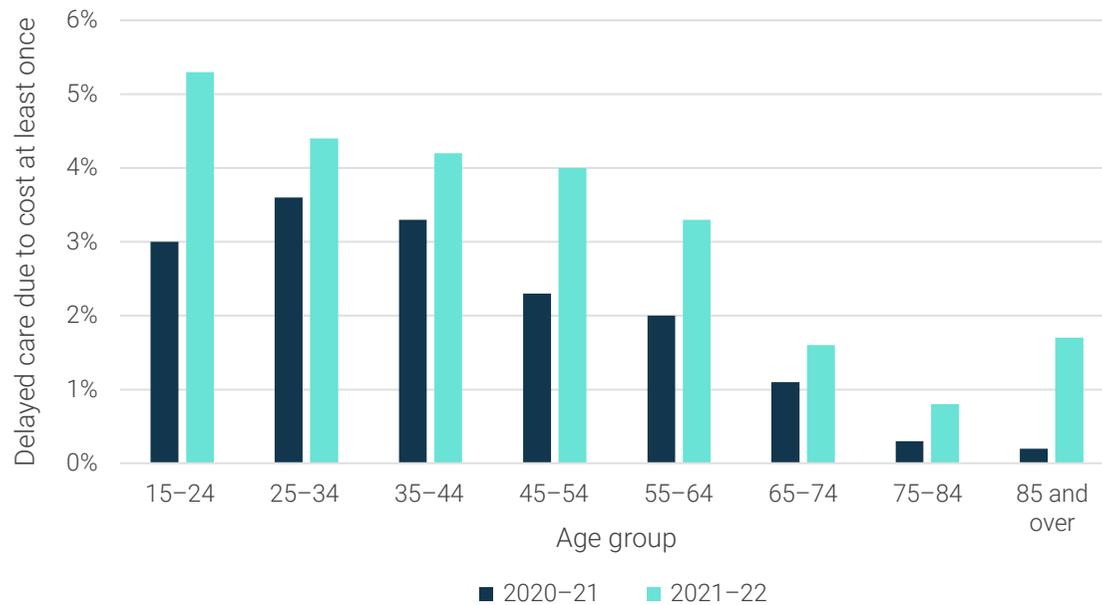


23 – Measure: Responses to the question, 'What proportion of your patients are fully bulk billed for all of their care?' and 'What is the total fee for patients at your main practice for a standard (Level B) consultation? [including both the current rebate of \$39.75 and any out-of-pocket cost]' by Index of Relative Socio-economic Disadvantage (IRSD).
Sample: 2023 n=2048.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Delaying care due to cost

Patients between 15 and 24 years of age are now the most likely group to delay care due to cost, overtaking those aged 25–34. While the overall proportion of patients likely to delay care due to cost remains relatively low at 3.5%, the growth in this figure across all age groups is indicative of the trend of the increasing cost of care and cost of living pressures (Figure 24). Similar trends are seen in patients delaying filling their prescriptions due to cost.⁷

FIGURE 24
The proportion of patients who delay access to care due to cost



24 – Measure: Patient responses to the question, 'Thinking about when you needed to see a GP but didn't, what was the main reason you did not go?', by financial year.
 Sample: Data based on a sample size of 23,949 fully responding persons in 2021-21, and 28,286 fully responding persons in 2020-21.
 Source: Australian Bureau of Statistics. Patient experience in Australia. 2021-22. Available at www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release#data-download

Government contribution to care

Government expenditure on general practices is significantly less than expenditure in other parts of the health sector (Figure 25). Despite general practice being the most highly accessed part of the health system, expenditure per person is far greater in public hospitals (\$3166) than in general practice (\$437.10).⁹

General practice represents only 6.5% of total government health spending, and this proportion is trending down (Figure 26). In contrast, 44.8% of government expenditure on health is directed towards private and public hospital services.¹⁰

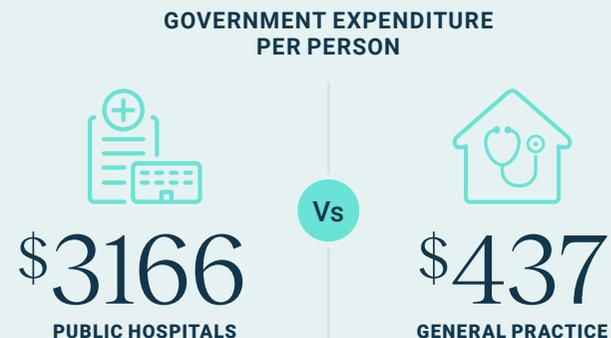
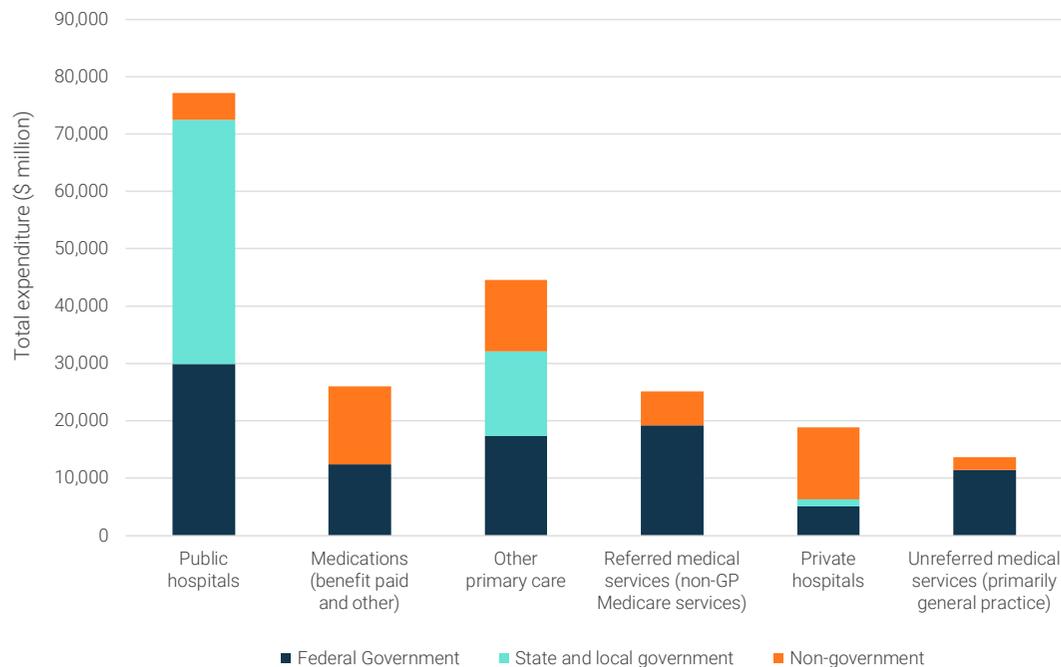


FIGURE 25

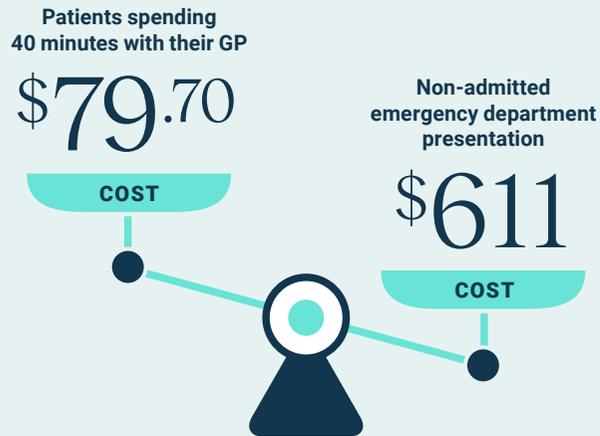
General practice funding as a proportion of overall health funding



GP INSIGHT ‘I’m finding the work demands and patient expectations are rising, and our resources are becoming more limited. It’s difficult to keep up with the pace and needs of the community in these circumstances.’

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

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



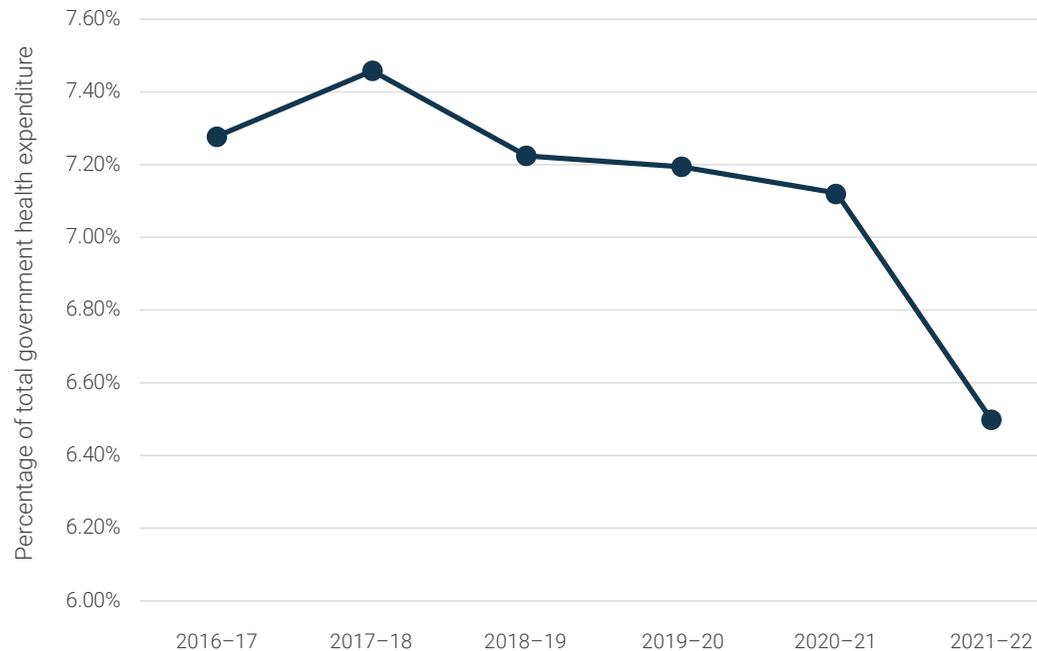
GP INSIGHT ‘I am concerned that underinvestment in socioeconomic drivers of poor health like economic and housing insecurity is going to continue to detrimentally affect our patients. This includes underinvestment in primary and preventive care. I’m seeing many more patients struggling to afford their rent, food and medications, let alone see health professionals.’

Graphic – Data source: Australian Government, Productivity Commission. Report on government services 2023, 10. Primary and community health. 2023. Available at www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health

General practice is far more cost-effective than hospital care. The average cost to government for a non-admitted emergency department presentation in 2020–21 was \$611.⁹ In comparison, it costs the government only \$80.10 to support a patient to spend 20–40 minutes with their GP.

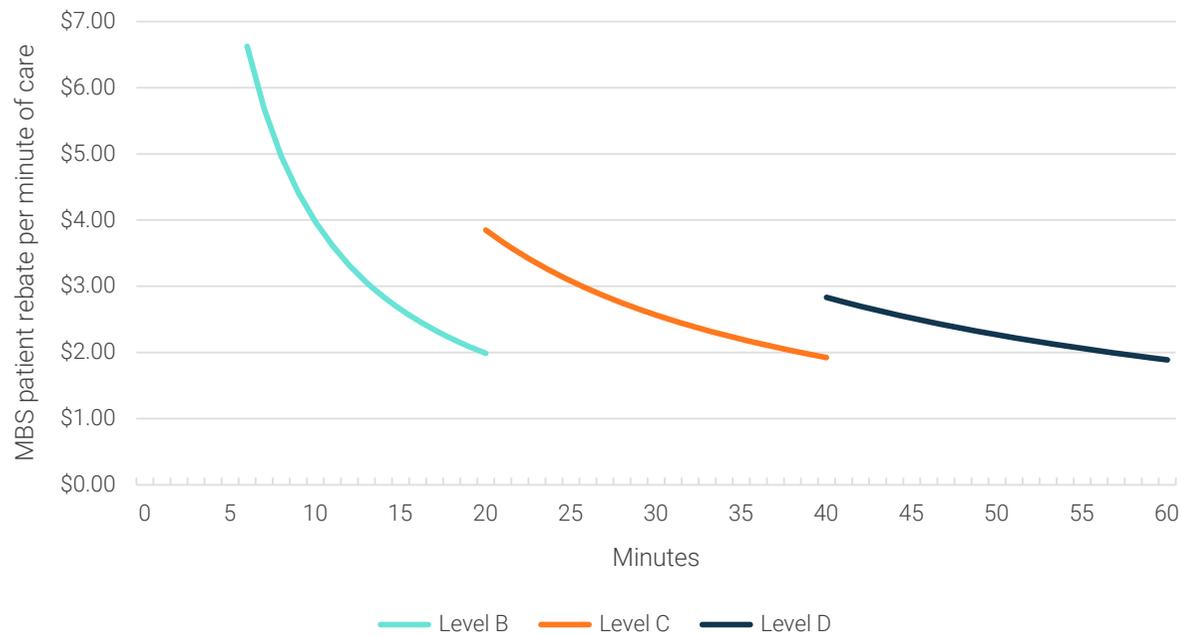
26 – Measure: General practice expenditure (2021–22 dollars) as a proportion of total government health expenditure (constant prices).
 Data sources: Australian Government, Productivity Commission. Report on government services 2023, 10. Primary and community health. Australian Government, Australian Institute of Health and Welfare, Health expenditure Australia 2021–22.
 Available at www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health, www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2021-22/contents/introduction

FIGURE 26
Proportion of government funding spent on general practice since 2016–17



Concerningly, Medicare funding for longer GP consultations is not proportionally equivalent to shorter consultations. The rebate that patients receive per minute decreases for patients seeking longer consultations, which are usually for complex or multifaceted health needs (Figure 27). In this way, the Medicare funding system devalues general practice appointments for more complex care.

FIGURE 27
MBS patient rebate for standard GP consultation items, per minute of care



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

Chapter three

Current workforce profile

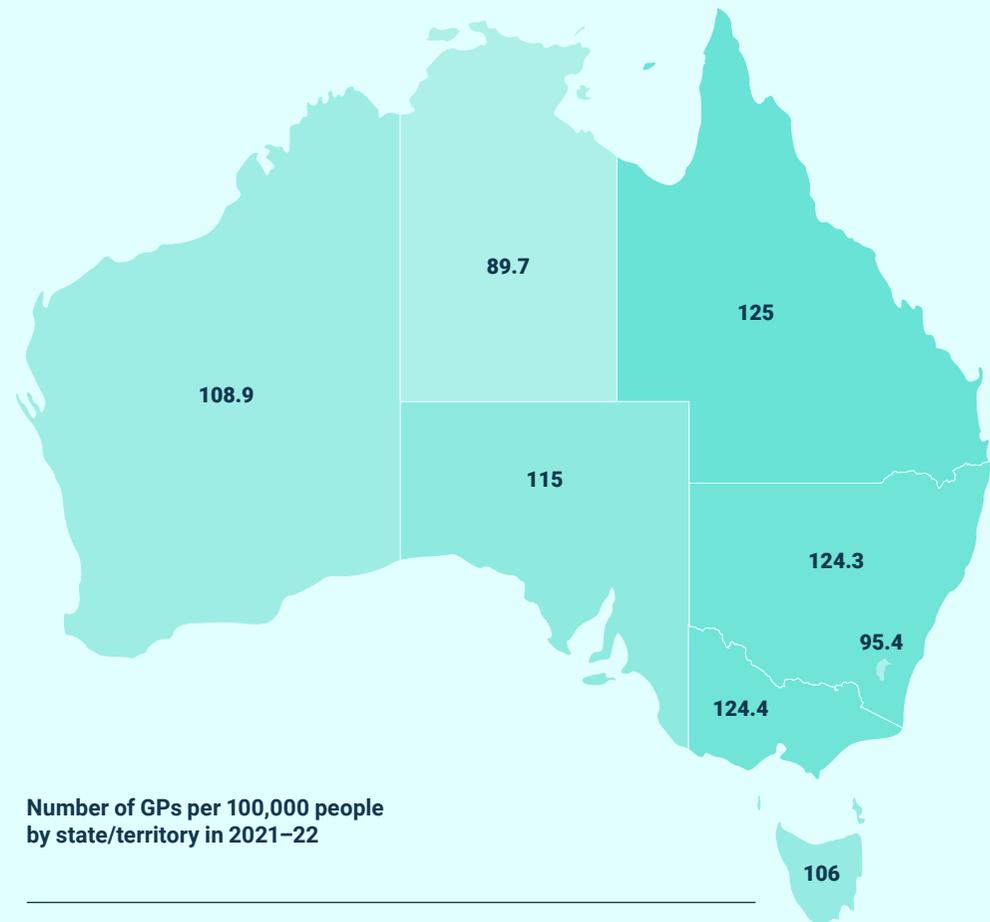


39,259

In 2021–22 there were 39,259 GPs in the primary care workforce



The majority of GPs who responded to the survey this year work in a non-corporate group practice setting

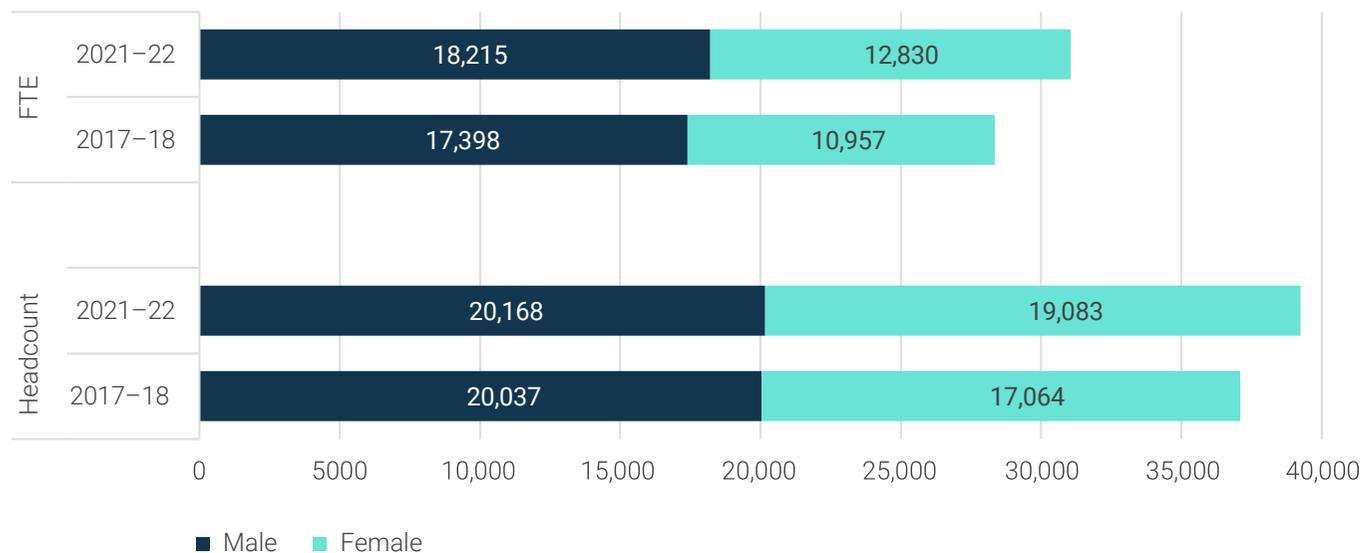


Number of GPs per 100,000 people by state/territory in 2021–22

GP personal characteristics

In 2021–22 there were 39,259 GPs in the primary care workforce. Of these 31,256 were vocationally registered, 2162 were non-vocationally registered and 5841 were GPs in training.¹ The number of GPs in Australia continues to increase in terms of both total headcount and full-time equivalent (FTE), yet the pace of growth is not sufficient to meet growing demand. As reported last year, growth in the number of female GPs continues to outpace growth in male GPs. However, in terms of FTE versus headcount, there continues to be gender disparity in the GP workforce, with male GPs constituting a larger proportion of the overall GP workforce than female GPs (Figure 28).

FIGURE 28
Male and female GPs as a proportion of the workforce



28 – GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GP headcount and GP FTE by gender.

Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2015–16 to 2021–22 financial years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

In the last five years, when considering the age profile of GPs, we see further evidence of an increase in the proportion of GPs over the age of 55 in both headcount and FTE. Specifically, in 2022 we saw the most significant growth in the proportion of GPs over the age of 65.

This trend has continued in 2023, with GPs over the age of 65 years old comprising over 15% of the FTE workforce. GPs aged 39 years and younger comprise just over 17% of the FTE workforce (Figure 29).

FIGURE 29

GP headcount and FTE by age group



29 – GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GP headcount and GP FTE by age group.

Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2015–16 to 2021–22 financial years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

GP distribution

The distribution of GPs varies by state and territory. While there are a similar number of GPs per 100,000 people in New South Wales (124.3), Victoria (124.4) and Queensland (125), there are significantly fewer GPs per 100,000 people in the Northern Territory (89.7) and the Australian Capital Territory (95.4). Overall, there are 120.9 GPs per 100,000 people in Australia (Figure 30). When compared to 2020–21, we see a decrease in the number of GPs in every jurisdiction excluding NSW (122.3) and Victoria (117.9), but a slight increase in the number of GPs overall (119.6).¹

FIGURE 30

Number GPs per 100,000 people by state/territory 2021–22



30 – GP numbers include vocationally registered, non-vocationally registered and GPs in training.

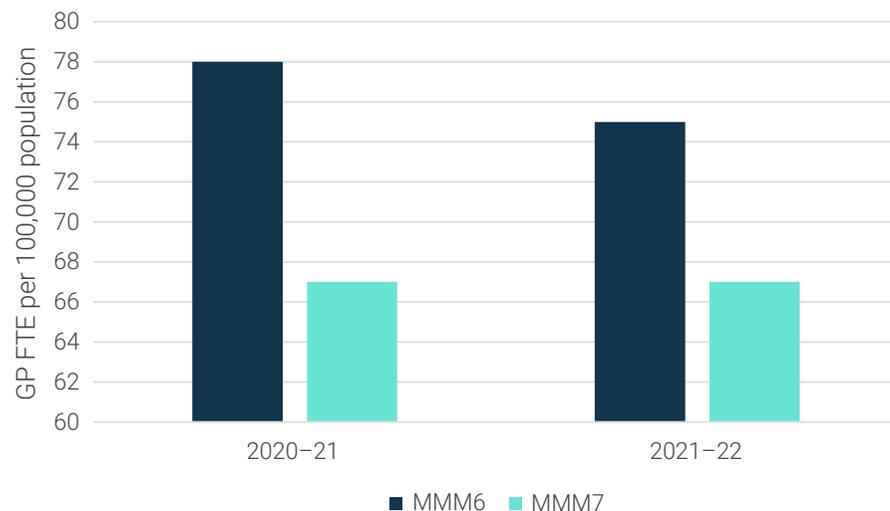
Measure: GPs per 100,000 people by state and territory.

Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2015–16 to 2021–22 financial years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

GP distribution also varies by geographical remoteness. In 2021–22 there was a decrease in the number of GPs per 100,000 people in remote (MMM6: 75) and very remote (MMM7: 67) regions when compared with 2020–21 (Figure 31). Metropolitan areas (MMM1) have seen a significant increase in the numbers of GPs per 100,000 people in 2021–22 (125), when compared with 2020–21 (119). All other regions have remained steady or experienced marginal increases in numbers of GPs per 100,000 people. MMM1–4 areas continue to have significantly more GPs per 100,000 people than rural and remote areas (MMM5–7).

Evidence suggests that the lower numbers of GPs in rural and remote areas of Australia has an impact on access to healthcare. Over 50% of people in outer-regional, remote and very remote areas are waiting 24 hours or more for an urgent appointment with a GP. This is compared to 36% of people in major cities waiting 24 hours or more.⁷

FIGURE 31
Number of GPs per 100,000 people in remote and very remote regions



31 – GP numbers include vocationally registered, non-vocationally registered and GPs in training.

Measure: GP FTE per 100,000 population by MMM location criteria.

Source: Australian Government, Department of Health and Aged Care, General practice workforce providing primary care services in Australia, 2015–16 to 2021–22 financial years. Available at <https://hwd.health.gov.au/resources/data/gp-primarycare.html>

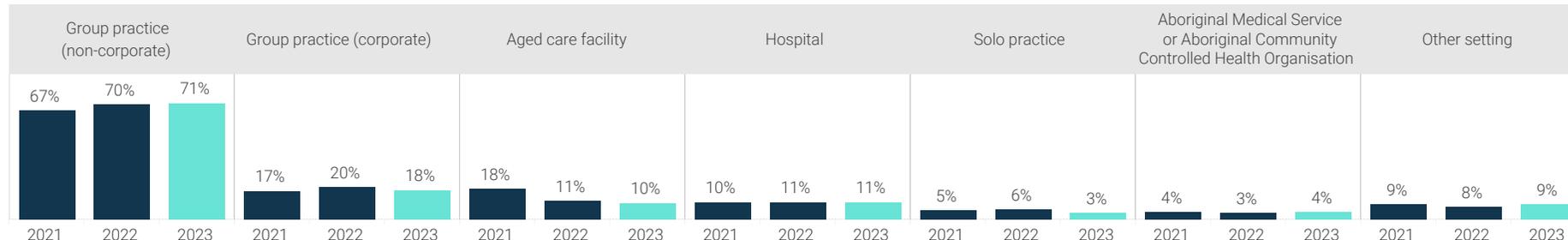
General practice setting

The majority of GPs who responded to the survey this year work in a non-corporate group practice setting (69%). Relative to the last two years, in 2023 we see a significantly higher proportion of GPs who report having practised in a non-corporate group practice (71%) in the last month and fewer who have practised in an aged care facility (10%) or solo practice (3%) (Figure 32).

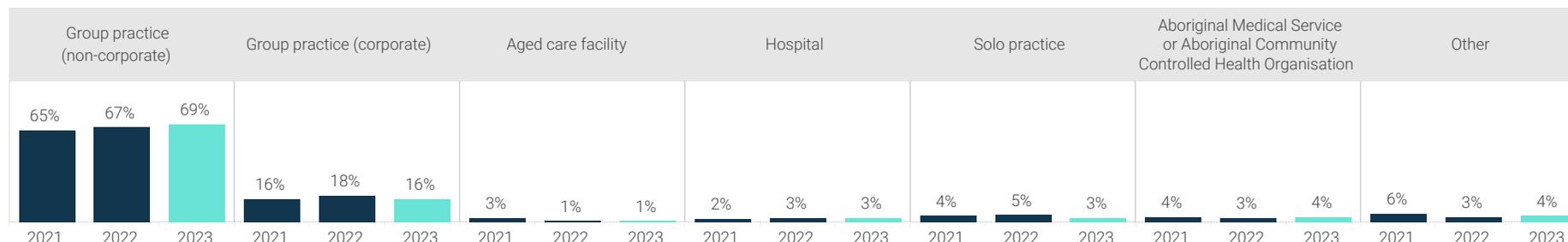
32 – Measure: Proportion of GP responses to the question, 'In which of the following settings have you practised in the past month?'. 'Which setting is your main practice, that is, where you spend the most time?'.
 Sample: Practising Fellows 2023 n=1685, 2022 n=2691, 2021 n=1386.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 32
Main practice setting versus where GPs have practiced in the last month

Practice settings in last month

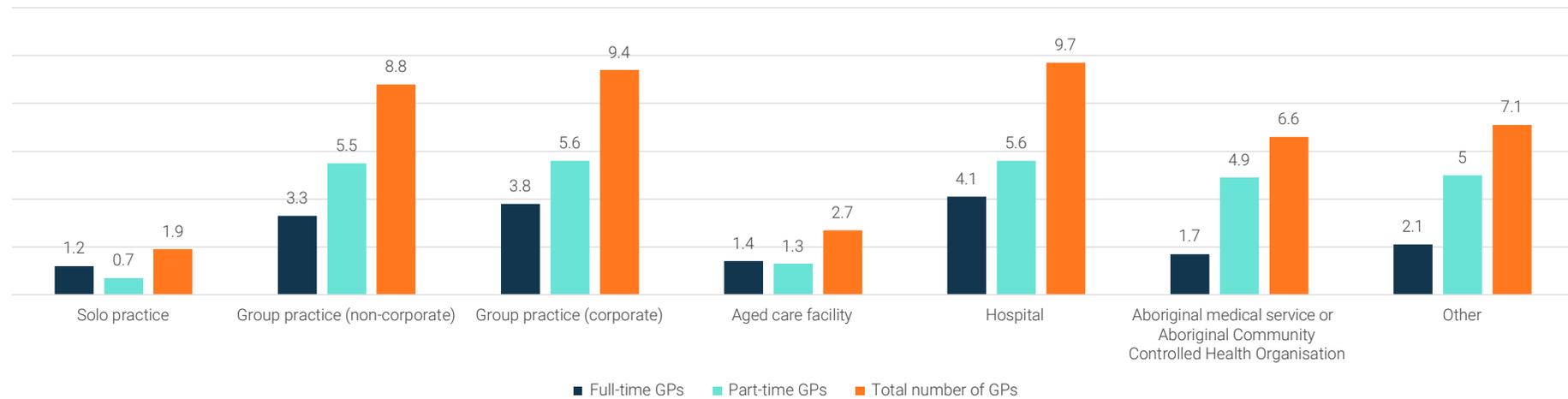


Main practice setting



On average, GPs in non-corporate group practices reported working with 8.8 GPs in total, of which 5.5 were part time and 3.3 were full time. GPs in corporate group practices reported working with a slightly larger team, of 9.3 GPs on average. GPs employed in Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations (ACCHOs) reported working with a significantly lower proportion of full-time (1.7) versus part-time GPs (4.9) (Figure 33).

FIGURE 33
Full-time and part-time GPs by practice setting

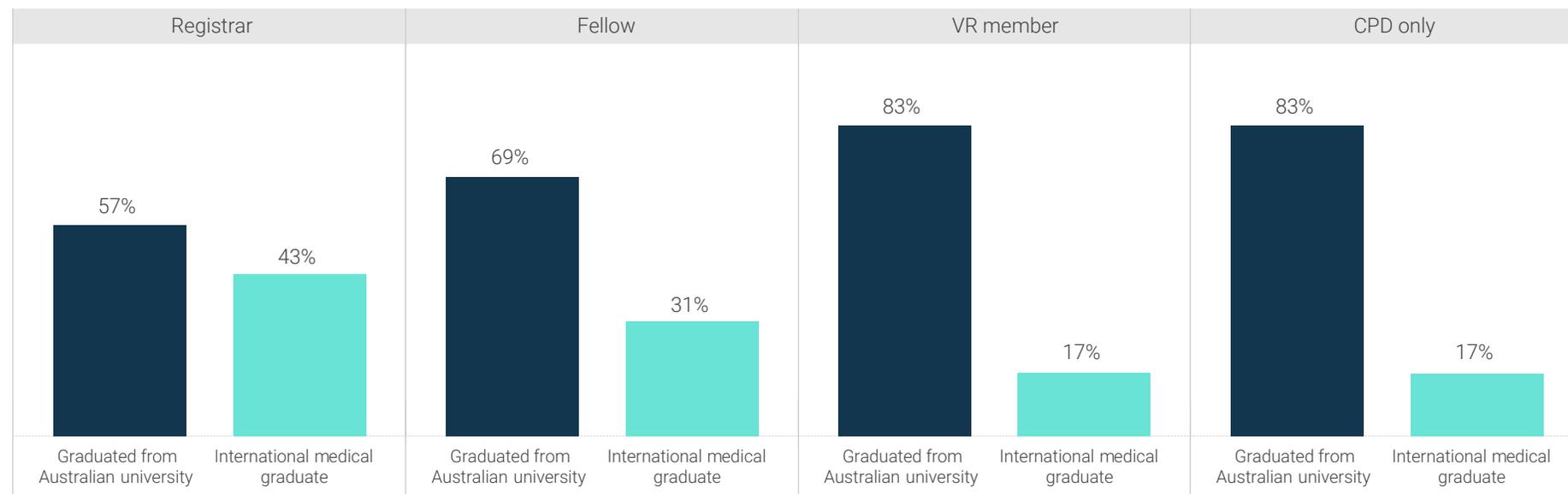


33 – Measure: Mean of number entered by GPs in response to the question, 'Including yourself, typically how many individual GPs work in a full-time or part-time capacity at your main practice?', by practice setting.
 Sample: n=2380 GPs.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

International medical graduates

Overall, one in three (29%) of practising GPs and registrars surveyed obtained their medical degree from an international university, making them international medical graduates (IMGs). The proportion of GPs who graduated from an international university is greatest among registrars (43%) (Figure 34).

FIGURE 34
Proportion of registrars who have graduated from an international university



34 – Measure: Proportion of GP responses to the question, 'Did you obtain your medical degree from a university in Australia?'

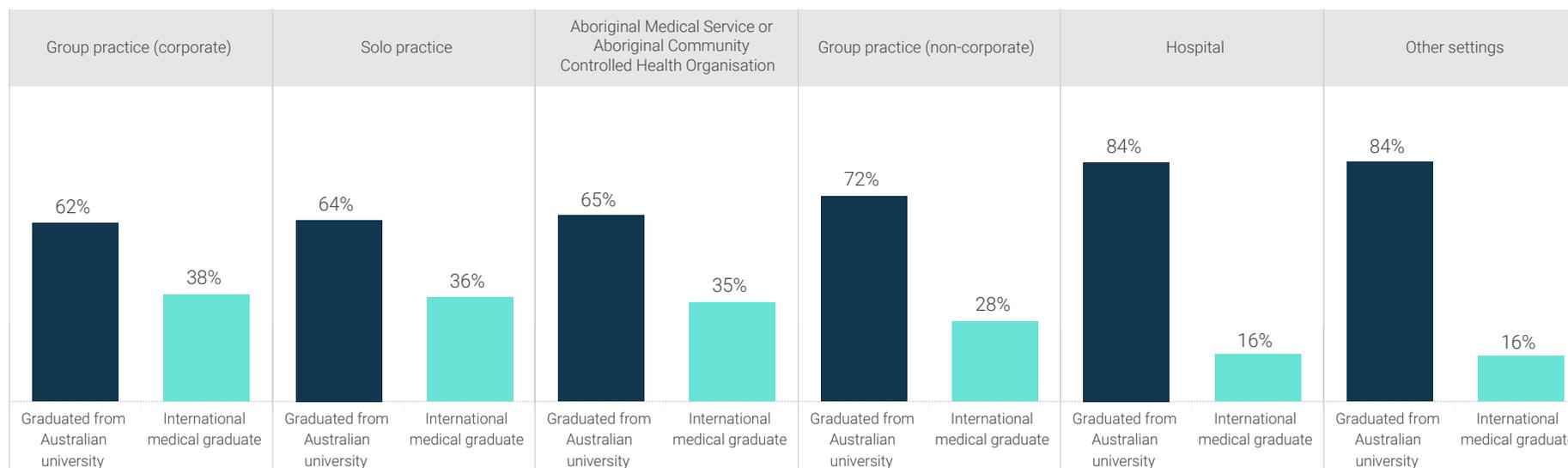
Sample: 2023 registrars n=175, Fellows n=1685, VR member n=179, CPD only n=186.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

IMGs are more likely to work in corporate group practice (38%) than non-corporate group practice (28%). However, in 2023 we see that IMGs are relatively evenly represented across group practices, solo practices and Aboriginal Medical Services/ACCHOs (Figure 35).

35 – Measure: Proportion of GP responses to the question, 'Did you obtain your medical degree from a university in Australia?'.
 Sample: 2023 Group practice n=397, Solo practice n=85, Aboriginal Medical Service/ACCHO n=75, Group practice (non-corporate) n=1493, Hospital n=61, Other n=112.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

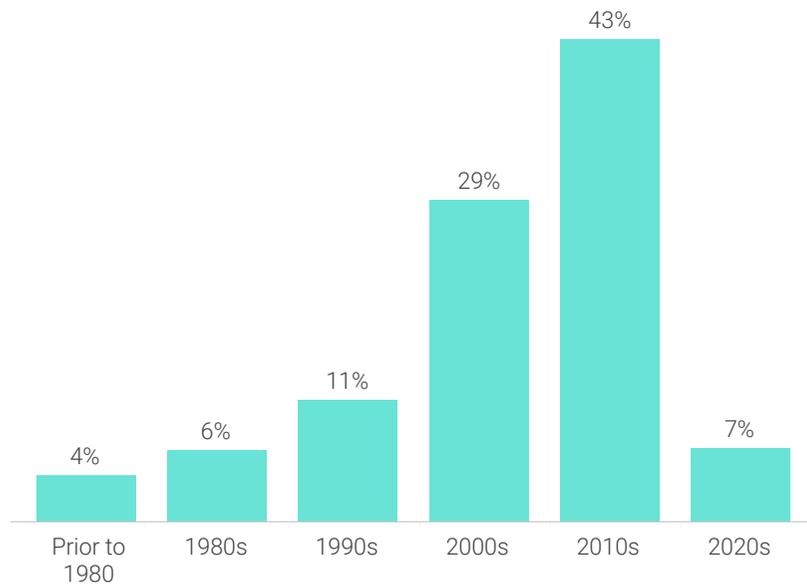
FIGURE 35
Proportion of international graduates by practice setting



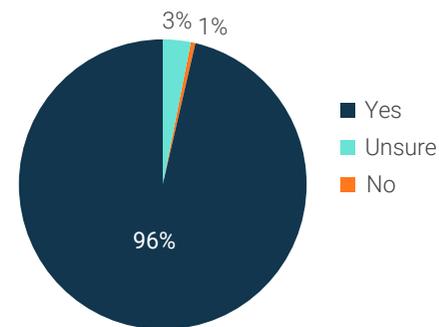
Half (50%) of IMGs obtained their general or specialist registration after 2010. Regardless of when they became registered, the great majority report that they have moved to Australia permanently (Figure 36).

FIGURE 36
Decade in which IMGs obtained their specialist registration

When did you obtain general or specialist registration in Australia?



Have you moved to Australia permanently?



GP INSIGHT 'I would request reconsideration of the moratorium rule. We IMGs entered the healthcare system with our own finances and have been ... providing the highest level of patient care as well as a boost to the economy. We are allowed to work independently the majority of the time ... [in] hospitals in metropolitan areas but not as a GP ... I have seen many IMG females in particular being unable to pursue a career as a GP due to family commitments and lack of support to move to regional and remote areas.'

36 – Measure: Proportion of GP responses to the question, 'Did you obtain your general or specialist registration in Australia?'. Have you moved to Australia permanently?'

Sample: 2023 practising GPs who graduated from an international university n=579.

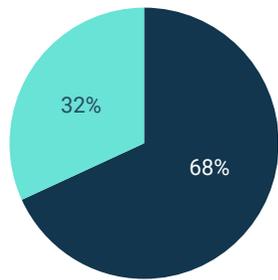
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Barriers to regional, rural and remote practice

Two-thirds (68%) of all practising GPs have their primary place of practice in a Modified Monash Model 1 (MMM1) area. Of these GPs, the majority (69%) have previously trained or worked outside of an MMM1 area. However, only one in three (32%) say they would consider working outside of a MMM1 area in the future (Figure 37).

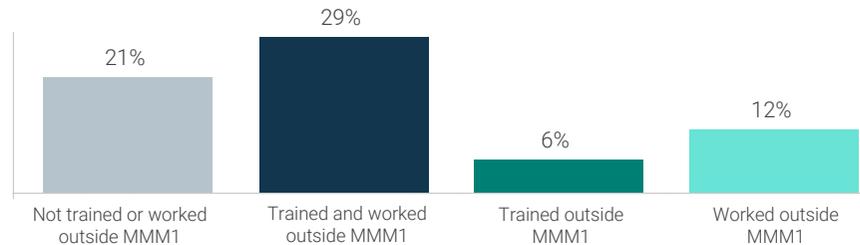
FIGURE 37
Proportion of GPs who would consider working outside of MMM1 region

MMM region where main practice is located

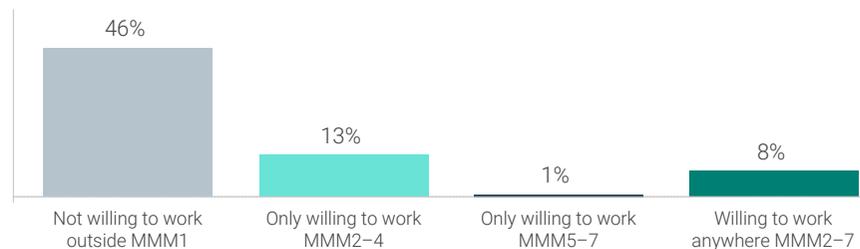


■ Work outside MMM1
■ Main practice in MMM1

For those working in MMM1, have you previously...?



In future, would you consider working in the following areas outside of MMM1?



37 – Measure: Proportion of GP responses to the question, 'Have you previously trained or worked outside of MMM1 area?'. 'In future, would you consider working in the following areas outside of MMM1 area? [Not willing to work outside MMM1; Only willing to work MMM2-4; Only willing to work MMM5-7; Willing to work anywhere MMM2-7].

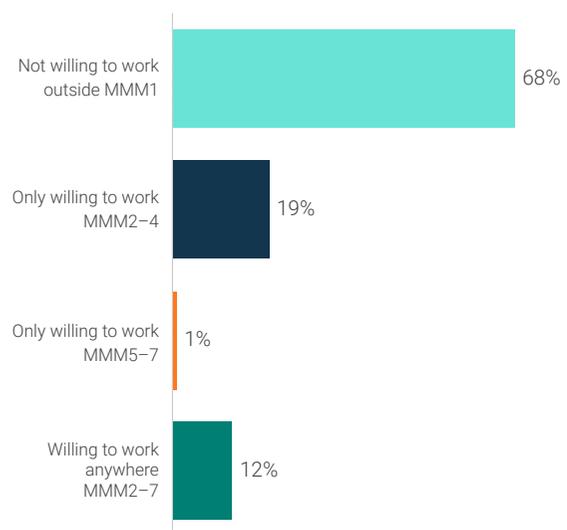
Sample: 2023 practising GPs and registrars n=2045, main practice in MMM1 n=1394.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

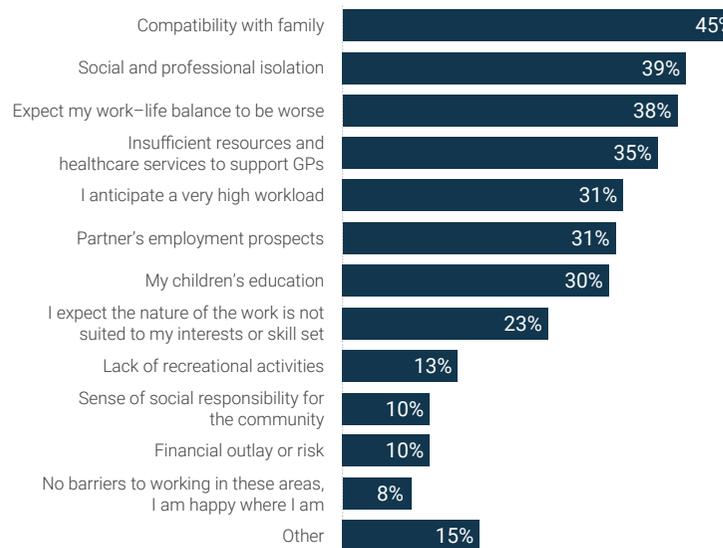
Among GPs who are unwilling to work outside of MMM1 areas, the main barriers in their consideration are concerns about how compatible moving to a regional, rural or remote area would be from a family perspective (45%). Many also have concerns about social and professional isolation (39%) and are worried their work–life balance would be made worse (38%) (Figure 38). These issues appear to be consistent with reports from other professions outside the health sector, indicating that the barriers to working outside of MMM1 areas are not unique to general practice.¹¹

FIGURE 38
Barriers to regional and rural mobility

In future, would you consider working in the following areas outside of MMM1?



Reasons for not willing to work outside MMM1



38 – Measure: Proportion of GP responses to the question, 'In future, would you consider working in the following areas outside of MMM1 area? [Not willing to work outside MMM1; Only willing to work MMM2–4; Only willing to work MMM5–7; Willing to work anywhere MMM2–7].'

Sample: 2023 practising GPs in MMM1 areas n=1394, not willing to work outside MMM1 area n=1394.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Chapter four

Job satisfaction

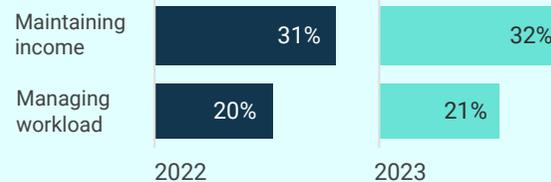
'A lot of my colleagues and I are now seriously considering a change of career.'

JOB SATISFACTION



GPs report that their overall job satisfaction has decreased significantly over the past year

GREATEST CHALLENGE FOR GPs



Practising GPs identified managing workload and maintaining income as key challenges in 2023



71%
of GPs are experiencing burnout

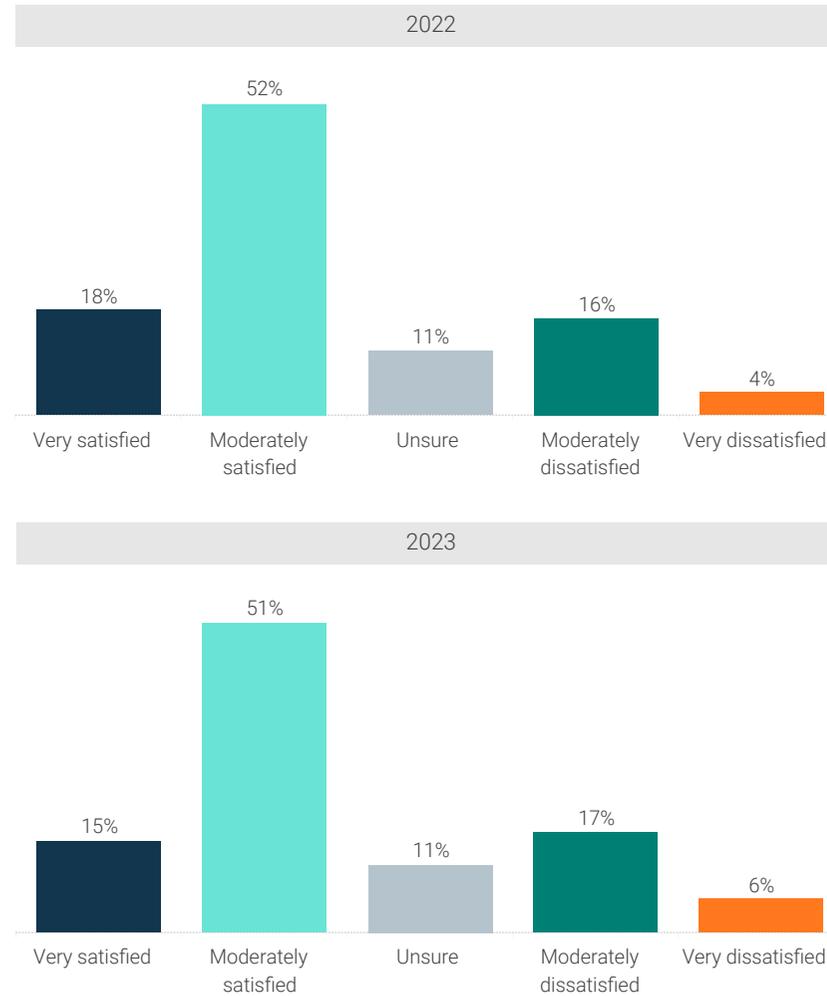


37%
of GPs are concerned about patient access to other medical specialists

While most GPs continue to state they are satisfied with their job, the GP workforce is showing increasing signs of distress, with concerns identified in 2022 continuing to deteriorate over the past twelve months.

This year's survey results show a continuation of the downward trend in GP job satisfaction. While job satisfaction is a complex construct to measure with a single question, GPs report their overall job satisfaction has decreased from 70% in 2022 to 66% in 2023. Simultaneously, there has been a statistically significant increase in those GPs who report that they are 'very dissatisfied' with their overall job satisfaction (Figure 39).

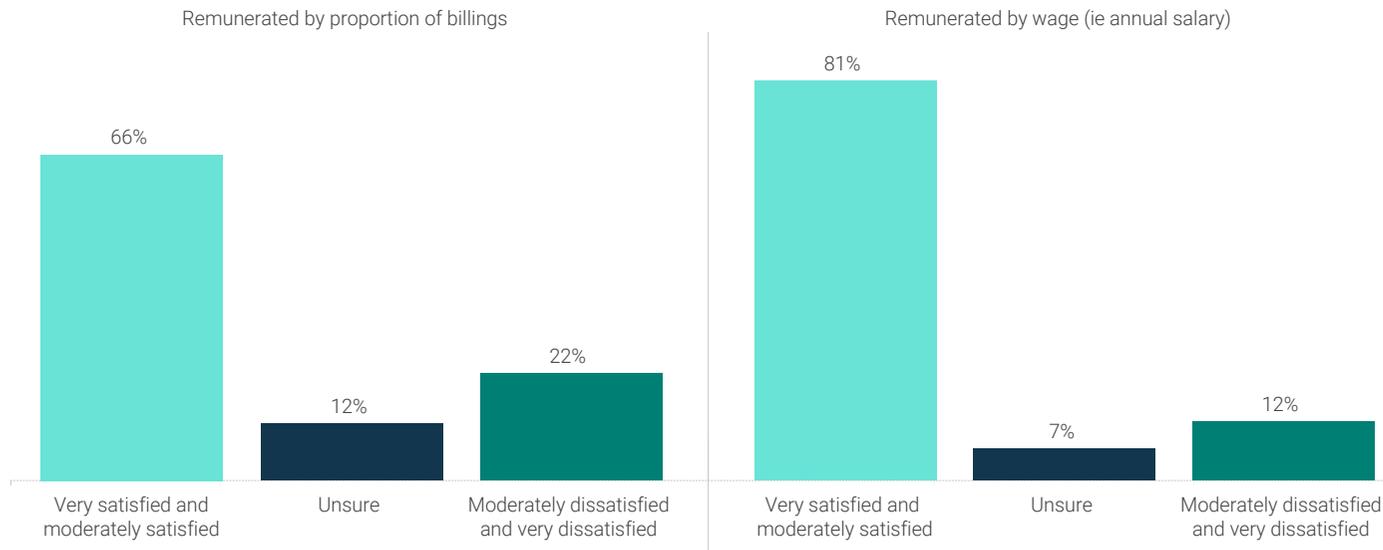
FIGURE 39
Overall job satisfaction



39 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?'
Sample: Practising GPs 2023 n=2048, 2022 n=2691.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Eighty-one per cent of GPs who received a salary in 2022 and 2023 reported moderate to high job satisfaction, versus only 66% of GPs who are remunerated by proportion of billings (Figure 40).

FIGURE 40
Job satisfaction by remuneration approach



GP INSIGHT 'Working in a salaried Aboriginal Medical Service has made me feel happier compared to when I was working private practice. I just had enough of worrying for item numbers and how much I would earn week by week. Now I just concentrate on patients' medical issues without so much worry [about] income, as I get paid by salary. It's so nice for my brains to think of medicine not finance.'

GP INSIGHT 'I have already left to a salaried hospital role, far less responsibility, more supported and a 30% pay rise. The MBS rebates would need to be sufficiently raised for me to consider going back to mainstream general practice or recommending it to junior doctors. The burden on female GPs especially is insurmountable.'

40 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?', by wage versus proportion of billings.

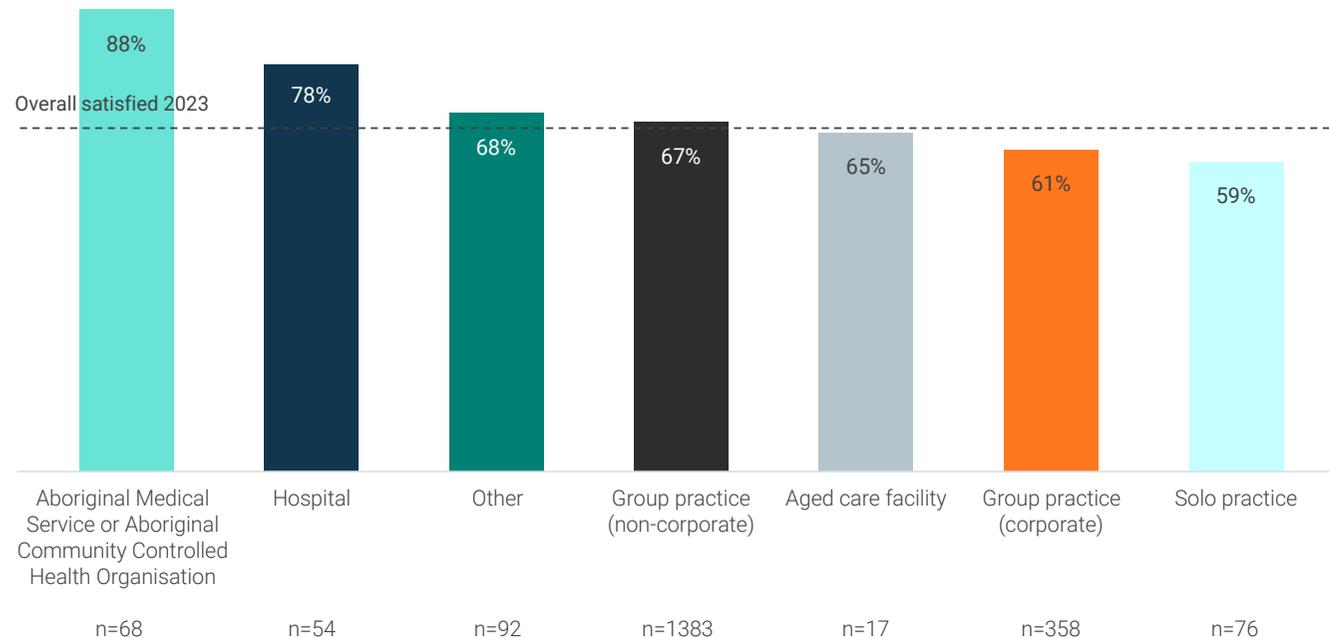
Sample: Practising GPs 2023 n=2048.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Job satisfaction differs depending on the practice setting. The proportion of practising GPs who are satisfied with their job is significantly lower among those who practise in corporate group settings (61%) and higher among those in hospital settings (78%). This reaffirms a finding first reported in 2022, that GPs practising in corporate settings report lower levels of job satisfaction.¹²

GPs who primarily practise in corporate group settings also report significantly lower job satisfaction than those practising in non-corporate group practice (67%). GPs who practise in Aboriginal Medical Services or ACCHOs report the highest overall job satisfaction (88%) across all practice settings (Figure 41).

FIGURE 41
Job satisfaction by main practice setting



41 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?', by main practice location.
Sample: Practising GPs 2023 n=2048.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

GPs practising in regional/rural areas report higher levels of job satisfaction and lower levels of dissatisfaction than their metropolitan colleagues (Figure 42).

When comparing job satisfaction according to geographical remoteness, the highest level of satisfaction is reported by GPs who work in MMM6 (remote) and MMM7 (very remote) communities (Figure 43). Arguably, it is the higher concentration of Aboriginal Medical Services/ACCHOs in remote and very remote locations, combined with the high level of job satisfaction (88%) reported by GPs who work in these settings that contributes to this finding.

FIGURE 42

Job satisfaction by regionality

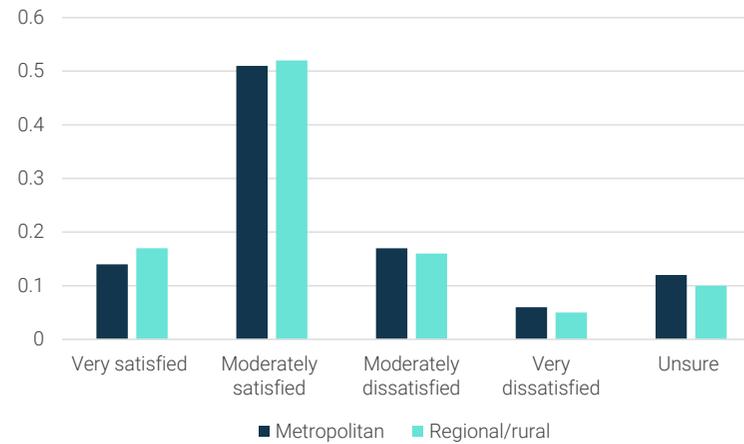
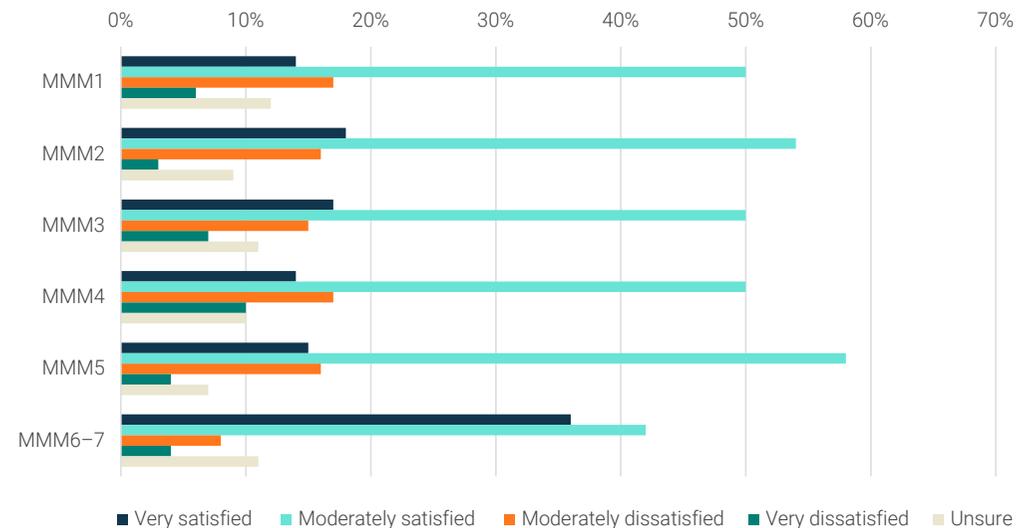


FIGURE 43

Job satisfaction by geographical remoteness



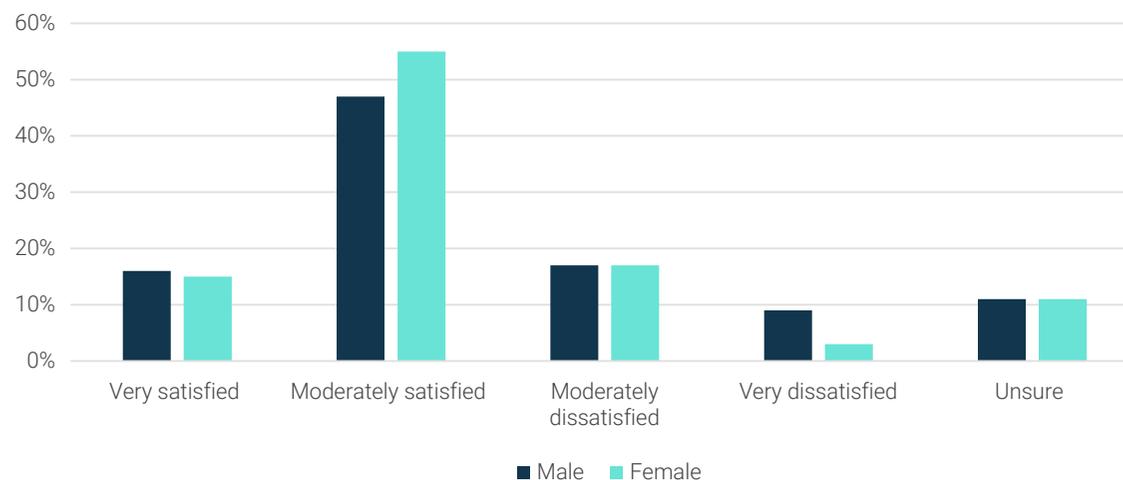
42 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?', by regionality. Sample: Practising GPs 2023 n=2048, metropolitan n=1257, regional/rural=791. Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

43 – Measure: Proportion of GP responses to the question, 'How would you rate your overall job satisfaction?', by MMM. Sample: Practising GPs 2023 n=2045, MMM1 n=1394, MMM2 n=197, MMM3 n=117, MMM4 n=42, MMM5 n=236, MMM6 n=35, MMM7 n=24. Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

In 2022, female GPs indicated higher job satisfaction and less dissatisfaction than male GPs. This trend has continued in 2023. Female GPs are more likely to indicate satisfaction with their job (64%), while male GPs are more likely to indicate dissatisfaction (24%) (Figure 44).

When asked about specific aspects of their role, 60% of GPs expressed dissatisfaction with the amount of administration associated with their work. There has been a notable drop in GPs' net satisfaction with remuneration, decreasing from 45% to 38% since 2021. This year 48% of GPs reported dissatisfaction with their remuneration. This dissatisfaction has been present for a number of years but has not been addressed. The consequences of this are now evident, with increased costs to patients and challenges meeting workforce targets.

FIGURE 44
Job satisfaction by gender



GP INSIGHT 'I have recently moved out of a traditional mixed billing general practice into a private medical weight loss clinic. I made this move after leaving my long-term general practice job because of burnout and having to work long hours to make the income needed to support my family.'

GP INSIGHT 'I got a free education and a five-year degree. My wonderful junior colleagues spend eight years at university, have huge debts, young families and cannot afford to practice in a bulk-billing scenario whatever their sense of social justice.'

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

Sample: Practising GPs 2023 n=2380, male n=982, female n=1372.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Additionally, the proportion of GPs who are satisfied with their hours of work has continued to decrease over the last year, dropping in net satisfaction from 70% in 2021 to 63% in 2023 (Figure 45).

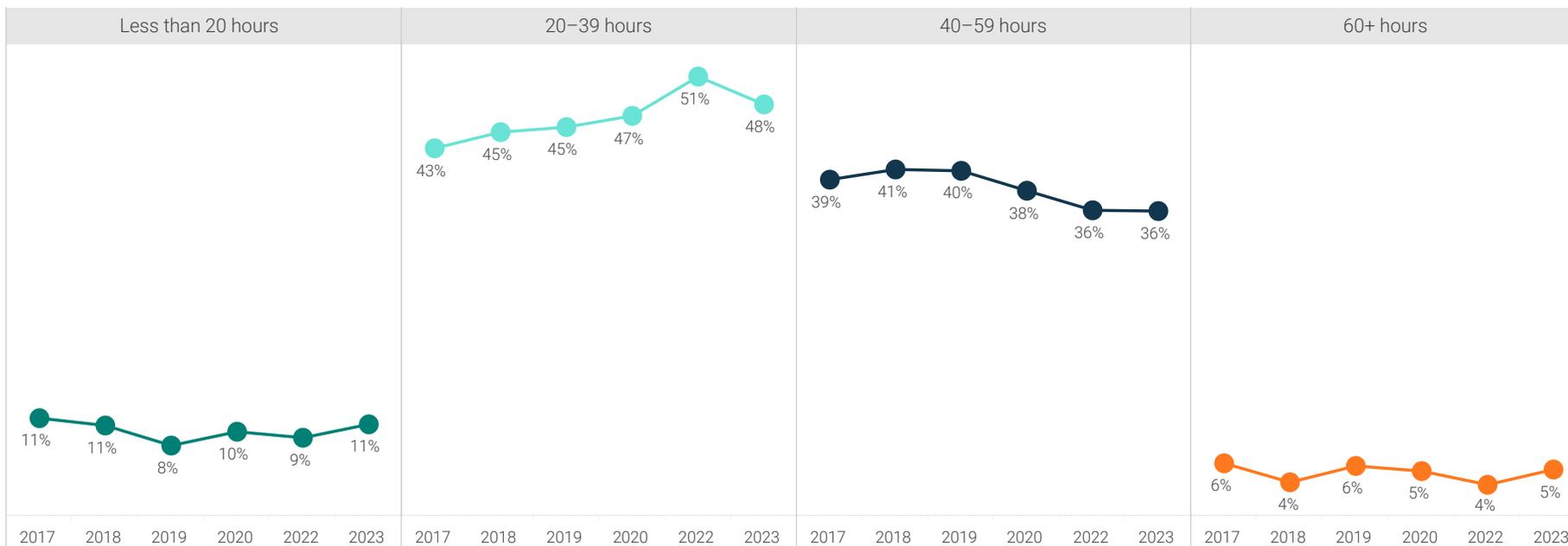
FIGURE 45
GP satisfaction with hours of work, remuneration and administration

45 – Measure: Proportion of GP responses to the question, "To what extent are you satisfied or dissatisfied with [Your hours of work; Your remuneration; The amount of administration associated with your work]?"
Sample: Practising GPs 2023 n=2048, 2022 n=2691, 2021 n=1386.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.



Heavy workloads and demands on GP time are eroding optimism about the profession, despite some of the pressures of the COVID-19 pandemic receding. In 2023, the ratio of GPs working fewer than 40 hours per week remains at just under six in 10 (59%), a similar level to that reported by GPs in 2022. The ratio has been increasing since 2017 where 54% of GPs reported working fewer than 40 hours per week. Overall, 5% of GPs report working more than 60 hours per week. Of those, 21% of GPs in solo practice and 11% of GPs in hospitals and aged care facilities are working over 60 hours per week.¹³ (Figure 46).

FIGURE 46
Hours of work in a typical week



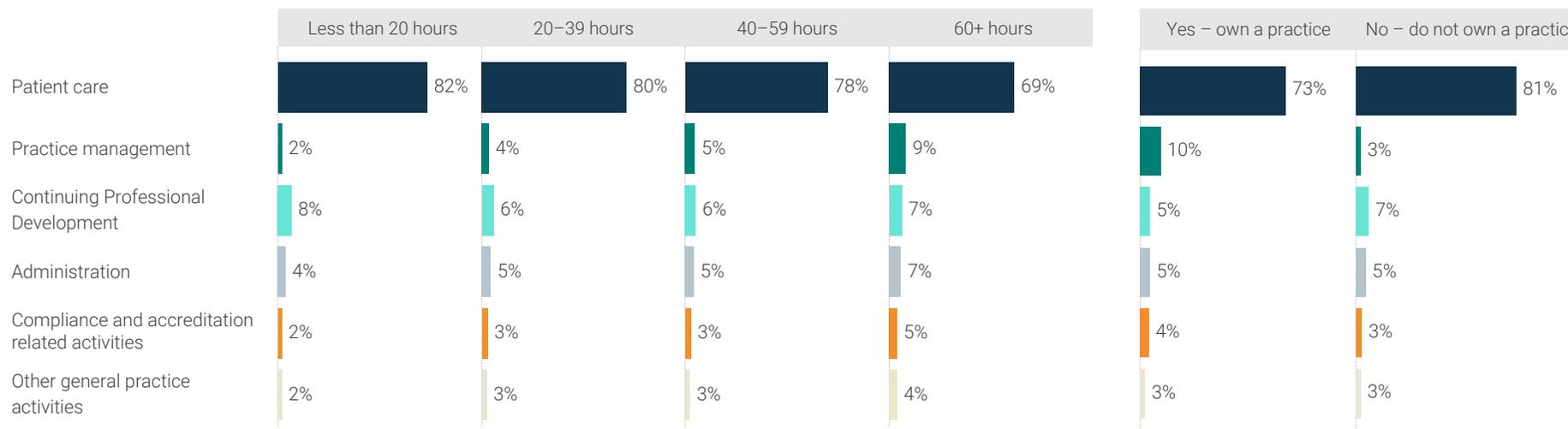
GP INSIGHT 'A lot of my colleagues and I are now seriously considering a change of career because it is no longer possible to provide good quality care at low cost to patients and literally pay bills/buy groceries, despite working 50-60 hours per week.'

46 – Measure: Proportion of GP responses to the question, 'Approximately how many hours do you spend at work during the week?'.
 Sample: Practising Fellows 2023 n=1685, 2022 n=2691, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Patient care accounts for 79% of GPs' time. For those working over 40 hours per week, practice management activities represent approximately 9% of GPs' time, with GP practice owners spending 10% of their time on practice management. Continuing Professional Development (CPD), which remains a core requirement of the profession, is estimated to consume 6–8% of GPs' time, regardless of how many hours are worked.

For GPs who work between 20 and 59 hours per week, 5% of their time is consumed with administrative tasks. This does not differ between practice owners and non-practice owners (Figure 47). As previously discussed, 60% of GPs expressed dissatisfaction with the amount of administration associated with their work (Figure 45).

FIGURE 47
Time spent on patient care versus other activities



47 – Measure: Responses to the question, 'Of the time you spend working in a typical week, approximately what proportion is spent on [Patient care; Practice management; Compliance and accreditation related activities, Administration, Continuing Professional Development, Other general practice activities]'.

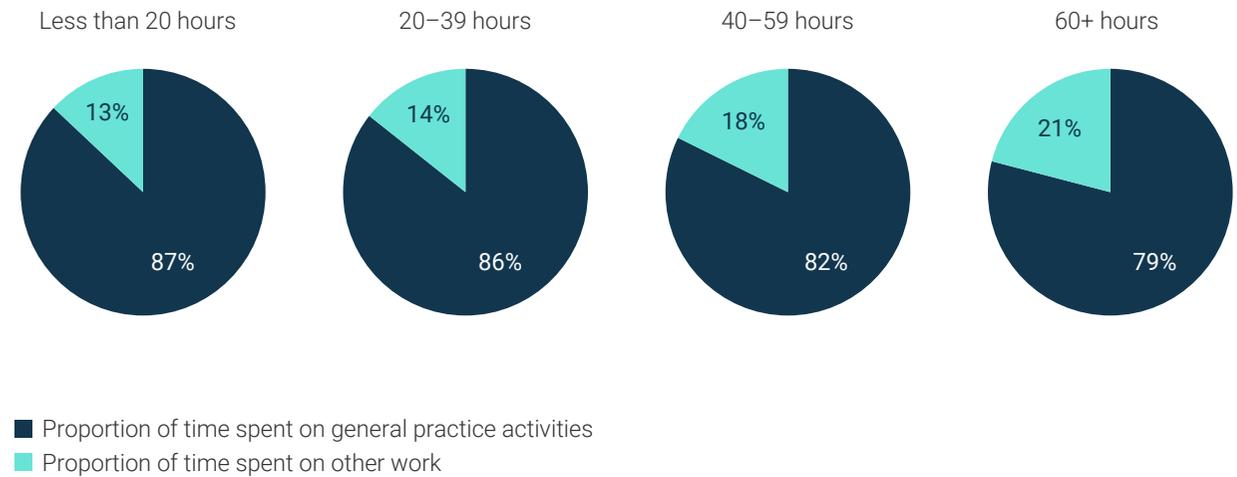
Sample: Practising Fellows Less than 20 hours n=232, 20-39 hours n=1006, 40-59 hours n=699, Practice owner=468, Non-practice owner 1582.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Practising GPs spend a significant proportion of their time on work other than provision of care, including accreditation and related activities (Figure 47).

GPs who report working longer hours are also more likely to spend a greater proportion of their time on work other than provision of care. The average proportion of time spent on other work across all practising GPs is 16% (Figure 48).

FIGURE 48
Proportion of time spent on general practice activities versus other work



48 – Measure: Proportion of GP responses to the question, 'Of the time you spend in a typical week, approximately what proportion is spent on general practice activities and what proportion is spent on other work?'

Sample: Practising Fellows less than 20 hours n=232, 20-39 hours n=1006, 40-59 hours n=699, 60+ hours n=113.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Workload and dealing with regulation/policy remain the most significant GP challenges

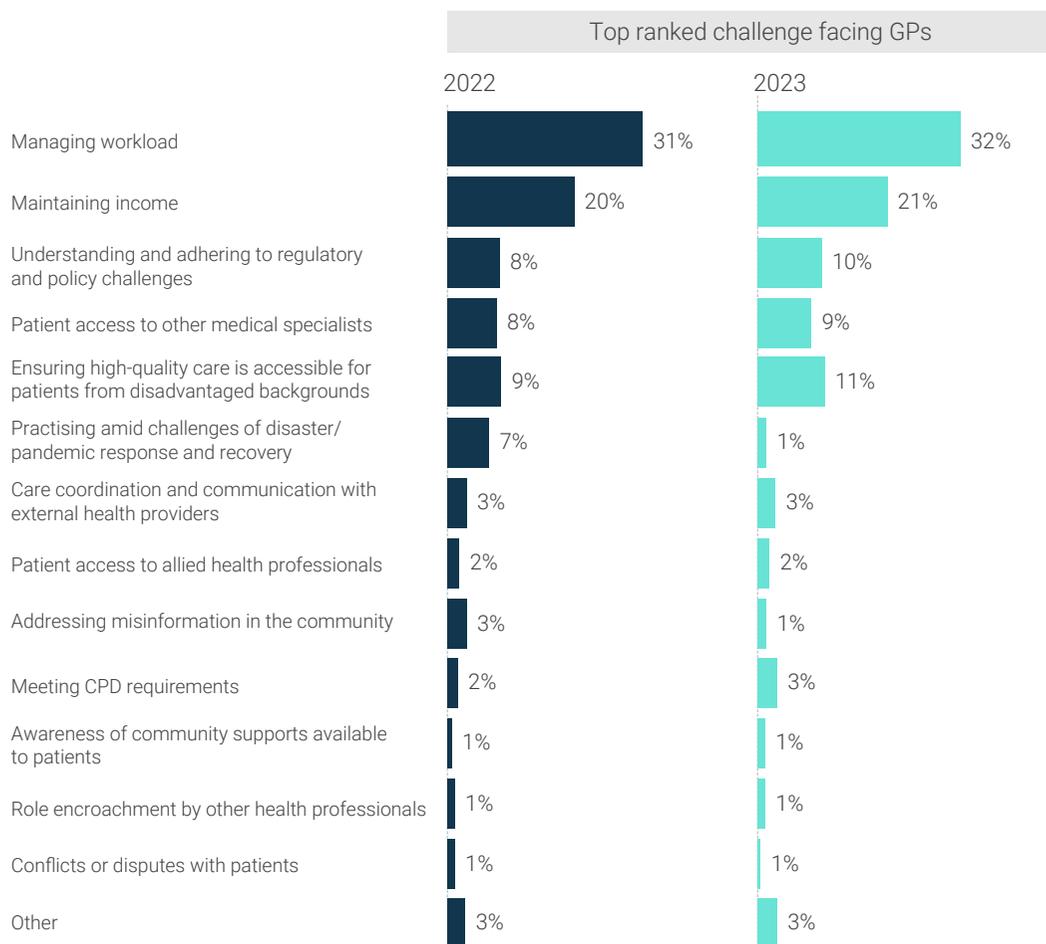
More than half of all practising GPs identified managing workload as the most important challenge they faced in 2023, continuing to be the most common issue since 2022 (Figure 52). Maintaining income was ranked as the top issue faced by 21% of practising GPs (Figure 49). Practising amid the challenges posed by natural disasters/pandemic has dropped significantly over the last year with the proportion of GPs reporting it as their top issue decreasing from 7% to 1% (Figure 49).

Concerns about patient access to other medical specialists has increased, with 37% of GPs ranking this challenge in their top three issues (Figure 52).

As the new Continuing Professional Development (CPD) requirements have taken effect, meeting CPD requirements has significantly increased as a top challenge since 2022, with 16% of GPs ranking this issue in their top three challenges (Figure 52).

FIGURE 49

Percentage of GPs that ranked the issue as a top challenge



49 – Measure: Proportion of GP responses to the question, 'Out of the challenges you selected, what are the first, second and third most important challenges you face as a GP?'

Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

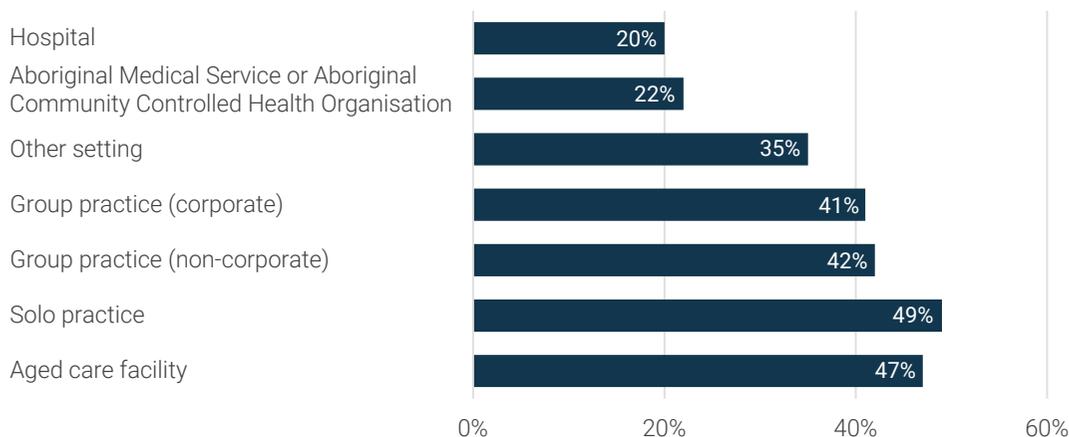
Two in three practising GPs reported understanding and adhering to policy and regulatory change, and supporting patients to access other medical specialists as significant issues. These challenges have intensified since 2022 (60%), along with ensuring high-quality care for patients from disadvantaged backgrounds, up from 45% to 52% in 2023 (Figure 51).

Across practice settings, 49% of GPs employed in aged care facilities, and almost half of those in solo practice (47%) list understanding and adhering to policy and regulatory change in their top three challenges (Figure 50).

Regulatory and compliance burden, along with burnout or workload issues, were reported as the primary issues contributing to the number of GPs considering stopping practise, or reducing the amount of time they spend practising as a GP. This is discussed further in [Chapter five](#).

FIGURE 50

Proportion of GPs who list understanding and adhering to policy and regulatory change in their top three challenges by practice setting



'The new CPD is a disincentive to continue working as an older doctor.

I do not object to doing CPD but this latest format is too burdensome and I feel non productive.'

INSIGHTS FROM GPs

'We are completely burdened with unnecessary government paperwork.

We look after increasingly complex patients. I work in a clinic that looks after socially disadvantaged patients who cannot afford private specialists and are on excessively long public waiting lists, if they get accepted at all. So we manage complex epilepsy, drug and alcohol, complex mental health, chronic pain, complex diabetes, heart and lung disease, which the tertiary system is incapable or unwilling to be involved in. Forty-five per cent of our consultations are through interpreters. Every consultation comes with increasingly complex paperwork for housing, legal issues, domestic violence, court orders etc. We are drowning.'

50 – Measure: Proportion of GP responses to the question, 'Out of the challenges you selected what are the first, second and third most important challenges you face as a GP?'

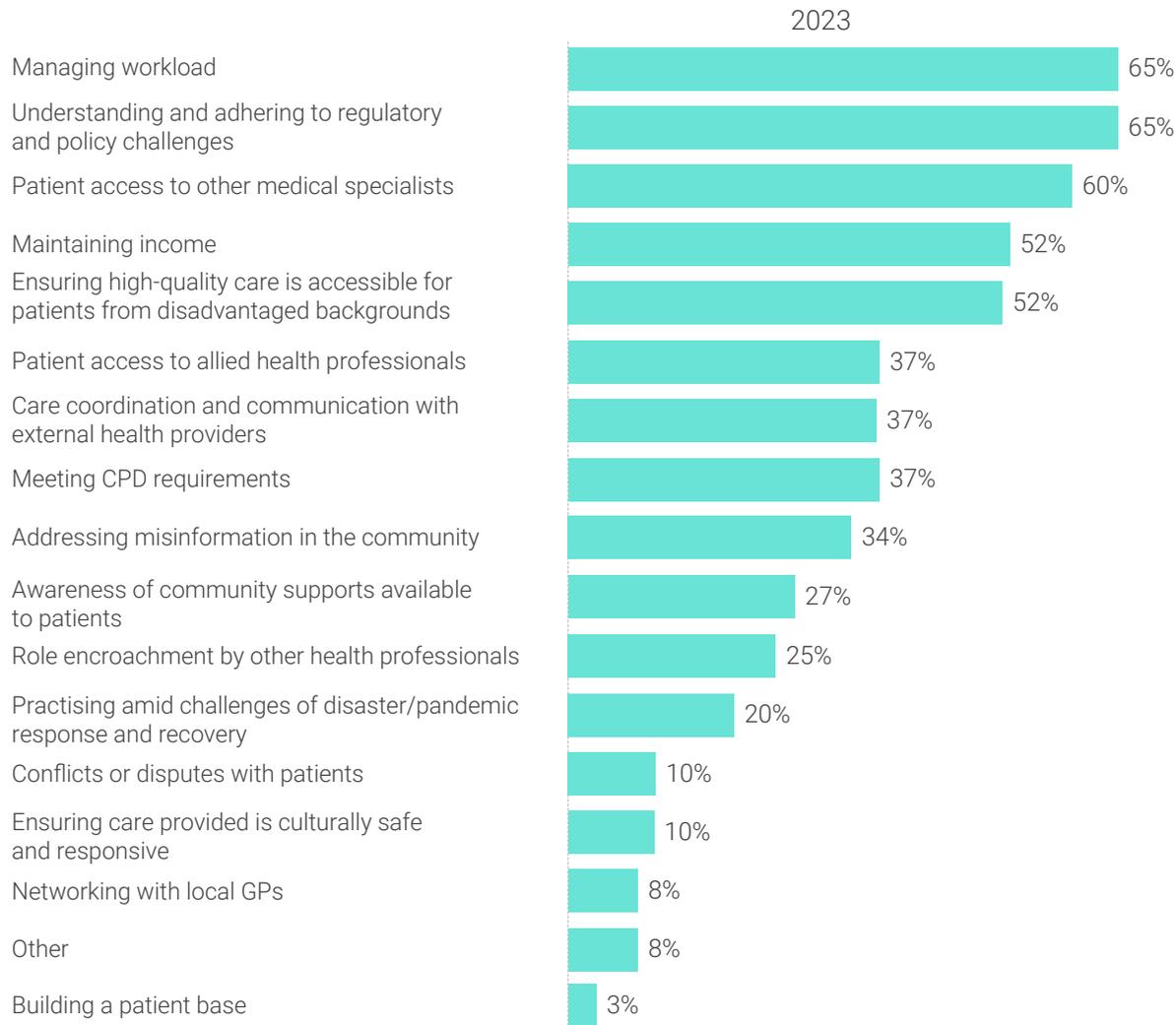
Sample: Practising GPs 2023 n=2229, aged care facility n=18, solo practice n=86, group practice (non-corporate) n=1493, group practice (corporate) n=397, other setting n=98, Aboriginal Medical Service or ACCHO n=75, hospital n=62.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 51

Main issues faced by GPs

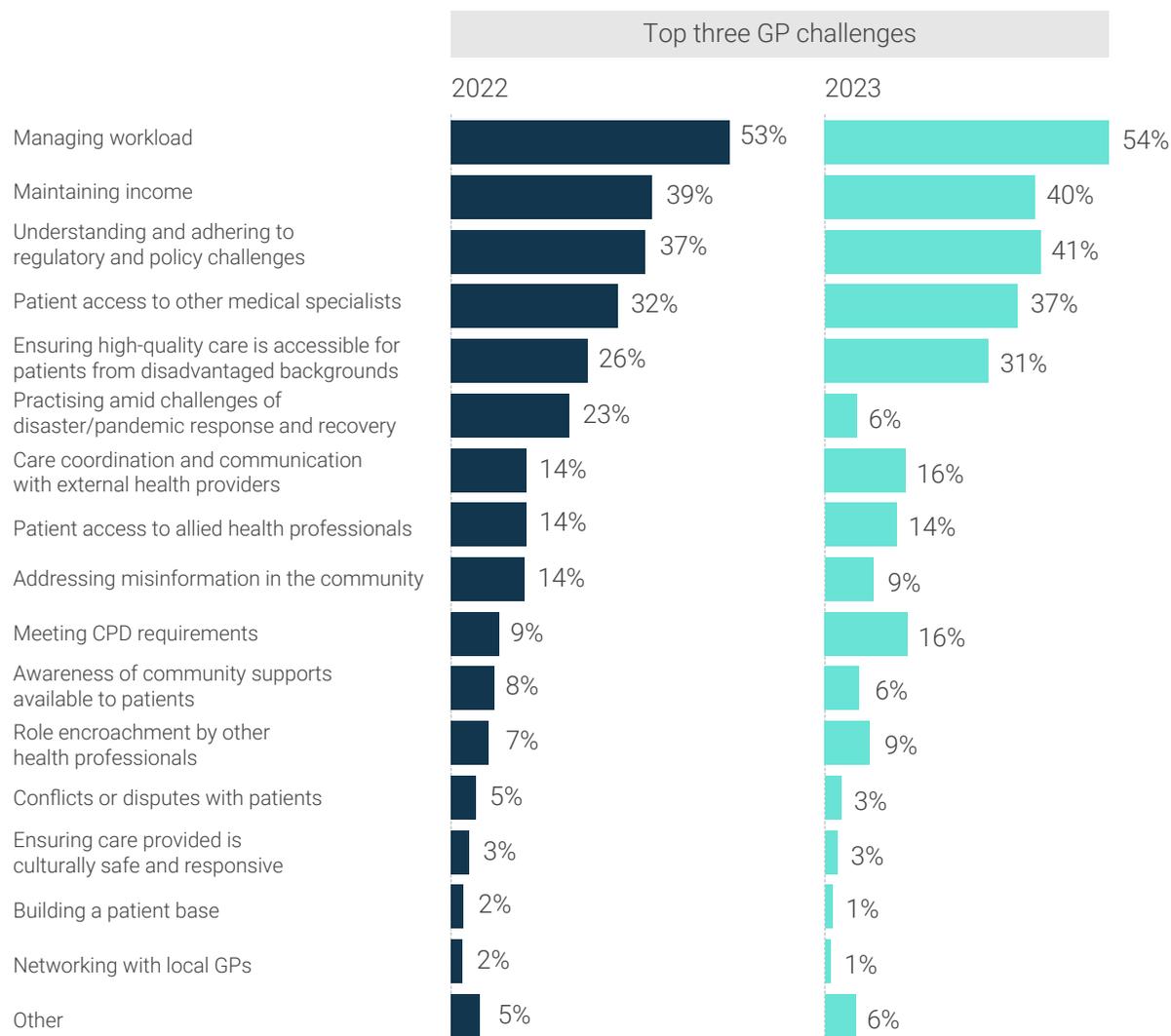
What are the main issues you face as a GP?



51 – Measure: Proportion of GP responses to the question, 'What are the main issues you face as a GP?'.
 Sample: Practising GPs 2023 n=2048, 2022 n=3219
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 52

Percentage of GPs that ranked the issue in their top three challenges



52 – Measure: Proportion of GP responses to the question, 'Out of the challenges you selected, what are the first, second and third most important challenges you face as a GP?'

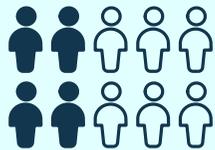
Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

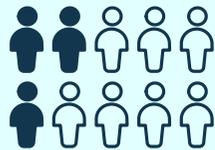
Chapter five

The future workforce

'Lack of access to maternity leave makes general practice less attractive to me.'



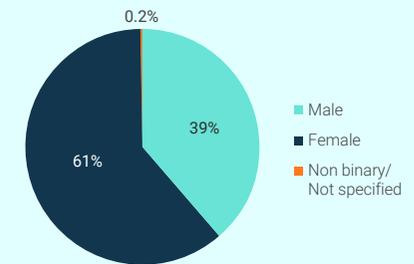
Just under four in 10 practising GPs indicated they would recommend their profession to their junior colleagues in 2023.



Almost three in 10 GPs intend to retire from the workforce in the next five years.



The number of doctors starting the AGPT Program have fluctuated since 2016



The gender makeup of doctors in the AGPT Program continues to be primarily female

GPs in training

This year, 13.1% of medical students reported general practice as their preferred specialty of future practice, a decrease from 13.8% in 2021 (Figure 53). Encouragingly, general practice remains the second most preferred specialty overall, and when combined with those who indicated rural generalist/rural and remote health (5.8%) as their preferred specialty, general practice is the most preferred specialty overall. Interest in rural and remote medicine is increasing, and was ranked eighth this year, increasing from ninth in 2021.¹⁴

While it appears medical students are continuing to indicate a preference toward general practice, the number of doctors entering the Australian General Practice Training (AGPT) Program has declined significantly from 2017 to 2020. In 2021 (1320) and 2022 (1356) there was an increase in the number of GPs entering the AGPT Program. This trend reversed in 2023, with 1130 doctors commencing the program (Figure 54).

FIGURE 53

Medical students preferred specialty for future practice

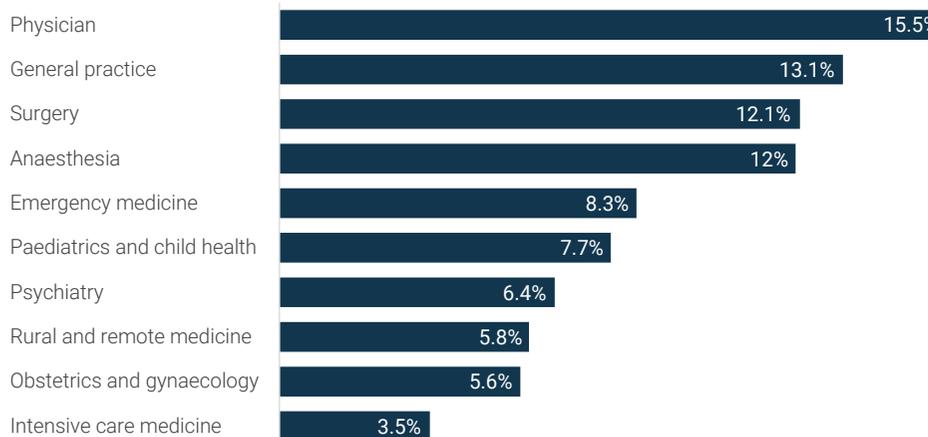
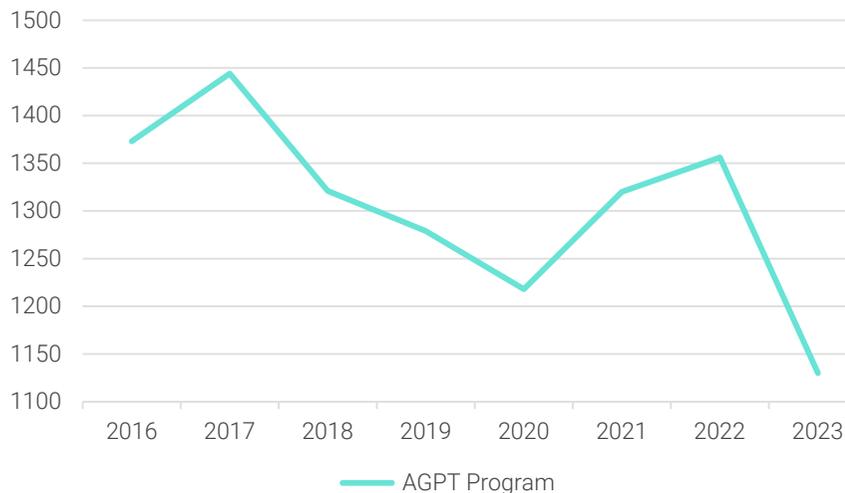


FIGURE 54

Number of doctors who started the AGPT Program since 2016



53 – Measure: First preference of specialty for future practice – all students.

Source: Medical Deans Australia and New Zealand. National data report 2023. Available at: <https://medicaldeans.org.au/medical-schools-outcomes-database-reports/>

54 – Measure: Number of doctors who started the Australian General Practice Training Program, by year.

Data source: RACGP training data (unpublished).

There has been an overall decrease in the number of active doctors across all training programs in the last year. The RACGP's Practice Experience Program has seen significant increases since 2019, however this program is designed to support non-vocationally registered doctors to achieve Fellowship, the majority of which are already providing primary care in the community. Therefore, the impact of this cohort on increasing the capacity of the general practice workforce is likely to be minimal (Figure 55).

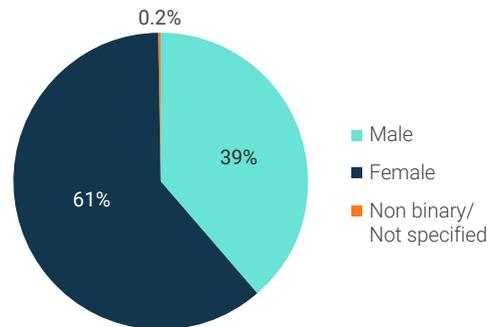
Females represent a significantly larger proportion of the GP in training cohort and would be expected to make up a larger proportion of the GP workforce (Figure 56). However, currently the female full-time equivalent (FTE) proportion of the GP workforce is smaller when compared to the overall female GP headcount (see Figure 28).

On average, female GPs work fewer hours than male GPs. This is evident across all ages and life stages but is more pronounced for female GPs with young children (Figure 57). In the future, it is likely the discrepancy between male and female GPs in training will result in females making up a larger proportion of the GP workforce, which may have implications for general practice workforce capacity.

FIGURE 55
Total active doctors in RACGP training programs 2013–22



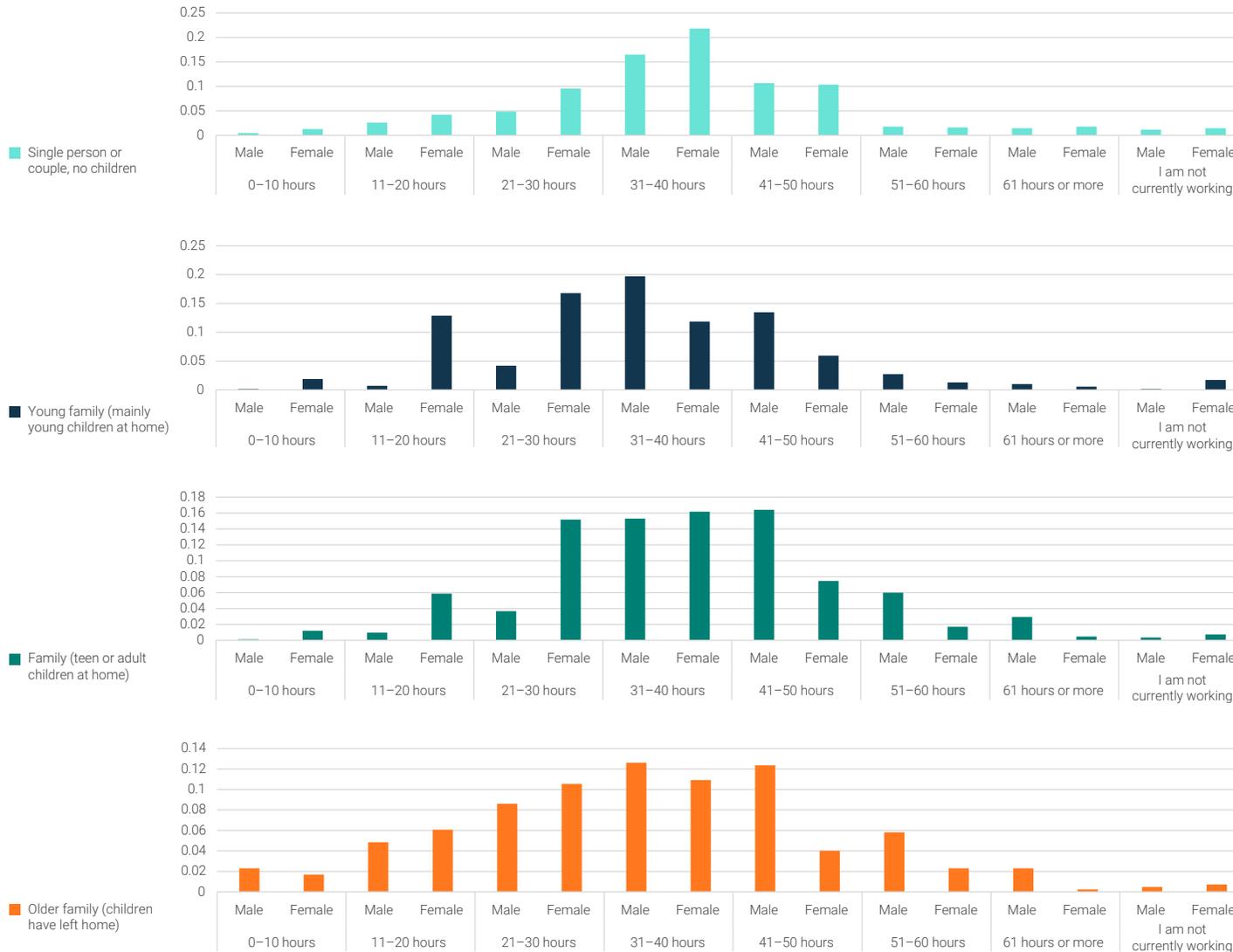
FIGURE 56
Proportion of doctors by gender in the AGPT Program



55 – Measure: Total active doctors in training, by training program. Data source: RACGP training data (unpublished).

56 – Measure: Active GPs in the Australian General Practice Training Program, by gender. Data source: RACGP training data (unpublished).

FIGURE 57
Hours worked by gender and life stage



GP INSIGHT 'Many of our female GPs are now older when they finish training than was the case in my day (graduated in 1976) so are ready to have children, hence don't work full time even at the beginning of their GP career.'

57 – Measure: GP responses to how many hours worked per week, by gender and life stage.

Sample:

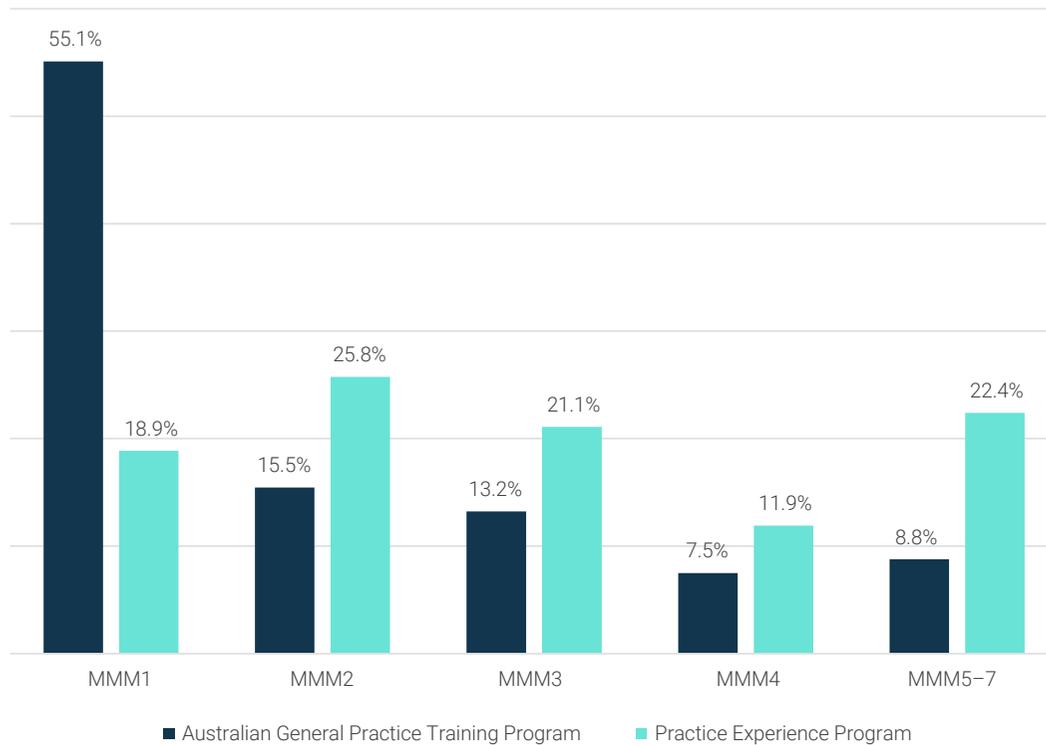
- Single person or couple no children: males n=244, females n=322
- Young family: Mainly young children at home: males n=291, females n=366
- Family: Teen or adult children at home: males n=374, females n=399
- Older family: Children have left home: males n=407, females n=301

Data source: RACGP member census 2022 (unpublished).

The majority of GPs in training (55.1%) are currently practising in metropolitan areas. Almost one in three (29%) practise in a regional centre (MMM2) or large rural town (MMM3) (Figure 58).

Among registrars who had moved to undertake their training, 37% indicated they would remain in their current training location once they had completed their training placement. Twenty-two per cent indicated they planned to relocate, and 41% were unsure.¹⁵

FIGURE 58
Active GPs in the Australian General Practice Training Program and Practice Experience Program, by regionality



GP INSIGHT 'I think we need to ensure high standards for GP training despite workforce pressures on the training program.'

58 – Measure: Active GPs in the Australian General Practice Training Program and Practice Experience Program, by regionality.

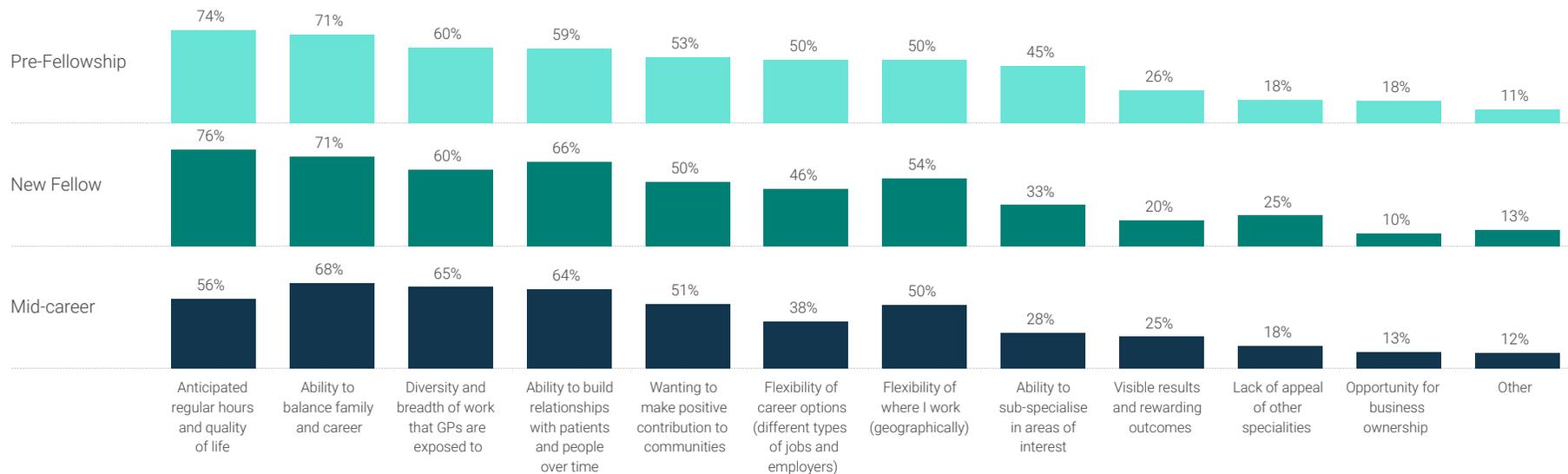
Sample: Australian General Practice Training Program: n= 4945, Practice Experience Program: n=1569.

Data source: RACGP training data (unpublished).

Attraction into the general practice workforce

GPs report several factors that influence the decision to become a GP. Aspirations for regular hours and quality of life, along with the ability to balance family and career, the diversity and breadth of work, and the ability to build relationships with patients over time are all dominant contributing factors to decision making. Overall male and female GPs identified similar factors influencing their decision. Mid-career GPs were less likely to report anticipated regular hours and quality of life (56%) as the primary motivating factor for choosing to become a GP (Figure 59).

FIGURE 59
Factors that influenced the decision to become a GP



GP INSIGHT 'Lack of access to maternity leave makes general practice less attractive to me.'

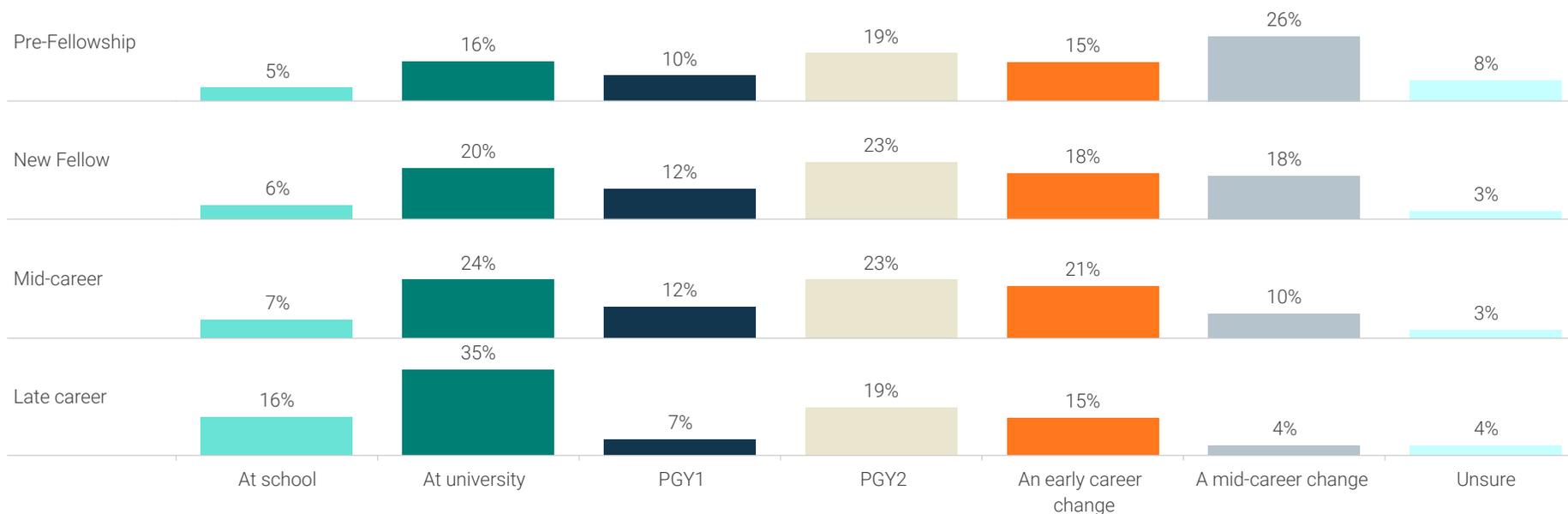
59 – Measure: Proportion of GP responses to the question, 'At the time that you made the decision to become a GP, what influenced your decision?' by career stage.

Sample: Pre-Fellowship n=176, New Fellow n=387, Mid-career n=1284.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

For pre-Fellowship and New Fellows, the decision to become a GP was made in the postgraduate years or as an early or mid-career change. Mid and late career GPs were more likely to report making the decision to become a GP at university than pre-Fellowship or New Fellows. Fifty-one percent of late career and 31% of mid-career GPs made the decision to specialise prior to PGY1, whereas only 26% of New Fellows and 21% of pre-Fellowship GPs made the decision prior to PGY1. This apparent shift towards later stage decision making may impact the focus of future campaigns promoting general practice (Figure 60).

FIGURE 60
The point at which GPs decided to specialise in general practice by career stage

60 – Measure: Proportion of GP responses to the question, 'At what point did you decide to specialise in general practice?' by career stage.
 Sample: Pre-Fellowship n=186, New Fellow n= 406, Mid-career n=1354, Late career n=239.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

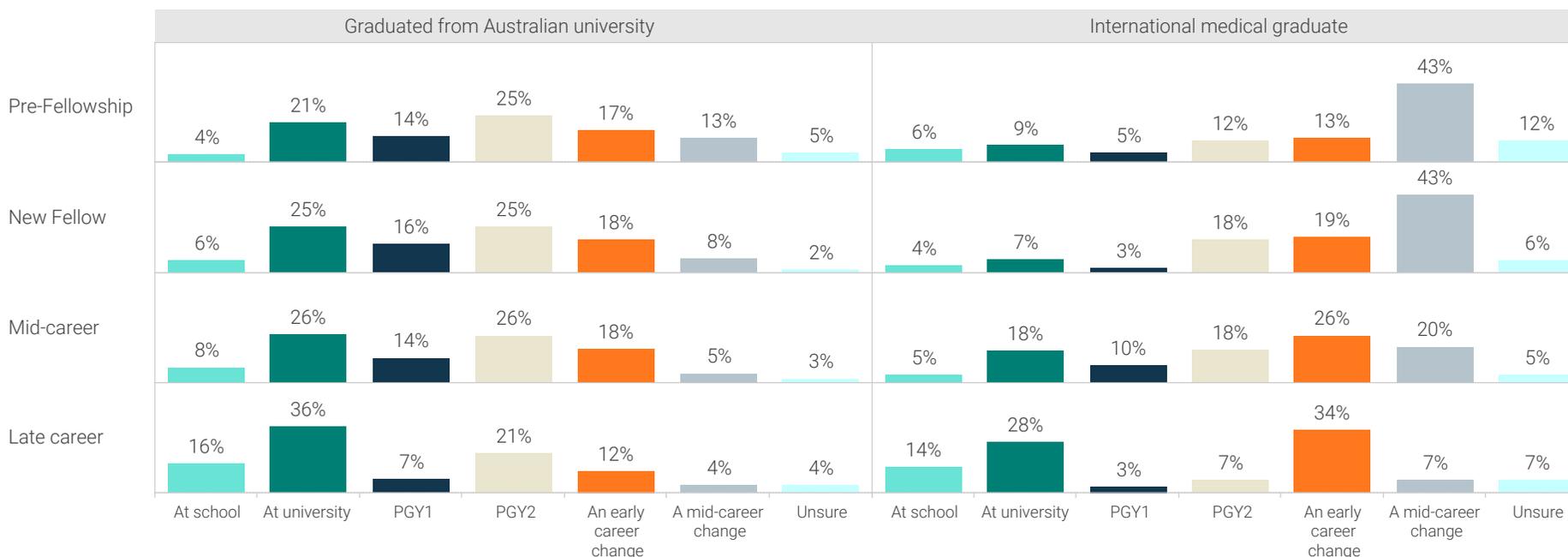


For international medical graduates (IMGs) the decision to specialise as a GP occurs later in life. Where most Australian medical school graduates have made the decision to specialise as a GP by the end of PGY2, most IMGs choose to specialise as a career change. Significantly, 43% of pre-Fellowship and New Fellow IMGs report choosing general practice as a mid-career change, which is likely a reflection of the timing of their arrival in Australia (Figure 61).

For IMGs and Australian graduates, later career decision making may serve to refocus future promotional campaigns to early and mid-career medical practitioners who are seeking a specialisation that provides them the opportunity to balance family and career, and where anticipated regular hours and quality of life are dominant influencing factors.

FIGURE 61
The point at which GPs decided to specialise in general practice: IMGs versus Australian graduates

61 – Measure: Proportion of GP responses to the question, 'At what point did you decide to specialise in general practice?', by career stage.
 Sample: Pre-Fellowship n=186 (IMG n=84, AU n=102), New Fellow n= 406 (IMG n=412, AU 294) Mid-career n=1354 (IMG n=430, AU n=924), Late career n=239 (IMG n=33, AU n=206).
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

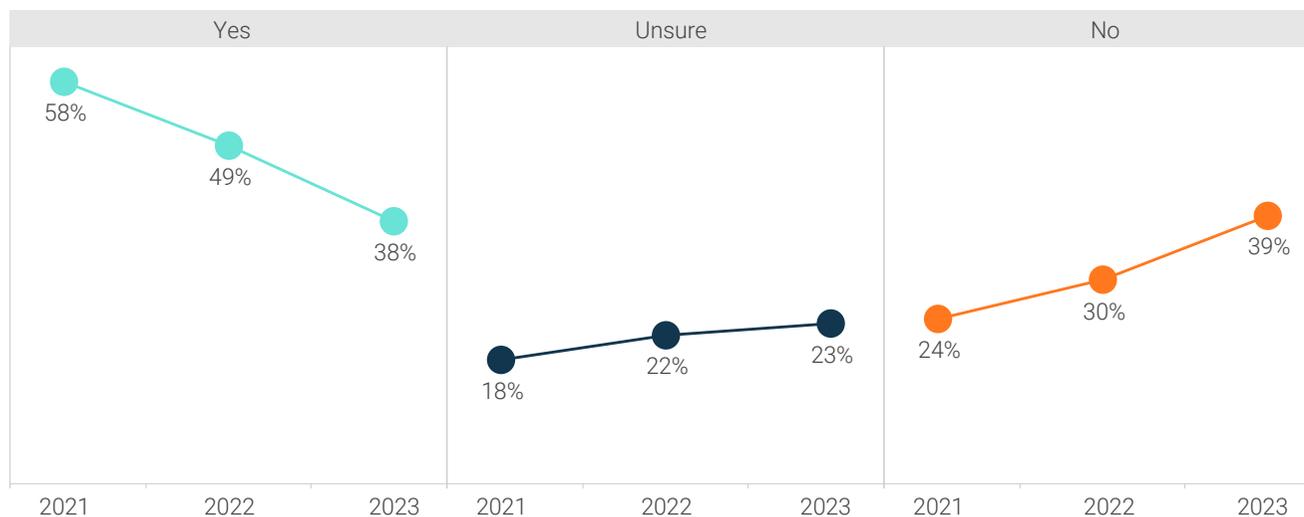


The preparedness of GPs to recommend the profession continues to decline

Since 2021, the likelihood of GPs recommending general practice as a career has been trending downward. In 2023, just under four in 10 practising GPs indicated they would recommend their profession to their junior colleagues, and for the first time, as many GPs indicated they would not recommend the profession as those who would (Figure 62).

GP INSIGHT 'Moving from hospital doctor roles to GP is highly unappealing for multiple reasons. Significant considerations are a large drop in income, loss of all sick/carer/long service/parental leave, no access to study/conference leave, no CPD allowance. If there is going to be any possibility that more junior doctors are enticed to go into general practice, then these issues need to be brought into parity with their hospital peers.'

FIGURE 62
Preparedness of GPs to recommend the profession



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

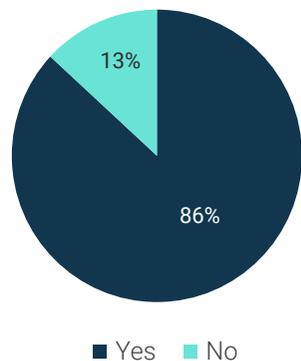
Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Alarming, eight out of 10 respondents to a *newsGP* poll reported experiencing negative attitudes toward general practice during their medical studies (Figure 63). Despite this, as previously identified, general practice continues to be ranked as the second most preferred specialty by medical students, however this is not converting into increased numbers of doctors entering general practice training programs (Figure 53 and 54).

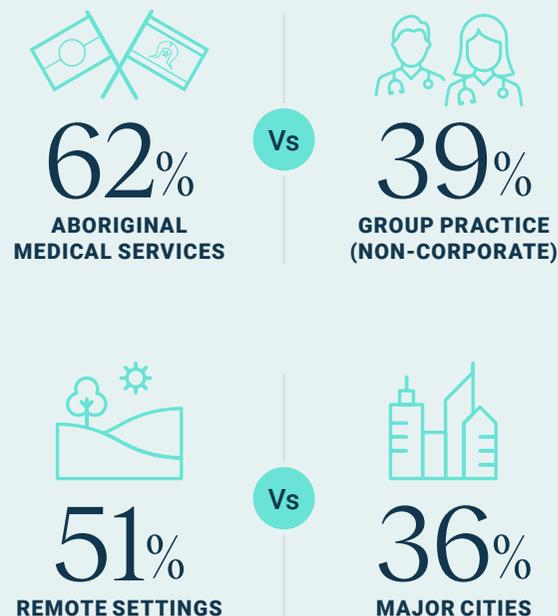
Across practice settings and locations, we see a significant differences in the likelihood that GPs will recommend the profession.

FIGURE 63
Proportion of *newsGP* readers who report experiencing attitudes denigrating general practice during their medical studies



63 – Measure: Proportion of responses to the questions: ‘Did you experience attitudes denigrating general practice during your medical studies?’.
 Sample: n=1428
 Data source: *newsGP* poll, 26 June–3 July 2023. Available at www1.racgp.org.au/newsGP/poll?utm_source=racgpnewsGPnewsletter&utm_campaign=newsgpedm&utm_medium=email

GENERAL PRACTICE AS A CAREER RECOMMENDATION



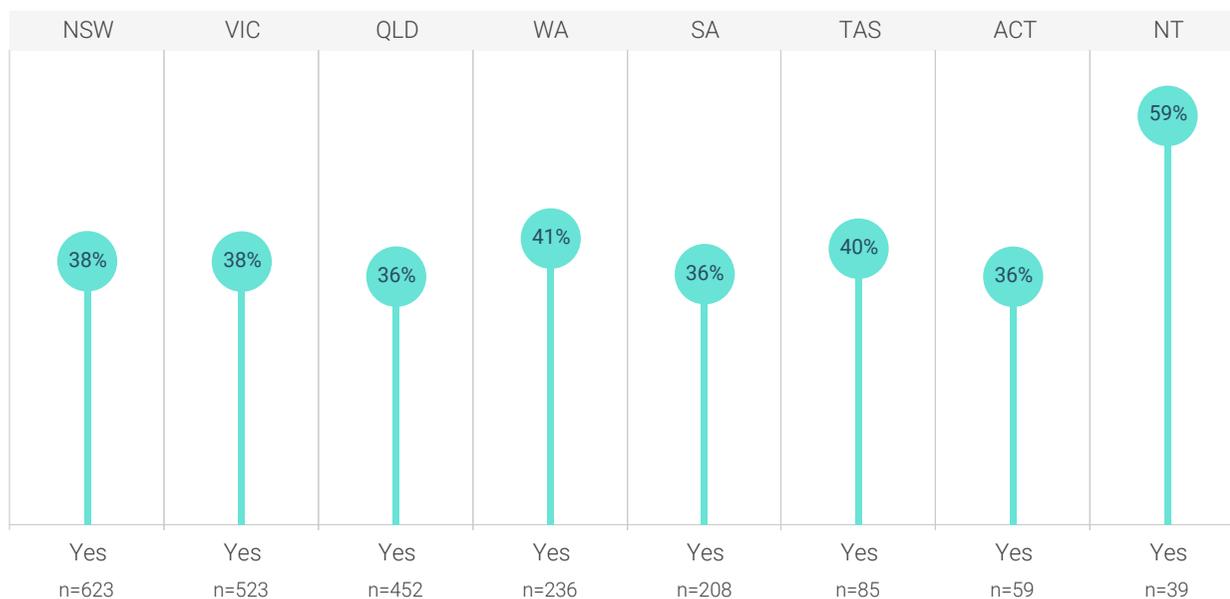
GPs working in Aboriginal Medical Services or Aboriginal Community Controlled Health Organisations (62%) are **significantly more likely to recommend general practice as a career** than those working in group practice (non-corporate) (39%).

Similarly, GPs working in remote (51%) and very remote settings (52%) are more likely to state they would recommend general practice as a career when compared to those working in major cities (36%) and inner-regional areas (38%).

Additionally, GPs working in solo practice (29%) are less likely to recommend general practice as a career than those working in group practice (non-corporate) (39%).¹³

The preparedness of GPs to recommend the profession is consistent across states and territories and does not vary significantly from the national average of 38% (Figure 64).*

FIGURE 64
Proportion of GPs who are prepared to recommend the profession



National average = 38% of GPs are willing to recommend

64 – 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?”. by state/territory.

Sample: Practising GPs 2023: NSW n=623, VIC n=523, QLD n=452, WA n=236, SA n=208, TAS n=85, ACT n= 59, NT n=39.

*Variance is within the margin of statistical error for all states and territories, given the sample size.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Retention of the general practice workforce

Maintaining a healthy work–life balance is important for GP wellbeing and directly impacts workforce retention rates. GP work–life balance has declined annually since 2019, and the proportion of GPs who have experienced feelings of burnout remains high, with over seven in 10 reporting (71%) such an experience in 2023.

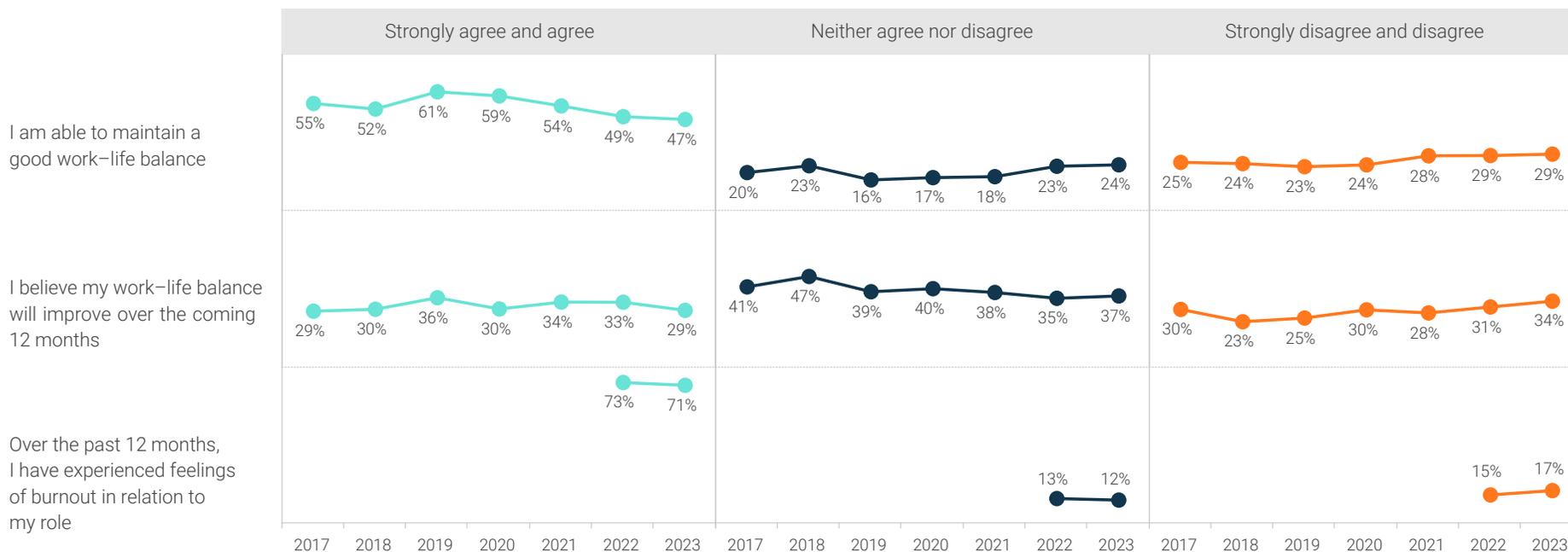
Concerningly, the belief that work–life balance will improve continues to evaporate, with a significant decline in agreement with this notion (from 33% to 29%) since 2022 (Figure 65).

FIGURE 65

Proportion of GPs who have experienced some form of burnout in last 12 months

65 – Measure: Proportion of GP responses to the question, “To what extent do you agree or disagree with the following statements?” by ability to maintain work–life balance. Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

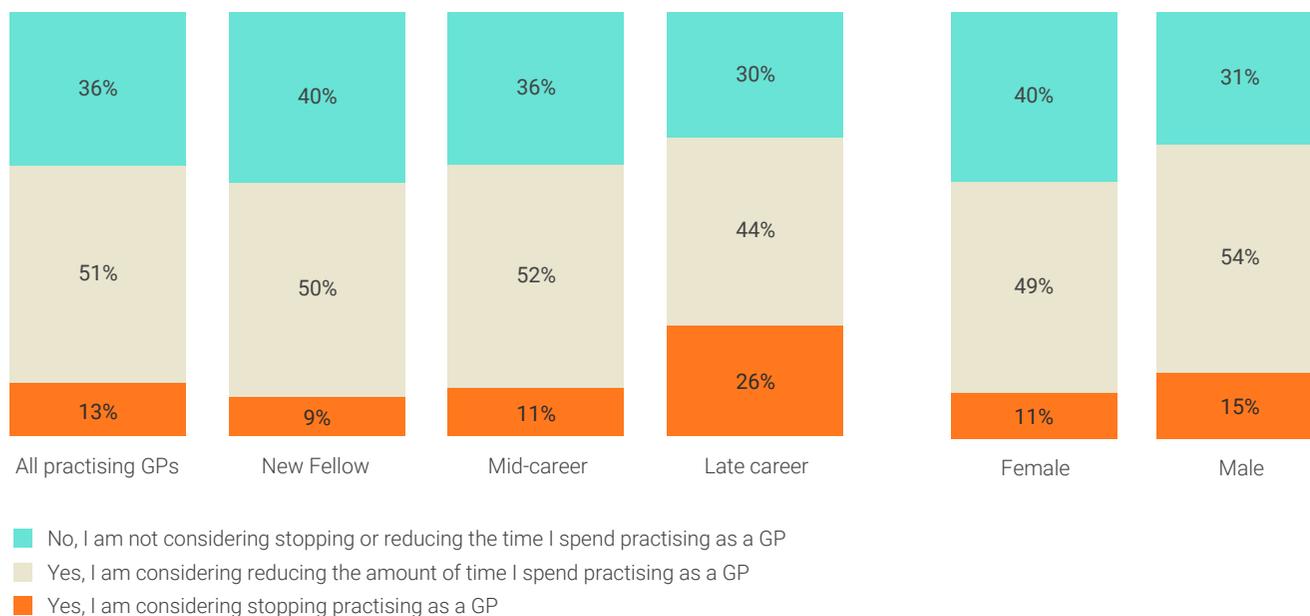


More than half of GPs are considering reducing or stopping practising

Among practising GPs, 64% are considering reducing the time they spend practising or are considering stopping practise altogether. New Fellows and mid-career Fellows are not immune to this trend, with 59% and 63% respectively indicating they are thinking about reducing their involvement in the profession to some degree. Male GPs are more likely to be considering stopping or reducing the amount of time they practise relative to female GPs (Figure 66).

GP INSIGHT 'I am tired. There is so much going on. I am worried about the future of good primary healthcare and that there are not enough new GPs coming in for the work that is required. I am concerned that 'simple' stuff will be taken over by other health providers leaving only complex issues for me, depriving my patients of 'ambush' medicine and preventive care.'

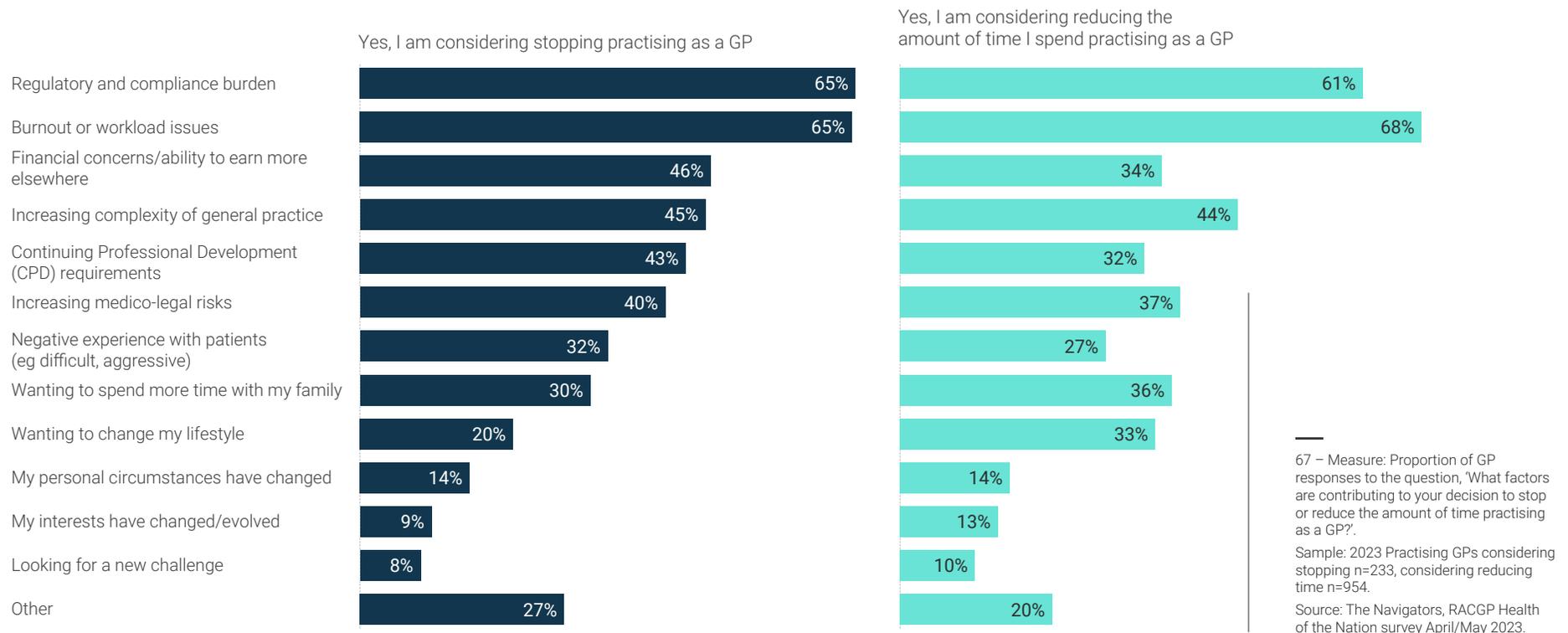
FIGURE 66
Proportion of GPs who are considering stopping or reducing time practising by gender



66 – Measure: Proportion of GP responses to the question, 'Other than retiring from employment, are you considering stopping or reducing the amount of time you practice as a GP?' by career stage and gender.
 Sample: 2023 Practising GPs n=2048, New Fellows n=406, Mid-career n=1354, Late career n=239.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

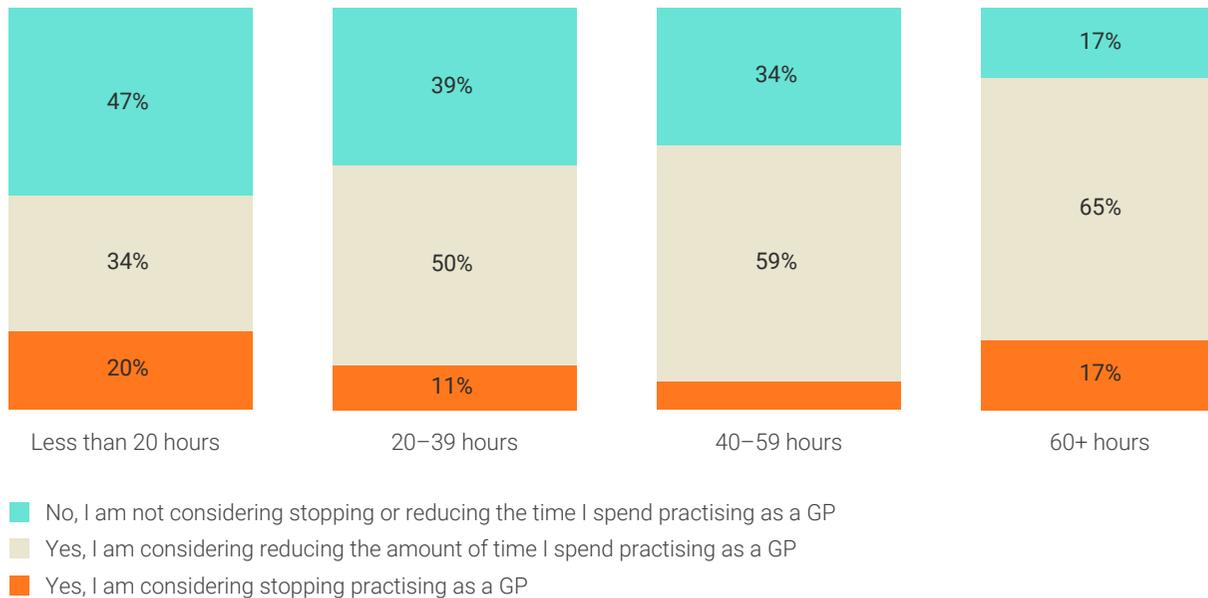
Regulatory and compliance burden and burnout are the dominant issues leading to GPs considering a reduction to the amount of time they spend practising, or to cease practising as a GP entirely. The financial benefits of working elsewhere are leading some GPs to consider changes to their involvement in the workforce. The new Continuing Professional Development (CPD) requirements are also a contributor (Figure 67). As discussed in Chapter 6, sourcing and retaining GPs is the issue that most practice owners rank as their number one concern.

FIGURE 67
Factors that are leading GPs to consider withdrawing from practise



GPs who work longer hours are more likely to consider stopping or reducing the amount of time they practise. Sixty-five per cent of those working 60 or more hours per week are considering reducing the amount of time they spend practising, with 17% considering stopping practise altogether (Figure 68).

FIGURE 68
Proportion of GPs who are considering stopping or reducing time practising by hours worked



68 – Measure: Proportion of GP responses to the question, 'Other than retiring from employment, are you considering stopping or reducing the amount of time you practice as a GP?' by weekly hours of work.

Sample: New Fellows and mid-career practising GPs working: Less than 20 hours n=173, 20-39 hours n=807, 40-59 hours n= 605, 60+ hours n=86.

*Excluding late career stage GPs (55 or older) to remove any potential distortion from those who may be considering retirement.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

When asked about their five-year career plan, more than 50% of GPs in training indicate that they plan to be working part time as a private GP. Only 34% plan to work in a full-time capacity, with 5.7% indicating they will not be working as a GP (Figure 69).

FIGURE 69
GPs in training career plans in five years' time

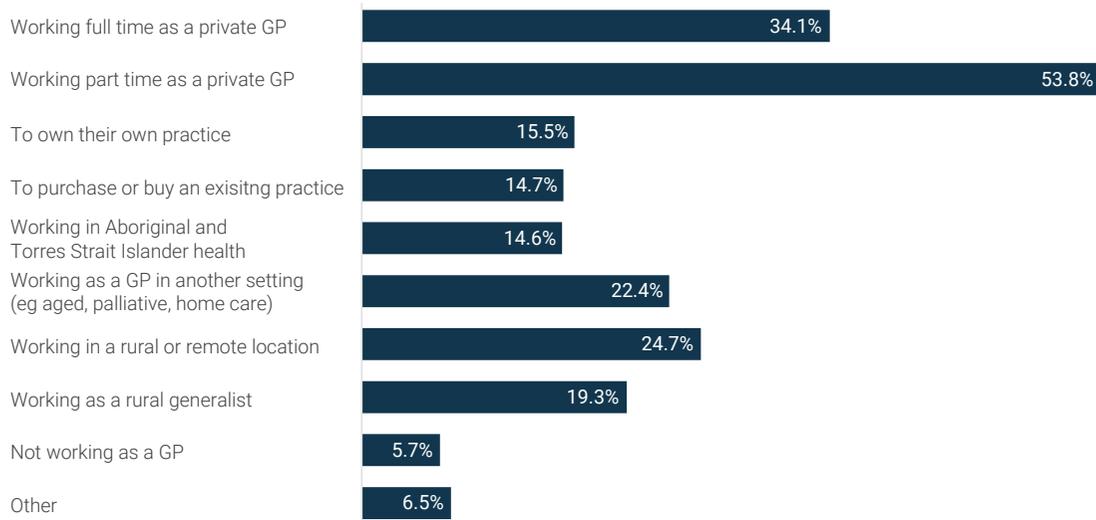
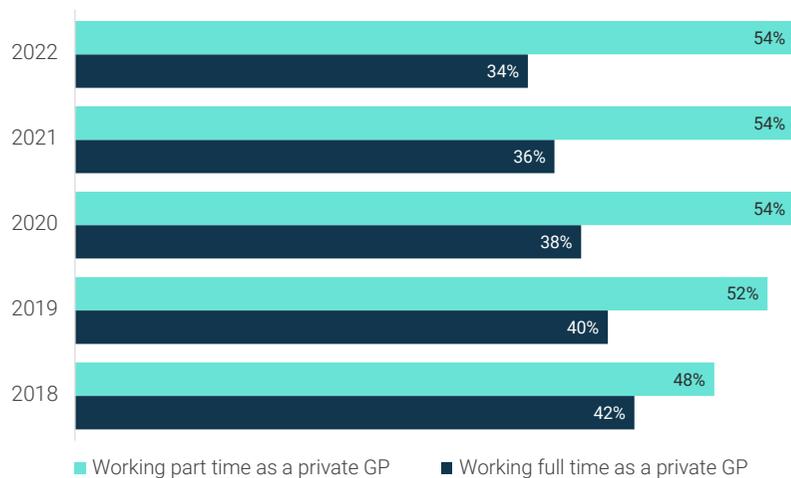


FIGURE 70
GPs in training career plans in five years' time 2018–22



69 – Measure: Registrar career plans in five years' time.
Source: Taylor R, Clarke L, Radlof A. Australian General Practice Training Program: National Report on the 2022 National Registrar Survey. Australian Council for Educational Research. 2022. Available at www.health.gov.au/resources/publications/agpt-program-national-report-on-the-2022-national-registrar-survey?language=en

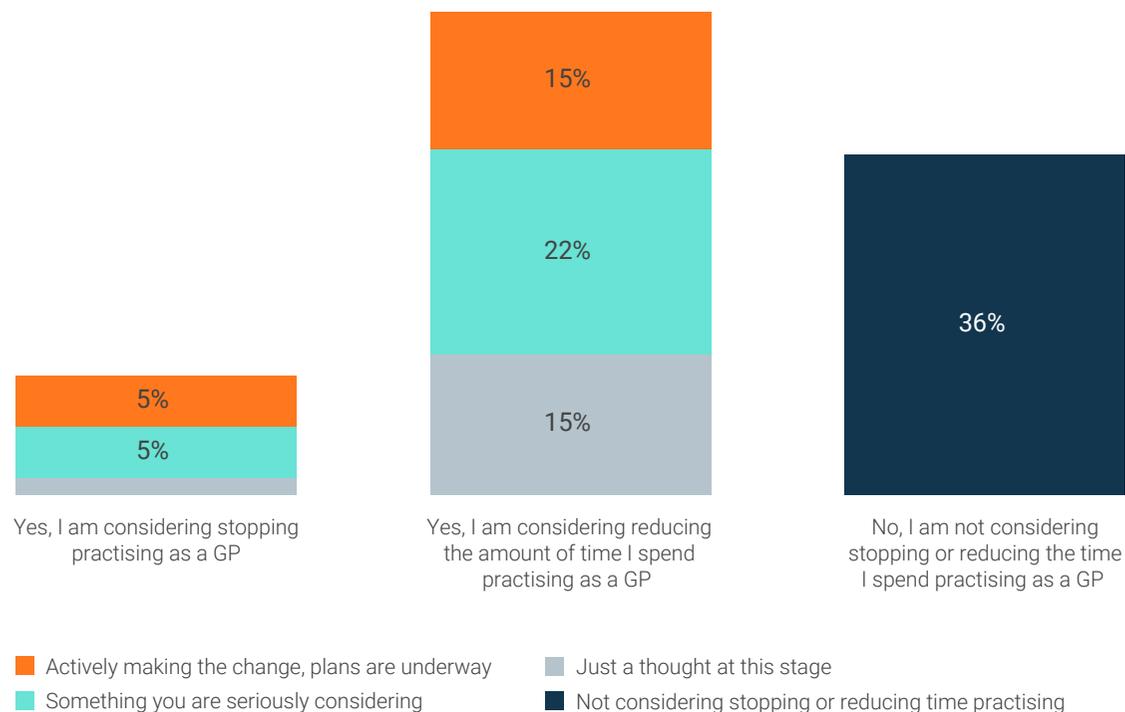
70 – Measure: Registrar career plans in five years' time.
Source: Taylor R, Clarke L, Radlof A. Australian General Practice Training Program: National Report on the 2022 National Registrar Survey. Australian Council for Educational Research. 2022. Available at www.health.gov.au/resources/publications/agpt-program-national-report-on-the-2022-national-registrar-survey?language=en

Among practising GPs, one in five are considering stopping or reducing the time they spend practising and are in the process of actively making the change (Figure 71).

For GPs aged between 45 and 54, the intention to practice for more than 10 years has decreased from 74% in 2017 to below 57% in 2022.¹³ The majority of New Fellows (78%) and mid-career Fellows (63%) who indicate they are considering reducing the time spent practising or ceasing practise altogether intend to keep working in medicine or a related field (Figure 72).

FIGURE 71

Proportion of GPs actively in the process of withdrawing from practice



71 – Measure: Proportion of GP responses to the question, "You mentioned you were considering stopping or reducing practise. Would you describe this as ...?"

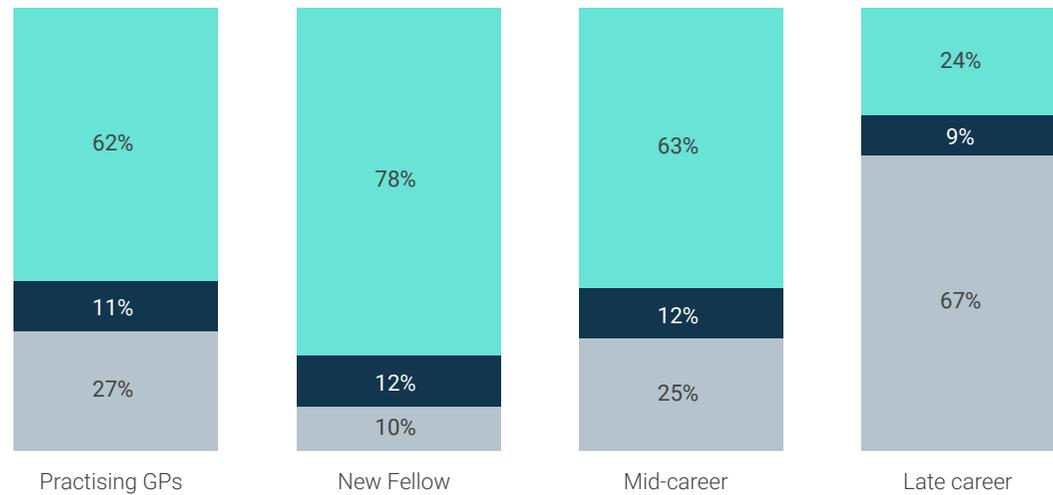
Sample: 2023 practising GPs n=2048.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Over one in three late career GPs (34%) are actively making the change to stop or reduce the time they spend practising. Less than one in five new or mid-career Fellows (17% and 19% respectively) indicate they are actively making the change, suggesting that there may be some prospect of retaining these GPs in the profession despite their inclination to withdraw (Figure 73).

FIGURE 72

Proportion of GPs who intend to stop or reduce practising as a GP but stay working in medicine



- Remain in medicine or a related field but stop practising as a GP
- Leave the field of medicine and move to a different industry
- Stop working for paid employment

72 – Measure: Proportion of GP responses to the question, 'If you do stop /reduce practising as a GP, are you likely to...?'
 Sample: 2023 considering reducing time or stopping as a GP. Practising GPs n=1187, New Fellows n=231, mid-career n=821, late career n=135.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Short-term retirement intentions continue to rise

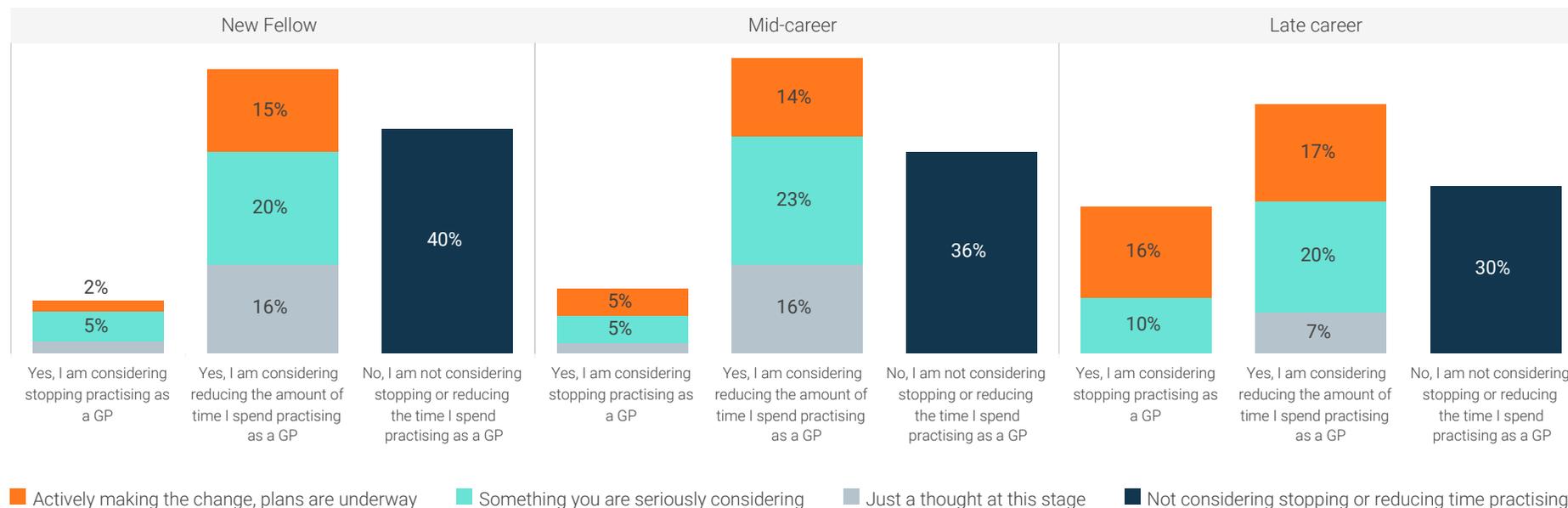
As the discontent and frustration with the profession has grown, the acceleration in the number of GPs who expect to retire within the next five years continues. Almost three in 10 GPs (29%) intend to retire in the next five years, up from a surge to 25% in 2022, after being only 14% five years earlier. Alarming, less than one in two (43%) GPs intend to be practising for more than 10 years (Figure 74).

FIGURE 73

Proportion of GPs actively making the change to stop or reduce the time spent practising by career stage

73 – Measure: Proportion of GP responses to the question, 'You mentioned you were considering stopping or reducing practise. Would you describe this as ...?'
 Sample sizes: 2023 practising GPs n=2048, New Fellows n=406, mid-career n=1354, late career n=239.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

You mentioned that you were considering stopping/reducing practise. Would you describe this as...?

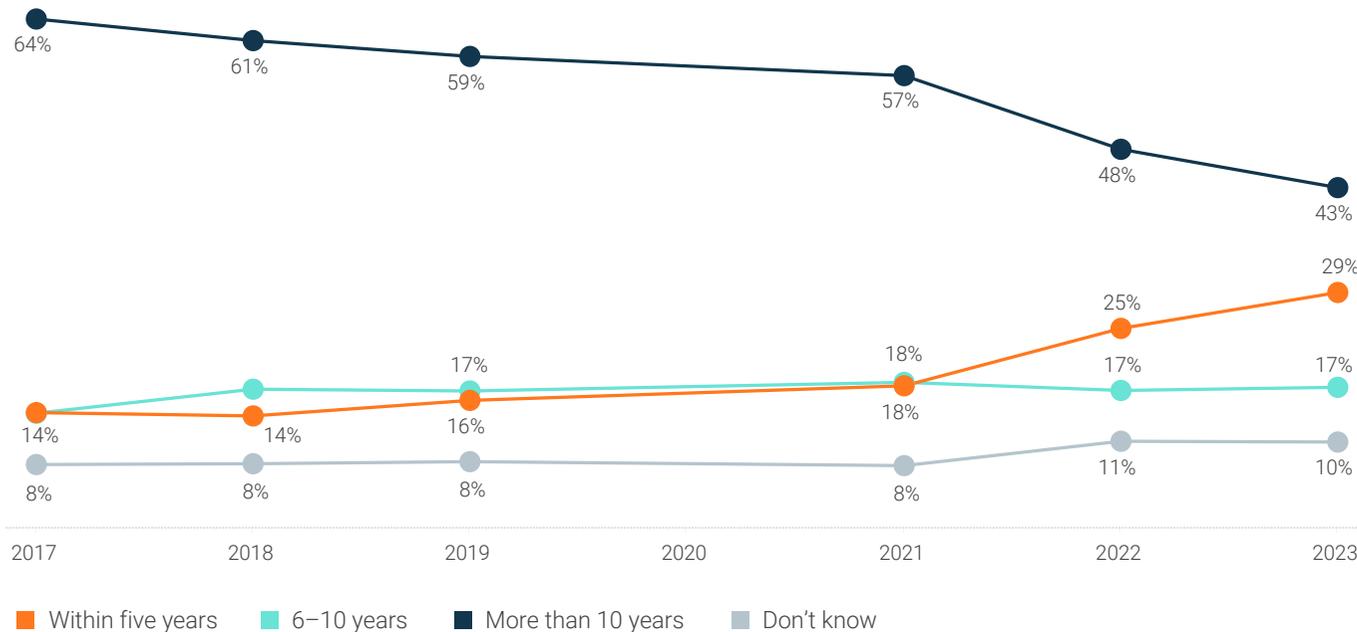


The GP cohorts with the greatest intention to retire are typically older (aged 55 years or more) males, GPs working in solo practice, corporate group practice or other settings, those working in remote or very remote locations, practice owners and those who have graduated from Australian universities (Figure 75). The percentage of practising GPs intending to retire within five years across states and territories does not vary significantly from the national average of 29%.¹³

Three in 10 GPs have brought forward their plans for retirement. More than half (16%) of these GPs are intending to retire within the next five years, resulting in a net premature loss of 24% of all practising GPs when considering those GPs (6%) who indicated they intend to retire later than planned. Ten per cent of practising GPs do not know when they will retire.

These results paint a sobering picture of a workforce under considerable strain and facing significant retention issues across all career stages. The current shortage of GPs will become even more of a challenge as an increasing number of GPs plan to retire or scale back their time practising in the next five years.

FIGURE 74
Proportion of GPs who intend to retire from practising in the short versus long term



74 – Measure: Proportion of GP responses to the question, “When do you intend to retire from practising as a GP?”
 Sample: Practising GPs 2023 n=2048, 2022 n=3219, 2021 n=1386, 2020 n=1782, 2019 n=1174, 2018 n=1537, 2017 n=1309.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

FIGURE 75
Retirement intentions by GP characteristics and practice settings

75 – Measure: Proportion of GP responses to the question, "When do you intend to retire from practising as a GP?"
 Sample: Practising GPs 2023 n=2048.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

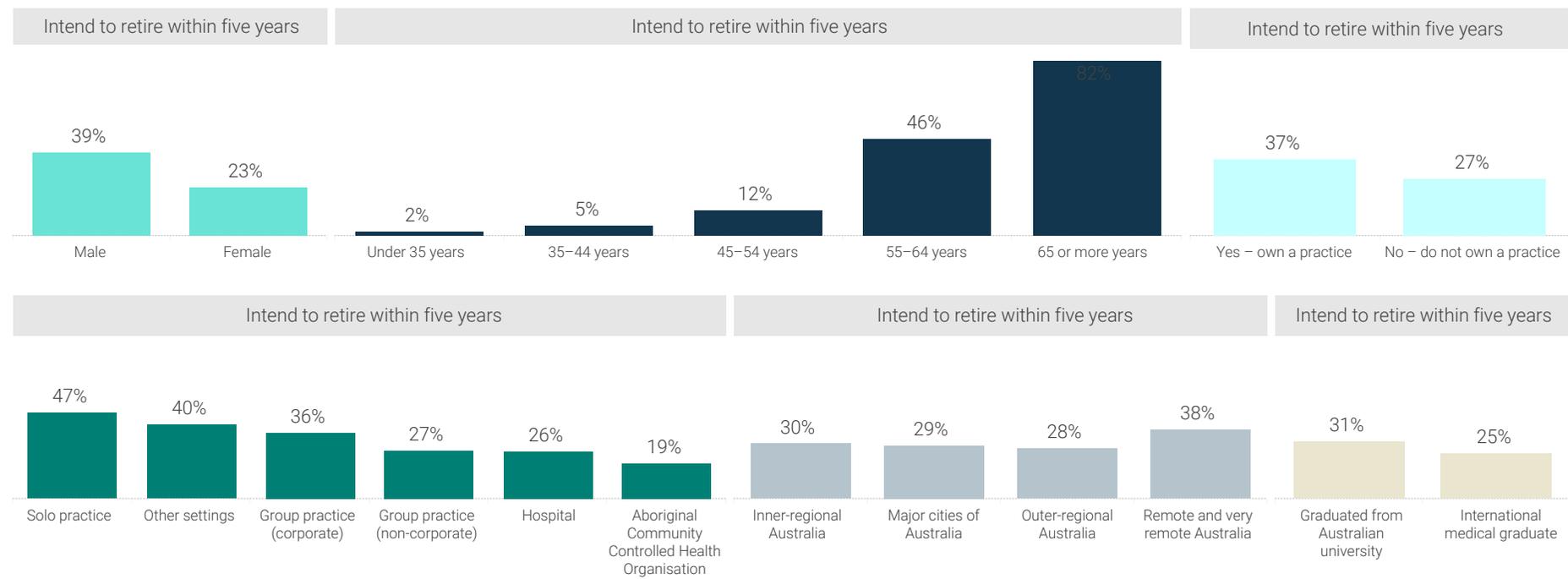
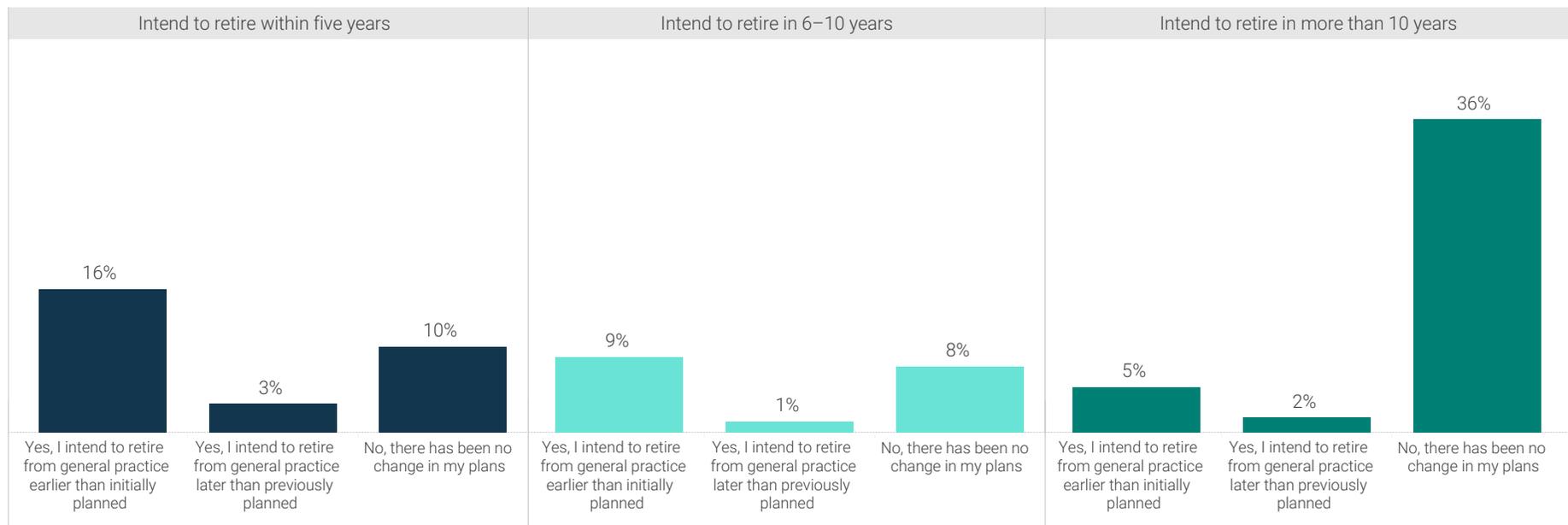


FIGURE 76
Proportion of GPs who have brought forward plans to retire earlier than planned

76 – Measure: Proportion of GP responses to the question, 'Have your plans to retire from general practice changed in the last 12 months?'.
 Sample: Practising GPs 2023 n=2048.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.



Chapter six

The business of general practice



4/5

of general practice owners concerned about the viability of their practice



10%

of non-practice owner GPs expressing interest in becoming a practice owner in the future

Practice viability and ownership is in jeopardy, putting practices at risk of closing



Three biggest challenges for practice owners



1/4

of practice owners have plans to stop or reduce the time they spend practising

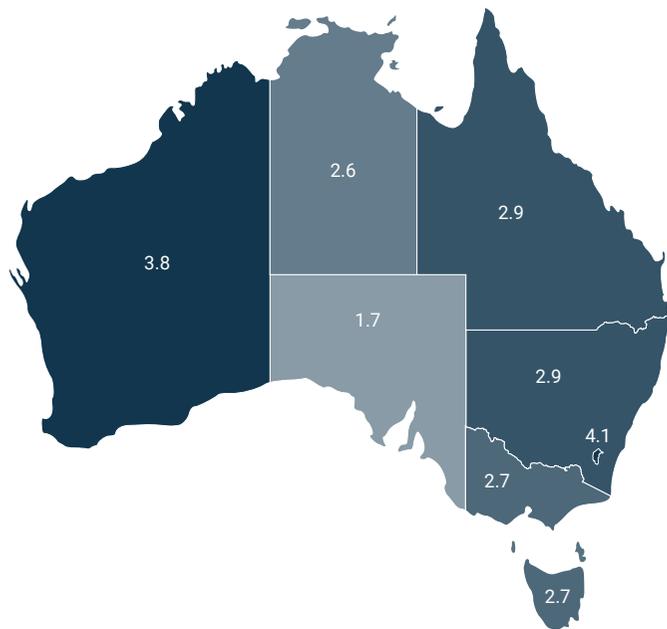
Practice ownership

The 2023 Report on Government Services indicated there were 7219 accredited general practices in Australia.

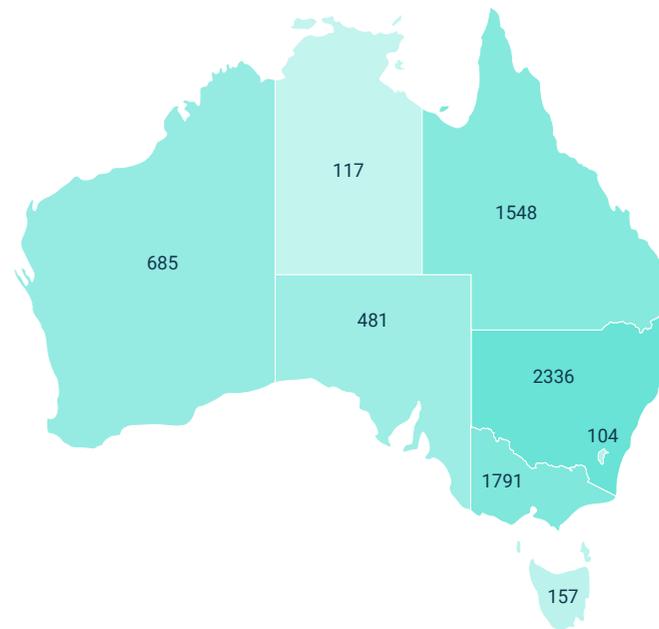
FIGURE 77

General practice distribution across Australia

Accredited practice per 10,000 residents per state or territory



Number of accredited practices per state or territory



77 – Measure: Number of general practices by state and territory and by population.

Source: Australian Government, Productivity Commission, Report on government services 2023, 10 primary and community health. 2023. Available at www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health

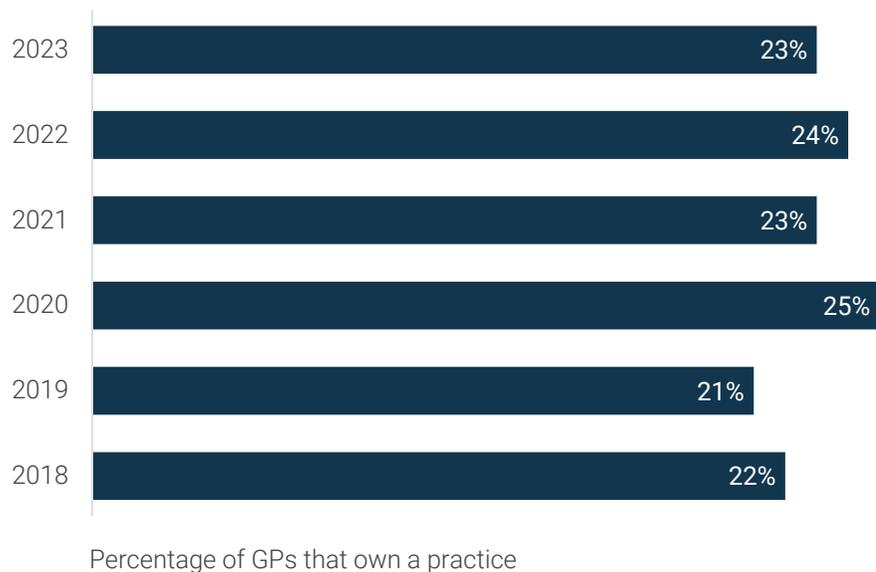
Australian Centre for Population. Analysis of the National, state and territory population publication from the Australian Bureau of Statistics (ABS). June 2022. Available at population.gov.au/data-and-forecasts/key-data-releases/national-state-and-territory-population-june-2022

Around 23% of GPs report that they own a general practice (Figure 78). Male GPs are more likely to own a practice (33%) than female GPs (16%), and older GPs (32% aged 55–64 years) are more likely to own a practice than younger GPs (17% aged 35–44 years). Regional and rural GPs are also more likely to own a practice than metropolitan GPs.

GP practice owners are more likely to report they work 40 or more hours per week than non-practice owners. Practice owners also report spending 15% of their time on practice management and administration.

Close to half (43%) of practice owners indicate that they are not able to maintain a good work–life balance, compared to 24% of non-practice owners. Concerningly, this appears to have translated to increased feelings of burnout among the practice owner group, with two in five responding they strongly agree with the statement ‘Over the past 12 months, I have experienced feelings of burnout in relation to my role as a GP’.

FIGURE 78
Rates of GP practice ownership 2018–23

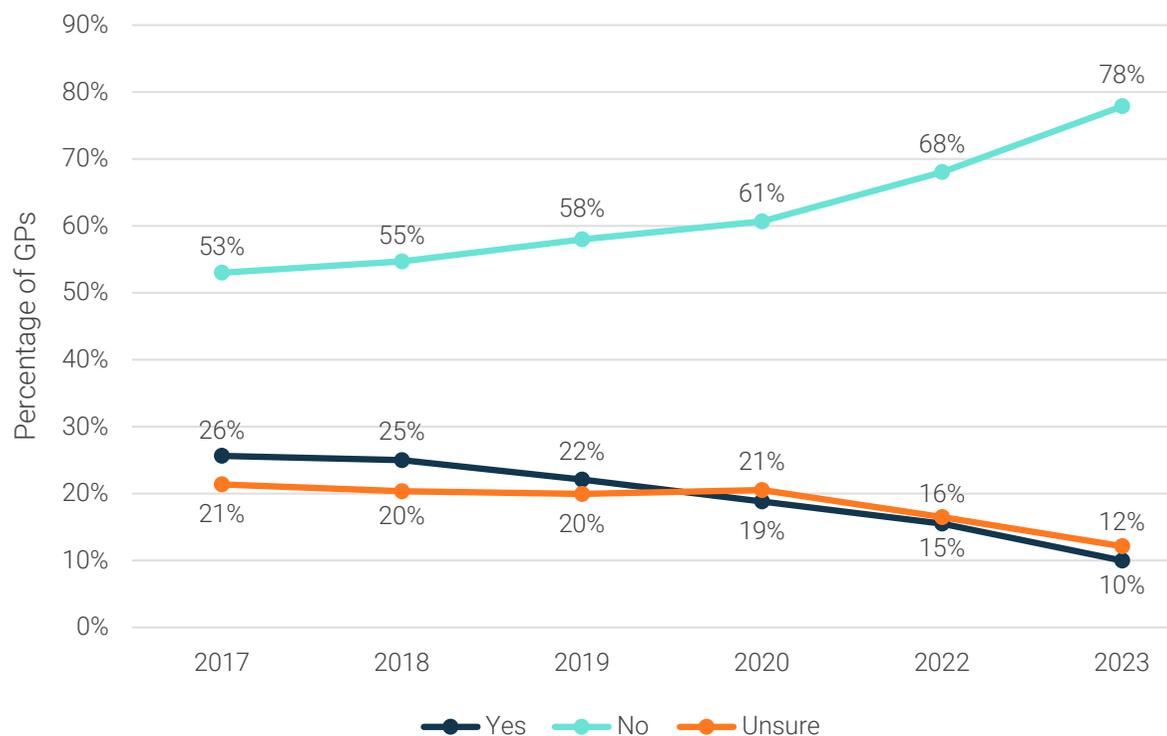


78 – Measure: Responses to the question, ‘Do you currently own your own general practice or practices?’.
Sample: 2023 n=2,048, 2022 n=3,219, 2021 n=1,386, 2020 n=1,782, 2019 n=1,174, 2018 n=1,537, 2017 n=1,309.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Broadly, non-owner GPs have largely abandoned aspirations of becoming a practice owner in the future. The proportion of aspiring owners has halved since 2020, with only 10% of non-owners expressing interest in becoming a practice owner in the future (Figure 79).

GPs in training were generally more optimistic than other groups about practice ownership, with 27% indicating they would be interested in owning a practice in the future.

FIGURE 79
Rates of interest in practice ownership since 2017

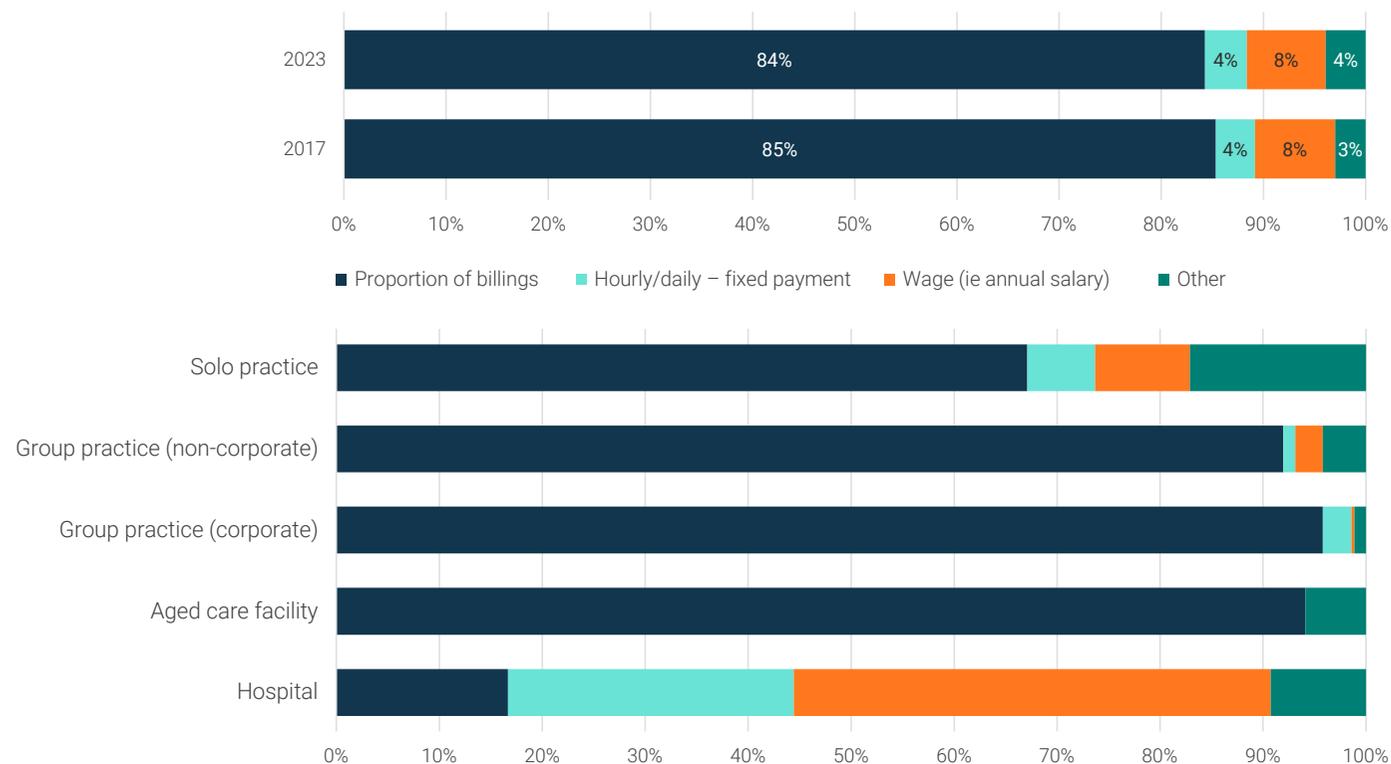


79 – Measure: Responses to the question, 'Are you interested in owning a GP practice in the future?'.
Sample: 2023 n=1,582, 2022 n=2,438, 2020 n=1,342, 2019 n=931, 2018 n=1,205.
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

GP remuneration

The reported methods of remuneration in 2023 remain almost identical to those reported in previous years, with most GPs being remunerated as a proportion of their billings (Figure 80). This is also the case among practice owners where, in 2023, 80% indicate their method of income is based on a proportion of billings. It should be noted that unlike independently contracted GPs, practice owners do not pay a service fee to the practice.

FIGURE 80
Main sources of income for GPs



80 – Measure: Responses to the question, 'Which statement best describes how you are remunerated at your main practice?'.
 Sample: 2023 n=1582, 2017 n=1309.
 Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

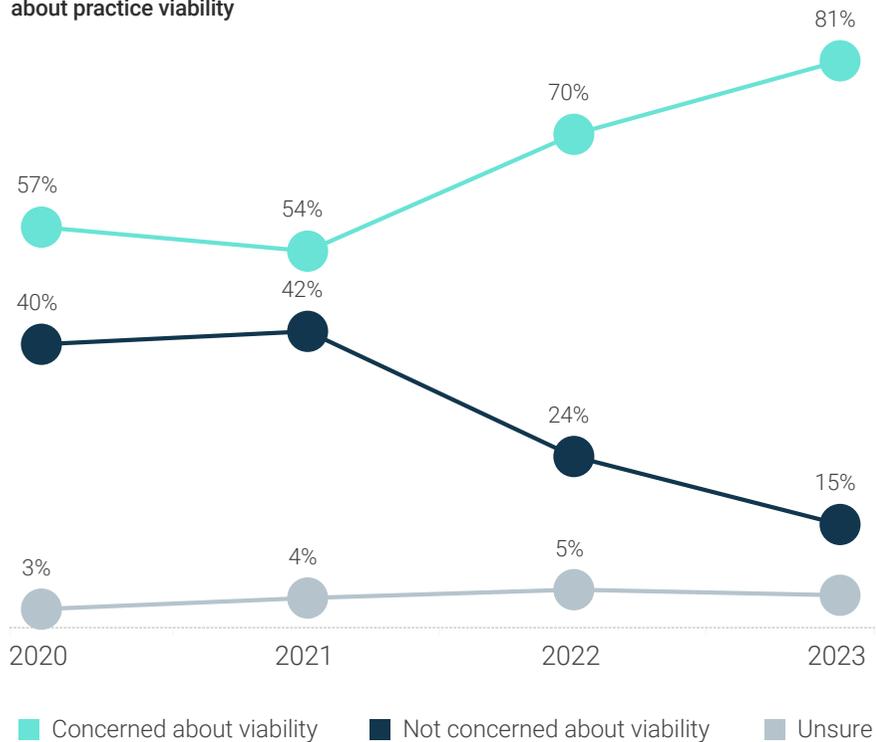
Challenges of practice ownership

The significant jump in concern among current owners about the viability of their practices observed in 2022 has continued to grow in 2023. More than four in five owners are now concerned about practice viability (Figure 81).

Apprehension about short-term viability has jumped from 12% of owners in 2022 to 22% of owners in 2023. This increase was consistent across metropolitan and regional and rural areas, indicating that viability is a widespread issue irrespective of rurality.

FIGURE 81

Proportion of GPs practice owners who are concerned about practice viability



81 – Measure: Responses to the questions, 'Are you concerned about the viability of your practice?'

Sample: 2023 n=468, 2022 n=783, 2021 n=325, 2020 n=440, 2019 n=241, 2018 n=332.

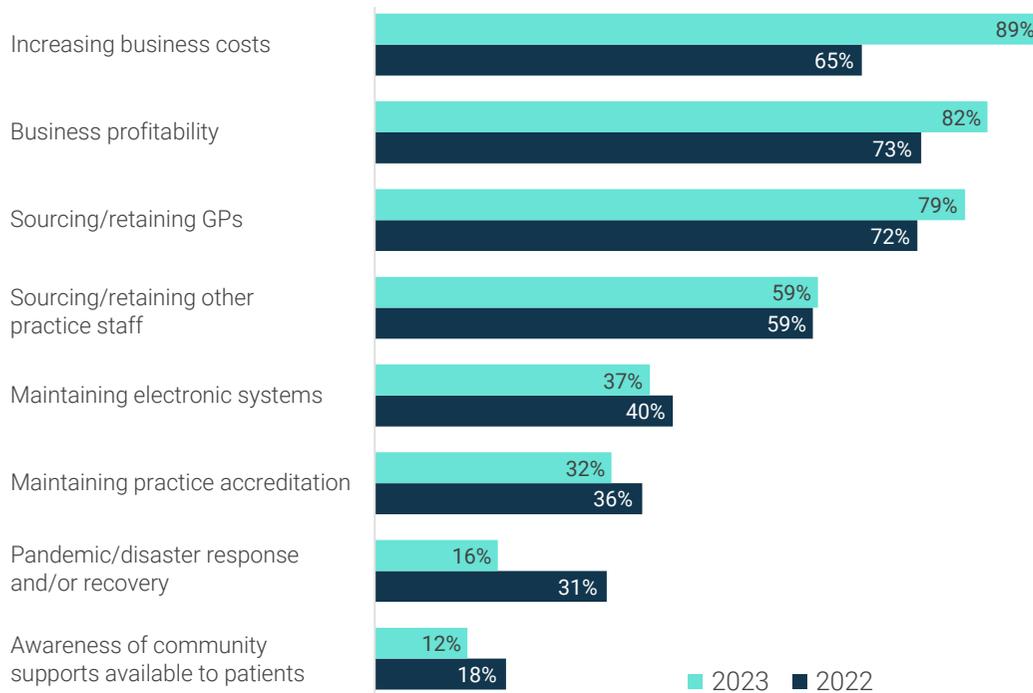
Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Since last year, an increasing proportion of practice owners are highlighting business costs, profitability and sourcing and retaining GPs as challenges within their practice (Figure 82). This aligns with increasing concerns from practice owners around business sustainability within the general practice sector.

Practice owners in regional and rural areas were more likely to nominate sourcing and retaining GPs and other practice staff as one of the main business challenges they face. This is likely representative of the broader challenges in recruiting GPs to regional and rural areas, as outlined in Chapter 3.

FIGURE 82

Main business challenges faced by practice owners



82 – Measure: Responses to the questions, 'What are the main business challenges you face as a practice owner?'. Sample: 2023 n=468, 2022 n=784. Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

Comparison between the top three ranked challenges for practice owners shows that sourcing and retaining GPs remains the issue that the highest proportion of practice owners (36%) rank as their biggest challenge. Just over one-third of practice owners (34%) rank business profitability as their biggest challenge and 14% rate increasing business costs as their biggest challenge (Figure 83).

Over one-third (36%) of practice owners are looking to retire from general practice in the next five years. Over one-quarter of practice owners (26%) already have plans underway to stop or reduce the time they spend practising as a GP. Owners nominated regulatory and compliance burden, burnout or workload issues, and the increasing complexity of general practice as the key reasons for these plans (Figure 84).

FIGURE 83

Top ranked challenges for practice owners

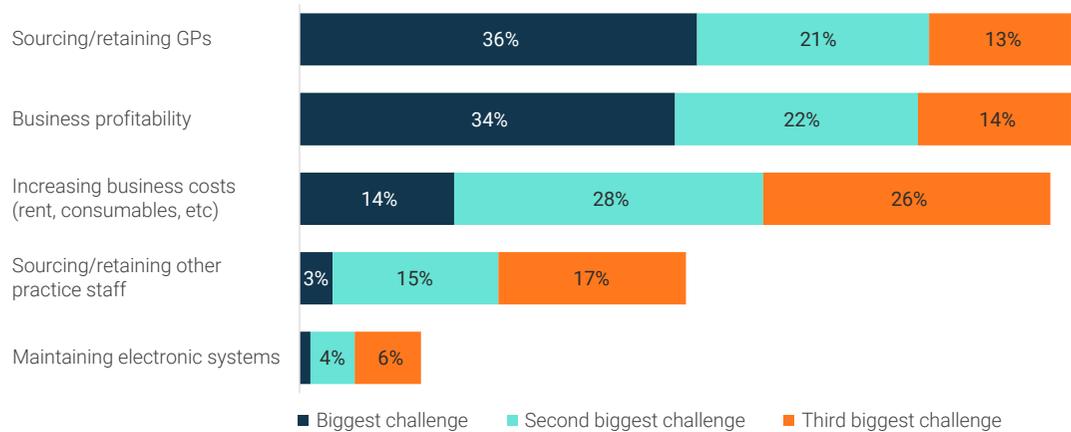


FIGURE 84

Issues that are contributing to practice owners making plans to leave the profession



83 – Measure: Responses to the questions, 'Out of the challenges you selected, what are the first, second and third most important business challenges?'.
Sample: 2023 n=468.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

84 – Measure: Response to the questions, 'Other than retiring altogether from employment, are you considering stopping or reducing the amount of time you practice as a GP', 'What factors are contributing to your decision to stop or reduce the amount of time practising as a GP?' by practice ownership status.
Sample: 2023 n=468.

Source: The Navigators, RACGP Health of the Nation survey April/May 2023.

6 INSIGHTS
FROM GPs

What are the business challenges in general practice?

‘Covering staff costs.

Finding nurses. General practice is not attractive to nurses and many left when the state government paid such high wages to work in vaccination centres.’

‘Poor Medicare rebates.’

‘Managing patient load – too many patients, not enough hours in the day.’

‘Lack of GPs to work in the practice.’

‘Juggling responsibilities within the practice,

eg attention to practice management, teaching, patients, colleagues and staff and quality improvement.’

‘Compliance and business administration (eg banking, leases, contracts) taking more and more time.’

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