

Single Employer Model

Position statement – May 2025

Overview

The Royal Australian College of General Practitioners (RACGP) is committed to supporting our members and advocating for policies that empower specialist general practitioners (GPs) to continue providing the exceptional care Australians need and deserve.¹

Single Employer Model (SEM) trials were introduced by the Federal government as an important first step in a broader strategy to attract registrars to areas of workforce need by providing income security, leave entitlements and portability of employment entitlements.

Further, SEMs were established as geographically targeted initiatives to specifically address registrar employment entitlements and to support future GPs as local bespoke solutions for getting GP and Rural Generalist (RG) registrars into rural areas of particular workforce need.

Many trainees have already been trained or are currently training under 'SEM like' models, for example ADF trainees. However, for the purposes of this position statement we are referring to [the Federal Government's SEM trials](#)².

The RACGP has been supportive of SEM trials nationally as one of a set of options to address declining interest in general practice among medical students and junior doctors which has led to underfilled GP training places and workforce shortages.

At the same time, the RACGP has advocated to the Commonwealth Government that SEM was not the most efficient path to address registrar remuneration and conditions. The SEM trials cost almost as much to implement, for the benefit of a small number of registrars, as universally implementing NCP payments to bridge remuneration, leave and entitlements not available during the time GPs undertake their training for **all** GP registrars.

Position

The RACGP's position is that:

1. We recognise the role that SEMs have and may continue to have in policy options utilised by the Department of Health and Aged Care (DoHAC), State and Territory Governments to address negative pay and condition disparities identified by junior doctors as a significant barrier to their entry into general practice.
2. We commend the Commonwealth's commitment to implement in 2026, as per our advocacy:
 - \$30,000 incentive payments for commencing GPT1 registrars working in **community** general practice to bridge the first year pay gap
 - 5 days of study leave and up to 20 weeks of parental leave
 - portability of accrued leave entitlements allowing registrars to move between employers without losing accrued leave, for the period of their training.
- We support these payments being administered most efficiently via the College-led training programs utilising the Nationally Consistent Payment (NCP) Framework and mechanism.

With respect to established SEMs, our position is that:

3. We continue to provide full operational support to all RACGP accredited training sites involved in SEM delivery and all enrolled registrars who are training in a SEM.
4. In the context of the disparity in salary, leave and entitlements having now been addressed from the 2026 training year onwards, the RACGP recommends careful consideration and evaluation of the evidence and ongoing role of existing and proposed SEMs. A comprehensive evaluation of existing SEMs should explore their cost-effectiveness

and impact in meeting workforce needs and influencing the decisions of trainees to choose and stay in general practice.

- SEMs may continue to be one of the tools used to support workforce needs in specific communities through income and entitlement support to trainees.
- The recent Federal Government commitment to invest in GP training incentives, study and parental leave entitlements are likely to impact trainee demand for SEM.
- There is currently no guidance on SEM trainee eligibility to receive these benefits in addition to their SEM package, and we urge consultation with sector representatives to guide decisions on how the benefits may be applied in this context.

Background

2.1 The Department of Health and Aged Care (DoHAC) Policy Agenda

In 2022 DoHAC commissioned KPMG to undertake a study to explore ways to better support GP registrars to access leave entitlements during their training. The study was expanded to include consideration of alternative incentives and a national Single Employer Model. In the DoHAC's final response to the KPMG report, published in June 2024, the next step on the recommended pathway was listed as:

- Stage 1: Introduce an incentive payment and paid parental leave support as a short-term measure, to make an immediate positive impact on the sector. Implementation for 2026 training terms³.

2.2 SEMs played an early role as local responses that addressed specific areas where workforce need had been difficult to meet

Implementation of a SEM was a recommendation to the National Rural Health Commissioner in Australia in December 2018. SEM trials expanded to more areas in Australia, covering regions ranked between 2-7 on the Modified Monash Model (MMM). DoHAC supported diversity in SEM (different contexts, across different regions). This included testing models where the central employer is either a state or territory government, a state health service or a community organisation. There is also a First Nations-led trial which includes a program of cultural mentoring and support, to build expertise in culturally safe and appropriate primary health care.

The RACGP provided formal responses to the [DoHAC SEM Jurisdiction-Led Trial Parameters](#) Market-Based SEM Trials and considered at that time that highly targeted implementation of a small number of pilot SEMs may be appropriate where they seek to address prioritised areas of workforce need and are delivered in concert with the colleges. These highly targeted SEMs may continue to be appropriate even after the implementation of the incentive payment, leave and portable entitlements are implemented in early 2026.

2.2. The need to undertake a comprehensive evaluation of existing SEMs

The RACGP recommends, and is supporting, comprehensive evaluation of existing SEMs as a necessary step to design an evidence base and evaluation process prior to any expansion of the model.

DoHAC is engaging an external evaluator to conduct a national evaluation of the SEM trials⁴ to assess the extent to which the trials are achieving the desired short and longer-term outcomes for local communities. The RACGP is collaborating with the evaluator to provide feedback, and the evaluator will present early feedback on the trials for ongoing Government consideration throughout the evaluation period.

3. References

- (i) RACGP Health of the Nation 2024, <https://www.racgp.org.au/FSDEV/media/documents/Health-of-the-Nation-2024.pdf>
- (ii) KPMG Final Report Employee Entitlement Portability for GP Registrars (Commissioned by DoHAC) Oct 2023
- (iii) Australian Government Department of Health and Aged Care. *Single Employer Model (SEM) trials*. March 2025 <https://www.health.gov.au/our-work/sem-trials>
- (iv) KPMG Final Report Employee Entitlement Portability for GP Registrars (Commissioned by DoHAC) Oct 2023
- (v) RACGP Jurisdictional Sem Response to DoHAC November 2023; RACGP Feedback on the establishment of market-based SEM trials Nov 2023

¹ RACGP Health of the Nation 2024

² <https://www.health.gov.au/our-work/sem-trials>

³ Response to final report - KPMG feasibility study into employee entitlement portability for GP registrars -

<https://www.health.gov.au/resources/publications/response-to-kpmg-gp-registrar-entitlement-portability-report?language=en%20>

⁴ Australian Government Department of Health and Aged Care SEM trials March 2025 - <https://www.health.gov.au/our-work/sem-trials>