



**RACGP**

Royal Australian College  
of General Practitioners

# RACGP national GP workforce insights report

**2025**



# RACGP national GP workforce insights

The first edition of the RACGP national GP workforce insights report provides a clear and transparent picture of the general practice workforce landscape, as well as the RACGP's training pathways. As demand for GP services continues to rise, driven by demographic shifts, chronic disease, and evolving models of care, there is a growing need for coordinated, data-informed planning.

This report brings together key workforce trends, geographic distribution patterns, and training pipeline insights to support informed discussions and decision making with government, health departments and stakeholders. It serves as a planning aid for aligning GP training efforts with national workforce priorities and ensures that responses to workforce pressures are consistent, transparent and evidence based.

This report includes analysis and insights on:

- national GP workforce
- GPs in training
- RACGP AGPT Program training capacity
- RACGP AGPT incentivised training sites
- RACGP AGPT Program Aboriginal and Torres Strait Islander registrars
- RACGP membership

It is intended for internal and key stakeholder use only. Public distribution is limited. Please only share with individuals or organisations directly involved in general practice, health workforce planning, or related policy and education sectors. Data has been retrieved across multiple internal and external systems and is a point-in-time analysis.

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# National GP workforce overview

2025

Headcount\*

41,658

Gender†

58% M / 42% F

FTE

30,297

Australian medical graduates/  
international medical graduates‡

47% / 53%

## GP distribution by state:

Victoria, NSW/ACT, and Queensland have above-average GP full-time equivalent (FTE) per 100,000 residents, while WA, SA, Tasmania and the NT are below the national rate.

## GP distribution by Modified Monash Model (MMM):

MM6 has the lowest FTE rate per 100,000, at 40% below the national rate. MM3 and MM4 have the highest rate at 17% and 16% over the national rate.

## Reliance on GPs in training:

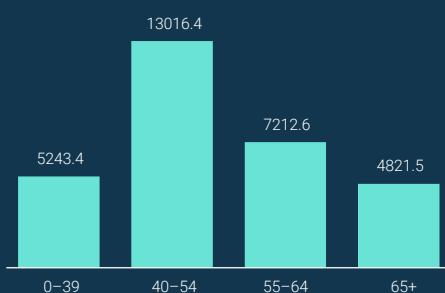
MM2–7 is more than three times as reliant on GPs in training for the overall general practice workforce (16% compared to 5% in MM1).

## Contribution of international medical graduates (IMGs):

More than 50% of the GP FTE workforce is made up of overseas-trained doctors.

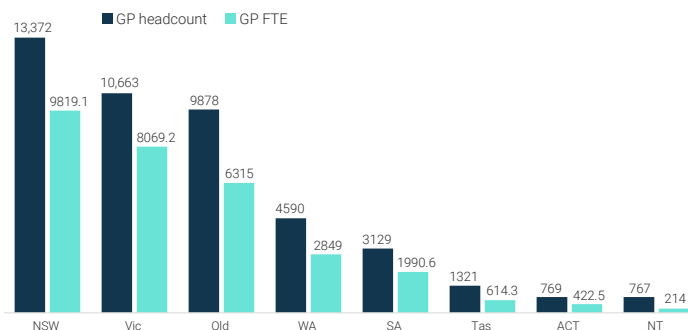
**Ageing GP workforce:** More than four in 10 GPs are aged 55+, indicating a significant proportion are nearing retirement.

## Age distribution across Australia by FTE



## By state

### Headcount and FTE distribution†

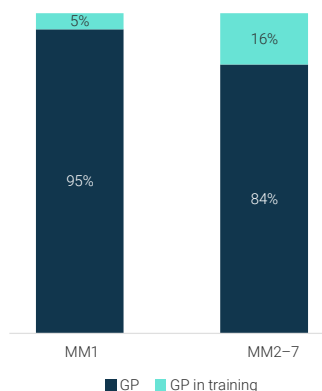


### GP FTE per 100,000 residents

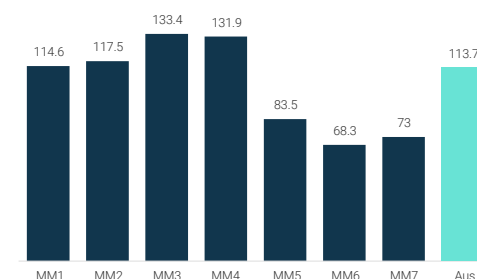


## By MMM

### FTE proportion by MMM



### GP FTE per 100,000 residents



\* Headcount reflects the unique number of general practitioners within each state.

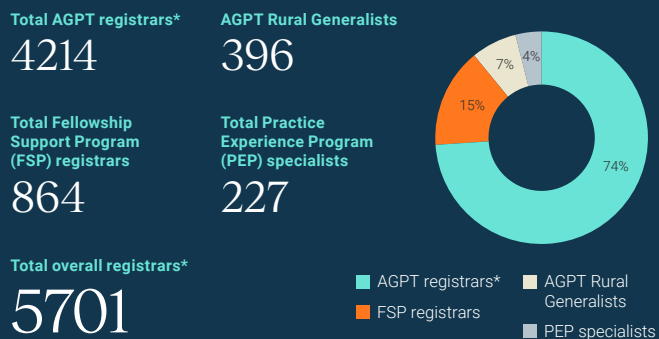
† Gender and AMG/IMG figures are based on FTE.

‡ The total number of GP headcount by state may include double counting in cases where registrars work across multiple states.

# General practice registrar workforce overview

2025

## RACGP training headcount



**Gender distribution:** The AGPT registrar workforce is 62% female, compared to 42% of national GPs within the overall workforce (GPs in training, vocationally registered [VR] and non-VR GPs).

**FTE rate:** Semester 2 has a higher FTE rate of 66% suggesting strong participation and training load in the second half of the year.

**University of origin:** AMGs comprise a dominant 86%

of participants in the general pathway, whereas their representation drops to 54% in the rural pathway, indicating a higher contribution by IMGs in rural training.

**Placement unit (training term) distribution:** Changes in training placements between S1/2025 and S2/2025 reflect the expected registrar progression pathway from GPT1 placements to advanced training terms.

## AGPT 2025 placement

### Gender

**Male**  
1756 (38%)

**Female**  
2841 (62%)

**Non-binary**  
5 (0.1%)

**N/S**  
8 (0.2%)

### Pathway

**General**  
2938 (64%)

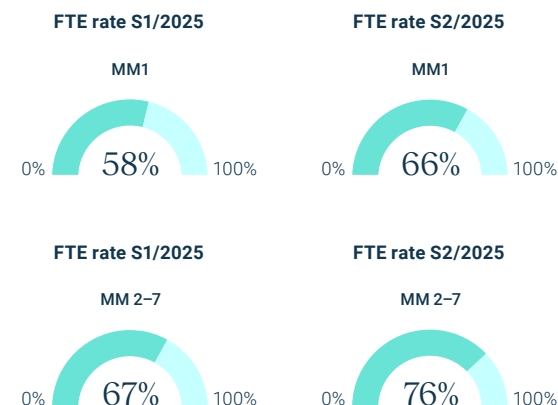
**Rural**  
1672 (36%)

**Aboriginal and Torres Strait Islander peoples**



### FTE by MMM\*

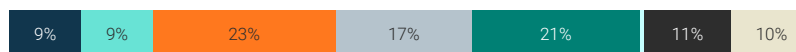
Showing MM view for FTE rate



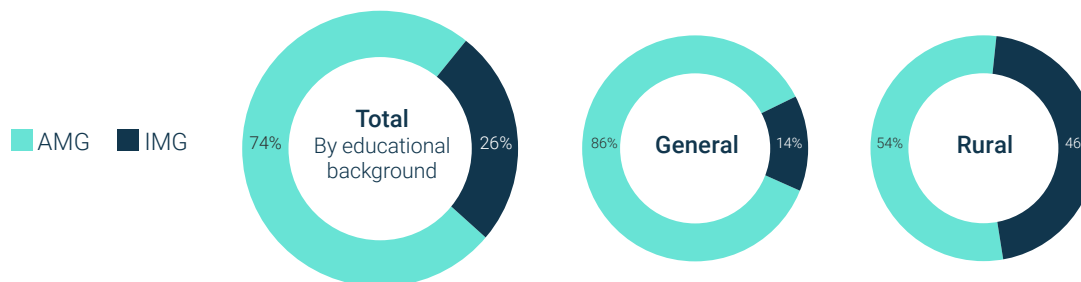
### Placement unit distribution S1/2025



### Placement unit distribution S2/2025



### Educational background



\*AGPT Rural Generalists are listed separately to AGPT registrars to avoid double counting.

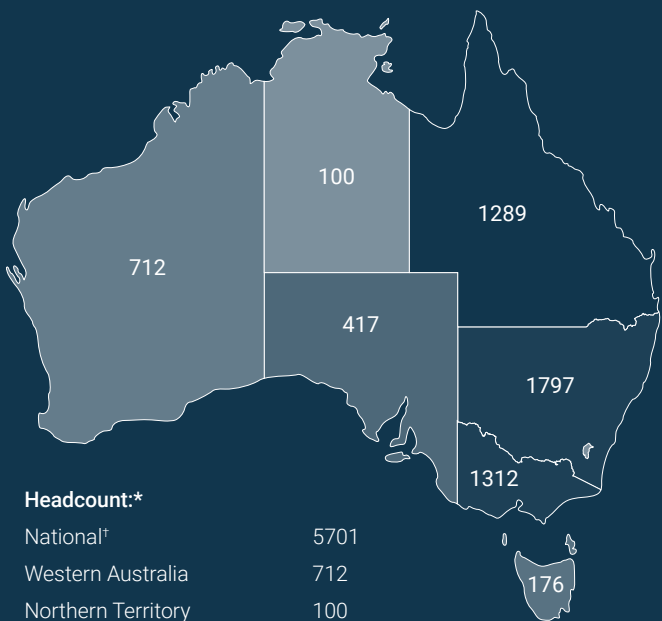
\*FTE rates are calculated excluding registrars on leave, in hospital, or awaiting Fellowship. Calculations for number of FTE weeks in a semester are based on 29 weeks for WA and 26 weeks for the rest of Australia.



# RACGP GPs in training

2025

Total GPs in training across AGPT, FSP and PEP Specialist



## Headcount:\*

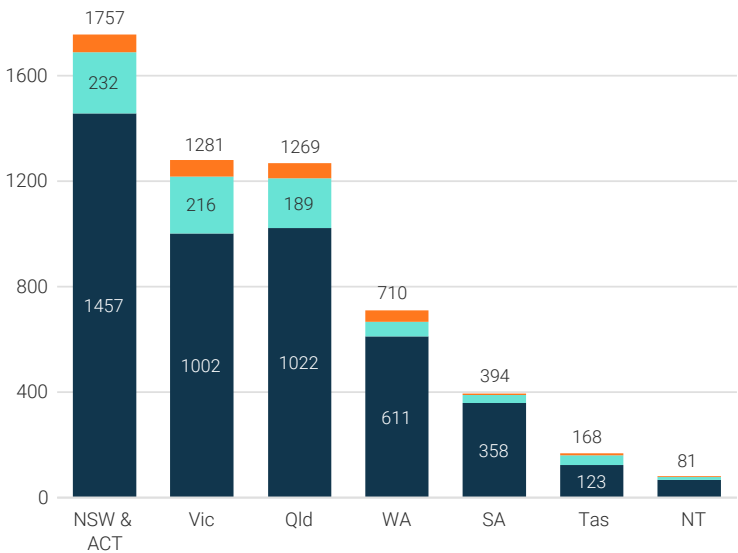
National†	5701
Western Australia	712
Northern Territory	100
South Australia	417
Queensland	1289
New South Wales & ACT	1797
Victoria	1312
Tasmania	176

\*Headcount reflects the unique number of registrars across training programs within each state.

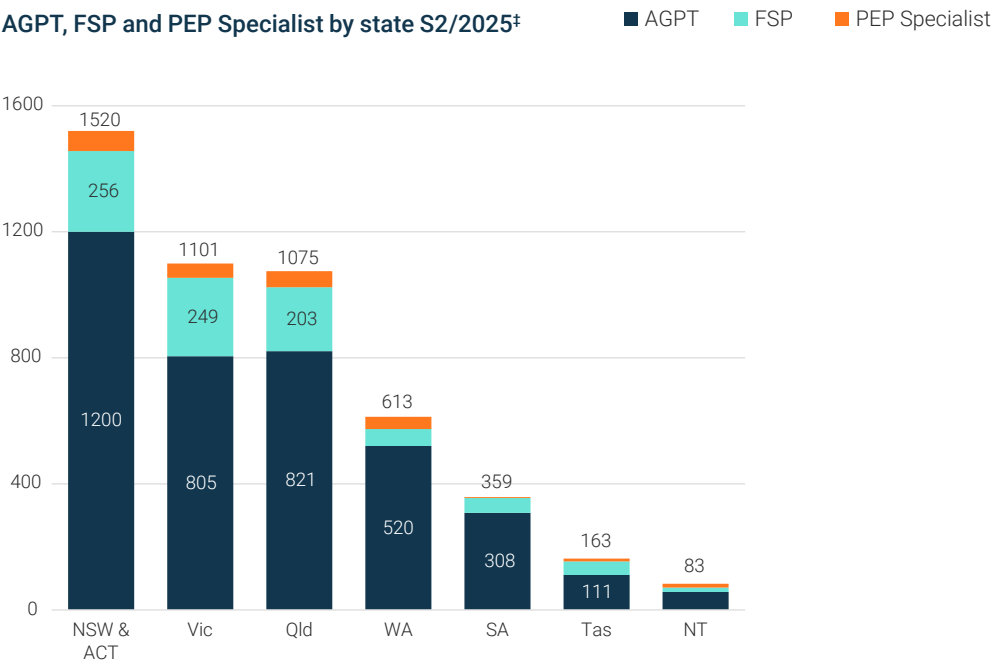
†National headcount reflects the total unique number of RACGP GPs in training, some registrars may work across multiple states

‡The total number of registrars shown in the graphs may include double counting in cases where registrars work across multiple states.

AGPT, FSP and PEP Specialist by state S1/2025‡

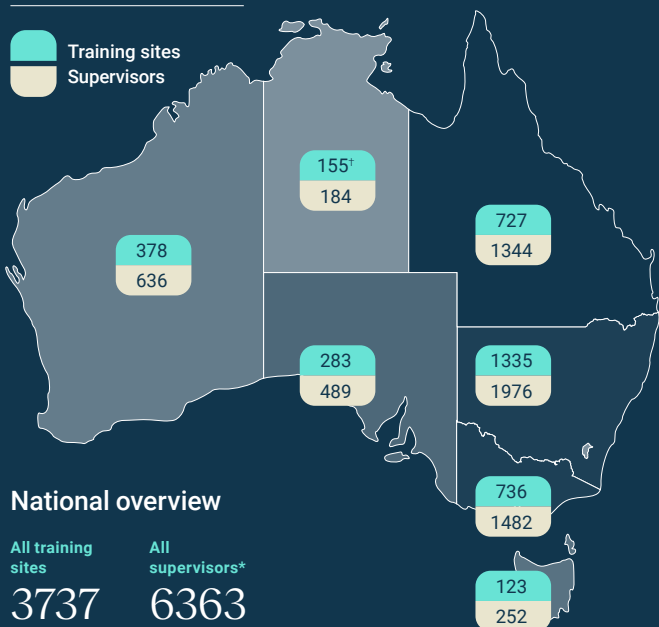


AGPT, FSP and PEP Specialist by state S2/2025‡



# AGPT Program training capacity

2025



## National overview

All training sites  
**3737**

All supervisors\*  
**6363**

**Strong supervisor coverage:**  
Most training sites have at least one allocated supervisor, with an average of 1–3 supervisors per site across all regions.

**Untapped training capacity:**  
Metropolitan areas have considerable unused training capacity, especially in NSW, ACT, Vic, and Qld.

**Training sites distribution:**  
General practice dominates placements in MM1–MM5, while hospitals play a larger role in MM3–MM6. In very remote

areas (MM6–MM7), Aboriginal health organisations are the primary training sites.

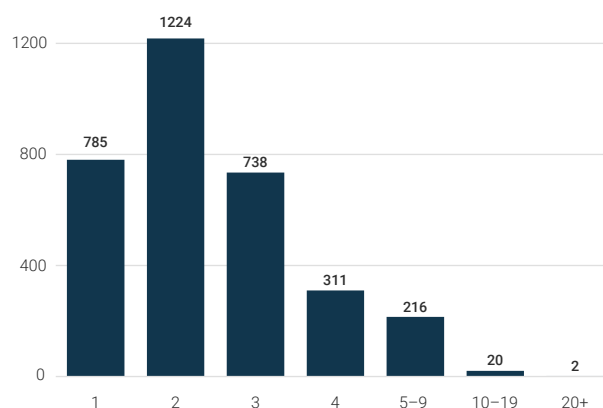
**Supervisors load:** There are 6363 RACGP and dual accredited supervisors across Australia. More than 60% of accredited supervisors in S2/2025 were not actively training a registrars.

**Solo supervisors:** 24% of training sites have only one accredited supervisor while 59% have 2–3 supervisors and 17% have 4+.

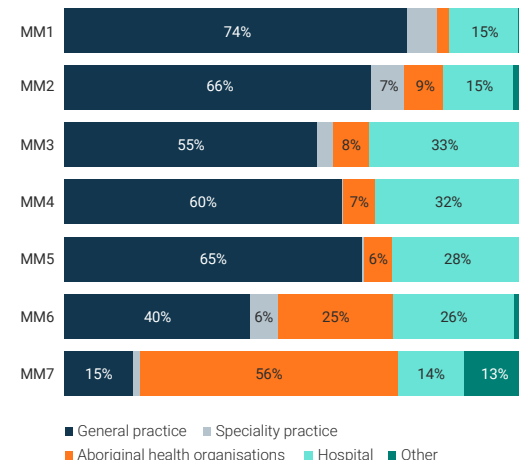
## Distribution of training sites



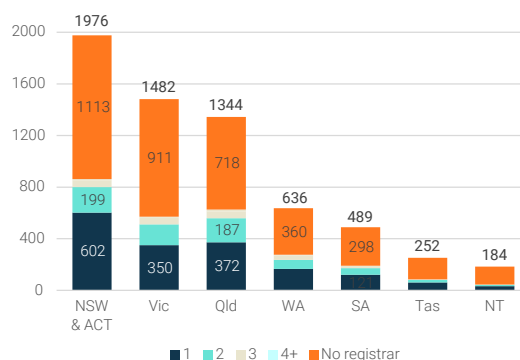
## Number of allocated supervisors per training site†



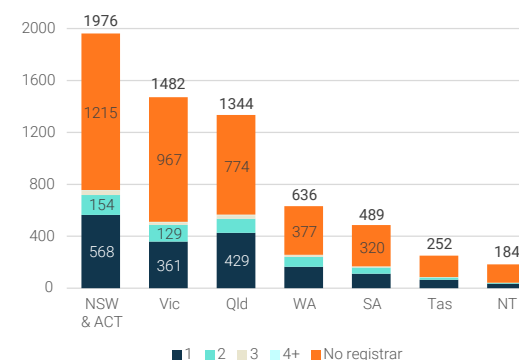
## Training sites distribution across MM



## S1/2025 supervisor load: number of registrars per supervisor\*\*



## S2/2025 supervisor load: number of registrars per supervisor\*\*



\*All supervisors' refers to the unique count of all AGPT supervisors.

†NT figures are elevated due to the inclusion of numerous branch sites that have not yet been formally classified as such within the training management system (TMS).

‡Not all training sites have allocated supervisors.

\*\*Some supervisors may appear more than once if they are working across multiple regions.

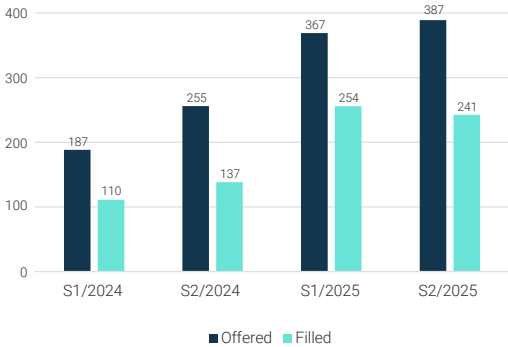
# AGPT incentivised training sites 2025

The GP workforce planning team prioritised GP catchments to determine the areas of high workforce need. Of Australia's 827 GP catchments, 223 (27%) were prioritised in S2/2025. Within these 223 prioritised catchments, 387 training sites were incentivised. 241 incentivised placements were filled in S2/2025 (62%). Incentivised training sites offer registrars additional funding to support their placement in an area of priority workforce need.

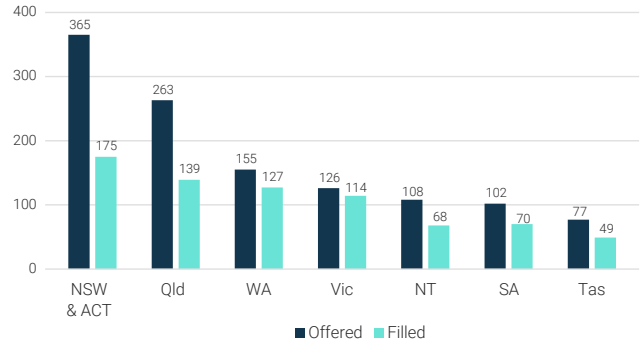
State	Number of incentivised GP catchments	Number of filled	Percentage filled of incentivised
NSW & ACT	54	24	44%
Vic	31	22	71%
Qld	56	28	50%
WA	29	21	72%
SA	19	10	53%
Tas	15	7	47%
NT	19	7	37%*
<b>Total</b>	<b>223</b>	<b>119</b>	<b>53%</b>

\*The percentage appears lower due to the large geographic areas of these three specific catchments, each with multiple registrars spread across multiple sites.

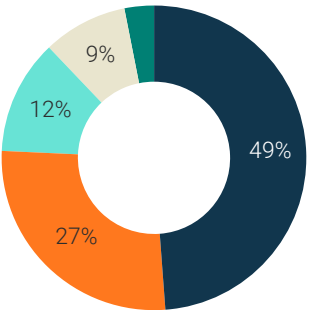
Incentivised placements offered and filled  
By semester



Incentivised placements offered and filled  
By state (2024–25)

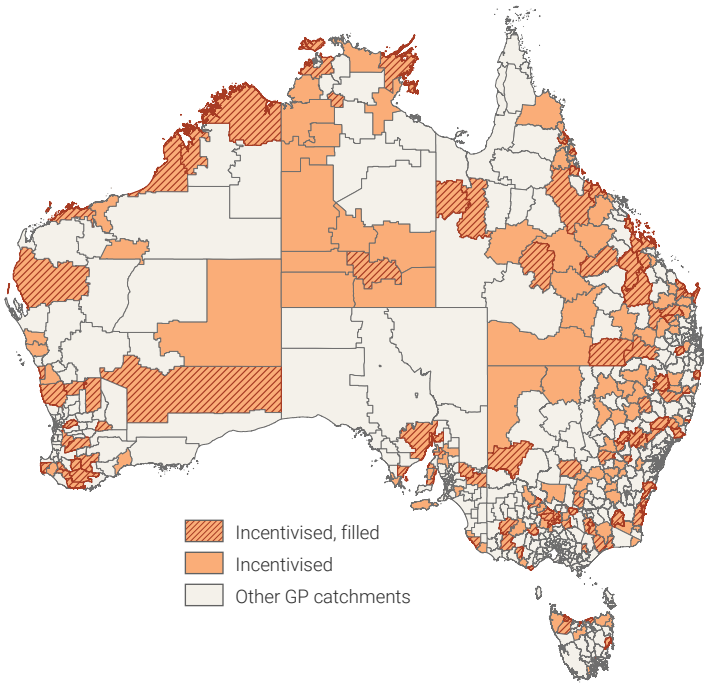


GP catchment categorisation S2/2025



- RACGP AGPT training available
- Incentivised
- In development
- No capacity to train
- Not currently suitable for GP training

Incentivised GP catchments S2/2025



Filled incentivised placements S2/2025



# AGPT Aboriginal and Torres Strait Islander registrars

2025

**Progress to parity:** The RACGP's membership data indicates that 0.85% of members identify as Aboriginal and/or Torres Strait Islander people. The RACGP AGPT Program currently has 1.5% of registrars that identify as Aboriginal and/or Torres Strait Islander with a goal of achieving population parity of 3.8%.

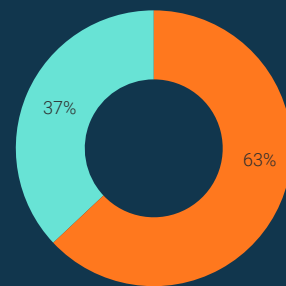
**Placement distribution:** Aboriginal and Torres Strait Islander registrars are well distributed across MM's compared to non-Aboriginal

and Torres Strait Islander people. Aboriginal and Torres Strait Islander registrars are more likely to train in MM3-7 than other registrars in the AGPT cohort.

**General/rural pathways in the AGPT Program:** The general/rural split in 2025 is 52 (76%) in general, 16 (24%) in rural.

**Demographics:** 63% of Aboriginal and Torres Strait Islander registrars are female, which is consistent with the overall AGPT Program cohort.

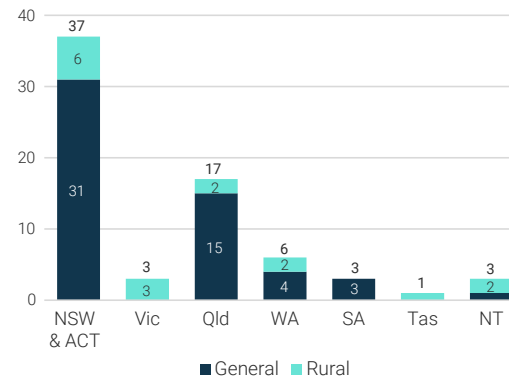
## Gender split of Aboriginal and Torres Strait Islander registrars



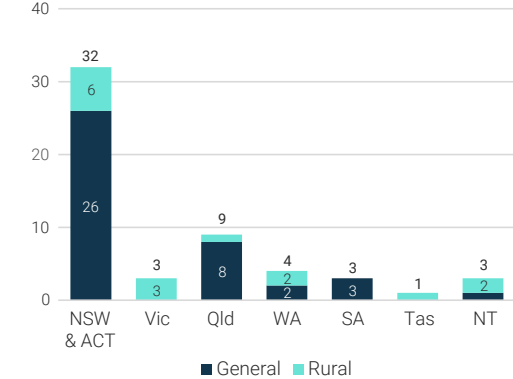
Female Male

\*The total number of registrars shown in the graph may include double counting in cases where registrars work across multiple states.

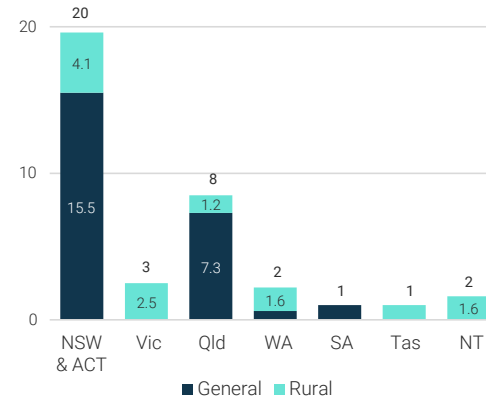
Placement headcount by state and pathway S1/2025\*



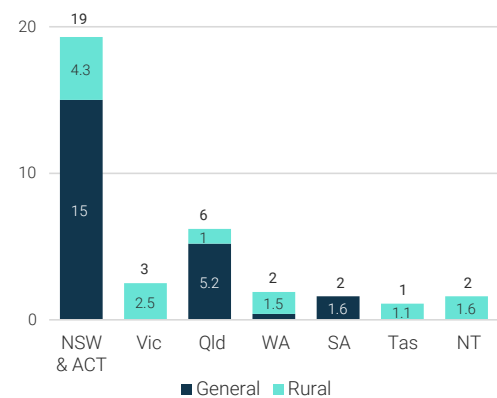
Placement headcount by state and pathway S2/2025\*



Placement FTE by state and pathway S1/2025



Placement FTE by state and pathway S2/2025



Aboriginal and Torres Strait Islander registrars placement location by MMM

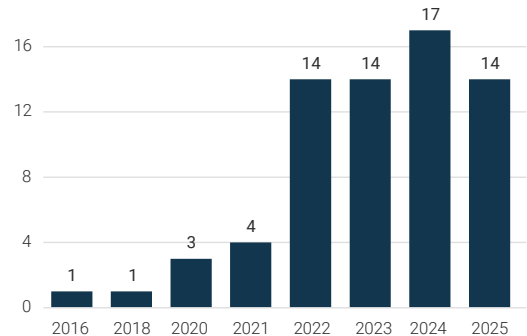


Non-Aboriginal and Torres Strait Islander registrars placement location by MMM



MM1 MM2 MM3 MM4 MM5 MM6 MM7

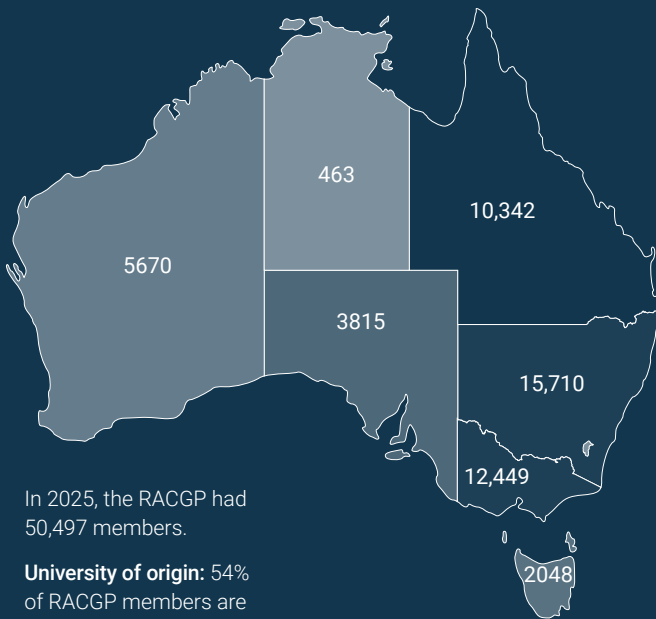
Cohort currently in training by year of commencement



# RACGP membership workforce insights

2025

RACGP membership distribution across Australia



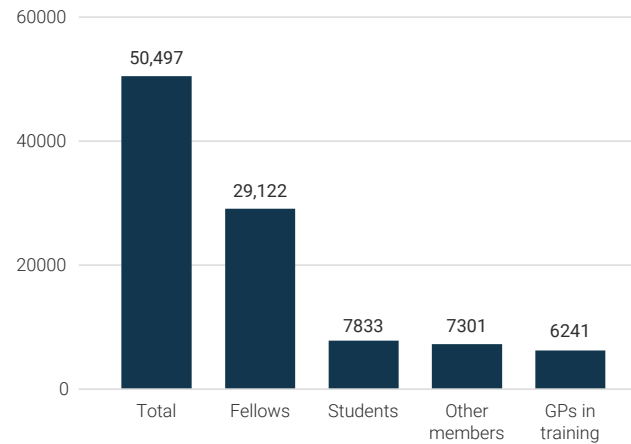
In 2025, the RACGP had 50,497 members.

**University of origin:** 54% of RACGP members are Australian medical graduates (AMGs). 37% of RACGP members are international medical graduates (IMGs), reflecting the significant contribution IMGs make to the GP workforce, especially as they represent a higher proportion of the regional and rural workforce.

**Distribution by MMM:** 71% of all AMGs and 63% of all IMGs work in MM1.

**Age profile:** 37% are aged over 50, indicating a substantial proportion of the workforce approaching later career stages.

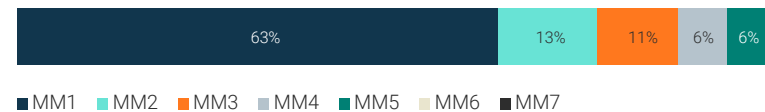
## Member type distribution



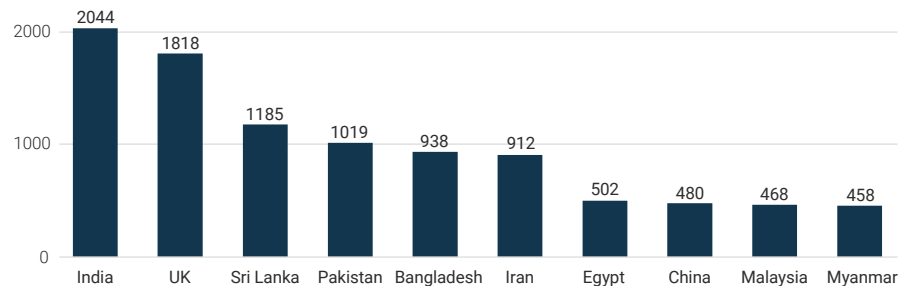
## Practice MMM location for AMGs



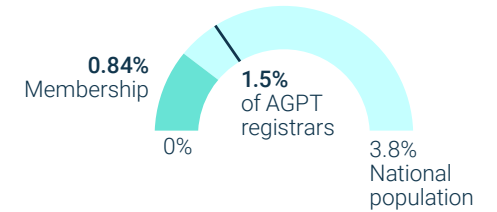
## Practice MMM location for IMGs



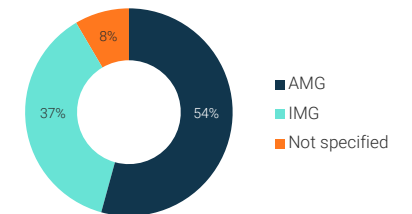
## Highest represented countries outside Australia



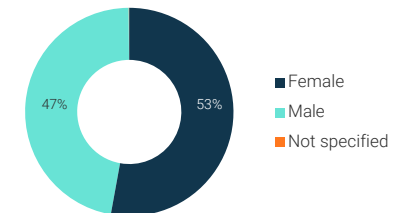
## Aboriginal and Torres Strait Islander peoples



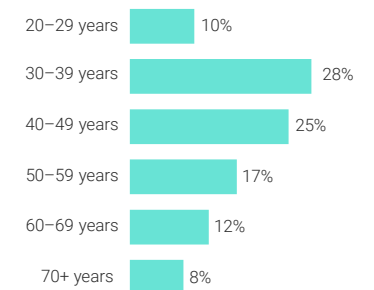
## RACGP membership AMG/IMG split



## RACGP membership gender split



## Age



# Positive impacts of RACGP training

2025



## NSW & ACT

Inverell Medical Centre (MM4) demonstrates how the RACGP's incentivised placements can strengthen continuity and retention. One registrar extended their placement across multiple terms, while another used incentive funding to balance family commitments, including a partner's local employment. In S2/2025 the practice maintained two registrars, who contributed consistent support to the hospital's VMO roster.



## Victoria

Yarrawonga Medical Clinic (MM4), an incentivised location that typically hosted only one registrar and had struggled with recruitment, attracted three registrars in S1/2025. The local team believed the additional support and targeted promotion helped drive increased interest in the placement.



## Queensland

Kingaroy (MM4), an area with an acute need for GPs, where all practices had closed books to new patients, saw a notable improvement in 2025 due to incentivised placements. Six registrars commenced placements across four practices, marking the first RACGP AGPT presence in the town since 2022 and offering promise for long-term retention.



## Western Australia

Three previously unfilled GP catchments, Dalwallinu, Derby, and Karratha, successfully attracted registrars following the introduction of targeted incentivised placements. In Derby (MM7), incentives drew two senior registrars to the Aboriginal medical service, a major gain for the community. Dalwallinu (MM6) secured a GPT2 registrar improving service delivery and in Karratha (MM6), remote supervision arrangements addressed workforce barriers, enabling two registrars to be placed for the first time in years.



## South Australia

South Australia's Incentivised Placement Strategy has improved recruitment and retention in hard-to-fill locations. The Royal Flying Doctor Service (MM4) secured its first registrar in two years, Loxton and Waikerie (MM5) retained and attracted registrars following incentives, and Tumby Bay (MM6) retained two registrars from S1/2025 while adding a third in S2/2025.



## Tasmania

Brighton Regional Doctors (MM2), which had no registrars in 2024, received 15 applications and filled two positions in S1/2025 due to the Incentivised Placement Strategy. This marked a significant turnaround in interest and uptake.



## Northern Territory

The Northern Territory achieved strong results in Katherine (MM6), a critical area of workforce need. In S2/2025, four registrars accepted incentivised placements at Bauhinia Health, while two more commenced at Wurli-Wurlinjang Aboriginal Medical Service, significantly boosting local GP capacity.

# Data sources

The Workforce Planning team leads the development of national, data-informed strategies to ensure a sustainable and well-distributed GP and Rural Generalist workforce across Australia. Using a range of internal and external data sources – including the department's Supply and Demand Model – we analyse current and projected workforce trends to guide training program design, regional distribution, and long-term system planning.

Our work spans the full general practice and registrar journey, from entry into training through to Fellowship and ongoing workforce participation. This includes research and strategic planning, data analysis, allocation modelling, health economic forecasting, and support for accreditation and capacity decisions. The team plays a key role in identifying areas of unmet need, advising on policy and program delivery, and supporting collaboration with government and stakeholders to ensure GP workforce solutions are responsive, equitable, and future-focused.

## Data sources

### National GP workforce overview

- Australian Government Department of Health and Aged Care. HeaDS UPP – Health Demand and Supply Utilisation Patterns Planning Tool. Retrieved September 10, 2025, from <https://hwd.health.gov.au/headsupp/>

Note: GPs in training includes participants on the Australian General Practice Training Program, the Remote Vocational Training Scheme, ACRRM's Independent Training Program, the RACGP's Practice Experience Program or Fellowship Support Program

### General practice registrar workforce

- Data sourced from the AGPT National Dashboard, RACGP. Retrieved September 11, 2025
- Data sourced from the Fellowship Support Program Dashboard, RACGP. September 15, 2025
- Data sourced from the PEP Specialist Dashboard, RACGP. September 15, 2025

### AGPT Program training capacity

- Data sourced from the AGPT National Dashboard, Supervisor Accreditation Details, RACGP. Retrieved April 29, 2025
- Data sourced from the AGPT National Dashboard, Facility Details, RACGP. Retrieved April 29, 2025

### Incentivised training sites

- Data sourced from the AGPT National Dashboard, RACGP. Retrieved September 11, 2025

### Aboriginal and Torres Strait Islander registrars

- Data sourced from the AGPT National Dashboard, RACGP. Retrieved September 11, 2025

### RACGP membership

- Data sourced from the Membership Data\_WFP, RACGP and RACGP member demographics. Retrieved April 30, 2025



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