



# **Australian General Practice Training Program**

## **National report on the 2022 National Registrar Survey**

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Australian Council for Educational Research

November 2022

## Acknowledgements

### **Acknowledgment of Country**

In the spirit of reconciliation, the authors would like to acknowledge the Traditional Custodians of Country throughout Australia, including the Wurundjeri People of the Kulin Nation, where this report was written, and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today. We acknowledge the Aboriginal and Torres Strait Islander people who continue to contribute to our work to improve learning, education and research.

### **Other Acknowledgments**

We would like to acknowledge the support of the Department of Health and Aged Care throughout this project. We also thank the Regional Training Organisations for their assistance and support of the survey, and for promoting the survey to their registrars during fieldwork for the 2022 National Registrar Survey. Last, but definitely not least, we would like to acknowledge and thank all the registrars who participated in the survey for their time, and for sharing their experiences.

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## Acronyms and abbreviations

Acronym	Meaning
ACER	Australian Council for Educational Research
ACRRM	The Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training
AGPT RSS	Australian General Practice Training Registrar Satisfaction Survey
AGPT NRS	Australian General Practice Training National Registrar Survey
AMA	Australian Medical Association
AMA CDT	Australian Medical Association Council for Doctors in Training
AMC	Australian Medical Council
AMG	Australian Medical Graduate
ARST	Advanced Rural Skills Training
AST	Advanced Specialised Training
COVID-19	Coronavirus disease caused by severe acute respiratory syndrome coronavirus 2
CGT	Core Generalist Term
the Department	The Commonwealth Department of Health and Aged Care
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FTE	Full-time equivalent
GP	General Practice or General Practitioner (depending on context)
GPRA	General Practice Registrar Australia
GPSA	General Practice Supervisors Australia
GPT	General Practice Term
HECS	Higher Education Contribution Scheme
IMG	International Medical Graduate
IGPRN	Indigenous General Practice Registrar Network
KFP	Key Feature Problem
KPI	Key Performance Indicator
MMM	Modified Monash Model
PGPPP	Prevocational General Practice Placements Program
RACGP	The Royal Australian College of General Practitioners
RIDE	Registrar Information Data Exchange
RTO	Regional Training Organisation
RTP	Regional Training Provider

## Executive summary

The Australian General Practice Training National Registrar Survey (AGPT NRS) is an annual, national survey of GP registrars currently training in the AGPT program. It collects information via an online questionnaire about registrar satisfaction, experience and future career plans. It also collects information about registrars' demographics and training contexts and other aspects of their training experience. This survey is part of the Department of Health and Aged Care's (the Department) monitoring and quality improvement activities. The information collected in the AGPT NRS can be used to assure the quality of training provision in the program, enables continuous improvement and allows responses to be benchmarked nationally. This survey was previously known as the AGPT Registrar Satisfaction Survey (AGPT RSS).

From June 27 until August 12, 2022, the Australian Council for Educational Research (ACER) administered the AGPT NRS to registrars enrolled in active training on the AGPT program across 11 training regions and 9 regional training organisations (RTOs) in Australia. Over 4,100 registrars were invited to reflect on their recent training experience in Semester One, 2022. 1,103 registrars provided a valid response to the survey, representing an overall response rate of 30 per cent. The response rate for registrars within each training region ranged from 25 to 33 per cent. The national response rate was sufficient to yield reliable results at a national level, with most of the Key Performance Indicators described in the report offering accuracy (at the 95 per cent confidence level) within 2 per cent of the reported average scores. As this survey went into the field, there was another COVID-19 surge across Australia. GPs continued to play a crucial role in providing advice to their patients on available vaccines and changing rules as well as managing patients with COVID-19 on top of their already full plates.

Registrars were asked to reflect on their overall experience, their experience with their RTO, training facility, and college. Overall, registrars continue to report high levels of satisfaction.

Overall levels of satisfaction are consistent with the results from 2021 after the rebound from 2020's dip. In 2022:

- 85 per cent of registrars were satisfied with the overall education and training
- 85 per cent were satisfied with the overall support
- 83 per cent were satisfied with the overall administration.

In terms of registrars' satisfaction with their **RTO**:

- 88 per cent were satisfied with their overall training and education
- 85 per cent were satisfied with the training advice they received
- 89 per cent were satisfied with the induction and orientation they received
- 86 per cent were satisfied with the feedback they received
- 88 per cent were satisfied with the workshops provided
- 86 per cent were satisfied with the training and education resources provided
- 80 per cent were satisfied with the support received for examinations and assessments
- 87 per cent were satisfied with the support they received from their RTO to meet the training requirements of RACGP while much less (66%) were satisfied with the support they received from their RTO to meet ACRRM training requirements (this figure is a big drop from the upward trend we had seen occurring: 55% in 2017, 62% in 2019, 78% in 2020 and 80% in 2021, but greater than the pre-pandemic proportion).

When registrars were asked to reflect on their experience with their **training facility**:

- 91 per cent were satisfied with the overall training and education they received
- 89 per cent were satisfied with the supervisor support
- 95 per cent were satisfied with the clinical work
- 96 per cent were satisfied with the number of patients or presentations
- 95 per cent were satisfied with the diversity of patients or presentations
- 96 per cent were satisfied with the level of workplace responsibility

- 91 per cent were satisfied with the induction and orientation
- 89 per cent with feedback on training progress
- 88 per cent with training and education resources
- 92 per cent with location of training facility
- 89 per cent with terms and conditions.

As in 2020 and 2021, in 2022 registrars were also asked to rate the impact that the COVID-19 pandemic had on their training experiences as well as the support and communication throughout the pandemic.

Some interesting results to note when registrars were asked to rate how **impacted** they were by the **COVID-19 pandemic** in 2022:

- 35 per cent of registrars reported that their clinical work was negatively impacted in 2020, this dropped to 31 per cent in 2021, and then rose back to 34 per cent in 2022
- 38 per cent of registrars reported that the diversity of their patients was negatively impacted in 2020, this dropped to 28 per cent in 2021, and then rose to 32 per cent in 2022
- The negative impact that was seen on the number of patients or presentations dropped from 37 per cent in 2020 to 25 per cent in 2021 and remained steady in 2022 (25%).

While the negative impact of COVID continues to drop for:

- exams and assessments (2020: 38%; 2021: 29%; 2022: 24%)
- a registrar's progression towards completion (2020: 46%; 2021: 27%; 2022: 22%)
- the support to meet training requirements (2020: 27%; 2021: 22%; 2022: 18%)
- the training and education resources available (2020: 23%; 2021: 20%; 2022: 18%).

When registrars were asked to rate the **support** and **communication** for the delivery of GP training **throughout the COVID-19 pandemic**, results were consistent with those found in 2021. In 2022:

- 85 per cent were satisfied with overall support from their RTO
- 91 per cent were satisfied with the overall support from their training facility
- 86 per cent were satisfied with overall communication from their RTO
- 92 per cent were satisfied with the overall communication from their training facility.

Registrars were also asked whether they understood the changes to their training that would occur with the **transition to college-led GP training**, how informed they felt about the process, what the impact of this process was to their training and where they had accessed information about this transition:

- 51 per cent did not understand the changes occurring to their training, 33 per cent were still unsure
- 31 per cent felt they were not at all impacted by the transition process, 52 per cent did not know
- 64 per cent had accessed information about the transition process from their RTO
- 41 per cent of RACGP registrars had accessed information about the transition process from RACGP
- 54 per cent of ACRRM registrars had accessed information about the transition process from ACRRM.

In 2022, registrars were also asked a series of questions around the **Rural Generalist** pathway. Of registrars who were Rural Generalist:

- 39 per cent had decided to become a GP by the end of medical school
- 77 per cent were planning to remain in rural practice and a further 22 per cent were unsure.

When Rural Generalist registrars had engaged with state and territory Rural Generalist program coordination units:

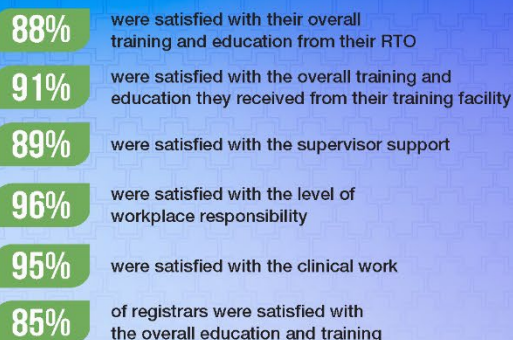
- 39 per cent had received advice or assistance with placements as a GP Rural Generalist registrar
- 24 per cent had received advice or assistance with placements as a junior doctor, and/or education support, and/or advice or assistance managing the intersection between hospital-based training and primary care
- 79 per cent were satisfied with the support they received.



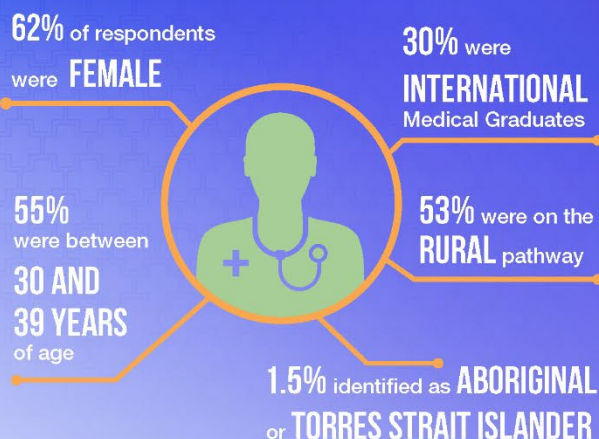
# NATIONAL REGISTRAR SURVEY 2022

The AGPT NRS is an annual, national survey of GP registrars currently training in the AGPT program that collects information about registrar satisfaction, experience and future career plans. This information can be used to assure the quality of training provision, enable continuous improvement and allow results to be benchmarked nationally. These are the responses from the 1,103 registrars who participated in the 2022 survey.

## TRAINING EXPERIENCE



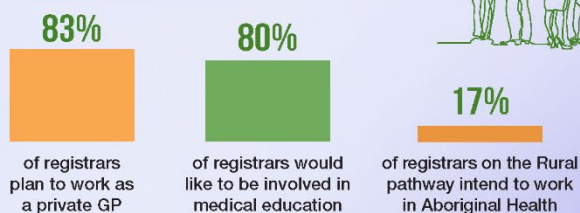
## REGISTRAR CHARACTERISTICS



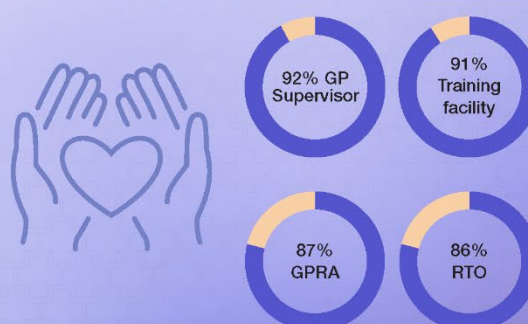
## BEST ASPECTS OF TRAINING RURALLY



## FUTURE PLANS



## PROPORTION OF REGISTRARS SATISFIED WITH PROVISION OF HEALTH AND WELLBEING SUPPORT



## REGISTRAR VOICES

"Working at my current practice – everyone has been very supportive. My supervisors and RTO education providers have been excellent at providing education and support for exams"

"I thoroughly enjoyed my GPT1 term as it was at a practice where I was inspired by the doctors I worked with, very well supported and felt very valued"

AGPT

Australian Government  
Department of Health

## Setting the Scene

### Background and context

General practitioners (GPs) are a vital part of Australia's health care system. GPs care for a broad range of patients, with broad health needs, and are usually the first point of call Australians make for their health needs. The disciplinary characteristics that a GP requires is described by the Royal Australian College of General Practitioners (RACGP) as including 'person centredness, continuity of care, comprehensiveness, whole person care, diagnostic and therapeutic skill, coordination and clinical teamwork, continuing quality improvement, professional, clinical and ethical standards, leadership, advocacy and equity and continuing evolution of the discipline'<sup>1</sup>. The term general practice is described by the Australian College of Rural and Remote Medicine (ACRRM) as 'the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community.'<sup>2</sup>

These definitions underpin the training that each registrar undertakes as part of the Australian General Practice Training (AGPT) program. There are a number of different organisations involved in administering the AGPT program in Australia, including the 2 colleges and 9 regional training organisations (RTOs) that operate across 11 training regions. This is the last year the RTOs will be funded by the Department to deliver the AGPT program before it transitions to the Colleges (ACRRM and RACGP) in 2023.

RTOs are required to deliver training which meets the standards and requirements of the vocational training programs of either the RACGP and/or the ACRRM. The completion of either college vocational training program leads to a relevant college fellowship, either the Fellowship of the Royal Australian College of General Practitioners (FRACGP) or the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). Both fellowships are recognised professional qualifications to enable registrars to gain vocational recognition as GPs under the Medicare legislation. Registrars can additionally obtain the RACGP's Fellowship in Advanced Rural General Practice (FARGP). GP registrars are required to undertake the initial part of their training in a hospital environment, after which they go on to complete their core training and required skills training. Training is usually completed over a 3- or 4-year full time equivalent (FTE) period, but training time can be extended to accommodate those doctors who wish to train on a part-time basis.

It is important that the training Australia's future GPs receive is educationally relevant, purposeful for all stakeholders and meets the specialist medical training standards of both colleges as determined by the Australian Medical Council (AMC). Achieving this requires RTOs to deliver training programs that help registrars prepare for FACRRM, FRACGP, or FARGP. The FACRRM and FRACGP are the endpoint of specialist GP training (under the AGPT program) and once completed, these fellowships provide entrance to the specialist GP profession in Australia. To ensure that RTOs are delivering training to the standards expected by the colleges, RTOs undergo an accreditation process every 3 years. Each college separately undertakes training accreditation of the RTOs, commencing with a joint review process that involves an assessment of training and education systems, training information, education delivery, and training posts and supervisors.

The AGPT National Registrar Survey (AGPT NRS), previously known as the AGPT Registrar Satisfaction Survey (AGPT RSS) is part of the Department's monitoring and quality improvement activities. The survey results are used by the Department to monitor registrar satisfaction levels with the vocational training

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<sup>1</sup> RACGP. "What is General Practice?". RACGP. <https://www.racgp.org.au/education/students/a-career-in-general-practice/what-is-general-practice> (accessed August, 2022).

<sup>2</sup> ACRRM. "College Definition of General Practice". ACRRM. <https://www.acrrm.org.au/about-us/about-the-college/college-definition-of-general-practice> (accessed August, 2022).



delivered by the RTOs and understand registrars' experience in training. The survey was first introduced by General Practice Education and Training Limited in 2004 and has since been conducted annually.

## Project overview

The AGPT NRS is conducted by the Department to enable the continuous improvement of doctor training in the AGPT program. Findings from the survey help ensure that the AGPT program delivered by the 9 RTOs across 11 training regions meets the necessary standards and requirements of the Department.

The AGPT NRS is an annual, national survey of GP registrars currently training in the AGPT program. It collects information about registrar satisfaction, experience and future career plans as well as information about registrars' demographics and training contexts and other aspects of their training experience. This information can be used to assure the quality of training provision, enables continuous improvement and – because the same survey is conducted across all RTOs and training regions – allows results to be benchmarked nationally.

In March 2022, the Department engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to review and update the AGPT NRS instrument to ensure it continues to collect information that is relevant to and useful for the Department and other stakeholders while maintaining data that tracks changes in registrars' satisfaction and experience over time. ACER had previously administered the AGPT RSS and AGPT NRS from 2013 to 2021.

In 2022, one new set of research questions were developed with AHA Consulting looking at registrars' experience with the Rural Generalist Program. These questions were written by Australian Healthcare Associates (AHA Consulting) for inclusion in the 2022 AGPT NRS. AHA was funded by the Department to evaluate the National Rural Generalist Pathway. This is a dedicated training pathway to attract, retain and support Rural Generalist doctors to provide primary care, emergency medicine and other specialist services in regional, rural, and remote areas. Only summary data on this series of questions were provided to AHA by ACER (for example tables, no raw data and no identifiable data). AHA will report on its evaluation, including information provided by respondents to the NRS, in the first half of 2023.

The research questions looking at the transition to College-led training were reviewed and 2 questions were added. In 2022, registrars were asked if they understood the changes that may occur, the impact on their training, how informed they were about the changes and who they'd received their information from, as well as what further information, if any, they required.

The research questions that were developed in 2020 and reviewed in 2021 that looked at the support and impact the COVID-19 pandemic had on GP training were retained. While the research questions developed in 2021 that canvassed registrars' views on employment models, salary and entitlements were removed it is anticipated that future surveys will again look for registrar views on this topic.

The 2022 AGPT NRS instrument included a broad range of questions that asked registrars about their experience and satisfaction in the AGPT program. Respondents were asked to reflect particularly on their experience in Semester One, 2022. The 2022 AGPT NRS instrument included questions relating to registrars':

- demographic and training characteristics
- satisfaction with their RTO, training facilities and college
- health and wellbeing
- involvement in training related to Aboriginal and Torres Strait Islander health
- awareness and impact of the transition to college-led GP training
- experience training on the rural pathway
- training choices
- impact of the COVID-19 pandemic, including the support and communication received
- career aspirations and plans
- experiences and awareness of the Rural Generalist program.

This report details the background to the project, provides a brief overview of the methodologies employed in the survey collection and explores the findings from the 2022 survey. In addition to this National Report, training region reports have been produced for each training region which provide RTOs with more detail on their registrars' survey responses. Two college reports have also been prepared for RACGP and ACRRM that focus on the responses given by registrars completing a fellowship with each of the colleges. A summary report on Rural Generalists was also provided to AHA consulting for the Department.

All reports are deidentified.

## Methodology

The target population for the 2022 AGPT NRS included all registrars who were enrolled in the AGPT program who were in active training during Semester One, 2022. Registrars who were on extended leave during this period and not in active training, or who were training as a hospital intern (PGY1) were excluded from the target population.

The Department provided ACER with a population list of all registrars in the target population. This information was extracted from the Department's Registrar Information Data Exchange (RIDE) system. ACER asked RTOs to check the contact details of their registrars and identify if any registrars had been included or excluded from the population list. This process identified that the full target population for the 2022 AGPT NRS included 4,121 registrars. During fieldwork, 422 registrars opted out from email and SMS correspondence and a further 16 registrars' emails bounced. These registrars were removed from the target population. Overall, there were 3,683 registrars in the final target population. The survey was conducted as a census of all registrars in the target population.

As in previous administrations of the survey, the 2022 AGPT NRS was administered wholly online. Fieldwork was conducted between June 27 and August 12, 2022 (although we still accepted responses into mid-August). ACER managed the fieldwork operations by sending out email invitations and reminders to registrars in-house and used the SMSGlobal platform to send out the SMS reminders. RTOs provided invaluable assistance before and during the fieldwork period to promote the survey to their registrars using marketing materials designed by ACER. We also had help from AMA CDT GPs in Training Advisory Committee, IGPRN, ACRRM and RACGP including in their National Faculty for GPs in Training to promote the survey using their social media channels and newsletters. Survey responses were returned directly to ACER and stored securely and separately from respondents' personal information to ensure the confidentiality of their responses.

## 2022 AGPT NRS findings

This section provides an overview of the findings from the 2022 AGPT NRS and provides a snapshot of registrars' experience and satisfaction with their training in Semester One, 2022. Where appropriate, comparisons have been made with results from previous administrations of the survey.

This section reports on the level of response received and the representativeness of the registrars who responded to the 2022 AGPT NRS as well as providing insights into the training contexts of registrars. It then provides an overview of registrars' overall satisfaction, a summary of the Key Performance Indicators (KPI), and a summary of registrars' satisfaction with their RTO and training facility. The findings also include insights into registrars' satisfaction with the health and wellbeing support they receive, their experience training through the COVID-19 pandemic, their experience of training in Aboriginal and Torres Strait Islander health, their awareness and the impact of the transition to college-led GP training, the choices they have made in their training, their reasons for choosing their current RTO and fellowship, their future career aspirations as well as insights into those completing either the Rural or General Pathway as well as Rural Generalists.

Response frequencies are given for each item in Appendix C, a copy of the questionnaire that was used in the 2022 AGPT NRS is included in Appendix D, and tabular alternatives for the figures included in the report are included in Appendix E.

## Survey representativeness, respondent characteristics and training contexts

A total of 1,370 registrars commenced the survey. Of these, 143 registrars dropped out before answering any questions in the survey while 71 registrars dropped out of the survey before answering any questions relating to their experience or satisfaction with training. The responses from the remaining 1,103 registrars are the focus of this report (a similar number of responses to 2021).

Overall, a 29.9 per cent response rate was achieved in the 2022 APGT NRS. This is a proportion similar to that achieved in the past 2 years which were also completed during the COVID-19 pandemic (2021: 28%; 2020: 31%; 2019: 38%; 2018: 42%; 2017: 40%). This response is still at a rate that ensures valid and reliable results. As this survey went into the field, there was another COVID-19 surge across Australia. GPs continued to play a crucial role in providing advice to their patients on available vaccines and changing rules as well as managing patients with COVID-19 on top of their already full plates. The level of response varied by training region from 25 per cent to 33 per cent.

Please note, throughout this report to ensure confidentiality, all cells with a count between 1 and 3 are recorded as <4. Also note, as most of the questions in the survey were non-mandatory, and as some questions were only asked of subsets of registrars, not all questions were answered by all registrars who participated in the survey.

Table 1 shows that the respondents to the survey are representative of the overall population of registrars in the AGPT program. The only difference of note, and similar to previous years, there is a higher proportion of registrars with a training status of 'Enrolled' and subsequently a lower proportion of those with a training status of 'Fellowed' among the respondents (6 percentage point difference). Table 1 shows that 62 per cent of all respondents were female, reflecting the greater proportion of females in the program. Ninety per cent of respondents were working towards the FRACGP while 11 per cent of respondents were working towards the FACRRM and just over five per cent towards the FARGP, a Fellowship undertaken in combination with the FRACGP. A small proportion of respondents (6%) were working towards more than one fellowship.

**Table 1: 2022 AGPT NRS representativeness of respondents with population for different registrar characteristics**

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
All registrars		1,103	-	3,682	-
Gender	Female	684	62.0	2,143	58.2
	Male	419	38.0	1,539	41.8
Indigenous status	Aboriginal or Torres Strait Islander	17	1.5	71	1.9
ADF status	Australian Defence Force	17	1.5	76	2.1
Rural Generalist	Rural Generalist	166	15.0	468	12.7
Pathway	General	517	46.9	1,977	53.7
	Rural	586	53.1	1,706	46.3
Age	20 to 29	225	20.4	874	23.7
	30 to 39	610	55.3	2,116	57.5
	40 to 49	222	20.1	577	15.7
	50 plus	46	4.2	116	3.1
Citizenship	Australian Citizen	835	75.7	2,927	79.5

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
	Australian Permanent Resident	244	22.1	680	18.5
	Australian Temporary Resident	<4	-	11	0.3
	New Zealand Citizen or Permanent Resident	21	1.9	64	1.7
	Not Specified	0	0.0	<4	-
Fellowship	FACRRM	132	12.0	372	10.1
	FRACGP	919	83.3	3,134	85.1
	FRACGP & FACRRM	7	0.6	15	0.4
	FRACGP & FACRRM & FARGP	<4	-	12	0.3
	FRACGP & FARGP	42	3.8	150	4.1
Training Status	Completed Time	0	0.0	5	0.1
	Enrolled	1,068	96.8	3,341	90.7
	Enrolled (Partially Fellowed)	<4	-	9	0.2
	Fellowed	31	2.8	320	8.7
	Uncertain	0	0.0	0	0.0
	Withdrawn	<4	-	8	0.2
Training region	Eastern Victoria	85	7.7	303	8.2
	South Eastern Queensland	127	11.5	430	11.7
	Tasmania	35	3.2	110	3.0
	North Western Queensland	133	12.1	408	11.1
	North Eastern NSW	178	16.1	644	17.5
	Lower Eastern NSW	103	9.3	394	10.7
	Western NSW	58	5.3	180	4.9
	South Australia	91	8.3	281	7.6
	Western Victoria	146	13.2	423	11.5
	Northern Territory	30	2.7	89	2.4
	Western Australia	117	10.6	421	11.4

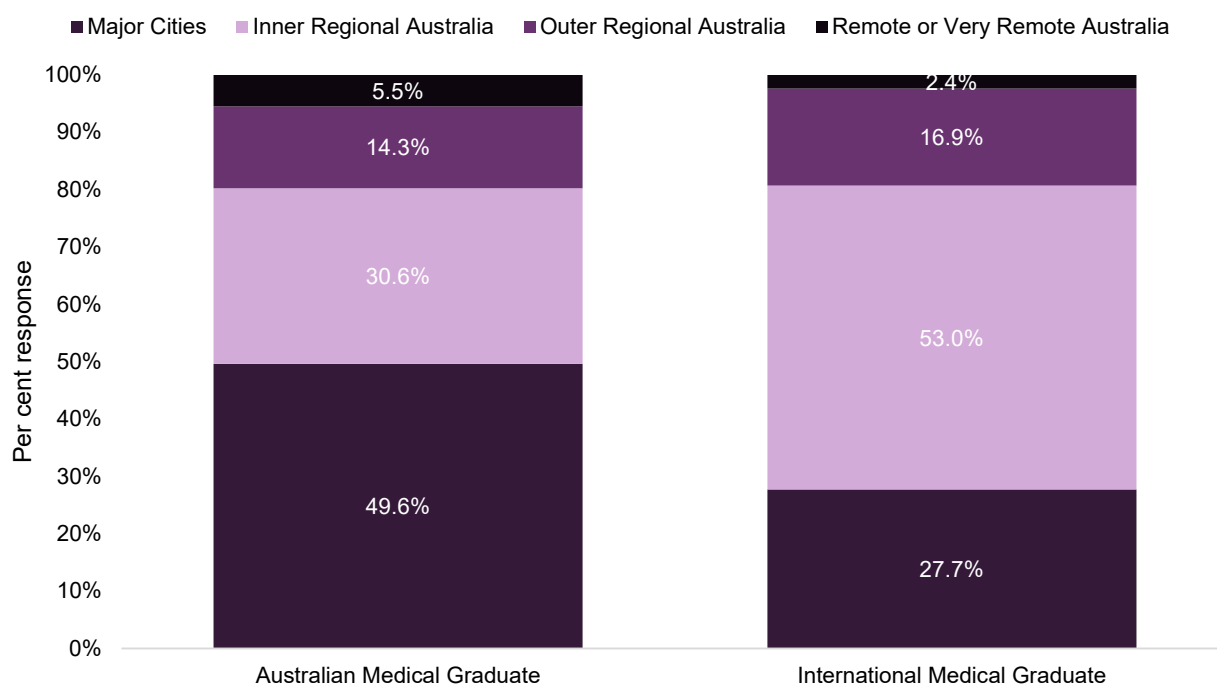
(n=3,682)

Registrars who responded to the 2022 AGPT NRS came from a range of backgrounds. Just under half of all registrars were born in Australia (47%), with 65 other countries making up the country of birth of respondents. After Australia, the most common countries of birth for registrars who participated in the survey were India (7%), Pakistan, Malaysia and United Kingdom (all 4%) and both Sri Lanka and Myanmar (3%).

Like previous years, 76 per cent of registrars who participated in the survey were graduates from Australian medical schools (AMG). When we compare International medical graduates (IMG) – registrars who did not graduate from medical degrees from either Australia or New Zealand – who participated in the survey to AMG, they were more than twice as likely to be older (41% are 40 plus years compared with only 17% of AMG), more than half as likely to be a Rural Generalist (7% IMG; 19% AMG), nearly twice as likely to have dependants (85% of IMG, 47% AMG) and be in the rural pathway (75% of IMG, 44% AMG). Figure 1 and Figure 2 show that IMG were around half as likely to be in MMM1 (28% IMG, 50% AMG) or working in RA1: Major Cities (28% IMG, 50% AMG) while less IMG were working in remote or very remote areas or in MMM5, MMM6 and MMM7 (2% IMG; 5-6% AMG). The difference in the proportions of AMG and IMG working in each area is likely due to the Section 19AB restrictions of the *Health Insurance Act 1973*. This generally requires doctors who received their training at an international medical school (as well as foreign

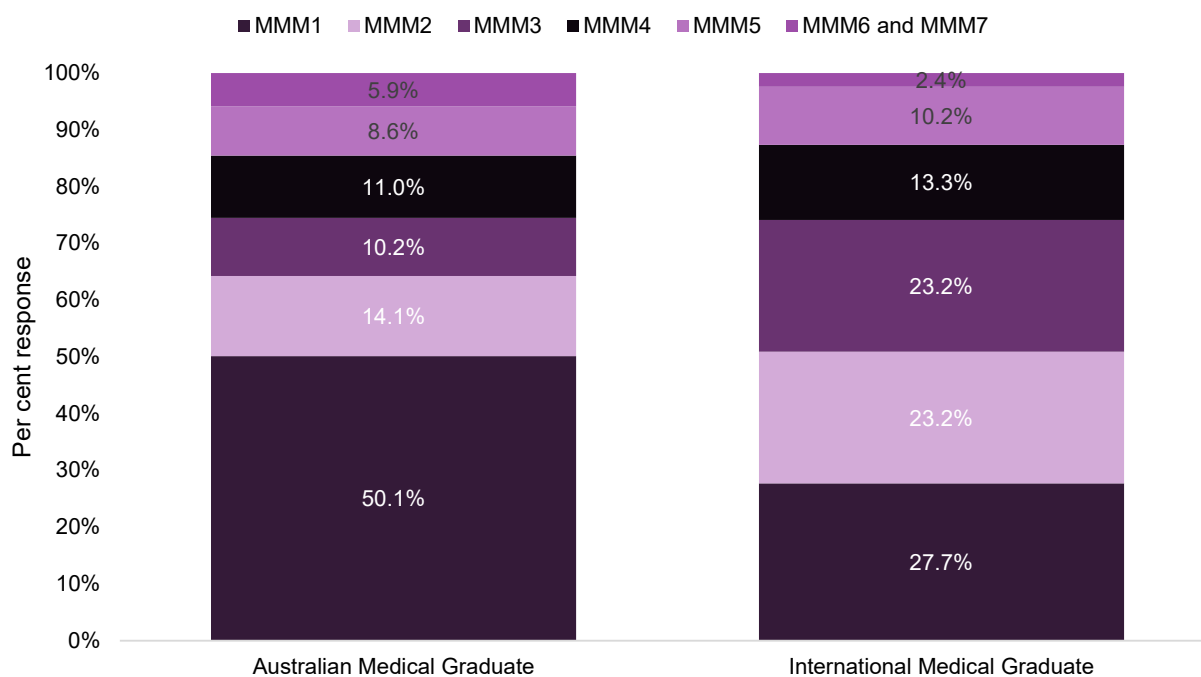
graduates of Australian medical schools) to work in a Distribution Priority Area, which tend to be concentrated in regional and remote parts of Australia.

The population of registrars who responded to the 2022 survey is similar to those who responded to the 2018, 2019, 2020 and 2021 survey.



(n=1,096)

**Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Remoteness classification**



(n=1,096)

**Figure 2: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Modified Monash Model**

Table 2 provides a summary of registrars' training contexts. Most registrars were currently training in General Practice Training (GPT) terms one to 3 (76%), and 6 per cent were currently training in Core Generalist Terms (CGT) terms one to 4. Eighteen per cent of registrars indicated that they were training in the areas of Extended Skills, Advanced Rural Skills Training (ARST) or Advanced Specialised Training (AST) – this is a 4 percentage point increase from 2021, similar to 2020 numbers. These registrars were asked to indicate the area in which this training occurred. Areas of Extended Skills, ARST or AST that had more than ten registrars undertaking training were in the fields of Emergency Medicine, Obstetrics and Gynaecology, Women's Health, Anaesthetics, Mental Health, Paediatrics and Aboriginal and Torres Strait Islander Health.

Registrars were asked about the training they did during Semester One, 2022. Most registrars (87%) were training in just one training facility with a further 12 per cent in 2 facilities. Two-thirds of registrars were working full-time during Semester One, 2022. As in previous years, a much higher proportion of male registrars (74%) indicated that they were working full time compared with female registrars (61%). More than half of all respondents had dependants (59% of female and 58% of male respondents). As was the case in 2021, of those registrars who work part-time, 3 times as many responders had dependants than no dependants (76% dependants, 24% no dependants).

When asked about their experience prior to commencing the AGPT program, 28 per cent had participated in the Rural Clinical School. This experience seems to be linked to registrars' training choices with 53 per cent of registrars who were completing a fellowship with ACRRM having trained within a Rural Clinical School compared with just 24 per cent of RACGP registrars. Likewise, 51 per cent of registrars who are training to be Rural Generalists had completed a term in a Rural Clinical School while in contrast, there was little difference in per cent of those in either the Rural or General pathways who had trained within a Rural Clinical School (29% and 27% respectively).

Fifteen per cent of respondents had studied in a Bonded Medical Place. Just short of a third of all Rural Generalists (29%) had studied in a Bonded Medical Place, while there was no difference between the proportion of those in the Rural or General Pathway who had studied in a Bonded Medical Place (Rural Pathway 15%; General Pathway 17%).



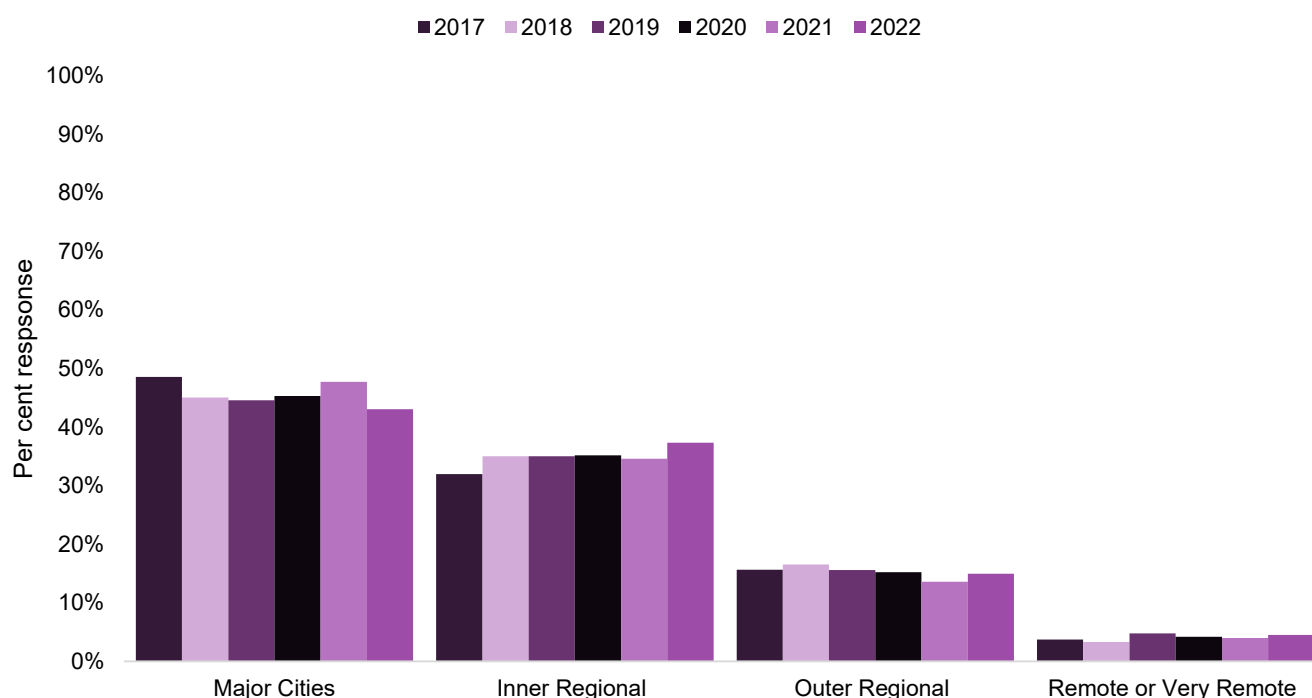
**Table 2: Registrar training contexts**

Training contexts		Response (n)	Response (%)
Full time equivalent load	Less than 0.4	65	5.9
	0.5 to 0.6	151	13.7
	0.7 to 0.8	135	12.3
	0.9 to 1.0	740	67.2
Number of training facilities	One	961	87.1
	Two	133	12.1
	Three	7	0.6
Completed prior to training	Prevocational General Practice Placements Program (PGPPP)	67	6.6
	First Wave Scholarship (GP placement in the undergraduate years)	25	2.5
	Rural Clinical School	287	27.8
	Commonwealth Medical Internships	130	12.8
	Bonded Medical Places (BMP) Scheme	157	15.5
	Medical Rural Bonded Scholarship (MRBS) Scheme	45	4.5
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	46	4.6
	John Flynn Placement program	76	7.5
	State rural generalist programs	82	8.1
	Remote Vocational Training Scheme	6	0.6
	HECS Reimbursement Scheme	163	16.1
	RACGP Practice Experience Program (PEP)	10	1.0
	ACRRM Independent Pathway	6	0.6
	More Doctors for Rural Australia Program	7	0.7
	Community Residency Placement (WA)	13	1.3
	Training towards any other fellowship	129	12.7
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	<4	-
Current training	GPT1 Term	399	36.6
	GPT2 Term	117	10.7
	GPT3 Term	309	28.3
	CGT1	20	1.8
	CGT2	6	0.5
	CGT3	23	2.1
	CGT4	19	1.7
	Extended Skills	139	12.7
	Advanced Rural Skills Training (ARST)	20	1.8
	Advanced Specialised Training (AST)	38	3.5
	Academic post	12	1.1
	GPT4 / Extension Awaiting Fellowship	47	4.3
	Mandatory Elective	<4	-
	Extension due to COVID	4	0.4
	Extension awaiting assessment / exams	13	1.2

(n=1,091)

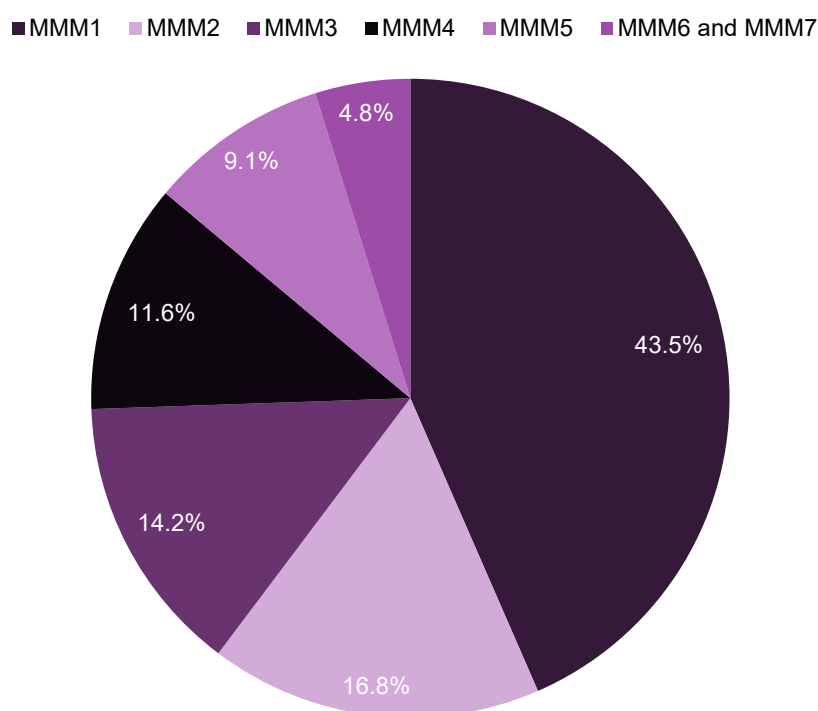
In 2022, 62 per cent of all registrars who responded to the survey were training in New South Wales, Queensland or Victoria, a drop from 75 per cent in 2020 and 2021.

Fifty-seven per cent of the registrars who responded to the survey were training in regional or remote areas of Australia (an increase of 5 percentage points from last year), relatively consistent with registrars who responded to the survey in previous years (Figure 3). In 2022, as in 2021, we recorded registrars' MMM location with just over two-fifths training in MMM1 (while another two-fifths were training in MMM3-7 (Figure 4).



(n=8,278)

**Figure 3: Location of registrars' current training facility in 2017 to 2022 by Remoteness Area**



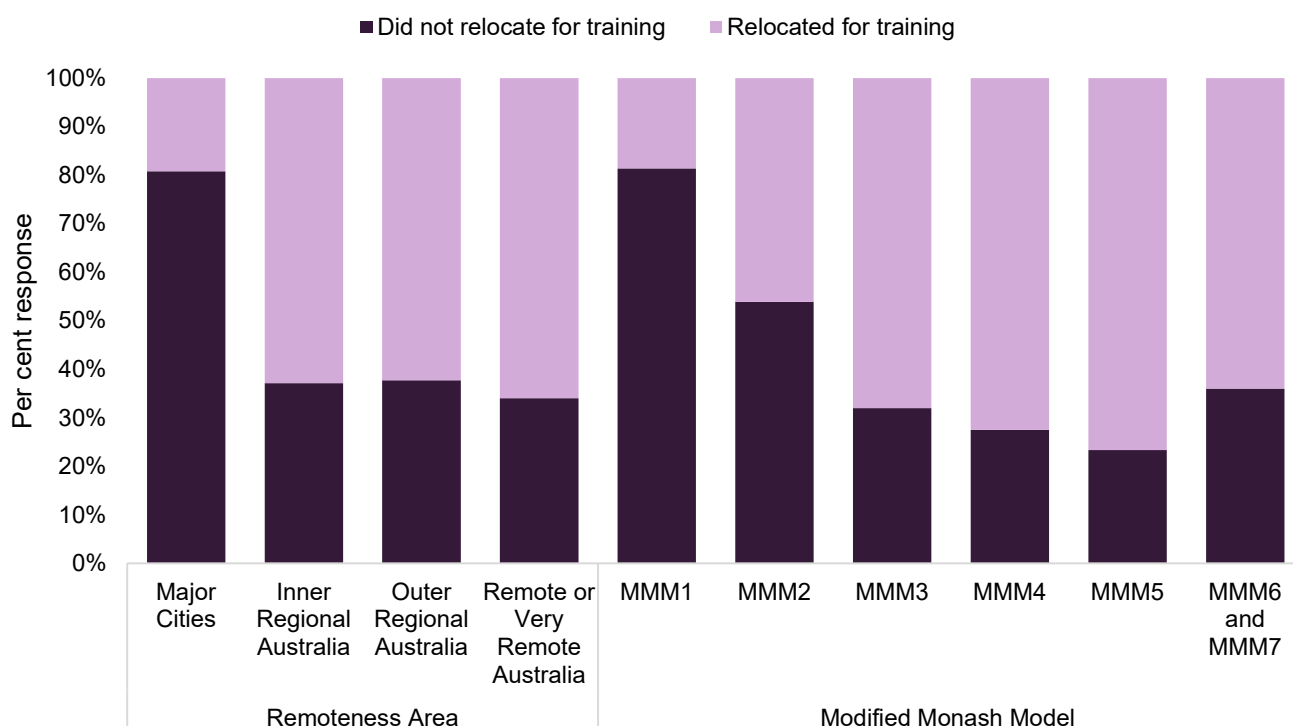
(n= 1100)

**Figure 4: Location of registrars' current training facility in 2022, Modified Monash Model**

Forty-four per cent of all registrars reported moving to their current region to undertake training, this includes 49 per cent of males compared with just 41 per cent of females. Similar to the response between

2019-2020, registrars completing a fellowship with ACRRM were more likely to have moved to undertake training (66%) than registrars completing a fellowship with RACGP (41%), and those on the Rural pathway, nearly 3 times more likely to have moved to complete their training compared with those on the General pathway (Rural: 66%, General: 22%). International medical graduates were also more likely to have moved to undertake training (53%) than Australian medical graduates (40%), those that were over 50 (53% had moved), and Rural Generalists (62% compared with non-Rural Generalists 41%).

The proportion of registrars within each training region who had moved to undertake training ranged from between 24 and 68 per cent of respondents. For those registrars working in major cities, only 19 per cent had moved to complete training compared with between 62 and 66 per cent of respondents training in either inner regional, outer regional, or remote locations (Figure 5). Likewise, when looking at the MMM, only 19 per cent of respondents from MMM1 had moved to complete their training compared with between 46 – 77 per cent from MM2-7 (Figure 5).



(n=1,020)

**Figure 5: Proportion of registrars who relocated for training, by training location**

## Overall satisfaction

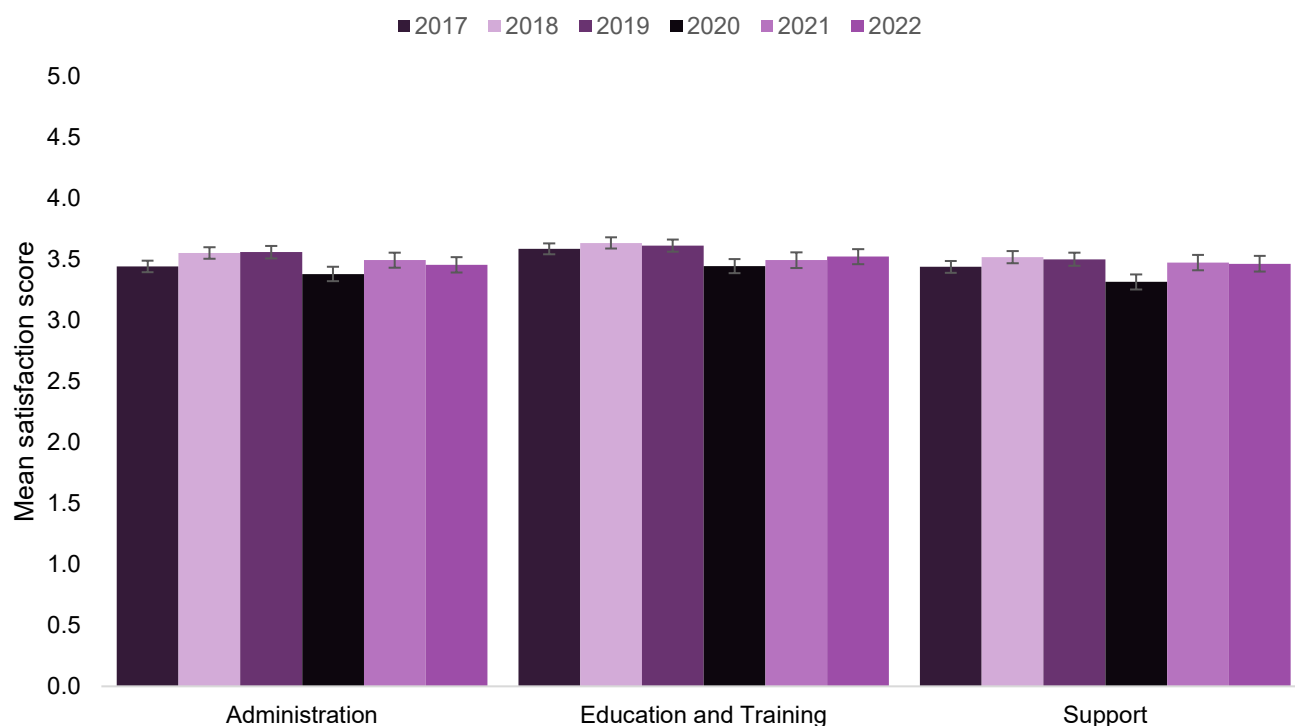
Registrars were asked to reflect on their training to date and to rate their overall satisfaction with the administration of the program, their education and training, and the support they received.

Registrars are relatively satisfied with their overall training experience, with 85 per cent satisfied with the program's administration, 85 per cent satisfied with their education and training and 83 per cent satisfied with the support they received. These levels of satisfaction have held constant since last year.

Figure 6 shows that the overall mean satisfaction scores<sup>3</sup> for administration, education and training, and support have held steady in 2022. There was a significant drop in satisfaction scores in 2020, effectively

<sup>3</sup> Response scores were averaged across the five-point scale with one being very dissatisfied and five being very satisfied.

the first year of the COVID-19 pandemic. In 2022, there is no significant difference between the overall satisfaction scores in any of the 3 categories and those in either 2019 or 2021.



(n=8242)

**Figure 6: Mean overall satisfaction of registrars with the AGPT program from 2017 to 2022**

When exploring the mean overall satisfaction for education and training, administration and support, there are no significant differences found between female and male registrars, for different age groups, Australian Defence Force (ADF) and non-ADF registrars, Aboriginal and/or Torres Strait Islander and non-Aboriginal and/or Torres Strait Islander registrars, nor for registrars training in different locations (major cities, inner and outer regional and remote and very remote) or across any of MMM1-7, for those on the rural or general pathway, for those studying full or part-time, those with and without dependants.

As in 2020 and 2021, there was a difference in overall satisfaction between International medical graduates who reported a small but significantly higher level of satisfaction for each overall area of administration, education and training, and support provided than Australian medical graduates with mean responses 0.5 points higher for administration and education and training and 0.4 points higher for support.

For those registrars who are Rural Generalist compared to those were not Rural Generalists, those who were studying with ACRRM compared to those not studying with ACRRM and those not studying with RACGP compared with those studying with RACGP, there was a small but significant decrease in overall satisfaction with administration (0.4 points lower). There was no significant difference in the overall satisfaction scores between Rural Generalists and non-Rural Generalists, ACRRM and not-ACRRM and RACGP and not-RACGP for education and training or for support.

## Satisfaction by Key Performance Indicators

The information collected from registrars through the AGPT NRS is used to generate a number of Key Performance Indicators (KPIs) for the Department. These KPIs provide an overview of registrars' level of satisfaction with various aspects of the AGPT program.

A number of the KPIs are composite variables (labelled with \* in Table 3), meaning that they are a combination of registrars' responses to 2 or more questions in the survey. For these composite variables the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

- KPI 1 is a combination of the overall satisfaction items shown in Table 3 relating to administration, education and training, and support.
- KPI 2 is a combination of 7 items relating to support and training provided by RTOs, and is calculated only for registrars who *did not* report that they had an adverse incident during their training.
- KPI 3 is the same as KPI 2, but instead is recorded only for registrars who *did* experience an adverse incident during their training.
- The other composite variable is KPI 6 which includes 2 variables relating to resources at registrars' RTO and at registrars' training facility.

Although these KPIs have similar names or terminology to some of the other analyses in this report, the KPIs are composite variables and the results will be different from the results for individual items, such as those reported in the [infographic](#).

In this year's report we have calculated the KPIs as we have done in the past, as a summary of satisfaction scores with a '3', '4' or '5 – very satisfied' response in Table 3 and Figure 7.

A summary of the KPIs calculated with a '3', '4' or '5 – very satisfied' response are shown in Table 3 along with their error margins reported at a 95 per cent confidence interval. The KPIs for 2022 are statistically reliable to within less than 2.4 percentage points, apart from KPI 3 which is statistically reliable to within 7.4 percentage points.

**Table 3: Key Performance Indicators 2022**

Key Performance Indicators	Satisfied (%)	Error margin (%)
KPI 1: Overall satisfaction*	80.5	2.4
KPI 2: Satisfaction with RTO support (no incident)*	84.3	2.4
KPI 3: Satisfaction with RTO support (with incident)*	62.4	7.4
KPI 4: Satisfaction with supervision	89.3	1.8
KPI 5: Satisfaction with practice location	92.1	1.6
KPI 6: Satisfaction with infrastructure / resources*	87.2	2.0

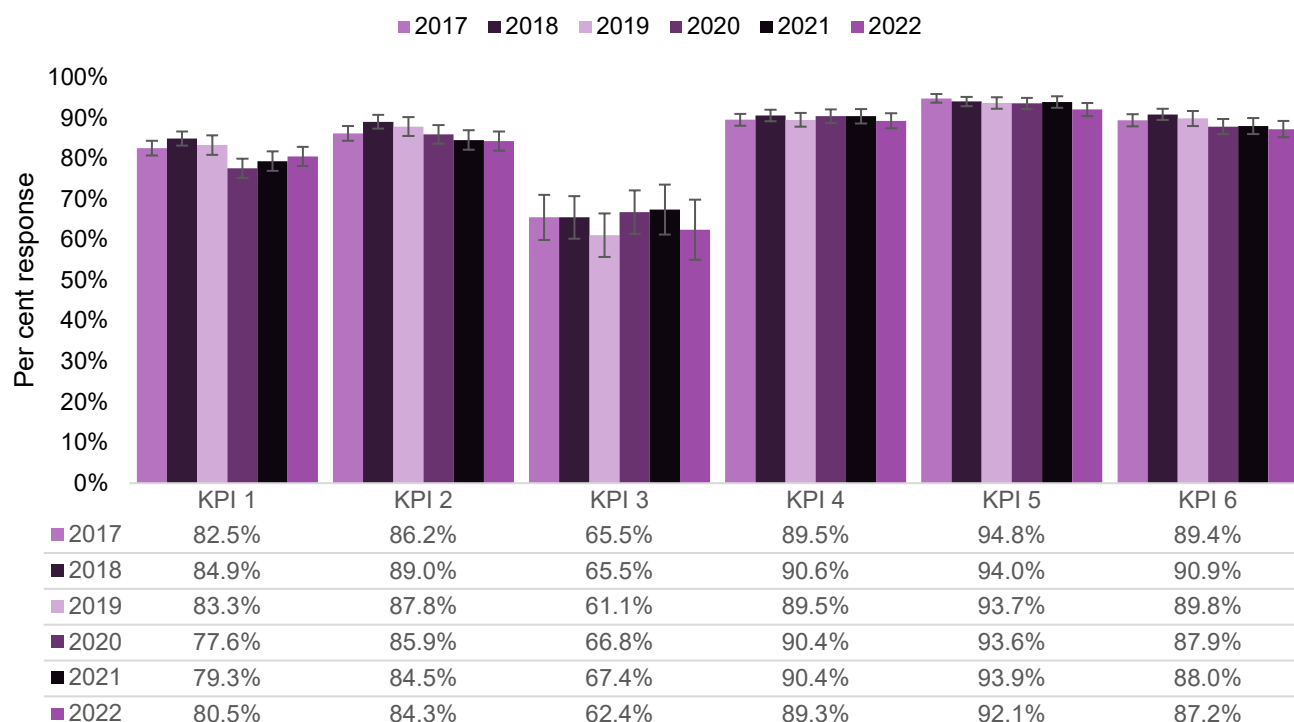
(n=1,103)

Figure 7 shows the KPI results from the 2017 to 2022 AGPT NRS calculated from responses of '3', '4' or '5 – very satisfied'.

### Analysis of KPI results from 2017 to 2022

- After seeing a significant drop in KPI 1: Overall Satisfaction from 2019 to 2020 (nearly 6 percentage points), there has been a 4-percentage point increase in 2022 from 2020 so that in 2022, KPI 1 is now only significantly lower than the value reported in 2018, but not the value reported in 2017, 2019, 2020 or 2021.
- KPI 2: Satisfaction with support (no incident) has had another very slight decrease and is still significantly lower than the result reported in 2018, but not the result from 2017, 2019, 2020 or 2021.
- KPI 3: Satisfaction with support (with incident) has had another sharp decrease (5 percentage points), as it had in 2019, however with only 165 registrars reporting an 'incident', the error margin of 7 per cent means the result is not significantly different from previous years.

- Differences in KPIs 4 and 5 were all within one or 2 percentage points of the results from 2019, 2020 and 2021.
- In KPI 6: Satisfaction with infrastructure / resources, there has been a slight downward trend since 2018. There was a significant decrease in the value reported in 2018 (90.9%) compared with the value from 2022 (87.2%) but not for the years 2017, 2019, 2020 or 2021.



(n=8283)

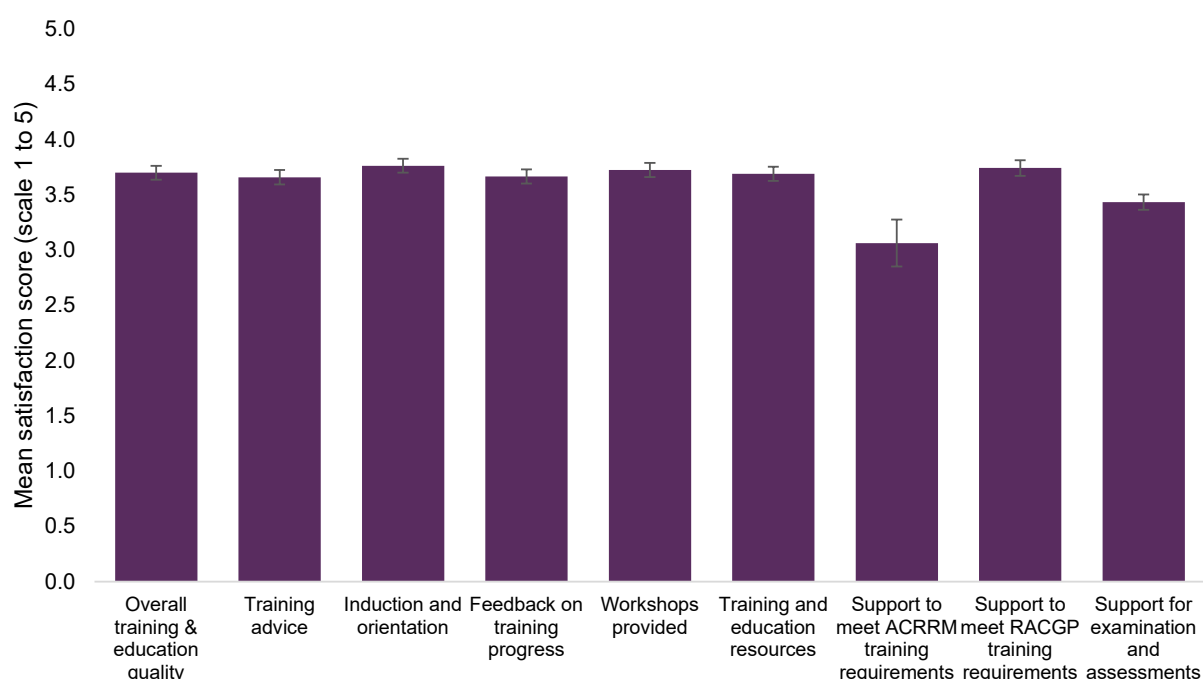
**Figure 7: Key Performance Indicator results, 2017 to 2022**



## Satisfaction with RTOs

RTOs have various roles in registrars' training, including providing registrars with support and advice, helping registrars plan their training and learning, managing the placement matching of registrars and training facilities, providing registrars with training resources, and organising education and training events and activities, among others. The 2022 AGPT NRS included several questions that asked registrars about their satisfaction with different aspects of their RTO.

The results, as shown in Figure 8, suggest that registrars are satisfied with their experience with their RTOs, reporting average satisfaction scores of between 3.4 and 3.8 on a 5-point scale for all roles except for Support to meet ACRRM training requirements which was 3.1. This response has dropped from 3.3 in 2021 and 2020, although it is not statistically significantly different. This drop in mean satisfaction score means that the support of RTOs to meet the training needs of ACRRM registrars is significantly different from their support to meet the training needs of RACGP registrars which remained steady at 3.7<sup>4</sup>. As in 2020 and 2021, registrars rated the induction and orientation provided by RTOs the most positively.



(n=1,088)

**Figure 8: Satisfaction with different aspects of RTO**

<sup>4</sup> Note that ACRRM took over the training of GP Synergy registrars towards the end of the survey period.

## Satisfaction with training facilities

Registrars undertake much of their training while working in general practices, Aboriginal medical services, and other medical facilities. These training facilities have an important role in registrars' training experience. The 2022 AGPT NRS included several questions that asked registrars about their satisfaction with various aspects of their training facility.

The results suggest that registrars are very satisfied with their experience in their training facilities, with registrars once again, as in 2021, reporting average satisfaction scores of between 3.8 and 4.2 on a 5-point scale. As shown in Figure 9, registrars were most satisfied with the number of patients or presentations, the level of workplace responsibility, their clinical work, their location and the diversity of patients or presentations.

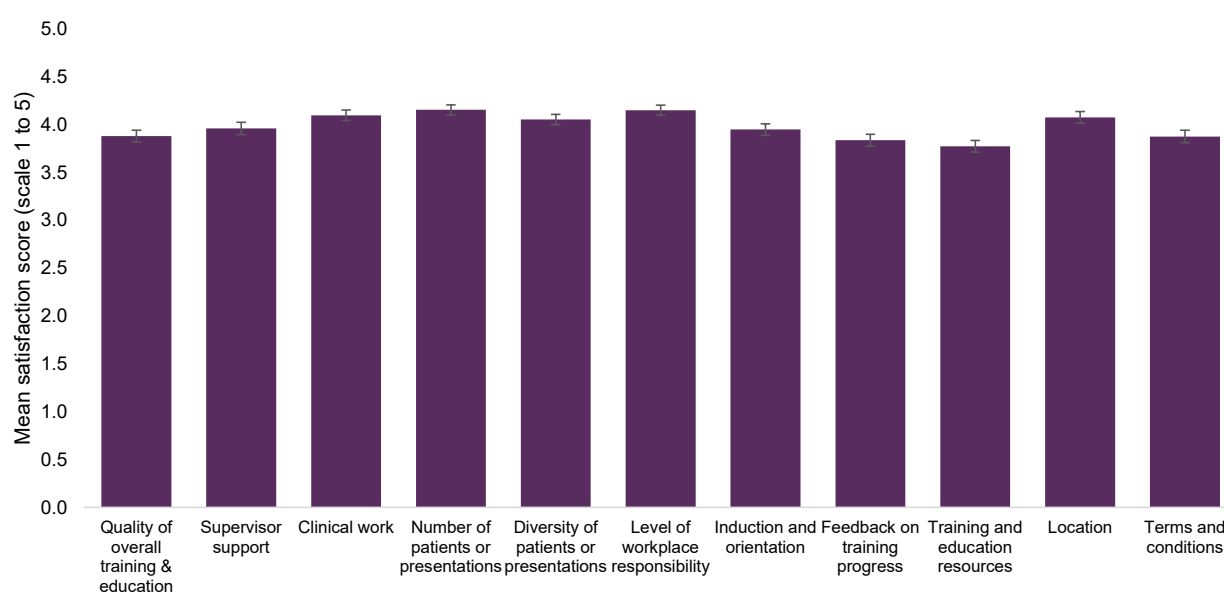


Figure 9: Satisfaction with different aspects of training facilities

## Qualitative findings

In addition to being asked to rate their level of satisfaction overall, and with specific aspects of their training experience, registrars were also invited to provide open-ended feedback about their overall experience with training on the AGPT program in response to 2 questions:

- Given your overall experience with your training, what have been the best aspects of your experience?
- Given your overall experience with your training, what aspects of your experience are most in need of improvement?

Each of the responses provided to these questions were reviewed and thematically coded onto an existing code frame that had been developed in previous administrations of the AGPT NRS. Each response could be thematically coded onto multiple areas. This section provides a summary of the main themes that were raised in these responses.

When asked about the best aspects of registrars' experience with training, the most frequently cited theme related to supervisors and supervision (19%). Many registrars mentioned that their supervisors had provided them with significant support and mentorship.

*"I have fortunately had great supervisors in the clinical facilities I have trained at while rural. I feel that excellent and well supported training locations encourage junior doctors to pursue careers in rural medicine." Rural Pathway, Male, FACRRM*

*“Specific supervisors who clearly have a passion for teaching make all the difference.”  
General Pathway, Female, FRACGP*

The next most cited theme related to registrars’ practice workplace and colleagues (19%). These comments related to the level of support provided by supervisors, other clinicians, and administrative staff, as well as the work environment more generally.

*“Finding a practice that aligns with my personal values and ethos to practise of medicine. Commitment from fellowed GPs and non-clinical staff at my current practice towards registrar training and education.” General Pathway, Male, FRACGP*

*“Great practice that I work at, great opportunities for extended skills in Women’s Health, good working conditions, broad range of exposure to GP presentations.” Rural Pathway, Female, FRACGP*

Another commonly cited theme included the workshops or education days (15%). The aspects of the workshops and education days that registrar mentioned included both the workshop content, delivery, learning opportunities and having opportunities to meet with other registrars.

*“Workshops are generally good, especially for case-based discussion, I would prefer to meet in person more often in second year of training with colleagues.” Rural Pathway, Female, FACRRM*

*“Workshops where I can communicate with other registrars and also workshops where we had specialists give talks and give their tips/tricks. If we had a few of these a year it would be amazing.” General Pathway, Female, FRACGP*

In addition to these themes, registrars also mentioned gaining exposure to a range of cases or patients (11%), the level of overall support (11%), the support provided by their RTO (8%), and the medical educators (8%).

When asked about the aspects of their experience in training that were most in need of improvement, around 6 per cent of registrars indicated that nothing in the AGPT program needed improvement. The most mentioned theme was support and preparation for exams (19%). These comments related to having a clear curriculum to study towards, as well as not having to rely on expensive external exam preparation courses. Some registrars also felt the exam format and content was not reflective of the GP experience.

*“I think studying towards exams should be structured in a protected hour within the training program from the start of term 1. There should be weekly small group teaching - not practice specific - in a small group that meets remotely, GP led, that will cover topics towards exams and give a chance to ask questions and clarify.” General Pathway, Female, FRACGP*

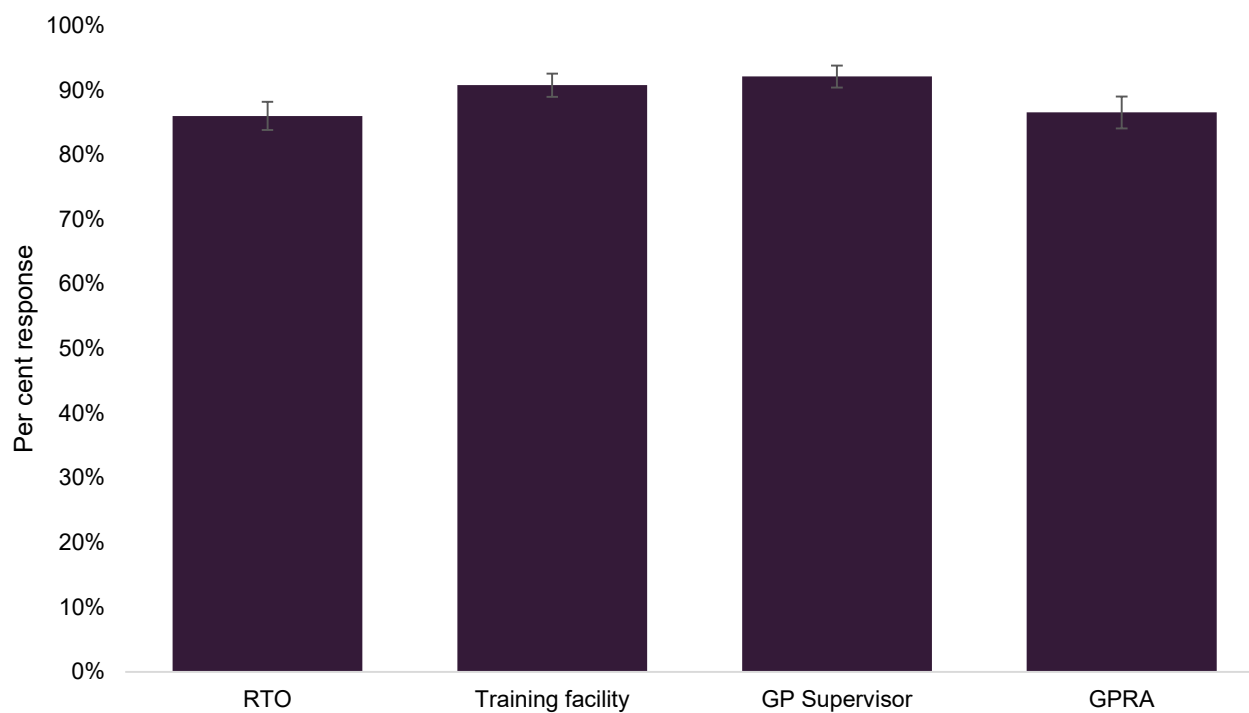
*“Clear curriculum for examinations. There is so many different topics to learn for examinations but no clear guideline in terms of what to focus on.” Rural Pathway, Male, FRACGP*

*“Felt the need to purchase external exam preparation courses to succeed in KFP exam. General concerns from the cohort that KFP does not assess clinical knowledge or ability to be a ‘good doctor’.” General Pathway, Female, FRACGP*

Other areas of the AGPT program that registrars indicated needed improvement related to registrars’ terms and conditions or pay (12%), a lack of support (11%), and the amount and quality of communication registrars received (9%), this included general support from RTOs, the colleges and training practices.

## Health and wellbeing

As in the previous few years, registrars were asked a series of questions regarding their health and wellbeing (Figure 10). When these figures were compared with those from 2019 to 2021, satisfaction with the health and wellbeing support from all of RTOs, training facilities, GP Supervisors and GPRA remained stable.



(n=1,021)

**Figure 10: Satisfaction with health and wellbeing support by source of support**

## The effect of the COVID-19 pandemic on GP registrars' training

In 2020, a set of research questions were developed addressing the effect of the COVID-19 pandemic on GP training. These questions were reviewed in 2021, with a few less relevant questions removed and this set of questions were then asked of registrars again in 2022. These questions looked at the support that was provided by RTOs, Colleges and training facilities as well as the impact that COVID-19 was having on GP training. They were informed by a brief review of recent research and policy relating to GP training during the pandemic.

Registrars were invited to respond to a series of questions rating the impact that COVID-19 had on different aspects of their training. Figure 11 shows the proportion of registrars who selected either '1 - Very negative impact' or '2' on a 5-point scale, effectively ranking those aspects of their training that were most affected by the COVID-19 pandemic. Once again, the ability of registrars to collaborate with other registrars, workshops, and collaborating with colleagues were found by over 40 per cent of all registrars to have been negatively impacted by COVID-19 and more than one-third of all registrars reported that their clinical work and the overall quality of their training and education experience was also negatively impacted (34%).

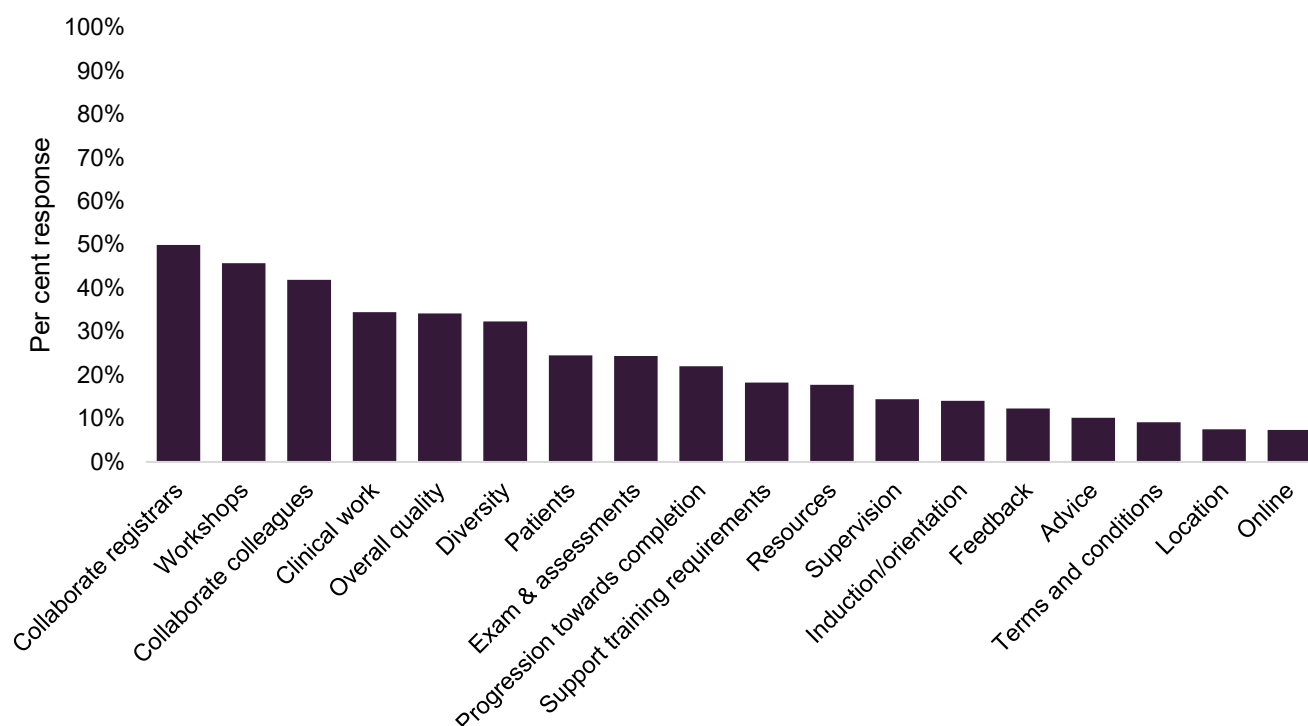
Some interesting comparisons to note:

- 35 per cent of registrars reported that their clinical work was negatively impacted in 2020, this dropped to 31 per cent in 2021, and then rose back to 34 per cent in 2022
- 38 per cent of registrars reported that the diversity of their patients was negatively impacted in 2020, this dropped to 28 per cent in 2021, and then rose to 32 per cent in 2022

- The negative impact that was seen on the number of patients or presentations dropped from 37 per cent in 2020 to 25 per cent in 2021 and remained steady in 2022 (25%).

The negative impact of COVID continues to drop for

- exams and assessments (2020: 38%; 2021: 29%; 2022: 24%)
- a registrar's progression towards completion (2020: 46%; 2021: 27%; 2022: 22%)
- the support to meet training requirements (2020: 27%; 2021: 22%; 2022: 18%)
- the training and education resources available (2020: 23%; 2021: 20%; 2022: 18%).



(n=965)

**Figure 11: Negative impact of COVID-19 on aspects of training**

When registrars were asked to rate the support for the delivery of GP training throughout the COVID-19 pandemic, 91 per cent were satisfied with the support provided by the training facility, 85 per cent were satisfied with the support provided by their RTO (an increase from 79% in 2020 while relatively steady from 2021 at 84%). Similar results were observed when registrars were asked to rate the communication they received throughout the COVID-19 pandemic with 92 per cent satisfied with communication from their training facility and 86 per cent satisfied with the communication from their RTO (an increase from 81% in 2020, steady from 2021: 92%).

An open response question asking registrars what could have been improved about the program's response to the COVID-19 pandemic and the change in how the program was delivered was also asked in this section of questions. While 22 per cent of registrars said their training was either not affected by COVID this year or were satisfied with the level of support they were given regarding COVID, the most common responses referred to the desire to return to face-to-face training, consultations and workshops (16%). With most regions beginning to ease the restrictions around COVID many registrars felt the need to remain fully online was not necessary.

*"Working in a single doctor town in a rural/remote setting and training by remote supervision going to workshops is really important. You get to actually meet people/other trainees and learn new practical skills etc. Owing to COVID all workshops were cancelled and or made to be videoconference. I don't think I got to attend any workshops since February 2020. This contributes greatly to the isolation in my setting." Rural Pathway, Female, FACRRM*

*"Might have been useful to run some practical face to face skills workshops once restrictions lifted as there has been less exposure to this." General Pathway, Male, FRACGP*

*"Working in rural and remote locations comes with crappy internet, and much of the training delivered was switched to online (even when not necessary). I therefore attended courses and had frequent dropouts, couldn't be heard and missed a lot of the content." General Pathway, Female, FRACGP*

Other areas around the COVID-19 response that registrars indicated needed improvement related to leave entitlements and specifically COVID leave (8%), opportunities to network and interact with other registrars (8%), and more frequent and better-quality online training (8%).

## Aboriginal and Torres Strait Islander Health

Registrars were asked a number of questions relating to their experience, future plans and their support in working in Aboriginal and Torres Strait Islander Health. Fewer registrars were either currently training or had already completed an Aboriginal health training post (for example an Aboriginal Medical Service or Aboriginal Community Controlled Health Service) in 2022 compared with those in 2020 and 2021 (2022: 16%, 2021 & 2020: 21%). However, more registrars who were not currently training, or who had not yet completed training were considering undertaking training in an Aboriginal health training post (2022: 30%; 2021: 25%). In addition, there were 10 respondents who were undertaking Extended Skills, ARST or AST in Aboriginal or Torres Strait Islander Health, a halving in the number of respondents who were training in this area in 2021.

The vast majority of registrars had received an orientation to Aboriginal and Torres Strait Islander health (90%) and training in Aboriginal and Torres Strait Islander cultural safety (88%). Of those registrars currently undertaking training in an Aboriginal health training post (9% of registrars who responded to the survey), 62 per cent had access to a formal cultural mentor (this is a drop from 71% in 2021), and 96 per cent were satisfied with this support.

## Transition to college-led GP training

The transition from training managed by the Department to that directed by the Colleges is currently underway. In 2022, we expanded on the questions that were asked in 2021. We asked registrars whether they understood the changes occurring, whether the transition process was having an impact on their training and how informed they felt about this process, what the impact of this process was to their training. We also asked registrars where they had accessed information about this transition and whether there was any further information they'd like about the transition.

When registrars were asked if they understood the transition process, 16 per cent replied that they did understand, 33 per cent were unsure, while 51 per cent reported not understanding the transition process.

Registrars were also asked whether the transition to college-led GP training had an impact on their training. Only 5 per cent replied that it had quite a bit or very much impact, while 42 per cent responded that it had either somewhat or no impact and 52 per cent replied that they didn't know what impact it had on their GP training.

When registrars were asked about how informed they felt they were about the transition to college-led GP training 38 per cent said that they were not at all informed while a further 41 per cent replied that they were somewhat informed. Only 12 per cent replied that they were quite a bit or very much informed about the transition process.

Registrars identified that they had gained information about the transition to college-led GP training most frequently from either their RTO (63% of responders) or from their own College (42% of RACGP registrars from RACGP, 54% ACRRM registrars from ACRRM). A smaller proportion had received information from



GPRA (14%), their supervisors or training facility (9-10%) or the Department (3%). Four per cent of responders to the survey said they couldn't find any information.

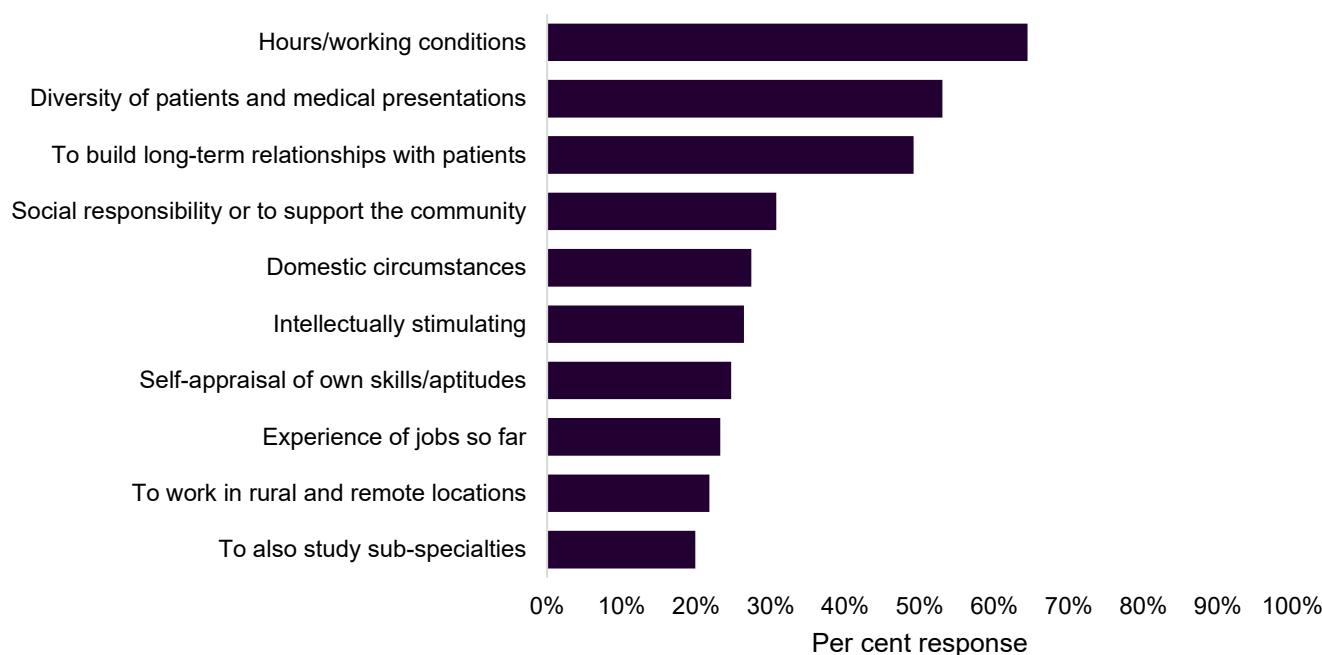
## Registrars' training choices

As in previous years, in the 2022 AGPT NRS, registrars were asked a series of questions about when and why they decided to become GP specialists, whether GP specialisation was their first choice, and which other speciality programs they applied to before joining the program.

Most registrars indicated that they decided to become GP specialists after they had completed their medical degree (68%) and GP specialisation was reported as the first choice of medical specialisation for 60 per cent of registrars. Twenty per cent of registrars indicated that they had applied to other speciality programs prior to starting the AGPT program, these included Basic Physician Training, Anaesthesia and Critical Care, Paediatrics, Obstetrics and Gynaecology, Emergency Medicine and Surgical Training.

The top 3 responses for why registrars decided to become GP specialists given in 2022 were the same as those given in 2021, 2020, 2019, 2018 and 2017. These reasons included the hours and working conditions for this speciality (65% - constant from 2021 but a drop from 76% in 2020), the diversity of patients and medical presentations (53% - constant from 2021 but a drop from 59% in 2020), as well as the ability to build long-term relationships with patients (49% - constant from 2021 but a drop from 59% in 2020). Figure 12 lists the top responses given by at least 20 per cent of registrars for choosing a GP specialisation.

Registrars were also asked about their reasons for selecting their RTO. As in previous years, the most common reason given was the location of the RTO (81%) followed by family or partner support (28%) and the available training opportunities (27%).



(n=1103)

**Figure 12: Why registrars decided to become GP specialists (top reasons given)**

## Registrars' future plans

Registrars were asked about their career plans 5 years into the future and were asked to select all options that relate to their future plans (Table 4). The responses indicate that most registrars plan to be working as a GP. A total of 83 per cent of registrars plan to work as a private GP with 34 per cent of registrars indicating they plan to be working full time and 54 per cent working part-time (a number selected both responses). Consistent with the results found in previous years, female registrars planning to work as a private GP are much more likely to be planning to work part-time (64%) than male registrars (38%) while just under half of all male registrars want to be working full-time compared with just over one-quarter of all female registrars. Once again, more male registrars want to own their own practice or purchase or buy into an existing practice compared with female registrars (30% male, 19% female).

One-quarter of all registrars suggested they would like to be working in a rural or remote location in the next 5 years. When looking at the responses given by registrars in the rural or general pathway streams, 38 per cent of those on the rural pathway intend to work in a rural or remote location in 5 years' time while only 10 per cent of those in the general pathway have this same intention. Of registrars on the rural pathway 34 per cent would like to be working as a Rural Generalist, compared with only 3 per cent of registrars in the general pathway. Of those on the rural pathway 17 per cent intend to be working in Aboriginal Health in 5 years' time compared with only 12 per cent of those in the general pathway while 23 per cent of Rural Generalists, compared with only 13 per cent of those who were not Rural Generalists intended to be working in Aboriginal Health in 5 years' time.

The majority of registrars indicated that within 5 years they would like to be involved in medical education (80%), either supervising medical students or registrars, or becoming a medical educator. Encouragingly, only a small proportion of registrars indicated that they do not plan to be working as a GP in 5 years. Many registrars who plan to be doing something else are instead planning to be working in hospital-based specialty training, medical education, public health or academic research.

**Table 4: Career plans in 5 years' time**

Career plans	Per cent (%)
Working full-time as a private GP	34.1
Working part-time as a private GP	53.8
To own their own practice	15.5
To purchase or buy into an existing practice	14.7
Working in Aboriginal and Torres Strait Islander Health	14.6
Working as a GP in another setting (e.g. aged, palliative, home care)	22.4
Working in a rural or remote location	24.7
Working as a Rural Generalist	19.3
Not working as a GP	5.7
Other	6.5

(n=990)

The 45 per cent of registrars who moved to their current location to undertake training were asked about their plans to remain in or relocate from their current location after completing the AGPT program. Of those that had moved, 37 per cent said they planned to stay in the same location, 41 per cent were unsure and 22 per cent planned to relocate at the end of their training.

## Rural and General Pathway

A brief analysis was undertaken to look at whether differences occurred in satisfaction between registrars enrolled in the rural and general pathways. Table 5 indicates that the overall satisfaction does not differ

significantly between registrars on the general or rural pathway in either administration, education and training or support although those in the rural pathway had greater satisfaction in each category.

**Table 5: Overall Satisfaction of registrars on the general and rural pathways**

Overall Satisfaction	General (%)	Rural (%)
Administration	83.3	85.9
Education and training	83.2	86.9
Support	81.5	84.5

(n=1,083)

Exposure to a range of cases or patients (38%), being part of a community / community feeling (15%), practice location (11%), autonomy / level of responsibility (9%), practice workplace or colleagues (9%), patients (9%), and clinical or procedural experience (8%) were most cited as the best reasons for being on the Rural Pathway. Alternatively, lack of support (13%), nothing (13%), terms and conditions or pay (9%), amount of training or training availability (7%), supervision or supervisor (7%), workload or working hours (7%) and expensive or cost (need of financial support) (6%), were mentioned as areas of the rural pathway that needed most improvement.

## Rural Generalists

In 2022, a series of research questions were added to the survey that were written by Australian Healthcare Associates (AHA Consulting). AHA was funded by the Department to evaluate the National Rural Generalist Pathway. This pathway is a dedicated training pathway to attract, retain and support Rural Generalist doctors to provide primary care, emergency medicine and other specialist services in regional, rural, and remote areas, in hospital and community settings. Only summary data on this series of questions will be provided to AHA by ACER (for example tables, no raw data and no identifiable data).

In 2022, the Department created a new Rural Generalist Flag that was a composite flag constructed that included all registrars:

- on ACRRM curriculum
- state based Rural Generalist Flag set to Y
- in the 2019 cohort who have the Rural Generalist Training flag set to Y and are on the RACGP and FARGP curriculum
- in a cohort earlier than 2019 who have the Rural Generalist Training flag set to Y regardless of curriculum.

This was the same definition as used for the data for ACRRM and RACGP's submission for RG recognition as a specialty. By this definition, 15 per cent of responders were Rural Generalists. In the survey, we also asked each registrar to self-identify if they were a rural Generalist. This identified 21 per cent of responders as Rural Generalists. We then asked all of those who were defined by the Department as rural Generalist, and those who self-identified as rural Generalist a series of question (23% of responding registrars). This is an increased population than the one that was used for the rest of the report which just included those defined by the Rural Generalist flag identified by the Department.

Registrars were asked when they decided to become a rural Generalist. Fifteen per cent reported they decided to become a rural Generalist at the start of medical school, 24 per cent at the end of medical school, 18 per cent after their internship, 25 per cent at the start of registrar training and the remaining 18 per cent were unsure.

Each state and/or territory has its own Rural Generalist program coordination unit. Registrars were asked to identify each unit they'd engaged with on their progression to the Rural Generalist pathway. Twenty-three per cent had engaged with the Queensland Rural Generalist Pathway Coordination Unit, 17 per cent with the Victorian Rural Generalist Program (VRGP) Coordination Unit, 15 per cent with HETI - the NSW Rural

Generalist Medical Training Program (RGTP) Coordination Unit, 4 per cent with the Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit, and 2 per cent or less with each of the Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit, the South Australian Rural Generalist Coordination Unit and the Northern Territory Rural Generalist Coordination Unit.

Registrars were asked what type of advice they'd received from the state and/or territory Rural Generalist program coordination units (Table 6). Over one-third of Rural Generalist registrars that responded to the survey indicated they received advice or assistance with placements. Of those that had received advice or assistance, 79 per cent were satisfied with this support.

**Table 6: Type of advice received by Rural Generalists from program coordination units**

Type of support	Per cent response
Advice or assistance with placements as a GP Rural Generalist registrar	38.7
Advice or assistance with placements as a junior doctor	24.3
Education support	24.3
Advice or assistance managing the intersection between hospital-based training and primary care	23.0
Case management support to navigate the pathway	15.8
Assistance managing the transition from junior doctor to GP Rural Generalist registrar	14.4
Relocation, travel and/or accommodation support	9.0
Orientation	8.1

(n=222)

Of the Rural Generalists who responded to the survey, 77 per cent indicated they'd remain in rural practice after the completion of the training with a further 22 per cent unsure.

Four per cent of registrars who did not qualify as Rural Generalists replied that they'd considered changing to the Rural Generalist Pathway with 41 per cent of these indicated that this was with 'yes' or 'unsure' that this was due to support from the state and/or territory coordination units

Those that replied that they were unsure about if they'd change to the Rural Generalist pathway were asked in an open-ended question what might help them consider change to the Rural Generalist pathway. Many mentioned better pay, conditions, entitlements and better-quality training. There was also mention that better schools and access to education for family was an issue, as well as support for other family members and dependents to find appropriate work.

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## Appendix C: 2022 AGPT NRS item frequencies

Table 7 to Table 21 include the item frequencies for the closed items included in the 2022 AGPT NRS.

**Table 7: 2022 AGPT NRS item frequencies – demographic and contextual items**

Item	Response options	N	%
In which training region was your GP training delivered in Semester One, 2022?	Eastern Victoria	85	7.7
	South Eastern Queensland	127	11.5
	Tasmania	35	3.2
	North Western Queensland	133	12.1
	North Eastern NSW	178	16.1
	Lower Eastern NSW	103	9.3
	Western NSW	58	5.3
	South Australia	91	8.3
	Western Victoria	146	13.2
	Northern Territory	30	2.7
	Western Australia	117	10.6
Which fellowship are you currently working towards?	FACRRM	132	12.0
	FRACGP	919	83.3
	FRACGP & FACRRM	7	0.6
	FRACGP & FACRRM & FARGP	<4	-
	FRACGP & FARGP	42	3.8
At what full time equivalent (FTE) load were you employed during Semester One, 2022?	0.0 to 0.4	65	5.9
	0.5 to 0.6	151	13.7
	0.7 to 0.8	135	12.3
	0.9 to 1.0	740	67.2
What training were you undertaking during Semester One, 2022?	GPT1 Term	399	36.6
	GPT2 Term	117	10.7
	GPT3 Term	309	28.3
	CGT1	20	1.8
	CGT2	6	0.5
	CGT3	23	2.1
	CGT4	19	1.7
	Extended Skills	139	12.7
	Advanced Rural Skills Training (ARST)	20	1.8
	Advanced Specialised Training (AST)	38	3.5
	Academic post	12	1.1
	GPT4 / Extension Awaiting Fellowship	47	4.3
	Mandatory Elective	<4	-
	Extension due to COVID	4	0.4
	Extension awaiting assessment / exam	13	1.2
Did you complete any of the following terms prior to commencing the Australian General Practice Training (AGPT) program?	Prevocational General Practice Placements Program (PGPPP)	67	6.6
	First Wave Scholarship (GP placement in the undergraduate years)	25	2.5
	Rural Clinical School	287	27.8
	Commonwealth Medical Internships	130	12.8
	Bonded Medical Placements (BMP) Scheme	157	15.5



Item	Response options	N	%
	Medical Rural Bonded Scholarship (MRBS) Scheme	45	4.5
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	46	4.6
	John Flynn Placement program	76	7.5
	State rural generalist programs	82	8.1
	Remote Vocational Training Scheme	6	0.6
	HECS Reimbursement Scheme	163	16.1
	RACGP Practice Experience Program (PEP)	10	1.0
	ACRRM Independent Pathway	6	0.6
	More Doctors for Rural Australia Program	7	0.7
	Community Residency Placement (WA)	13	1.3
	Training towards any other fellowship	129	12.7
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	<4	-
<IF YES TO AST, EXTENDED SKILLS, OR ARST> Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FARGP) during Semester One, 2022?	Aboriginal and Torres Strait Islander Health	10	0.9
	Academic practice	6	0.5
	Adult Internal Medicine	<4	-
	Anaesthetics	12	1.1
	Dermatology	8	0.7
	Emergency Medicine	33	3.0
	Medical Education	<4	-
	Men's Health	<4	-
	Mental Health	12	1.1
	Obstetrics and Gynaecology	15	1.4
	Paediatrics	10	0.9
	Palliative Care	6	0.5
	Population Health	4	0.4
	Remote Medicine	<4	-
	Skin Cancer Medicine	7	0.6
	Small Town Rural General Practice (STRGP)	<4	-
	Surgery	<4	-
	Women's Health	15	1.4
	Sexual Health	5	0.5
	Other	15	1.4

(n=1,103)

Table 8: 2022 AGPT NRS item frequencies – satisfaction with RTO

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your RTO in Semester One, 2022?			
Overall training & education quality	Very dissatisfied	49	4.5
	2	84	7.8
	3	265	24.5
	4	427	39.5
	Very satisfied	257	23.8
Training advice	Very dissatisfied	55	5.1

Item	Response options	N	%
	2	109	10.0
	3	266	24.4
	4	379	34.8
	Very satisfied	279	25.6
Induction and orientation	Very dissatisfied	41	3.8
	2	82	7.6
	3	257	23.9
	4	406	37.7
	Very satisfied	290	27.0
Feedback on training progress	Very dissatisfied	46	4.2
	2	108	9.9
	3	262	24.1
	4	416	38.3
	Very satisfied	254	23.4
Workshops provided	Very dissatisfied	53	4.9
	2	73	6.8
	3	275	25.6
	4	387	36.0
	Very satisfied	286	26.6
Training and education resources	Very dissatisfied	44	4.1
	2	107	9.9
	3	256	23.7
	4	406	37.6
	Very satisfied	268	24.8
Support to meet ACRRM training requirements	Very dissatisfied	23	16.4
	2	24	17.1
	3	32	22.9
	4	43	30.7
	Very satisfied	18	12.9
Support to meet RACGP training requirements	Very dissatisfied	45	4.7
	2	82	8.6
	3	207	21.8
	4	354	37.3
	Very satisfied	262	27.6
Support for examination and assessments	Very dissatisfied	77	7.1
	2	138	12.8
	3	313	29.0
	4	341	31.6
	Very satisfied	210	19.5

(n=1,088)

**Table 9: 2022 AGPT NRS item frequencies – satisfaction with training facility**

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your training facility (e.g. your practice, your hospital) in Semester One, 2022?			
Quality of overall training and education	Very dissatisfied	41	3.8
	2	61	5.6
	3	209	19.3
	4	445	41.2

Item	Response options	N	%
Supervisor support	Very satisfied	325	30.1
	Very dissatisfied	39	3.6
	2	77	7.1
	3	182	16.8
	4	374	34.6
	Very satisfied	409	37.8
Clinical work	Very dissatisfied	19	1.8
	2	40	3.7
	3	161	14.9
	4	457	42.3
	Very satisfied	403	37.3
Number of patients or presentations	Very dissatisfied	15	1.4
	2	31	2.9
	3	154	14.2
	4	454	42.0
	Very satisfied	428	39.6
Diversity of patients or presentations	Very dissatisfied	13	1.2
	2	44	4.1
	3	185	17.1
	4	471	43.5
	Very satisfied	370	34.2
Level of workplace responsibility	Very dissatisfied	16	1.5
	2	29	2.7
	3	153	14.1
	4	462	42.7
	Very satisfied	422	39.0
Induction and orientation	Very dissatisfied	31	2.9
	2	70	6.5
	3	200	18.6
	4	399	37.0
	Very satisfied	377	35.0
Feedback on training progress	Very dissatisfied	31	2.9
	2	83	7.7
	3	240	22.2
	4	406	37.5
	Very satisfied	322	29.8
Training and education resources	Very dissatisfied	28	2.6
	2	98	9.1
	3	254	23.5
	4	412	38.1
	Very satisfied	288	26.7
Location	Very dissatisfied	33	3.0
	2	53	4.9
	3	172	15.9
	4	366	33.8
	Very satisfied	458	42.3
Terms and conditions	Very dissatisfied	43	4.0
	2	78	7.2

Item	Response options	N	%
	3	211	19.6
	4	384	35.6
	Very satisfied	362	33.6

(n=1,083)

**Table 10: 2022 AGPT NRS item frequencies – overall satisfaction**

Item	Response options	N	%
Thinking about all of your AGPT training to date, overall how satisfied are you with each of the following?			
Administration	Very dissatisfied	63	5.8
	2	103	9.5
	3	359	33.1
	4	391	36.1
	Very satisfied	167	15.4
Education and training	Very dissatisfied	52	4.8
	2	108	10.0
	3	321	29.7
	4	420	38.9
	Very satisfied	180	16.7
Support provided	Very dissatisfied	63	5.8
	2	120	11.1
	3	330	30.5
	4	387	35.8
	Very satisfied	182	16.8

(n=1,083)

**Table 11: 2022 AGPT NRS item frequencies – complaints and/or grievance process**

Item	Response options	N	%
Are you familiar with your RTO's formal complaints and/or grievance process?	No	456	42.2
	Yes	395	36.6
	Unaware process existed	229	21.2
Could you readily access your RTO's formal complaints and/or grievance process if needed?	No	367	35.4
	Yes	670	64.6
Have you ever made a formal written complaint relating to your training on the AGPT program?	No	1,015	95.5
	Yes	48	4.5

(n=1,080)

**Table 12: 2022 AGPT NRS item frequencies – adverse event or incidence**

Item	Response options	N	%
Thinking about all of your AGPT training to date, have you experienced an adverse event or incident?	No	906	84.5
	Yes	166	15.5
<IF YES> From which of the following sources did you seek assistance or support to cope with the adverse event or incident?	RTO	100	9.1
	Your training facility	76	6.9
	General Practice Registrars Australia (GPRA)	22	2.0
	Did not seek assistance or support	20	1.8
	Other eg. AMA, MDO, Insurance Provider, College, Personal GP, Psychologist	36	3.3

Item	Response options	N	%
<IF RTO> How would you rate your satisfaction with the assistance or support your RTO provided during or after an adverse event or incident?	Very dissatisfied	29	29.3
	2	17	17.2
	3	16	16.2
	4	17	17.2
	Very satisfied	20	20.2

(n=1,103)

**Table 13: 2022 AGPT NRS item frequencies – registrars' health and wellbeing**

Item	Response options	N	%
How would you rate your satisfaction with the health and wellbeing support provided to you by			
RTO	Very dissatisfied	64	6.3
	2	74	7.2
	3	272	26.6
	4	322	31.5
	Very satisfied	254	24.9
	Not applicable	35	3.4
training facility	Very dissatisfied	31	3.0
	2	62	6.1
	3	171	16.7
	4	365	35.7
	Very satisfied	377	36.9
	Not applicable	15	1.5
GP supervisor	Very dissatisfied	26	2.5
	2	52	5.1
	3	145	14.2
	4	305	29.9
	Very satisfied	459	45.0
	Not applicable	33	3.2
General Practice Registrars Australia (GPRA)	Very dissatisfied	27	2.7
	2	72	7.1
	3	289	28.5
	4	238	23.5
	Very satisfied	110	10.9
	Not applicable	277	27.3
Do you have your own independent GP?	No	299	29.3
	Yes	722	70.7
Are you living away from your immediate family?	No	604	59.0
	Yes	420	41.0
How many dependants do you have? (e.g. children, parents)?	0	384	41.5
	1 or 2	401	43.4
	3 or 4	125	13.5
	5 or more	15	1.6

(n=1024)

**Table 14: 2022 AGPT NRS item frequencies – impact of COVID-19**

Item	Response options	N	%
The following questions ask about the impact the COVID-19 pandemic has had on your GP training.			
How would you rate the impact of COVID-19 on each of these aspects of your GP training...			
Overall quality	Very negative impact	78	8.1
	2	252	26.1
	3	440	45.6
	4	90	9.3
	Very positive impact	28	2.9
	Unsure	77	8.0
Supervision	Very negative impact	33	3.4
	2	106	11.0
	3	528	54.8
	4	144	15.0
	Very positive impact	61	6.3
	Unsure	91	9.4
Clinical work	Very negative impact	55	5.7
	2	277	28.8
	3	404	42.0
	4	136	14.1
	Very positive impact	40	4.2
	Unsure	51	5.3
Patients	Very negative impact	47	4.9
	2	189	19.6
	3	465	48.3
	4	144	15.0
	Very positive impact	51	5.3
	Unsure	67	7.0
Diversity	Very negative impact	49	5.1
	2	262	27.2
	3	413	42.9
	4	129	13.4
	Very positive impact	39	4.1
	Unsure	70	7.3
Induction/orientation	Very negative impact	27	2.8
	2	108	11.3
	3	532	55.6
	4	129	13.5
	Very positive impact	58	6.1
	Unsure	103	10.8
Feedback	Very negative impact	22	2.3
	2	96	10.0
	3	548	57.0
	4	123	12.8
	Very positive impact	57	5.9
	Unsure	115	12.0

Item	Response options	N	%
Resources	Very negative impact	44	4.6
	2	126	13.1
	3	465	48.5
	4	161	16.8
	Very positive impact	66	6.9
	Unsure	97	10.1
Location	Very negative impact	23	2.4
	2	49	5.1
	3	579	60.3
	4	121	12.6
	Very positive impact	64	6.7
	Unsure	124	12.9
Terms and conditions	Very negative impact	27	2.8
	2	61	6.3
	3	560	58.3
	4	120	12.5
	Very positive impact	53	5.5
	Unsure	140	14.6
Advice	Very negative impact	20	2.1
	2	78	8.1
	3	553	57.5
	4	133	13.8
	Very positive impact	49	5.1
	Unsure	128	13.3
Workshops	Very negative impact	152	15.9
	2	286	29.9
	3	293	30.6
	4	113	11.8
	Very positive impact	67	7.0
	Unsure	46	4.8
Support training requirements	Very negative impact	42	4.4
	2	133	13.9
	3	509	53.2
	4	115	12.0
	Very positive impact	56	5.9
	Unsure	102	10.7
Exam & assessments	Very negative impact	61	6.4
	2	172	18.0
	3	436	45.7
	4	104	10.9
	Very positive impact	47	4.9
	Unsure	135	14.1
Progression towards completion	Very negative impact	59	6.2
	2	152	15.9
	3	472	49.3



Item	Response options	N	%
	4	108	11.3
	Very positive impact	48	5.0
	Unsure	119	12.4
Online	Very negative impact	18	1.9
	2	53	5.5
	3	313	32.6
	4	320	33.4
	Very positive impact	200	20.9
	Unsure	55	5.7
Collaborate colleagues	Very negative impact	128	13.3
	2	275	28.6
	3	347	36.1
	4	111	11.6
	Very positive impact	39	4.1
	Unsure	61	6.3
Collaborate registrars	Very negative impact	197	20.5
	2	283	29.4
	3	301	31.3
	4	88	9.2
	Very positive impact	39	4.1
	Unsure	53	5.5

(n=965)

**Table 15: 2022 AGPT NRS item frequencies – support and communication through COVID-19**

Item	Response options	N	%
Overall, how would you rate the support for the delivery of GP training throughout the COVID-19 pandemic from your			
RTO	Very dissatisfied	61	6.4
	2	81	8.4
	3	364	37.9
	4	304	31.7
	Very satisfied	150	15.6
Training facility	Very dissatisfied	27	2.8
	2	58	6.0
	3	332	34.6
	4	332	34.6
	Very satisfied	210	21.9
Overall, how would you rate the communication about your GP training throughout the COVID-19 pandemic from			
RTO	Very dissatisfied	57	5.9
	2	80	8.3
	3	348	36.2
	4	317	33.0
	Very satisfied	160	16.6
Training facility	Very dissatisfied	24	2.5
	2	53	5.5
	3	344	35.9

	4	338	35.2
	Very satisfied	200	20.9

(n=962)

**Table 16: 2022 AGPT NRS item frequencies – Aboriginal and Torres Strait Islander health training**

Item	Response options	N	%
In Semester One, 2022, were you training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	No	930	91.4
	Yes	87	8.6
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	I have already completed training	76	8.2
	I am considering undertaking training	306	33.1
	None of the above	542	58.7
Since commencing the AGPT program, have you had an orientation to Aboriginal and Torres Strait Islander health?	No	103	10.1
	Yes	914	89.9
Since commencing the AGPT program, have you had training in Aboriginal and Torres Strait Islander cultural safety?	No	125	12.3
	Yes	894	87.7
<IF CURRENTLY WORKING IN AN ABORIGINAL TRAINING POST> Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?	No	33	37.9
	Yes	54	62.1
<IF YES> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?	Very dissatisfied	0	0.0
	2	<4	-
	3	6	11.1
	4	25	46.3
	Very satisfied	21	38.9

(n=1019)

**Table 17: 2022 AGPT NRS item frequencies – transition to College-led GP training**

Item	Response options	N	%
Do you understand the changes to your training that may occur as a result of the transition to college-led GP training?	No	516	51.3
	Yes	163	16.2
	Unsure	327	32.5
Has the transition to college-led GP training had an impact on your training?	Not at all	307	30.6
	Somewhat	120	12.0
	Quite a bit	33	3.3
	Very much	21	2.1
	Don't know	523	52.1
To what extent do you feel you are informed about the transition to college-led GP training?	Not at all	384	38.3
	Somewhat	407	40.6
	Quite a bit	95	9.5
	Very much	29	2.9
	Don't know	87	8.7
	Your RTO?	563	63.5

Item	Response options	N	%
From which of the following sources have you accessed information about the transition to college-led GP training?	Your training facility?	79	8.9
	<IF COLLEGE=ACRRM> ACRRM?	62	54.4
	<IF COLLEGE=RACGP> RACGP?	326	41.7
	Your GP Supervisor?	86	9.7
	General Practice Registrars Australia (GPRA)?	126	14.2
	The Department of Health?	24	2.7
	Other including AMA, Colleagues, RLO, Facebook groups, TCLTAC, IGPRN, QRGP, AusDoc, Email, Social media and Google	50	5.6
	Cannot find information	38	4.3

(n=1,006)

Table 18: 2022 AGPT NRS item frequencies – registrars' training choices

Item	Response options	N	%
When did you decide to become a specialist GP?	While I was at school	64	6.6
	Early in my medical degree	173	17.7
	Late in my medical degree	154	15.8
	In my first year out of medical school	96	9.8
	More than one year out of medical school	369	37.8
	After trying another specialty	237	24.3
	While in the Australian Defence Force	<4	-
	When working in another career	4	0.4
	When I moved to Australia	<4	-
	After completing another degree, prior to medical degree	4	0.4
	Whilst working in a hospital	5	0.5
	Other	5	0.5
Why did you decide to become a specialist GP?	To build long-term relationships with patients	542	49.1
	To also study sub-specialties	219	19.9
	The training program is fully funded by the Commonwealth Government	49	4.4
	To work in rural and remote locations	240	21.8
	Intellectually stimulating	291	26.4
	Diversity of patients and medical presentations	585	53.0
	Domestic circumstances	302	27.4
	Hours/working conditions	711	64.5
	Eventual financial prospects	72	6.5
	Promotion/career prospects	98	8.9
	Self-appraisal of own skills/aptitudes	272	24.7
	Advice from others	137	12.4
	Student experience of subject	127	11.5
	Particular teacher, department or role model	107	9.7
	Inclinations before medical school	131	11.9
	Experience of jobs so far	256	23.2

Item	Response options	N	%
	Enthusiasm/commitment	193	17.5
	Social responsibility or to support the community	339	30.7
	Requirement of ADF	6	0.5
	Other	7	100.0
Was GP specialisation your first choice of specialty?	No	392	40.0
	Yes	589	60.0
Did you apply to any other specialty programs at the same time or before you applied to become a GP specialist?	No	781	79.9
	Yes	196	20.1

(n=1,103)

**Table 19: 2022 AGPT NRS item frequencies – choice of RTO**

Item	Response options	N	%
What were the main reasons you chose your RTO as your training provider?	Family/partner support	266	28.0
	Location	766	80.7
	Lifestyle	169	17.8
	Training opportunities	253	26.7
	Career links with region	79	8.3
	Reputation of the RTO	154	16.2
	Recommended by peers	95	10.0
	Did not have a choice over RTO	12	1.3
	Only RTO operating in state or region	43	4.5
	ADF	<4	-
	Other	7	0.7

(n=949)

**Table 20: 2022 AGPT NRS item frequencies – registrars' future plans**

Item	Response options	N	%
Within the next five years, you would like to be...	Would like to be supervising medical students.	611	61.7
	Would like to be supervising registrars.	524	52.9
	Would like to be a medical educator.	318	32.1
	Would not like to be involved in doctor training.	193	19.5
In five years, you would like	to be working full time as a private GP.	334	34.1
	to be working part-time as a private GP.	527	53.8
	to own your own practice	152	15.5
	to purchase or buy into an existing practice	144	14.7
	to be working in Aboriginal Health	143	14.6
	to be working as a GP in another setting	219	22.4
	to be working in a rural or remote location	242	24.7
	to be working as a Rural Generalist	189	19.3
	to be not working as a GP	56	5.7
	other	64	6.5
Did you move to the current region to undertake the AGPT program?	No	570	55.9
	Yes	450	44.1

Item	Response options	N	%
Do you intend to stay in this region after completing the AGPT program?	No	143	14.0
	Yes	572	55.9
	Unsure	308	30.1

(n=1,023)

**Table 21: 2022 AGPT NRS item frequencies – rural generalists**

Item	Response options	N	%
Are you training as a Rural Generalist?	No	765	79.4
	Yes	199	20.6
<If RG> When did you decide to become a Rural Generalist?	Start of medical school	33	15.2
	End of medical school	51	23.5
	After internship	39	18.0
	Start of registrar training	55	25.3
	Unsure	39	18.0
<If RG> Have you or did you engage with any of the following state and/or territory Rural Generalist program coordination units to assist with your progression on the Rural Generalist pathway? <i>Please select all that apply.</i>	HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit	33	14.9
	Northern Territory Rural Generalist Coordination Unit	<4	-
	Queensland Rural Generalist Pathway Coordination Unit	51	23.0
	South Australian Rural Generalist Coordination Unit	<4	-
	Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit	4	1.8
	Victorian Rural Generalist Program (VRGP) Coordination Unit	37	16.7
	Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit	9	4.1
<IF RG> What type of advice or assistance have you received from the Rural Generalist program coordination unit(s)? <i>Please select all that apply.</i>	Advice or assistance with placements as a junior doctor	54	24.3
	Advice or assistance with placements as a GP Rural Generalist registrar	86	38.7
	Advice or assistance managing the intersection between hospital-based training and primary care	51	23.0
	Assistance managing the transition from junior doctor to GP Rural Generalist registrar	32	14.4
	Case management support to navigate the pathway	35	15.8
	Education support	54	24.3
	Relocation, travel and/or accommodation support	20	9.0
	Orientation	18	8.1
<IF RG> How satisfied were you with the support you received from the state and/or territory Rural Generalist program coordination unit(s)?	Very dissatisfied	18	10.6
	2	17	10.0
	3	61	35.9
	4	45	26.5
	Very satisfied	29	17.1
<IF RG> Do you intend to remain in a rural practice upon completing your training?	No	4	2.0
	Yes	157	76.6
	Unsure	44	21.5

Item	Response options	N	%
<IF NOT RG> Are you considering changing to the Rural Generalist pathway?	No	604	81.6
	Yes	29	3.9
	Unsure	107	14.5
<IF NOT RG> <IF YES TO ABOVE> Did the support received by the state and/or territory coordination unit(s) contribute to this decision?	No	17	58.6
	Yes	4	13.8
	Unsure	8	27.6

( $n(RG) = 222$ ;  $n = 964$ )

## Appendix D: 2022 AGPT NRS Instrument

### Introductory text

The Department of Health has engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to conduct the 2022 Australian General Practice Training National Registrar Survey. The survey results enable the Department of Health to monitor the performance of the program and to help bring emerging issues to the attention of the Department of Health and other GP training stakeholders.

Please take 10 minutes to tell us about your experience as a general practice registrar in Semester One, 2022 by clicking on the 'Next' button below. Your responses help the Department of Health, RTOs and Colleges improve your and other registrars' experience in the Australian General Practice Training (AGPT) program.

Your involvement is voluntary and you are free to withdraw consent at any time. Your response is private, confidential and will be treated according to any applicable law. This survey is run in accordance with the ACT Health Human Research Ethics Committee ethics approval process.

We encourage you to participate in the 2022 Australian General Practice Training National Registrar Survey.

Question	Item	Response options
Which regional training organisation (RTO) delivered your GP training in <b>Semester One, 2022</b> ?		Eastern Victoria GP Training General Practice Training Queensland General Practice Training Tasmania GP Synergy GPEx JCU General Practice Training Murray City Country Coast GP Training Northern Territory General Practice Education Western Australian General Practice Education Training
<IF RTO=GP Synergy>In which training region was your GP training delivered in <b>Semester One, 2022</b> ?		North Eastern NSW Lower Eastern NSW Western NSW
Which fellowship are you currently working towards?	FRACGP	Not selected
	FACRRM	Selected
<i>If you are undertaking a dual or triple fellowship, please select all that apply.</i>	FARGP	
	Other (please specify)	OPEN RESPONSE



Question	Item	Response options
At what full time equivalent (FTE) load were you employed during <b>Semester One, 2022</b> ?	-	0.0 to 0.2 0.3 to 0.4 0.5 to 0.6 0.7 to 0.8 0.9 to 1.0 I was on extended leave from the training program (e.g. parental, sabbatical, long service) for the whole semester
1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day.	-	
<IF ON EXTENDED LEAVE FOR WHOLE SEMESTER>Thank you for taking the time to participate in the Australian General Practice Training National Registrar Survey (AGPT NRS). You are not required to respond this year.	-	<i>Note that the survey will be terminated here.</i>
Please press <i>Next</i> to finalise your input.		
If you were training in a hospital during <b>Semester One, 2022</b> , which of the following terms were you undertaking?	-	Hospital intern (PGY1) Hospital resident (PGY2+) Hospital based extended skills training I was not undertaking training in a hospital
<IF PGY1>Thank you for taking the time to participate in the Australian General Practice Training National Registrar Survey (AGPT NRS). You are not required to respond this year.	-	<i>Note that the survey will be terminated here.</i>
Please press <i>Next</i> to finalise your input.		
What training were you undertaking during <b>Semester One, 2022</b> ?	GPT1 Term	Not selected
<i>Please select all that apply.</i>	GPT2 Term	Selected
	GPT3 Term	
	CGT1	
	CGT2	
	CGT3	
	CGT4	

Question	Item	Response options
	Extended Skills	OPEN RESPONSE
	Advanced Rural Skills Training (ARST)	
	Advanced Specialised Training (AST)	
	Academic post	
	Other (please specify)	
Did you complete any of the following terms prior to commencing the Australian General Practice Training (AGPT) program?	Prevocational General Practice Placements Program (PGPPP)	No
	First Wave Scholarship (GP placement in the undergraduate years)	Yes
	Rural Clinical School	
	Commonwealth Medical Internships	
	Bonded Medical Placements (BMP) Scheme	
	Medical Rural Bonded Scholarship (MRBS) Scheme	
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	
	John Flynn Placement program	
	State rural generalist programs	
	Remote Vocational Training Scheme	
	HECS Reimbursement Scheme	
	RACGP Practice Experience Program (PEP)	
	ACRRM Independent Pathway	
	More Doctors for Rural Australia Program	
	Community Residency Placement (WA)	
	Training towards any other fellowship	
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	
<IF YES TO AST (6h), EXTENDED SKILLS (6e), OR ARST (6f)>	Aboriginal and Torres Strait Islander Health	Not selected
	Academic practice	Selected

Question	Item	Response options
<p>Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FARGP) during <b>Semester One, 2022</b>?</p> <p><i>Please select all that apply.</i></p>	Adult Internal Medicine	
	Anaesthetics	
	Dermatology	
	Emergency Medicine	
	Medical Education	
	Men's Health	
	Mental Health	
	Obstetrics and Gynaecology	
	Paediatrics	
	Palliative Care	
	Population Health	
	Remote Medicine	
	Skin Cancer Medicine	
	Small Town Rural General Practice (STRGP)	
	Surgery	
Women's Health		
	Other (please specify)	OPEN RESPONSE
<p>Please note that unless otherwise stated, all questions referring to '<i>your RTO</i>' relate to &lt;INSERT RTO NAME&gt;.</p> <p>All questions referring to '<i>your training facility</i>' relate to the main practice, hospital or academic post where you were assigned in Semester One, 2022.</p> <p>The following questions ask about your satisfaction with your RTO, training facility and College, and your overall satisfaction.</p>		
<p>How would you rate your satisfaction with the following aspects of <b>your RTO</b> in <b>Semester One, 2022</b>?</p> <p><i>If any of the following statements do not apply, please leave blank.</i></p>	Quality of overall training and education experience	1 Very dissatisfied
	Quality of training advice	2
	Induction/orientation provided	3
	Feedback on your training progress	4
	Workshops provided	5 Very satisfied
	Training and education resources available	
	<IF COLLEGE=ACRRM> Support to meet ACRRM training requirements	

Question	Item	Response options
	<IF COLLEGE=RACGP> Support to meet RACGP training requirements	
	Support for examination and assessments	
How would you rate your satisfaction with the following aspects of <b>your training facility</b> (e.g. your practice, your hospital) in <b>Semester One, 2022</b> ? <i>If any of the following statements do not apply, please leave blank.</i>	Quality of overall training and education experience	1 Very dissatisfied
	Quality of supervision	2
	Clinical work	3
	Number of patients or presentations	4
	Diversity of patients or presentations	5 Very satisfied
	Level of workplace responsibility	
	Induction/orientation provided	
	Feedback on your training progress	
	Training and education resources available	
	Location	
	Terms and conditions of employment at your training facility	
<IF COLLEGE=ACRRM> Thinking about your experience with <b>ACRRM</b> , how would you rate your satisfaction with:	assessment?	1 Very dissatisfied
	curriculum?	2
	communication?	3
		4
	the support they provide to you?	5 Very satisfied
<IF COLLEGE= RACGP> Thinking about your experience with <b>RACGP</b> , how would you rate your satisfaction with:	assessment?	Not applicable
	curriculum?	1 Very dissatisfied
	communication?	2
		3
	the support they provide to you?	4
Thinking about all of your AGPT training to date, overall how satisfied are you with each of the following?	Administration	5 Very satisfied
	Education and training	Not applicable
		1 Very dissatisfied
		2
		3

Question	Item	Response options
	Support	4 5 Very satisfied
Given your overall experience with your training, what have been the best aspects of your experience?	-	OPEN RESPONSE
Given your overall experience with your training, what aspects of your experience are most in need of improvement?	-	OPEN RESPONSE
The following questions ask about your RTO's complaints and grievance process.		
Are you familiar with your RTO's formal complaints and/or grievance process?	-	No Yes Unaware process exists
Could you readily access your RTO's formal complaints and/or grievance process if needed?	-	No Yes
Have you ever made a formal written complaint relating to your training on the AGPT Program?	-	No Yes
Thinking about all of your AGPT training to date, have you experienced an adverse event or incident? <HELP TEXT> An adverse event or incident is one that creates disruption, danger or risk resulting in a negative consequence, injury or undesired outcome for registrars, patients, training practice or RTO staff.	-	No Yes
<IF YES> From which of the following sources did you seek assistance or support to cope with the adverse event or incident? <i>Please select all that apply.</i>	<div>RTO</div> <div>Your training facility</div> <div>General Practice Registrars Australia (GPRA)</div> <div>Did not seek assistance or support</div> <div>Other (please specify)</div>	<div>Not selected</div> <div>Selected</div> <div>OPEN RESPONSE</div>
<IF RTO> How would you rate your satisfaction with the assistance or support your RTO provided during or after an adverse event or incident?	-	1 Very dissatisfied 2 3 4 5 Very satisfied

Question	Item	Response options
<IF DISSATISFIED (1, 2 OR 3)> How could your RTO have supported you better during or after an adverse event or incident?	-	OPEN RESPONSE
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <YOUR RTO>. All questions referring to 'your training facility' relate to the <u>main</u> practice, hospital or academic post where you were assigned in <u>Semester One, 2022</u> .		
How would you rate your satisfaction with the health and wellbeing support provided to you by	<div>your RTO?</div> <div>your training facility?</div> <div>&lt;IF COLLEGE=ACRRM&gt; ACRRM?</div> <div>&lt;IF COLLEGE=RACGP&gt; RACGP?</div> <div>your GP Supervisor?</div> <div>the General Practice Registrars Australia (GPRA)?</div>	<div>1 Very dissatisfied</div> <div>2</div> <div>3</div> <div>4</div> <div>5 Very satisfied</div> <div>Not applicable</div>
Do you have your own independent GP?		No Yes
Are you living away from your immediate family?		No Yes
How many dependants do you have (e.g. children, parents)?		NUMERICAL RESPONSE
Did you move to the current region to undertake the AGPT program?	-	No Yes
Do you intend to stay in this region after completing the AGPT program?		No Yes Unsure
The following questions ask about the training related to Aboriginal and Torres Strait Islander culture that you have received.		
In <b>Semester One, 2022</b> , were you training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	No Yes
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	I have already completed training I am considering undertaking training None of the above

Question	Item	Response options
Since commencing the AGPT program, have you had an orientation to Aboriginal and Torres Strait Islander health?	-	No Yes
Since commencing the AGPT program, have you had training in Aboriginal and Torres Strait Islander cultural safety?	-	No Yes
<IF CURRENTLY WORKING IN AN ABORIGINAL TRAINING POST> Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?	-	No Yes
<IF YES> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
The following questions relate to the transition to college-led GP training.		
Do you understand the changes to your training that may occur as a result of the transition to college-led GP training?		No Yes Unsure
Has the transition to college-led GP training had an impact on your training?	-	Not at all Somewhat Quite a bit Very much Don't know
To what extent do you feel you are informed about the transition to college-led GP training?	-	Not at all Somewhat Quite a bit Very much Don't know
From which of the following sources have you accessed information about the transition to college-led GP training? <i>Please select all that apply.</i>	<div> <div>Your RTO</div> <div>Your training facility</div> <div>&lt;IF COLLEGE=ACRRM&gt; ACRRM</div> <div>&lt;IF COLLEGE=RACGP&gt; RACGP</div> <div>Your GP Supervisor</div> </div>	Not selected Selected



Question	Item	Response options
	The General Practice Registrars Australia (GPRA)	OPEN RESPONSE
	The Department of Health	
	Other (please describe)	
What, if any, further information would you like about the transition to college-led GP training?	-	OPEN RESPONSE
<IF RURAL> What have been the best aspects of training on the rural pathway?	-	OPEN RESPONSE
<IF RURAL> What aspects of your experience training on the rural pathway are most in need of improvement?	-	OPEN RESPONSE
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <YOUR RTO>. All questions referring to 'your training facility' relate to the main practice, hospital or academic post where you were assigned in <b>Semester One, 2022</b> . The following questions ask about your choice of specialisation, fellowship and RTO, and your future plans.		
When did you decide to become a specialist GP? <i>Please select all that apply.</i>	While I was at school	Not selected
	Early in my medical degree	Selected
	Late in my medical degree	
	In my first year out of medical school	
	More than one year out of medical school	
	After trying another specialty	
	Other (please specify)	OPEN RESPONSE
Why did you decide to become a specialist GP? <i>Please select all that apply.</i>	To build long-term relationships with patients	Not selected
	To also study sub-specialities such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	Selected
	The training program is fully funded by the Commonwealth Government	
	To work in rural and remote locations	
	Intellectually stimulating	
	Diversity of patients and medical presentations	
	Domestic circumstances	
	Hours/working conditions	

Question	Item	Response options
	<div>Eventual financial prospects</div> <div>Promotion/career prospects</div> <div>Self-appraisal of own skills/aptitudes</div> <div>Advice from others</div> <div>Student experience of subject</div> <div>Particular teacher, department or role model</div> <div>Inclinations before medical school</div> <div>Experience of jobs so far</div> <div>Enthusiasm/commitment</div> <div>Social responsibility or to support the community</div> <div>Other (please specify)</div>	OPEN RESPONSE
Was GP specialisation your first choice of specialty?	-	No Yes
Did you apply to any other specialty programs at the same time or before you applied to become a GP specialist?	-	No Yes
<If Yes> What other specialty programs did you apply to?		OPEN RESPONSE
<IF SINGLE FELLOWSHIP> What was your main reason for choosing your GP fellowship?	-	OPEN RESPONSE
<IF DUAL FELLOWSHIP> What was your main reason for choosing to undertake a dual GP fellowship?	-	OPEN RESPONSE
<IF TRIPLE FELLOWSHIP> What was your main reason for choosing to undertake a triple GP fellowship?	-	OPEN RESPONSE
What were the main reasons you chose your RTO as your training provider? <i>Please select all that apply.</i>	<div>Family/partner support</div> <div>Location</div> <div>Lifestyle</div> <div>Training opportunities</div> <div>Career links with region (e.g. earlier placement, Prevocational General Practice Placements Program (PGPPP))</div>	Not selected Selected

Question	Item	Response options
	Reputation of the RTO	
	Recommended by peers	
	Other (please specify)	OPEN RESPONSE
Within the next five years, you would like to be... <i>Please select all that apply.</i>	teaching or supervising medical students.	Not selected
	supervising registrars.	Selected
	a medical educator.	
	not involved in doctor training.	
In five years, you would like... <i>Please select all that apply.</i>	to be working full time as a private GP.	Not selected
	to be working part-time as a private GP.	Selected
	to own your own practice.	
	to purchase or buy into an existing practice.	
	to be working in Aboriginal Health.	
	to be working as a GP in another setting (e.g. aged, palliative, home care).	
	to be working in a rural or remote location.	
	to be working as a Rural Generalist.	
	to be not working as a GP.	
	to be doing something else (please specify).	
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <your RTO> All questions referring to 'your training facility' relate to the main practice, hospital or academic post where you were assigned in Semester One, 2022. The following questions ask about the support and impact the COVID-19 pandemic has had on your GP training.		
How would you rate the impact of COVID-19 on each of these aspects of your GP training...	Quality of overall training and education experience	1 Very negative impact
	Quality of supervision	2
	Clinical work	3
	Number of patients or presentations	4
	Diversity of patients or presentations	5 Very positive impact
	Induction/orientation provided	Unsure
	Feedback on your training progress	

Question	Item	Response options
	Training and education resources available Location Terms and conditions of employment Quality of training advice Workshops provided Support to meet training requirements Support for examination and assessments Progression towards completing training requirements Online learning Ability to collaborate with colleagues Ability to collaborate with other registrars	
Overall, how would you rate the <b>support</b> for the delivery of GP training throughout the COVID-19 pandemic from your:	RTO? training facility? <IF COLLEGE=ACRRM> ACRRM? <IF COLLEGE=RACGP> RACGP?	1 Very dissatisfied 2 3 4 5 Very satisfied
Overall, how would you rate the <b>communication</b> about your GP training throughout the COVID-19 pandemic from:	your RTO? your training facility? <IF COLLEGE=ACRRM> ACRRM <IF COLLEGE=RACGP> RACGP	1 Very dissatisfied 2 3 4 5 Very satisfied
Thinking about your experience this year during the COVID-19 pandemic, how could your GP training have been improved?	-	OPEN RESPONSE
<p>The following questions ask about the Rural Generalist Pathway. These questions have been written by Australian Healthcare Associates (AHA Consulting) for inclusion in the 2022 AGPT NRS.</p> <p>AHA has been funded by the Department of Health to evaluate the National Rural Generalist Pathway (the Pathway). The Pathway is a dedicated training pathway to attract, retain and support Rural Generalist doctors to provide primary care, emergency medicine and other specialist services in regional, rural, and remote areas.</p> <p>Only summary data on this series of questions will be provided to AHA by ACER (for example tables, no raw data and no identifiable data). For any questions you have about these questions please read the Plain Language Statement. We thank you for your time.</p>		

Question	Item	Response options
Are you training as a Rural Generalist?	-	No Yes
<IF YES TO RG FLAG OR TO RGQ1> When did you decide to become a Rural Generalist?	-	Start of medical school End of medical school After internship Start of registrar training Unsure
<IF YES TO RG FLAG OR TO RGQ1> Have you or did you engage with any of the following state and/or territory Rural Generalist program coordination units to assist with your progression on the Rural Generalist pathway? <i>Please select all that apply.</i>	<div>HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit</div> <hr/> <div>Northern Territory Rural Generalist Coordination Unit</div> <hr/> <div>Queensland Rural Generalist Pathway Coordination Unit</div> <hr/> <div>South Australian Rural Generalist Coordination Unit</div> <hr/> <div>Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit</div> <hr/> <div>Victorian Rural Generalist Program (VRGP) Coordination Unit</div> <hr/> <div>Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit</div>	Not selected Selected
<IF YES TO RG FLAG OR TO RGQ1> What type of advice or assistance have you received from the Rural Generalist program coordination unit(s)? <i>Please select all that apply.</i>	<div>Advice or assistance with placements as a junior doctor</div> <hr/> <div>Advice or assistance with placements as a GP Rural Generalist registrar</div> <hr/> <div>Advice or assistance managing the intersection between hospital-based training and primary care</div> <hr/> <div>Assistance managing the transition from junior doctor to GP Rural Generalist registrar</div>	Not selected Selected

Question	Item	Response options
	Case management support to navigate the pathway Education support Relocation, travel and/or accommodation support Orientation Other (please specify)	
<IF YES TO RG FLAG OR TO RGQ1> How satisfied were you with the support you received from the state and/or territory Rural Generalist program coordination unit(s)?	-	Very dissatisfied 1 2 3 4 5 Very satisfied
<IF YES TO RG FLAG OR TO RGQ1> In what ways could the Rural Generalist program coordination unit(s) have supported you better?	-	OPEN ENDED RESPONSE
<IF YES TO RG FLAG OR TO RGQ1> Do you intend to remain in a rural practice upon completing your training?	-	No Yes Unsure
<IF NO TO RGQ1 OR RG FLAG> Are you considering changing to the Rural Generalist pathway?	-	No Yes Unsure
<IF NO TO RGQ1 OR RG FLAG> <IF YES TO ABOVE> Did the support received by the state and/or territory coordination unit(s) contribute to this decision?	-	No Yes Unsure
<IF NO TO RGQ1 OR RG FLAG> <IF NO OR UNSURE TO TWO ABOVE> What might encourage you to consider the Rural Generalist pathway?	-	OPEN ENDED RESPONSE

Question	Item	Response options
<p>&lt;IF YES TO RG FLAG OR TO RGQ1&gt; As part of the evaluation, AHA will interview relevant stakeholders, including Rural Generalist GP registrars. If you are interested in participating in an interview to discuss your experiences on the Pathway, we ask that you provide your details.</p> <p>Please note your answers remain deidentified and will not be linked to these details when passed on to either the Department of Health or AHA Consulting.</p> <p>AHA may not be able to interview everyone who expresses an interest but will notify you if you have or have not been selected for an interview.</p>	-	<p>First name:</p> <p>Last name:</p> <p>Email:</p>

Closing text
<p>Thank you for participating in the Australian General Practice Training National Registrar Survey. Once you have completed the survey, please press 'Submit'.</p> <p>Your responses help the Department of Health, RTOs and Colleges improve registrars' experience and learning in Australia.</p> <p>If this survey has raised any concerns about your experience in the AGPT program, please get in touch with your Registrar Liaison Officer (RLO). A directory of RLOs is provided by General Practice Registrars Australia (GPRA): <a href="https://gpra.org.au/rlo-directory/">https://gpra.org.au/rlo-directory/</a>.</p> <p>If you need further assistance, please contact GPRA at <a href="mailto:registrarenquiries@gpra.org.au">registrarenquiries@gpra.org.au</a> or phone 03 9629 8878.</p> <p><b>PRIVACY STATEMENT</b></p> <p>Any Personal Information you provide to ACER is private, confidential and will be treated according to any applicable law. Such Personal Information will only be used for the purposes of this research specified above.</p> <p>ACER is bound to comply with the Privacy Act 1988 (Cth) and its ACER Privacy Policy locatable at <a href="http://www.acer.org/privacy">http://www.acer.org/privacy</a> and your personal information will be handled in accordance with that policy which may be updated from time to time.</p> <p>The policy sets out your rights and processes to: complain about a breach of privacy, and access and have amended your personal information held by ACER. Your involvement is voluntary and you are free to withdraw consent at any time. Should you have any queries please contact the Project Manager, Rebecca Taylor, ACER, 19 Prospect Hill Road, Camberwell, Victoria 3124, <a href="mailto:nrs@acer.org">nrs@acer.org</a>.</p>

## Appendix E: Accessible text alternatives for figures

### Infographic text alternative

#### National Registrar Survey 2022

The AGPT NRS is an annual, national survey of GP registrars currently training in the AGPT program that collects information about registrar satisfaction, experience and future career plans. This information can be used to assure the quality of training provision, enable continuous improvement and allow results to be benchmarked nationally. These are the responses from the 1,103 registrars who participated in the 2022 survey.

#### Training experience

- **88%** were satisfied with their overall training and education from their RTO
- **91%** were satisfied with the overall training and education they received from their training facility
- **96%** were satisfied with the level of workplace responsibility
- **95%** were satisfied with the clinical work
- **85%** of registrars were satisfied with the overall education and training

#### Registrar characteristics

- **62%** of respondents were female
- **1.5%** identified as Aboriginal or Torres Strait Islander
- **55%** were between 30 to 39 years of age
- **30%** were International Medical Graduates
- **53%** were on the rural pathway

#### Best aspects of training rurally

- Diversity of cases or patients
- Being part of a community
- Practice location
- Having greater autonomy and responsibility
- Practice workplace and colleagues

#### Future plans

- **83%** of registrars plan to work as a private GP
- **80%** of registrars would like to be involved in medical education
- **17%** of registrars on the Rural pathway intend to work in Aboriginal Health

#### Proportion of registrars satisfied with provision of health and wellbeing support

- **92%** GP Supervisor
- **91%** Training facility
- **87%** GPRA
- **86%** RTO

#### Registrar Voices

- “Working at my current practice – everyone has been very supportive. My supervisors and RTO education providers have been excellent at providing education and support for exams”
- “I thoroughly enjoyed my GPT1 term as it was at a practice where I was inspired by the doctors I worked with, very well supported and felt very valued”



## Text alternative for Figures

**Table 22: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Remoteness classification (alternative for Figure 1)**

Training facility location	Australian Medical Graduate (%)	International Medical Graduate (%)
Major cities	49.6	27.7
Inner regional	30.6	53.0
Outer regional	14.3	16.9
Remote or very remote	5.5	2.4

**Table 23: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Modified Monash Model (alternative for Figure 2)**

Training facility location	Australian Medical Graduate (%)	International Medical Graduate (%)
MMM1	50.1	27.7
MMM2	14.1	23.2
MMM3	10.2	23.2
MMM4	11.0	13.3
MMM5	8.6	10.2
MMM6 and MMM7	5.9	2.4

**Table 24: Location of registrars' current training facility in 2017 to 2022 (alternative for Figure 3)**

Training facility location	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)
Major cities	48.6	45.1	44.6	45.3	47.7	43.1
Inner regional	32.0	35.0	35.0	35.2	34.6	37.4
Outer regional	15.6	16.6	15.6	15.2	13.6	15.0
Remote or very remote	3.8	3.3	4.8	4.2	4.0	4.5

**Table 25: Location of registrars' current training facility in 2022, Modified Monash Model (alternative for Figure 4)**

Training facility location	2022 (%)
MMM1	43.5
MMM2	16.8
MMM3	14.2
MMM4	11.6
MMM5	9.1
MMM6 and MMM7	4.8

**Table 26: Proportion of registrars who relocated for training by training location (alternative for Figure 5)**

Region		Did not relocate for training (%)	Relocated for training (%)
Remoteness Area	Major Cities	80.8	19.2
	Inner Regional Australia	37.2	62.8
	Outer Regional Australia	37.7	62.3
	Remote or Very Remote Australia	34.0	66.0
Modified Monash Model	MMM1	81.4	18.6
	MMM2	53.9	46.1

Region		Did not relocate for training (%)	Relocated for training (%)
	MMM3	32.0	68.0
	MMM4	27.5	72.5
	MMM5	23.3	76.7
	MMM6 and MMM7	36.0	64.0

**Table 27: Mean overall satisfaction score of registrars with the AGPT program from 2017 to 2022 (alternative for Figure 6)**

Area	2017	2018	2019	2020	2021	2022
Administration	3.4	3.6	3.6	3.4	3.5	3.5
Education and training	3.6	3.6	3.6	3.4	3.5	3.5
Support	3.4	3.5	3.5	3.3	3.5	3.5

**Table 28: Key Performance Indicators from the years 2017 to 2022 (alternative for Figure 7)**

Key Performance Indicators	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)
KPI 1: Overall satisfaction	82.5	84.9	83.3	77.6	79.3	80.5
KPI 2: Satisfaction with RTO support (no incident)	86.2	89.0	87.8	85.9	84.5	84.3
KPI 3: Satisfaction with RTO support (with incident)	65.5	65.5	61.1	66.8	67.4	62.4
KPI 4: Satisfaction with supervision	89.5	90.6	89.5	90.4	90.4	89.3
KPI 5: Satisfaction with practice location	94.8	94.0	93.7	93.6	93.9	92.1
KPI 6: Satisfaction with infrastructure / resources	93.8	93.8	93.9	87.9	88.0	87.2

**Table 29: Satisfaction with different aspects of RTO (alternative for Figure 8)**

Area of RTO satisfaction	Average satisfaction score
Overall training & education quality	3.7
Training advice	3.7
Induction and orientation	3.8
Feedback on training progress	3.7
Workshops provided	3.7
Training and education resources	3.7
Support to meet ACRRM training requirements	3.1
Support to meet RACGP training requirements	3.7
Support for examination and assessments	3.4

**Table 30: Satisfaction with different aspects of training facilities (alternative for Figure 9)**

Area of training facility satisfaction	Average satisfaction score
Quality of overall training & education	3.9
Supervisor support	4.0
Clinical work	4.1
Number of patients or presentations	4.2
Diversity of patients or presentations	4.1
Level of workplace responsibility	4.2
Induction and orientation	3.9
Feedback on training progress	3.8
Training and education resources	3.8

Area of training facility satisfaction	Average satisfaction score
Location	4.1
Terms and conditions	3.9

**Table 31: Satisfaction with health and wellbeing support by source of support (alternative for Figure 10)**

Source of support	Per cent (%)
RTO	86.0
Training facility	90.8
GP supervisor	92.1
GPRA	86.5

**Table 32: Negative impact of COVID-19 on aspects of training (alternative for Figure 11)**

Aspect of training	Per cent (%)
Collaborate registrars	49.9
Workshops	45.8
Collaborate colleagues	41.9
Clinical work	34.5
Overall quality	34.2
Diversity	32.3
Patients	24.5
Exam & assessments	24.4
Progression towards completion	22.0
Support training requirements	18.3
Resources	17.7
Supervision	14.4
Induction/orientation	14.1
Feedback	12.3
Advice	10.2
Terms and conditions	9.2
Location	7.5
Online	7.4

**Table 33: Why registrars decided to become GP specialists (top reasons given) (alternative for Figure 12)**

Reasons	Per cent (%)
Hours/working conditions	64.5
Diversity of patients and medical presentations	53.0
To build long-term relationships with patients	49.1
Social responsibility or to support the community	30.7
Domestic circumstances	27.4
Intellectually stimulating	26.4
Self-appraisal of own skills/aptitudes	24.7
Experience of jobs so far	23.2
To work in rural and remote locations	21.8
To also study sub-specialties	19.9