



# **Australian General Practice Training Program**

## **National report on the 2023 National Registrar Survey**

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Australian Council *for* Educational Research

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# 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 2 GP Colleges, the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) as well as other stakeholders we consulted with from Australian Indigenous Doctors' Association (AIDA), Indigenous General Practice Registrars Network (IGPRN – now known as Indigenous General Practice Trainees Network [IGPTN]), Rural Doctors Association of Australia (RDAA), RDAA Doctors in Training special interest group, General Practice Supervision Australia (GPSA), General Practice Registrars Australia (GPRA), Australian Medical Association Council of Doctors in Training (AMA CDT), and Australian Medical Association (AMA) for their assistance and support of the survey, and for promoting the survey to their registrars during fieldwork for the 2023 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.

# Table of Contents

Acknowledgements .....	2
Acknowledgment of Country .....	2
Other Acknowledgments .....	2
Acronyms and abbreviations .....	4
Executive summary .....	6
Infographic summary of results .....	8
Setting the Scene .....	9
Project overview.....	9
Methodology .....	10
2023 AGPT NRS findings .....	11
Survey representativeness, respondent characteristics and training contexts .....	11
Satisfaction with training - GP Colleges .....	16
Satisfaction with training – training facilities .....	18
Longitudinal satisfaction: Quality of overall training and education experience.....	19
Satisfaction by Key Performance Indicators .....	20
Qualitative findings.....	23
Health and wellbeing.....	25
Aboriginal and Torres Strait Islander Health.....	26
Rural Generalists .....	26
Transition to College-led GP training.....	28
Employment models and salary .....	30
Leave and entitlements .....	32
Registrars' training choices .....	34
Registrars' future plans .....	35
Appendix A: Table of Figures.....	37
Appendix B: Table of Tables.....	37
Appendix C: 2023 AGPT NRS item frequencies .....	39
Appendix D: 2023 AGPT NRS Instrument .....	51
Appendix E: Accessible text alternatives for figures.....	65
Infographic text alternative .....	65
Text alternative for Figures .....	66

## 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
AIDA	Australian Indigenous Doctors' Association
AGPT NRS	Australian General Practice Training National Registrar Survey
AMA	Australian Medical Association
AMA CDT	Australian Medical Association Council of Doctors in Training
AMC	Australian Medical Council
AMG	Australian Medical Graduate
AMH	Australian Medicines Handbook
ARST	Advanced Rural Skills Training
AST	Advanced Specialised Training
BMP	Bonded Medical Program
CGT	Core Generalist Term
COVID-19	Coronavirus disease caused by severe acute respiratory syndrome coronavirus 2
the Department	The Commonwealth Department of Health and Aged Care
EDM	Electronic Direct Mail
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship in Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FTE	Full-time equivalent
GP	General Practice or General Practitioner (depending on context)
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPT	General Practice Term
HECS	Higher Education Contribution Scheme
IGPRN	Indigenous General Practice Registrars Network
IGPTN	Indigenous General Practice Trainees Network
IMG	International Medical Graduate
KPI	Key Performance Indicator
MBS	Medicare Benefits Schedule
MMM	Modified Monash Model
MRBS	Medical Rural Bonded Scholarship Scheme
NTCER	National Terms and Conditions for the Employment of Registrars
PEP	Practice Experience Program
PGPPP	Prevocational General Practice Placements Program
RACGP	The Royal Australian College of General Practitioners
RAMUS	Rural Australia Medical Undergraduate Scholarship
RDAA	Rural Doctors Association of Australia

Acronym	Meaning
RG	Rural Generalist
RGF	Rural Generalist Fellowship
RGPWA	Western Australian Rural Generalist Pathway
RGTP	Rural Generalist Medical Training Program
RJDTIF	Rural Junior Doctor Training Innovation Fund
RLO	Registrar Liaison Officer
RSS	Registrar Satisfaction Survey
RTO	Regional Training Organisation
STRGP	Small Town Rural General Practice
TRGP	Tasmanian Rural Generalist Pathway
VRGP	Victorian Rural Generalist Program

## 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 July 12 to August 18, 2023, the Australian Council for Educational Research (ACER) administered the AGPT NRS to registrars enrolled in active training on the AGPT program. 1,519 registrars provided a valid response to the survey, representing an overall response rate of 39 per cent. The national response rate was sufficient to yield reliable results at a national level, with the Key Performance Indicators described in the report offering accuracy (at the 95 per cent confidence level) within 2.5 per cent of the reported average scores. This brings the response rate back around the numbers seen prior to the COVID-19 pandemic.

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

In terms of registrars' satisfaction with their GP **College**:

- 84 per cent were satisfied with the quality of overall training and education experience
- 85 per cent were satisfied with the quality of training advice they received
- 86 per cent were satisfied with the feedback they received
- 84 per cent were satisfied with the workshops and webinars provided
- 83 per cent were satisfied with the training and education resources available
- 84 per cent were satisfied with the medical educator facilitated peer learning provided
- 83 per cent were satisfied with the support to meet their GP College training requirements
- 81 per cent were satisfied with the support received for examination and assessments
- 80 per cent were satisfied with the communication provided
- 85 per cent were satisfied with the induction / orientation provided.

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

- 92 per cent were satisfied with the overall training and education experience
- 93 per cent were satisfied with the supervisor's support
- 90 per cent were satisfied with the supervisor's training / teaching
- 92 per cent were satisfied with the feedback from supervisor they received
- 96 per cent were satisfied with the clinical work
- 95 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
- 93 per cent were satisfied with the induction / orientation provided into their training facility
- 91 per cent were satisfied with the induction / orientation provided to the local community
- 91 per cent were satisfied with the training and education resources
- 95 per cent were satisfied with the location
- 91 per cent were satisfied with the terms and conditions.

Registrars were also asked whether they understood the changes to their training that occurred 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:

- 23 per cent did not understand the changes that occurred to their training

- 8 per cent said they'd had a positive impact by the transition, 62 per cent felt they were not at all impacted by the transition process while 29 per cent felt they had a negative impact on their training
- 66 per cent of registrars had accessed information about the transition process from their GP College.

In 2023, as was done in 2022, registrars were also asked a series of questions around the **Rural Generalist** pathway.

Of registrars who were Rural Generalist trainees:

- 41 per cent had decided to become a GP Rural Generalist by the end of medical school
- 72 per cent were planning to remain in rural practice and a further 24 per cent were unsure.

Of registrars who weren't Rural Generalist trainees:

- 5 per cent were considering changing to the Rural Generalist pathway and a further 20 per cent were unsure
- Of those considering changing, 14 per cent reported that the support received by the state and / or territory coordination units contributed to this decision.

In 2023, as in 2021, registrars' views on **employment models, salary and entitlements** were surveyed.

While 37 per cent of registrars that responded to the survey were not at all concerned with their current employment arrangements:

- 32 per cent agreed that they should continue to be employed by training facilities
- 47 per cent agreed that they should be employed by a single employer throughout GP training.

While 47 per cent of registrars were paid a fixed salary and a percentage of their billings:

- 51 per cent agreed that they would prefer to negotiate their salary
- 61 per cent agreed that they should be paid a fixed rate salary commensurate with the jurisdictional average for at-level hospital doctors throughout GP training
- some registrars suggested combinations of these models.

When registrars were asked which additional leave would be either quite a bit or very much beneficial:

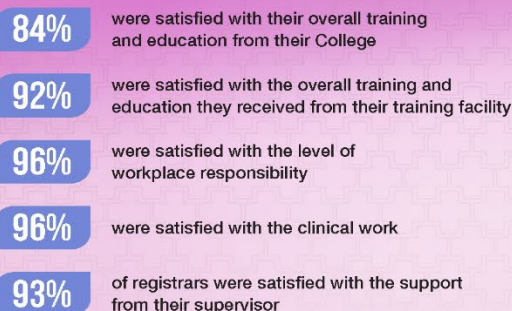
- 91 per cent selected exam study
- 83 per cent selected long service leave
- 79 per cent selected annual leave
- 68 per cent selected personal leave
- 63 per cent selected parental leave
- 47 per cent selected portable leave entitlements.



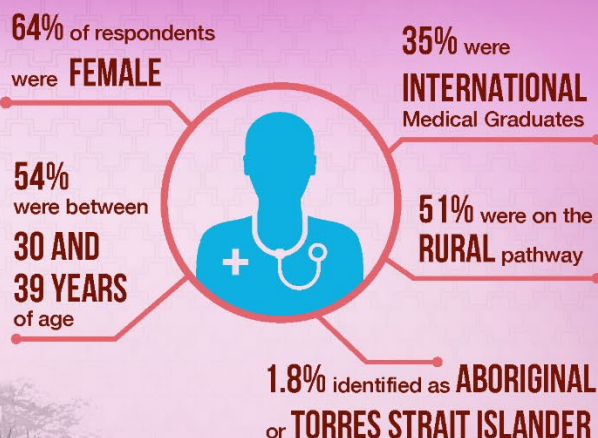
## NATIONAL REGISTRAR SURVEY 2023

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 1,519 registrars who participated in the 2023 survey.

### TRAINING EXPERIENCE



### REGISTRAR CHARACTERISTICS



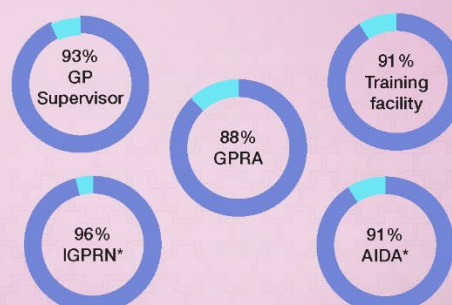
### BEST ASPECTS OF TRAINING RURALLY



### FUTURE PLANS



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



\*only Aboriginal and Torres Strait Islander registrars

### REGISTRAR VOICES

*"My supervisors have been incredibly knowledgeable, approachable and supportive. This I feel has had a huge positive impact on my training."*

*"The close-knit rural community I work in has been extremely supportive and I feel like I have come to know many of my patients well which has assisted me in delivering personalised high-quality care. The patient cohort is diverse, and I have gained experience managing a wide range of conditions."*

**AGPT**

Australian Government  
Department of Health  
and Aged Care



# Setting the Scene

## Project overview

The Australian General Practice Training National Registrar Survey (AGPT NRS) is conducted by the Department of Health and Aged Care (the Department) to enable the continuous improvement of general practice (GP) training in the AGPT program. Findings from the survey help ensure that the AGPT program delivered by the 2 GP Colleges meet 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 and enable continuous improvement as many of the same questions are asked every year to allow the results to be tracked longitudinally.

In March 2023, 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 NRS from 2013 to 2022.

Due to the changes in the management of the AGPT program, moving from training delivered in 11 regions by 9 Regional Training Organisations (RTOs) to the 2 GP Colleges, a full-scale review was conducted of the NRS instrument. A series of consultations with the Department, GP Colleges, and relevant stakeholders, as well as an in-person workshop to review the suggested changes to the instrument were conducted.

The following list of stakeholders were engaged in the major review, including the workshop:

- Royal Australian College of General Practitioners (RACGP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Indigenous Doctors' Association (AIDA)
- Indigenous General Practice Registrars Network (IGPRN)
- Rural Doctors Association of Australia (RDAA)
- RDAA Doctors in Training special interest group
- General Practice Supervision Australia (GPSA)
- General Practice Registrars Australia (GPRA)
- Australian Medical Association Council of Doctors in Training (AMA CDT)
- Australian Medical Association (AMA).

The structure of the survey remains the same as previous years. There is a set of **demographic** questions that registrars are asked each year and these responses are added to demographic data provided by the GP Colleges. There are also a series of **core** items that registrars are asked each year - these have been thoroughly reviewed and updated based on the major review. Finally, series of **research** questions are rotated through the survey each year. These research questions may have been developed to answer a question the Department or stakeholders would like data on or may be drawn from a series of questions previously developed, they may be included for a single year, multiple years in a row or asked sporadically over different years.

In 2023, with the transition to College-led GP training, a new set of KPIs has been set by the Department for each of the GP Colleges. Data sourced from the AGPT NRS will be used to inform some of these KPIs. The questions that inform the KPIs have become part of the updated core items.

The set of research questions developed last year looking at the experience of those registrars' training in the National Rural Generalist Pathway have remained in the survey, while the research questions developed in 2021 that canvassed registrars' views on employment models, salary and entitlements were reintroduced.

The research questions looking at the transition to College-led GP training were reviewed and retained, with one set of response options updated. These were originally asked in 2021 and updated with 2 new questions added in 2022.

Finally, the research questions that looked at the support and impact the COVID-19 pandemic had on GP training were removed after their inclusion in the 2020, 2021 and 2022 surveys.

The 2023 AGPT NRS instrument included a broad range of questions that asked registrars about their experience and satisfaction on an AGPT pathway. Respondents were asked to reflect particularly on their experience in Semester One, 2023. The 2023 AGPT NRS instrument included questions relating to registrars':

- demographic and training characteristics
- satisfaction with their GP College and training facilities
- health and wellbeing
- involvement in training related to Aboriginal and Torres Strait Islander health
- experiences and awareness of the Rural Generalist program
- impact of the transition to College-led GP training
- experience training on the rural pathway
- training choices
- career aspirations and plans
- views on employment models, salary and entitlements.

This report provides a brief overview of the methodologies employed in the survey collection and explores the findings from the 2023 survey. This report is deidentified.

## Methodology

Registrars enrolled in the AGPT program and in active training during Semester One, 2023 comprised the target population for the 2023 AGPT NRS. Those 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 GP Colleges provided ACER with a population list of all registrars in the target population. Duplicate records, as well as any registrars on leave during Semester One, were removed. This process identified that the full target population for the 2023 AGPT NRS was 4,113 registrars on an AGPT pathway. During fieldwork, 234 registrars were removed from the population as they either opted out of the survey via email or SMS correspondence, their email bounced, or they self-identified as being on extended leave for the entirety of the Semester One, 2023. Overall, there were 3,879 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 2023 AGPT NRS was administered wholly online. Fieldwork was conducted between July 12 and August 18, 2023 (although responses were still accepted into late-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.

The GP Colleges 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 incredible buy-in from many key stakeholders this year, who did an amazing job promoting the survey using Electronic Direct Mail (EDMs), bulletins and newsletters, as well as through their websites and email signatures. These stakeholders included the Rural Doctors Association of Australia (RDAA), Australian Indigenous Doctors' Association (AIDA), Indigenous General Practice Registrars Network (IGPRN), General Practice Registrars Australia (GPRA) and General Practice Supervision Australia (GPSA).

Survey responses were returned directly to ACER and stored securely and separately from respondents' personal information to ensure the confidentiality of their responses.

## 2023 AGPT NRS findings

This section provides an overview of the findings from the 2023 AGPT NRS and provides a snapshot of registrars' experience and satisfaction with their training in Semester One, 2023. 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 2023 AGPT NRS, as well as providing insights into the training contexts of registrars. It then provides a summary of registrars' satisfaction with their GP College and training facility, a review of the longitudinal satisfaction of registrars with providers of their training (RTOs and GP Colleges) and their training facility, and then a summary of the analysis of data which can be used to inform 10 of the College-led GP training KPIs. The findings also include insights into registrars' satisfaction with the health and wellbeing support they receive, their experience of training in Aboriginal and Torres Strait Islander health, the impact of the transition to College-led GP training, their views on employment models, salary and entitlements, the choices they have made in their training, their reasons for choosing their current GP College and fellowship, their future career aspirations, as well as insights into those registrars who are Rural Generalist trainees.

Response frequencies are given for each item in Appendix C. A copy of the questionnaire that was used in the 2023 AGPT NRS can be found in Appendix D. Tabular alternatives for the figures included in the report are included in Appendix E.

### Survey representativeness, respondent characteristics and training contexts

A total of 1,776 registrars commenced the survey. Of these, 257 registrars dropped out of the survey before answering any questions relating to their experience or satisfaction with training. The responses from the remaining 1,519 registrars are the focus of this report.

Overall, a 39.1 per cent response rate was achieved in the 2023 AGPT NRS. This brings the response rate back around the numbers seen prior to the COVID-19 pandemic (2022: 30%; 2021: 28%; 2020: 31%; 2019: 38%; 2018: 42%; 2017: 40%). This response is at a rate that ensures valid and reliable results. The response rate for each of the GP Colleges were also in-line with the national response (ACRRM: 38.2% and RACGP: 39.2%).

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 generally representative of the overall population of registrars in the AGPT program. Table 1 shows that 64 per cent of all respondents were female, reflecting the greater proportion of females in the program. Eighty-seven per cent of respondents were working towards the FRACGP while 10 per cent of respondents were working towards the FACRRM and 3 per cent towards the FARGP, a Fellowship undertaken in combination with the FRACGP. Due to missing data, not all percentages will add to 100 per cent.

**Table 1: 2023 AGPT NRS representativeness of respondents with population for different registrar characteristics**

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
All registrars		1,519	-	3,879	-
Gender	Female	964	63.5	2,302	59.3
	Male	554	36.5	1,572	40.5
	Non-binary	0	0.0	<4	-
	Not stated/Prefer not to say	<4	-	<4	-

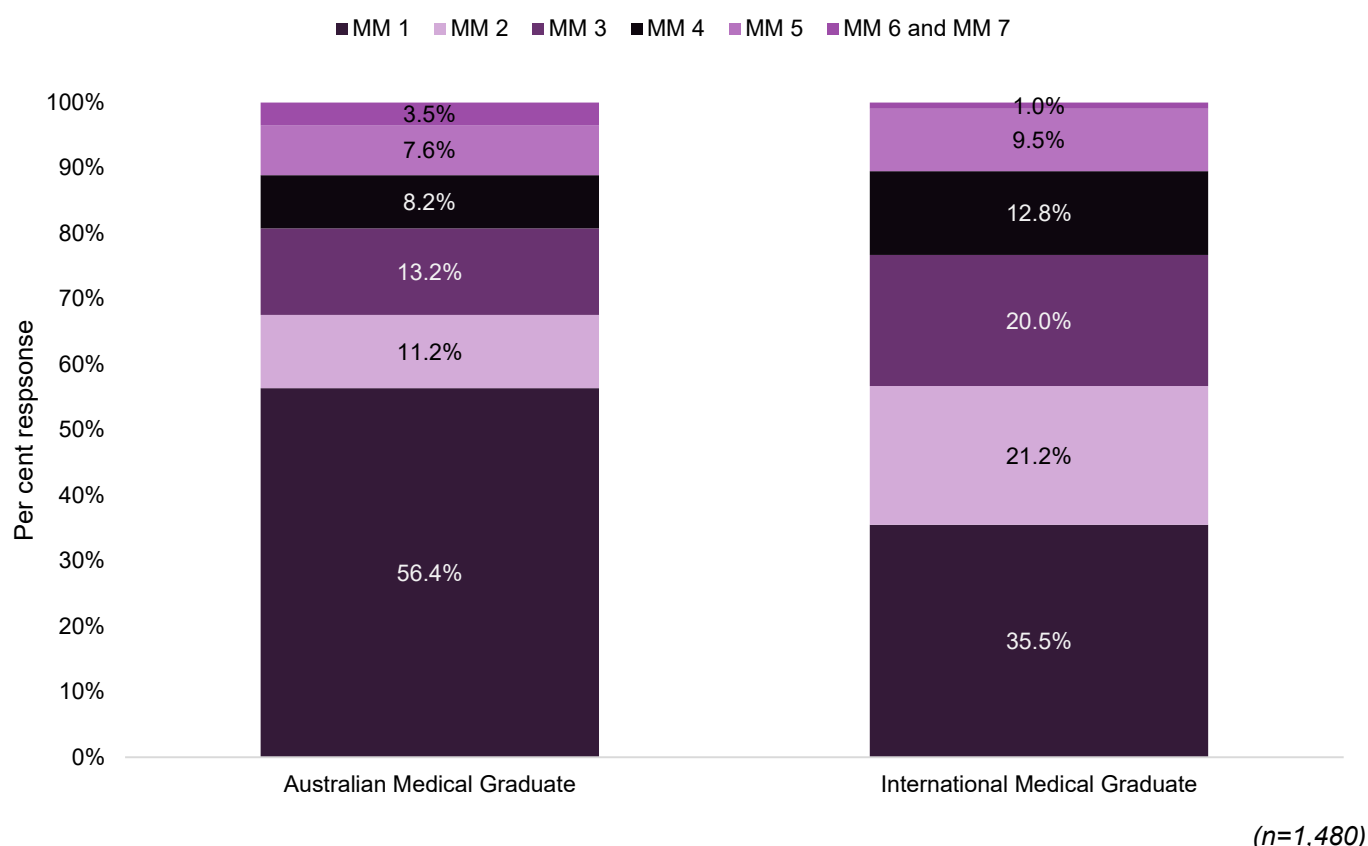
Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
Indigenous status	Aboriginal or Torres Strait Islander	28	1.8	79	2.0
ADF status	Australian Defence Force	19	1.3	101	2.6
Rural Generalist	Rural Generalist trainee	223	14.7	595	15.3
Pathway	General	741	48.8	2,065	53.2
	Rural	778	51.2	1,814	46.8
Age	20 to 29	323	21.3	1,024	26.4
	30 to 39	815	53.7	2,095	54.0
	40 to 49	315	20.7	634	16.3
	50 plus	66	4.3	126	3.2
Citizenship	Australian Citizen	1,202	79.1	3,157	81.4
	Australian Permanent Resident	284	18.7	625	16.1
	Australian Temporary Resident	14	0.9	28	0.7
	New Zealand Citizen or Permanent Resident	19	1.3	67	1.7
Fellowship	FACRRM	154	10.1	403	10.4
	FRACGP	1,321	87.0	3,325	85.7
	FRACGP & FACRRM	0	0.0	10	0.3
	FRACGP & FACRRM & FARGP	0	0.0	7	0.2
	FRACGP & FARGP	44	2.9	134	3.5
Location by Modified Monash Model (MMM)	MM 1	725	49.0	1,933	52.0
	MM 2	218	14.7	583	15.7
	MM 3	231	15.6	475	12.8
	MM 4	145	9.8	332	8.9
	MM 5	123	8.3	276	7.4
	MM 6	20	1.3	67	1.8
	MM 7	18	1.2	54	1.5

(n=3,879)

Registrars who responded to the 2023 AGPT NRS came from a range of backgrounds. Just under half of all registrars were born in Australia (46%), with 76 other countries making up the respondents' country of birth. After Australia, the most common countries of birth for registrars who participated in the survey were India (8%), Pakistan (5%), United Kingdom (4%), and Bangladesh, Malaysia, and Sri Lanka (all 3%).

Sixty-five 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), nearly twice as likely to have dependants (83% of IMG, 47% AMG) and be in the rural pathway (73% of IMG, 40% AMG) and less than half as likely to be training to be a Rural Generalist (7% IMG; 19% AMG). Figure 1 shows that IMG were much less likely to be in MM 1 (36% IMG, 56% AMG) while IMG were almost twice as likely to be working in MM 2 or MM 3 (41% IMG, 24% AMG). Similar proportions of AMG and IMG were working in MM 5, MM 6 and MM 7 (both around 11% combined). 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 proportion of AMG registrars by MMM location has remained similar to previous years, with a 6-percentage point increase in MM 1 registrars. There is a larger proportion of IMG registrars in MM 1 compared to the 2022 NRS (36% vs 28%). This may be due to the response rate of IMG registrars which increased by 200 in the 2023 survey.



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

Table 2 provides a summary of registrars' training contexts. Most registrars were currently training in General Practice Training (GPT) terms one to 3 (72%), and 5 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), similar to 2022 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, Women's Health, Aboriginal and Torres Strait Islander Health, Obstetrics and Gynaecology, Dermatology and Skin Cancer Medicine.

Registrars were asked about the training they did during Semester One, 2023. Most registrars (87%) were training in just one training facility with a further 12 per cent in 2 facilities<sup>1</sup>. Two-thirds of registrars were working full-time during Semester One, 2023. As in previous years, a much higher proportion of male registrars (79%) indicated that they were working full time compared with female registrars (59%). More than half of all respondents had dependants (61% of female and 57% of male respondents). As in previous years, of those registrars who work part-time, 4 times as many responders had dependants than no dependants (80% dependants, 20% no dependants).

When asked about their experience prior to commencing the AGPT program, 29 per cent had participated in a Rural Clinical School. This experience seems to be linked to registrars' training choices, with 56 per cent of registrars who were completing a fellowship with ACRRM having trained within a Rural Clinical School compared with just 26 per cent of RACGP registrars. Likewise, 55 per cent of registrars who are training to be Rural Generalists had completed a term in a Rural Clinical School while, in contrast, there

<sup>1</sup> Note, this data only refers to ACRRM registrars as we didn't receive this information from RACGP.

was little difference in per cent of those in either the rural or general pathways who had trained within a Rural Clinical School (27% and 30% respectively).

Fourteen per cent of respondents had studied in a Bonded Medical Place. Over a fifth of all Rural Generalists trainees (22%) had studied in a Bonded Medical Place, while there was only a small difference between the proportion of those in the rural or general pathway who had studied in a Bonded Medical Place (Rural Pathway 11%; General Pathway 16%).

**Table 2: Registrar training contexts**

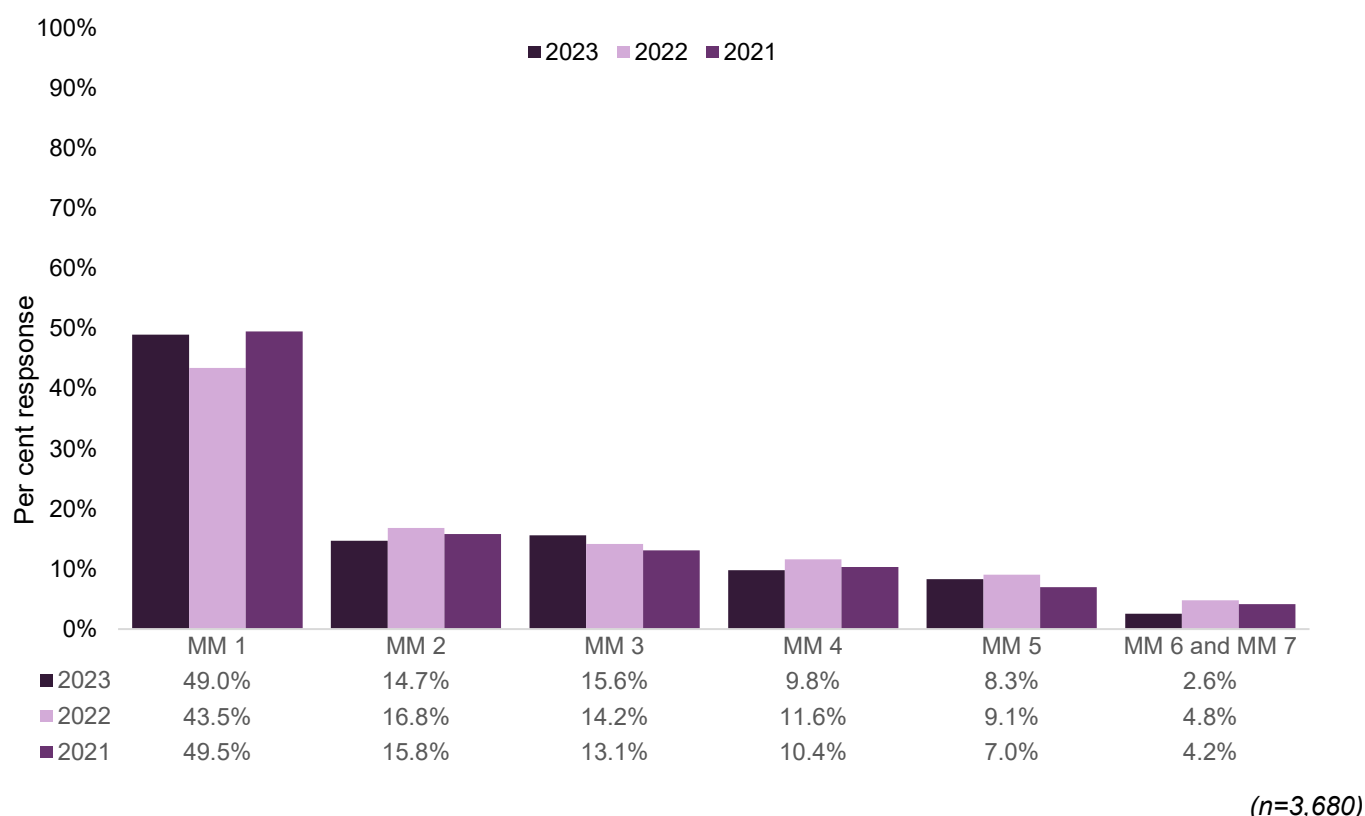
Training contexts		Response (n)	Response (%)
Full time equivalent load	Less than 0.4	92	6.1
	0.5 to 0.6	264	17.4
	0.7 to 0.8	157	10.4
	0.9 to 1.0	1,000	66.1
Number of training facilities <sup>2</sup>	One	383	88.0
	Two	51	11.7
	Three	<4	-
Completed prior to training	First Wave Scholarship (GP placement in the undergraduate years)	23	1.9
	Rural Clinical School	353	28.5
	Commonwealth Medical Internships	150	12.3
	Bonded Medical Placements (BMP) Scheme	164	13.5
	Medical Rural Bonded Scholarship (MRBS) Scheme	52	4.3
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	46	3.8
	John Flynn Placement program	71	5.9
	State rural generalist programs	70	5.8
	Remote Vocational Training Scheme	11	0.9
	HECS Reimbursement Scheme	150	12.4
	RACGP Practice Experience Program (PEP)	20	1.7
	ACRRM Independent Pathway	6	0.5
	More Doctors for Rural Australia Program	12	1.0
	Community Residency Placement (WA)	27	2.2
	Training towards any other fellowship	158	13.1
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	9	0.7
Current training	GPT1 Term	534	35.2
	GPT2 Term	154	10.1
	GPT3 Term	399	26.3
	CGT1	23	1.5
	CGT2	10	0.7
	CGT3	23	1.5
	CGT4	22	1.4
	Extended Skills	212	14.0
	Advanced Rural Skills Training (ARST)	18	1.2
	Advanced Specialised Training (AST)	40	2.6
	Academic post	12	0.8
	Medical Education Post	<4	-

(n=1,513)

<sup>2</sup> Note, this data only refers to ACRRM registrars as we didn't receive this information from RACGP.



Similar to 2021, around half of the registrars who responded to the survey were training in MM 1, with 36 per cent training in MM 3-7 (Figure 2).



**Figure 2: Location of registrars' current training facility from 2021 to 2023, by MMM**

Forty per cent of all registrars reported moving to their current region to undertake training, this includes 45 per cent of males compared with just 37 per cent of females. Overall, there were a lower number of registrars that had relocated than in previous years however, registrars on the rural pathway were nearly 3 times more likely to have moved to complete their training compared with those on the general pathway (Rural: 59%, General: 20%). Looking at other demographics and comparing those more likely to have moved to undertake training:

- IMGs were more likely to have moved to undertake training (47%) compared with AMGs (36%)
- those that were over 50 (47% had moved) compared with other age groups
- Rural Generalist trainees (60%) compared with non-Rural Generalist trainees (37%).

Likewise, when looking at the MMM regions, only 16 per cent of respondents from MM 1 had moved to complete their training compared with between 42 to 81 per cent from MM 2-7 (Figure 3).



**Figure 3: Proportion of registrars who relocated for training, by MMM**

## Satisfaction with training - GP Colleges

In early 2023, the training of registrars transitioned from being delivered through RTOs to the GP Colleges. ACRRM and RACGP have various roles in the delivery of GP registrar training, including providing registrars with support and advice, providing access to training resources, assisting registrars to plan their training and learning, managing placement matching of registrars and training facilities, and organising education and training events and activities. The 2023 AGPT NRS included several questions that asked registrars about their satisfaction with different aspects of their training under the GP College-led model.

The results, as shown in Figure 4, suggest that registrars are satisfied with their experience with their GP Colleges, reporting mean satisfaction scores<sup>3</sup> of between 3.2 and 3.6 on a 5-point scale. These numbers are 0.1 to 0.2 points lower than the scores in 2022<sup>4</sup>. Feedback on training progress and training advice were rated the most positively by registrars.

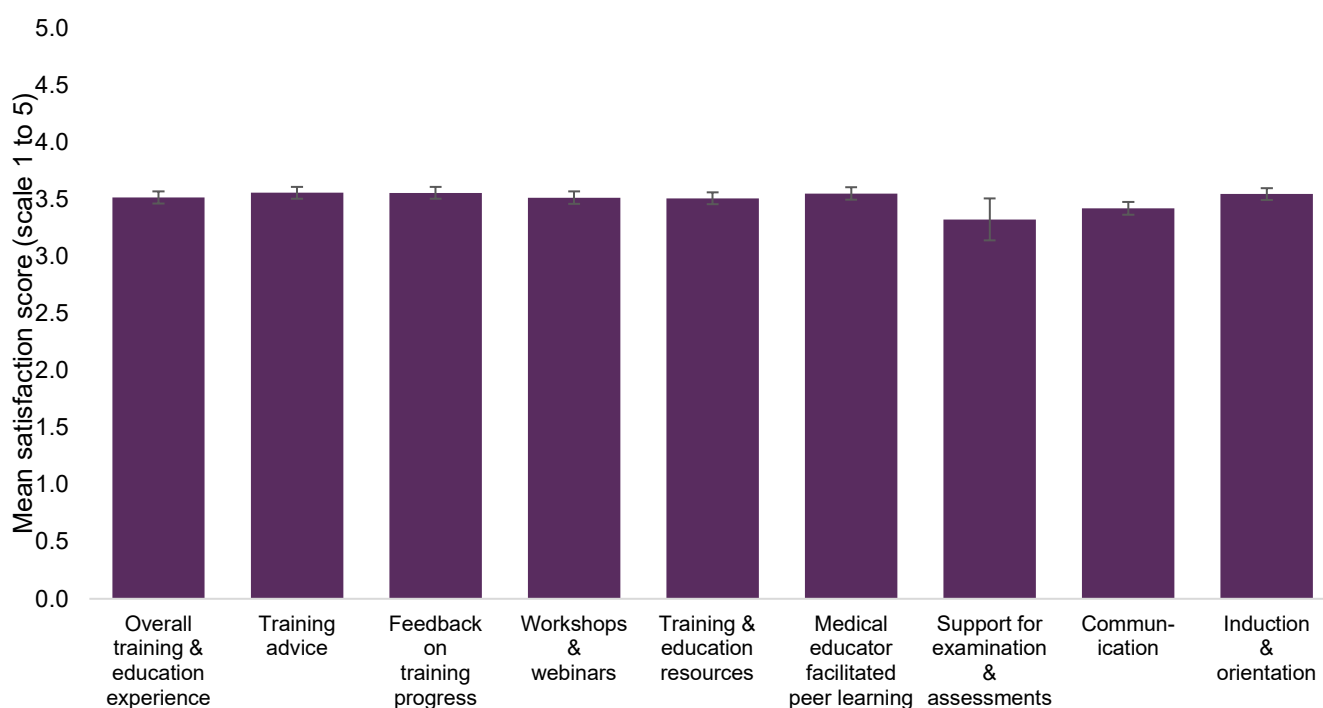
The mean satisfaction scores of different demographics were compared for each of the roles provided by the GP Colleges. The following show **significant** differences between different demographic groups.

- By regional location (MMM)
  - registrars in MM 1 had a mean satisfaction score 0.25 below those in MM 5 for overall training and education experience.
- By gender
  - females were more satisfied with their feedback on training progress provided by the GP Colleges than male registrars (mean satisfaction score females: 3.6; males: 3.5), as well as the communication provided by the GP Colleges (mean satisfaction score females: 3.5; males: 3.3).

<sup>3</sup> Response scores were averaged across the 5-point scale with one being very dissatisfied and 5 being very satisfied.

<sup>4</sup> Mean satisfaction scores for RTOs provision of training ranged from 3.4 and 3.8 in 2022.

- By age group
  - registrars in the 40-49 age group were more satisfied with the workshops and webinars provided by the GP College than those in the 30-39 age group (mean satisfaction score 40-49: 3.7; 30-39: 3.4)
  - registrars in the 40-49 age group were also more satisfied with the training and educational resources supplied by the GP Colleges than those in both the 20-29 and 30-39 age groups (mean satisfaction score 40-49: 3.7; 30-39: 3.4; 20-29: 3.5)
  - the 40-49 age group were also more satisfied with the communication they received from the GP Colleges than the 20-29 age group (mean satisfaction score 40-49: 3.5; 20-29: 3.3).
- By location of medical degree
  - IMG were more satisfied with all aspects of the training offered by the GP Colleges than AMG by a range of 0.3 to 0.5 mean points.
- By pathway
  - registrars on the rural pathway were more satisfied with their training and education resources (mean satisfaction score rural: 3.6; general: 3.4)
- For Aboriginal and Torres Strait Islander registrars
  - Aboriginal and Torres Strait Islander registrars' satisfaction with the quality of overall training and education experience, quality of training advice, feedback on training progress and medical educator facilitated peer learning were all lower than other registrars by 0.5 to 0.6 mean points.



(n=1,508)

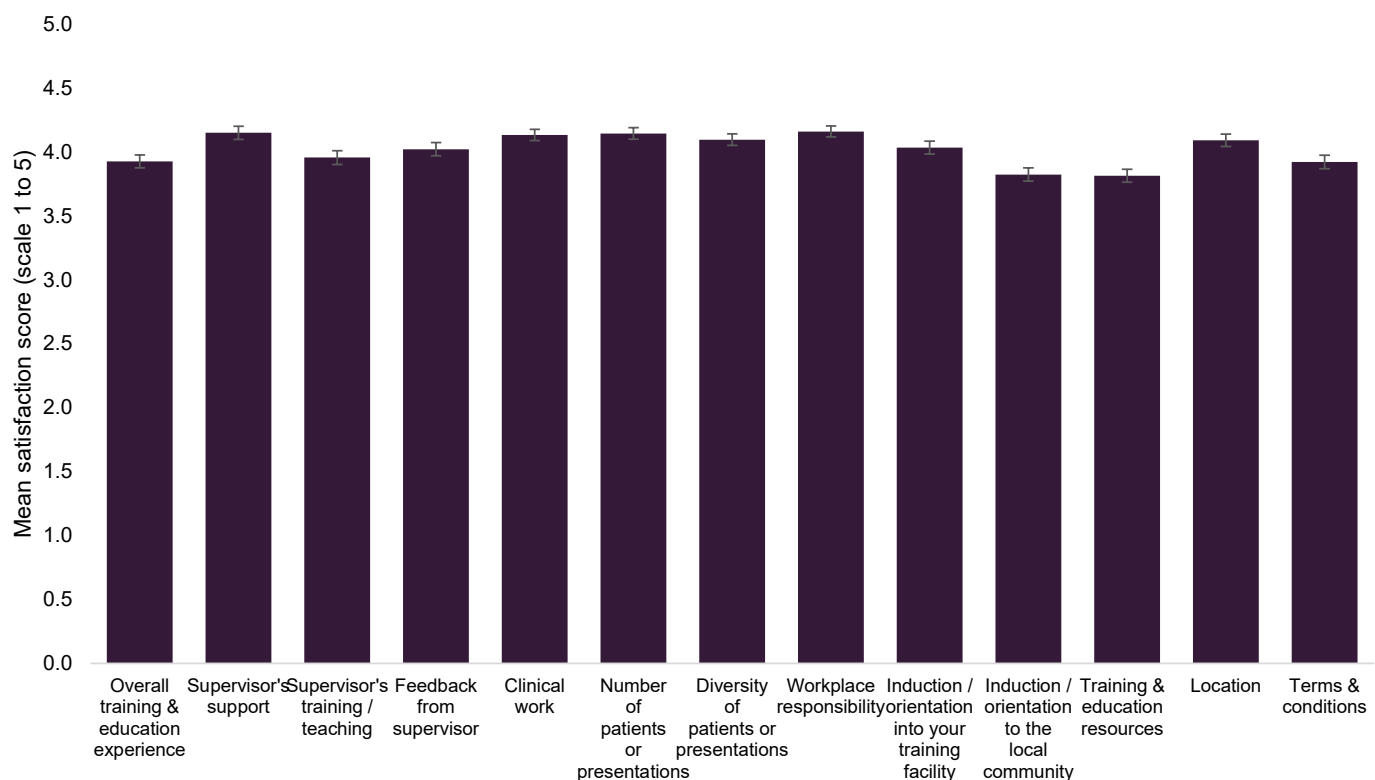
**Figure 4: Satisfaction with different aspects of training under the GP College model**

Regarding registrars' familiarity with the GP Colleges' complaints and/or grievance process, only 32 per cent of respondents were familiar with the process, with 23 per cent unaware the process existed. Over half the registrars responding felt the process was readily accessible (53%). Very few registrars reported that they had made a formal or written complaint (3%).

## Satisfaction with training – 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 a registrar's training experience. The 2023 AGPT NRS included several questions that asked registrars about their satisfaction with various aspects of their training facility.

The results indicate registrars are generally satisfied with their experience in their training facilities, similar to 2021 and 2022, where registrars reported average satisfaction scores between 3.8 and 4.2 on a 5-point scale. As shown in Figure 5, registrars were most satisfied with the level of workplace responsibility, their supervisors' support, the number and diversity of patients or presentations, as well as their clinical work.



(n=1,506)

**Figure 5: Satisfaction with different aspects of training facilities**

We compared the mean satisfaction scores of different demographics for each of the roles provided by the training facility. The following show **significant** differences between different demographic groups.

- By regional location (MMM)
  - registrars in MM 4 had a mean satisfaction score 0.3 to 0.4 below those in MM 1 and MM 3 for supervisors' training and teaching
  - registrars in MM 4 had a mean satisfaction score 0.3 below those in MM 1 for feedback from supervisor
  - registrars in MM 4 and MM 5 are less satisfied with their location than those in MM 1, while those in MM 4 are also less satisfied with their location than those in MM 2, all by 0.3 to 0.4 points
  - registrars in MM 4 are less satisfied by 0.2 points than those in MM 1 with their terms and conditions.
- By gender
  - no significant difference was seen.
- By age group
  - no significant difference was seen.
- By location of medical degree

- IMG were less satisfied with the location of their training facility when compared to AMG by 0.2 mean points.
- By pathway
  - registrars on the general pathway were more satisfied with the support from their supervisor than those on the rural pathway (mean satisfaction score general: 4.3; rural: 4.1)
- For Aboriginal and Torres Strait Islander registrars
  - no significant difference was seen.

## Longitudinal satisfaction: Quality of overall training and education experience

With an update to the survey, a longitudinal analysis on a registrar's response to their satisfaction with the quality of overall training and education experience with their GP College or RTO (Training Provider) as well as their training facility, questions which have been consistently asked in previous years, has been undertaken and shown in Figure 6.

Registrars' satisfaction with the quality of overall training and education experience was significantly less by between 4 to 5 percentage points in 2023 than that in 2021, 2019, 2018 and 2017, while the difference between the results in 2023 compared to 2020 and 2022 was not significant. There was no significant difference seen in registrar's responses on the quality of overall training and education experience provided by their training facilities from 2017 to 2023.



(n=9,702)

Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider<sup>5</sup> and training facility from 2017 to 2023

<sup>5</sup> 2023: GP College; 2017-2022: RTO

## Satisfaction by Key Performance Indicators

The information collected from registrars through the AGPT NRS has been used to support several KPIs for the Department for many years. These KPIs provided an overview of registrars' level of satisfaction with various aspects of the AGPT program.

In 2023, with the move to College-led GP training, a new set of KPIs has been developed. The review of the AGPT NRS for the 2023 survey highlighted an opportunity to collect data to help inform the new set of KPIs. There are currently ten GP College KPIs identified as being able to use responses from the NRS as part of their source of data. They may not be the only data source for each KPI.

Three of the data points from the survey that can inform the KPIs have been created as 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 4: Percentage of registrars satisfied with support and training provided by their supervisors\*.
  - This data point is the mean satisfaction score for those registrars who provided an answer to both their satisfaction with their supervisor support as well as the training and teaching from their supervisor.
- KPI 19: Rate of registrar satisfaction for placements\*
  - This data point is the mean satisfaction score for registrars who answered at least 5 of the 10 questions on satisfaction with their training facility, regarding the quality of overall training and education, their supervisor support and feedback, their clinical work, the number and diversity of patients or presentations, the level of workplace responsibility, the training and education resources, the location of their training facility as well as their terms and conditions.
- KPI 23: Percentage of general registrar satisfaction with training\*
  - This data point is the mean satisfaction score for registrars who provided an answer to their overall satisfaction with their training from their GP College as well as their 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](#).

A summary of the data points that can be used to report on KPIs and are calculated with a '3', '4' or '5 – very satisfied' response are shown in Table 3 while those data points that required a 'Yes' response are shown in Table 4, along with their error margins reported at a 95 per cent confidence interval. All data points that can be used to calculate KPIs are represented as a percentage satisfied or 'Yes' in Figure 7, along with their error margins. The data points reported for each KPI for 2023 are statistically reliable to within 2.5 percentage points.

Registrars were asked if they had received training on the health needs of a rural community, on whether they'd received cultural awareness training since starting the AGPT program and whether they currently had access to a cultural mentor (data points contributing to KPIs 14, 25 and 26, Figure 8). These all had a 'Yes' or 'No' response. Registrars training in MM 1 had a significantly lower proportion who had received training on the health needs of a rural community, than those in other MMM. The 20 to 29 age group had also received less training in the health needs of a rural community as well as cultural awareness training and had less access to a cultural mentor than those in older age groups, while those registrars who identify as Aboriginal and/or Torres Strait Islander have the highest rate of participation in cultural awareness training.



**Table 3: Key Performance Indicators (satisfaction questions)**

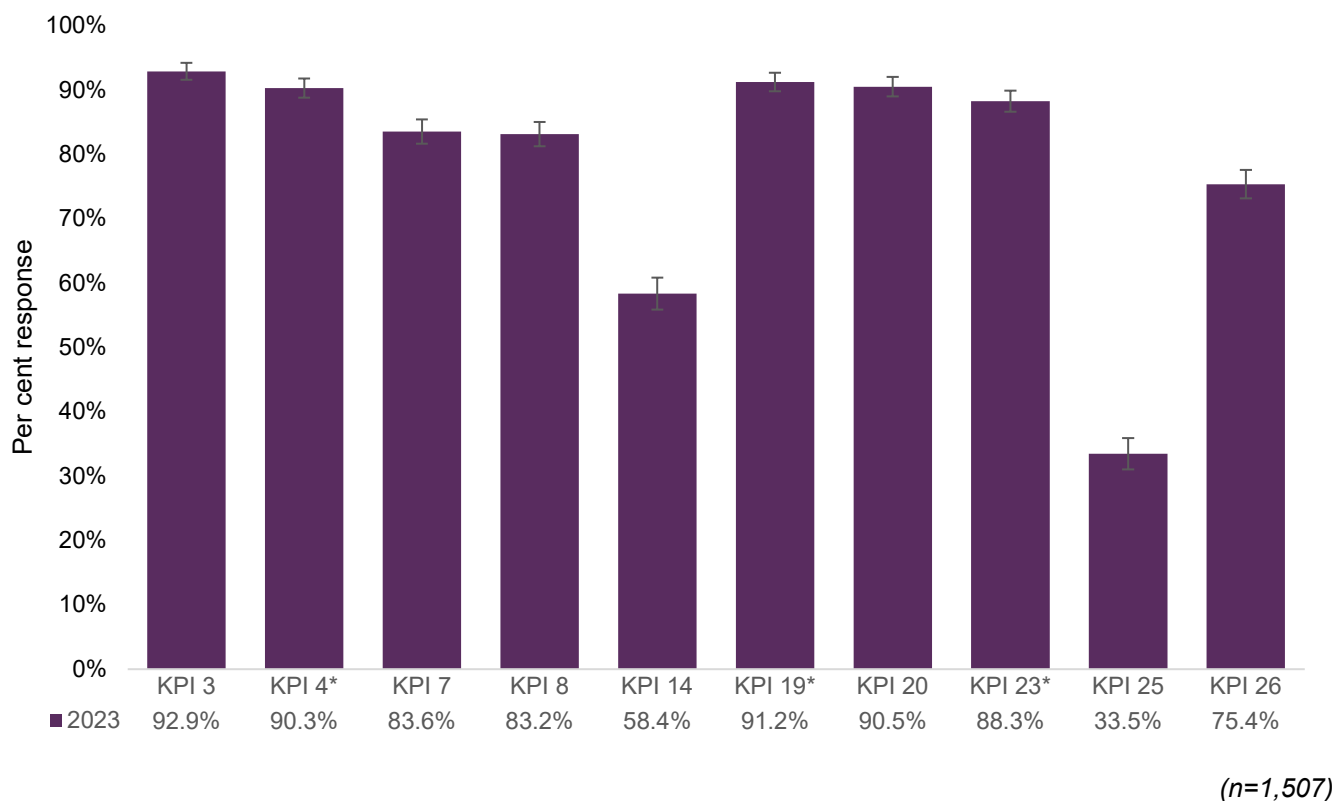
Key Performance Indicators	Satisfied (%)	Error margin (%)
KPI 3: Rate of registrar 'induction/orientation' in training facilities	92.9	1.3
KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors*	90.3	1.5
KPI 7: Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching	83.6	1.9
KPI 8: Level of learning with and from a group of professional peers facilitated by medical educators	83.2	1.9
KPI 19: Rate of registrar satisfaction for placements*	91.2	1.4
KPI 20: Rate of registrar satisfaction for comprehensive community inductions	90.5	1.5
KPI 23: Percentage of general registrar satisfaction with training*	88.3	1.6

*(n=1,507)***Table 4: Key Performance Indicators (yes/no questions)**

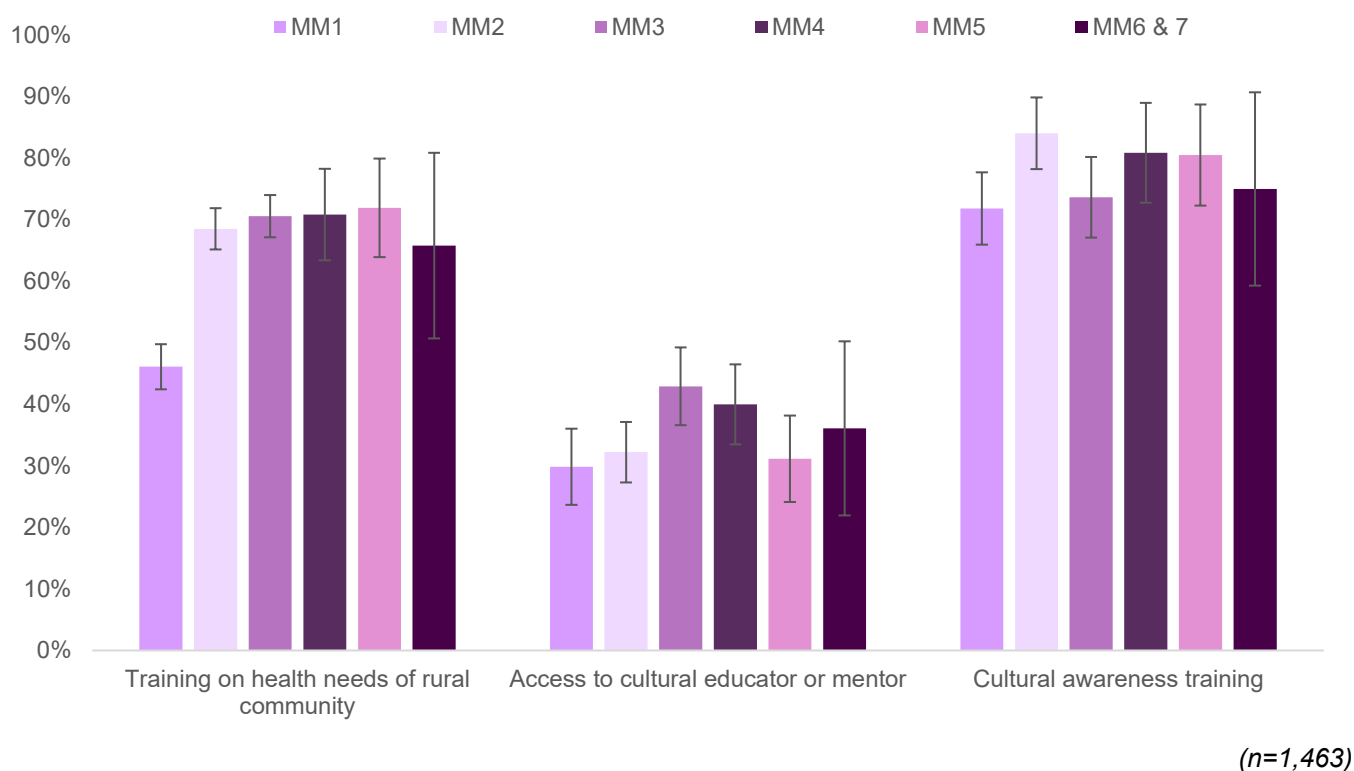
Key Performance Indicators	Yes (%)	Error margin (%)
KPI 14: All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning	58.4	2.5
KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor <sup>6</sup>	33.5	2.4
KPI 26: Participation rates for cultural awareness training	75.4	2.2

*(n=1,496)*

<sup>6</sup> Note, this question was ONLY asked of registrars and can therefore only be used to provide part of the source of data for this KPI.



**Figure 7: Key Performance Indicators**



**Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by MMM**

Historically, the AGPT NRS was used to track KPIs for each of the RTOs. To provide a historical comparison with training provided by RTOs and the GP Colleges, the 3 KPIs that can continue to be calculated by the 2023 instrument are also included this year.

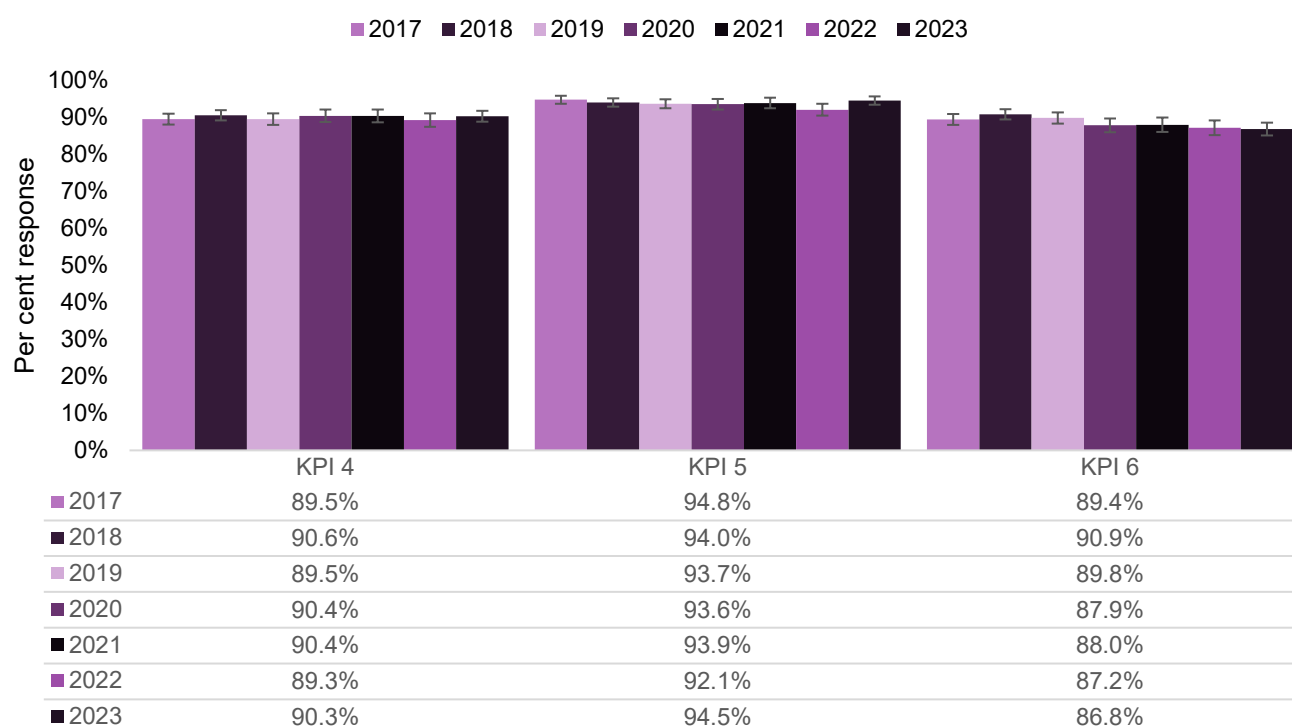
Figure 9 shows the KPI results from the 2017 to 2023 AGPT NRS calculated from responses of '3', '4' or '5 – very satisfied' for:

- KPI 4 (which is also included in the new College-led training KPIs), which continues to measure the satisfaction registrars have with the support and training offered by their supervisors. This KPI used to be measured by a single question and has been expanded in 2023 to distinguish registrars' satisfaction with their supervisors' training and teaching and with their supervisors' support.
- the historical KPI 5 that measured registrar's satisfaction with their training location – no longer a KPI but still measured.
- the historical KPI 6 that measured registrar's satisfaction with the resources provided by both their training facility and either their RTO (previous years) or GP College (2023) - no longer a KPI but still measured.

Both KPI 4 and the resources KPI (old KPI 6) are composite variables.

#### Analysis of historical KPI results from 2017 to 2023

- Differences in satisfaction with support and training offered by supervisors (KPI 4) as well as registrars' satisfaction with their training location (previously KPI 5) were all within one or 2 percentage points of the results from 2017 to 2022.
- The proportion of registrars satisfied with infrastructure / resources has decreased since 2018. There was a significant decrease in the value reported in 2018 (90.9%) compared with the value from both 2023 (86.8%) and 2022 (87.2%) but the difference was not significant when comparing the value from 2023 with those from the years 2017, 2019, 2020 or 2021.



(n=9,790)

**Figure 9: Comparison of historical Key Performance Indicator results, 2017 to 2023**

### 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?*

All survey responses with open-ended responses were imported into NVivo and thematically coded. Codes were developed based on an existing code frame that had been developed in previous administrations of the AGPT NRS, with new and emerging themes coded as informed by the data.

Consistent with the survey results, and results from previous years, analysis of feedback from over 1000 open-ended responses show that most registrars attributed the best aspects of their training experience to their current workplace or practice, supervisor and mentor support, as well as the diversity of patient presentations.

*Great practice manager, nurses, other staff, supportive non supervisor GPs, good patient mix, good range of clinical presentations, approachable supervisors, great CTVS feedback from medical educators. (Rural Pathway, Male, FRACGP)*

*Great supervisor. Collegiality of the staff at the practice. Very supportive environment. Good diversity of patients. Have had ample opportunity for minor skin procedures (Rural Pathway, Male, FACRRM)*

*Very effective supervisor and nice teaching environment, very friendly and welcoming practices, good variety of patients, freedom of work under supervision (General Pathway, Female, FRACGP)*

In particular, the support, teaching, and approachability of medical educators, supervisors and mentors were seen as invaluable in providing expert knowledge and collaboration.

*My supervisors have been incredibly knowledgeable, approachable and supportive. This I feel has had a huge positive impact on my training. (Rural Pathway, Male, FRACGP)*

*The level of support and feedback from Practice Supervisor has been exceptional. (Rural Pathway, Male, FACRRM)*

Additionally, education and learning opportunities, including resources, trainings, webinars, and workshops, were regarded as enriching and vital for the development of professional knowledge and confidence-building. Registrars also appreciated the opportunities to connect with their peers during in-person or face-to-face education workshops or learning sessions, enabling them to share learning experiences as well as form networks.

*I love the medical education workshop days as they provide an opportunity to spend time with other registrars and debrief on new experiences and difficult cases encountered in general practice.... I have also really benefited from the online webinars ... the topics have always been pertinent, and I found that they provided a safe space to ask questions. Excellent support and education from in practice supervisors. In person college education workshops have been valuable for learning and peer/discussions or sharing experiences with other registrars. (General Pathway, Female, FRACGP)*

*Regional delivery of teaching via [deleted] face-to-face workshops. These exceeded expectation in terms of clinical learning, training support and collegiality. I personally get immense value out of the face-to-face ECTVs and found them extremely useful for both my confidence and development. I value the protected time for mid and end of term feedback with supervisors. (General Pathway, Female, FRACGP)*

*Great ACRRM workshops and support from medical education team. Really good training experience on the ground in [Name] with varied presentations and responsibilities a lot of autonomy but help when I need it. (Rural Pathway, Male, FACRRM)*

*Great support with education and learning. Aboriginal and Torres Strait Islander training was amazing (Rural Pathway, Female, FACRRM)*

For registrars that trained rurally, the best aspects of their training were also attributed closely to their work within, and with a community, allowing them to integrate, give back and provide care to those they live with.

*Always welcomed by the community and surrounded with people who understand the struggle in rural health care system. Get a lot of experience in challenging cases, doing procedures. (Rural Pathway, Female, FRACGP)*

*Relationships with patients when you feel that you've made a difference (Rural Pathway, Female, FACRRM)*

Where there were areas for improvement, registrars highlighted that the amount of support provided for exams and assessments could be improved. This included the provision of resources and preparatory materials to enable successful completion of training.

*Exam support needs notification of change or updates of guidelines so that we have the latest knowledge, sends relevant emails with journals which is important for exam preparation (Rural Pathway, Female, FRACGP)*

*College exam resources and preparation is not on parity with those offered by other colleges (RACP) or private providers (GP Academy). Dissatisfied with remote clinical exam format when all other colleges are back to face-to-face examinations. I don't believe a remote exam reflects the practical reality of the job (especially when telehealth consults are discouraged for acute presentations!) (General Pathway, Male, FRACGP)*

*More simplified approach to understanding the curriculum / when exams are due / what is actually a useful resource for passing exams (Rural Pathway, Male, FACRRM)*

Additionally, registrars provided feedback on the need for further support in terms of placement processes and location of placements, noting the stresses of remuneration and implications of travel time as illustrated below:

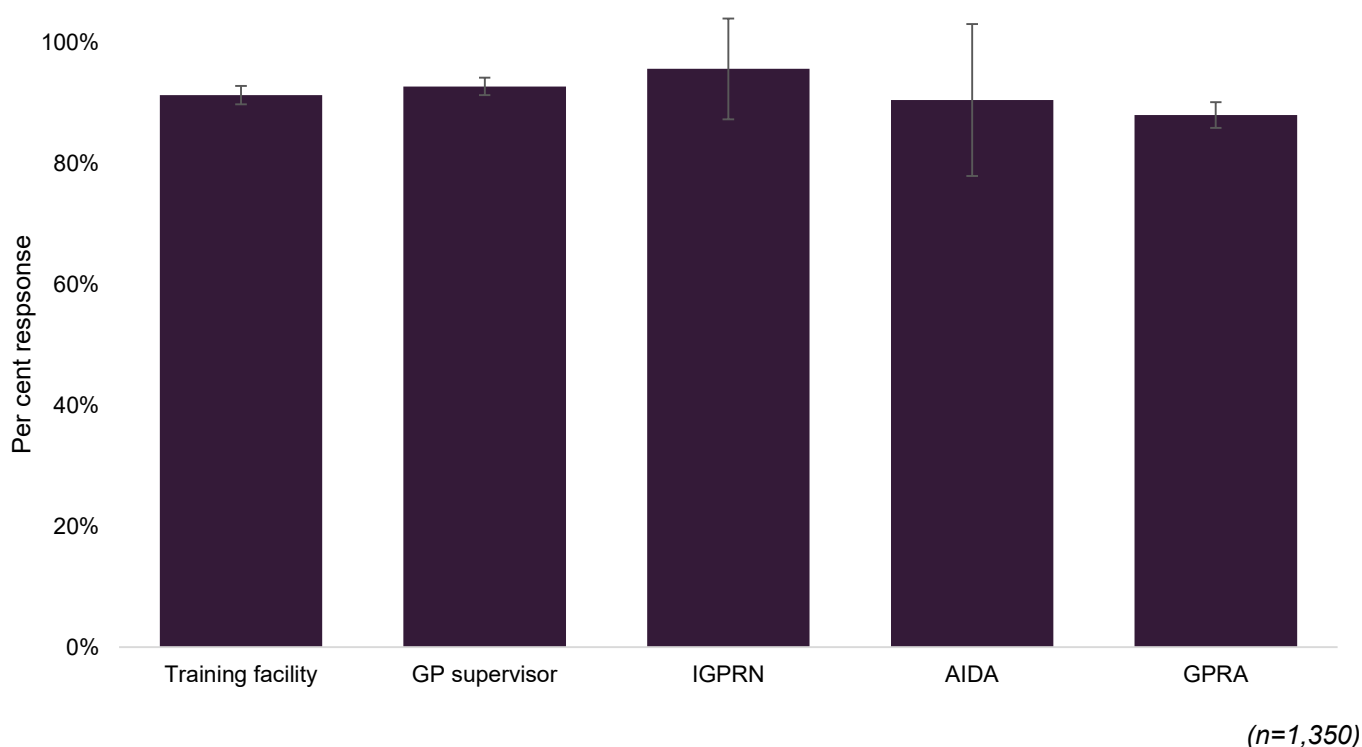
*Needs more support regarding placements. If you already live in a rural area and still need to comply with training obligation in another rural area, i think there should not be strict rules regarding this or you can choose to stay in the rural area where you live. I am very dissatisfied and tired of driving two hours a day to and from work. Theres no time to study just because of travelling everyday all you want to do is rest at the end of the day. (Rural Pathway, Female, FACRRM)*

*Uncertainties around the training location for regional pathway- no definite information available. It is left to the trainee to seek a practice, to check if it is accredited and then waiting to hear back from facilities. This as a whole is a very difficult journey and makes planning around training very challenging. (Rural Pathway, Female, FRACGP)*

## Health and wellbeing

As in previous years, registrars were asked a series of questions regarding their health and wellbeing (Figure 10). Questions were added to the 2023 survey to ask relevant registrars about their satisfaction with the health and wellbeing support provided by the Australian Indigenous Doctors' Association (AIDA) and the Indigenous General Practice Registrars Network (IGPRN).

When these figures were compared with those from 2019 to 2022, satisfaction with the health and wellbeing support from all of training facilities, GP Supervisors and GPRA remained stable.



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

## Aboriginal and Torres Strait Islander Health

Registrars were asked questions relating to their experience, future plans and their support in working in Aboriginal and Torres Strait Islander Health. Three-quarters of registrars who responded to this question had participated in Aboriginal and Torres Strait Islander cultural safety or cultural awareness training, with 95 per cent of those registrars satisfied with this training.

Eleven per cent of registrars were either currently undertaking training or had already completed training in an Aboriginal and Torres Strait Islander health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service) and 3 of these 11 per cent reported that they planned to do more training. Thirty-five per cent of registrars reported that they were considering training in an Aboriginal and Torres Strait Islander health training post, an increase from the 30 per cent in 2022.

Of all registrars who answered these questions, 34 per cent had access to a formal cultural mentor (this is a drop from previous years where ONLY those who were working within an Aboriginal and Torres Strait Islander health training post were asked this question), and 96 per cent were satisfied with this support. In addition, there were 17 respondents who were undertaking Extended Skills, ARST or AST in Aboriginal or Torres Strait Islander Health, an increase from the 10 respondents who were training in this area in 2022.

## Rural Generalists

In 2022, a series of research questions were added to the survey 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 non-GP specialist services in regional, rural, and remote areas, in hospital and community settings.

In 2022, the Department created a new Rural Generalist Flag, a method of defining a Rural Generalist that we used again in 2023. This 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 Rural Generalist recognition as a subspecialty of general practice. By this definition, 15 per cent of respondents were Rural Generalist trainees. In the survey, another 62 registrars self-identified as being a Rural Generalist trainee so were also asked questions. There were 24 registrars we had classified as a Rural Generalist trainee but did not self-identify as a Rural Generalist trainee. These registrars were still asked questions about being a Rural Generalist trainee. This gives us an increased population when compared with the identified definition of a Rural Generalist trainee in the rest of the survey, and as such, the following responses relate to 20 per cent of those respondents who got to this stage of the survey.

Registrars were asked when they decided to become a Rural Generalist. Eighteen 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, 14 per cent after their internship, 33 per cent at the start of registrar training and the remaining 12 per cent were unsure.

Each state and the Northern 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-five per cent had engaged with the Queensland Rural Generalist Pathway Coordination Unit, 21 per cent with HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit, 10 per cent with the Victorian Rural Generalist Program (VRGP) Coordination Unit, 4 per cent each with the Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit and the South Australian Rural Generalist Coordination Unit, and less than 2 per cent with each of the Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit and the Northern Territory Rural Generalist Coordination Unit.

Registrars were asked what type of advice they had received from the state and/or territory Rural Generalist program coordination units (Table 5). Over one-third of Rural Generalist trainees that responded to the survey indicated they received advice or assistance with placements. Of those that had received advice or assistance, 85 per cent were satisfied with this support, a 6 per cent increase from 2022.

**Table 5: Type of advice received by Rural Generalist trainees from program coordination units**

Type of support	Per cent (%)
Advice or assistance with placements as a GP Rural Generalist registrar	39.6
Advice or assistance with placements as a junior doctor	27.7
Education support	27.7
Advice or assistance managing the intersection between hospital-based training and primary care	18.1
Assistance managing the transition from junior doctor to GP Rural Generalist registrar	17.7
Case management support to navigate the pathway	16.2
Relocation, travel and/or accommodation support	13.1
Orientation	8.8

(n=260)

Of the Rural Generalist trainees who responded to the survey, 72 per cent indicated they'd remain in a rural practice after the completion of the training, with a further 24 per cent unsure.

Five per cent of registrars who did not qualify as Rural Generalist trainees replied that they'd considered changing to the Rural Generalist Pathway with 14 per cent of these indicating with 'yes' and 20 per cent with '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 would change to the Rural Generalist pathway were asked in an open-ended question what might help them consider changing to the Rural Generalist pathway. Many mentioned better pay, conditions, entitlements and better-quality training and training facilities.

*A positive shift in public sentiment towards rural medical practitioners; huge investment in rural health infrastructure and staffing; better remuneration that reflects the complexity of rural medicine and professional risk; and compensation for the opportunity costs of leaving metropolitan areas for professional families (e.g. appropriate work for spouses). (General Pathway, Female, RACGP)*

Support for families such as schools and access to education was also considered as important in considering a change to the Rural Generalist pathway, as well as support for other family members and dependents to find appropriate work.

*If there were better facilities for young families with small kids then would definitely consider rural generalist pathway (General Pathway, Female, RACGP)*

## Transition to College-led GP training

Semester One 2023 was the first full semester of training delivered by the GP Colleges. The questions from the 2022 instrument around the transition were adapted and used for the 2023 survey. Registrars were asked if they understood the changes to their training, if they felt informed about the change, where they sought information, and the impact of the transition to College-led GP training.

When registrars were asked if they understood the changes that occurred to their training following the transition process, 23 per cent replied that they did not understand and a further 29 per cent were still unsure they understood the changes that had occurred.

Registrars were also asked what impact the transition to College-led GP training had on their training. Most registrars said it had no impact (62%), while 29 per cent said it had a negative impact and only 8 per cent said it had a positive impact on their GP training.

Registrars identified that they had gained information about the transition to College-led GP training most frequently from either their own GP College (65% of RACGP registrars from RACGP, 76% of ACRRM registrars from ACRRM) or from their previous RTO (64% of responders). A smaller proportion had received information from their supervisors or training facility (16-20%), GPRA (12%), or the Department (1%).

Registrar perspectives on the transition to College-led GP training were also provide in the open-ended survey questions asking about the best aspects of their training, as well as areas they thought were most in need of improvement. Approximately 100 registrars provided feedback on their transition experiences, about 4 per cent of the overall response received to both questions.

Registrars who reported feeling positive about the transition process felt supported in the process, with a good level of support being provided by the Colleges during the transition process.

*The new transition to college led training..... I am enjoying the online semester training program. (Rural, Male, FACRRM)*

*Supported transition from resident to registrar level and expectations (General Pathway, Female, FRACGP & FARGP)*

*Good communication from the college within my subregion. Good level of support given the transition to GP is actually a fairly big/different jump (General Pathway, Male, FRACGP)*

Several registrars also reported that the courses, resources and support offered by the GP Colleges were beneficial towards their learning and overall practice.

*Great ACRRM workshops and support from medical education team. Really good training experience on the ground in [Name] with varied presentations and responsibilities a lot of autonomy but help when I need it (Rural Pathway, Male, FACRRM)*

*My GP educator has given great advice and the ACRRM portal has excellent resources. (Rural Pathway, Female, FACRRM)*

*RACGP resources on exam preparation teaching provided by the supervisor. (General Pathway, Female, FRACGP)*

*Good supervisor support and teaching sessions from RACGP training resources from RACGP (Rural Pathway, Male, RACGP)*

Aside from the above-mentioned provision of educational learning opportunities and workshops, the support from GP Colleges extended into the meeting of registrar needs, such as GP College flexibility as registrars undergo training. An example of this is provided below:

*Increasing flexibility with the college to recognise prior experience and education. Increasing flexibility of training terms, to facilitate midyear commencement and timing of Advanced skill training to meet individual registrar and community needs. Ability to transfer within regions and interstate should circumstances require (Rural Pathway, Female, FRACGP & FARGP)*

*Flexibility in roster to complete training/study/extra requirements (Rural Pathway, Female, FACRRM)*

Registrar responses to the open-ended question: "Given your overall experience with your training, what aspects of your experience are most in need of improvement?" provided further insight to the transition to College-led GP training. While some registrars have reflected their overall transition to be smooth as earlier described, analysis of responses in the category of 'other' show some challenges that registrars experienced with the changeover to College-led GP training.

A key challenge that registrars identified was that of communication from and with the Colleges. Some registrars reported that they experienced communication difficulties with the Colleges about queries related to their training experiences and learning pathways, resulting in a perceived lack of support received during the transition process.

*Transition to RACGP has provided communication challenges. It took a number of weeks to get answers to questions around my training and since the transition from [name removed] to contact relevant people in a timely manner... (Rural Pathway, Female, FRACGP)*

*Transition to college led training has not been very smooth. I've had minimal correspondence from the college / minimal support. (Rural Pathway, Female, FACRRM)*

In response to the challenges faced by registrars as a result of the transition, some have provided recommendations with regard to improving communication and support as they undertake and complete their training. Examples of improving communication processes are suggested below:

*Streamlining communication – currently have to report to or discuss issues with many different people and organisations and this is really unclear... (Rural Pathway, Female, FRACGP)*

*Further support and communication from training advisors responsible for looking after registrars... (Rural Pathway, Male, FACRRM)*

Registrars also noted that for best practice, they need better access to resources. Some registrars have expressed access to the Australian Medicines Handbook (AMH) to be reinstated to better support their training:

*... Would also be ideal to have access to AMH provided by RACGP to trainees as it is a vital resource we refer to in day-to-day practice (Rural Pathway, Female, FRACGP)*

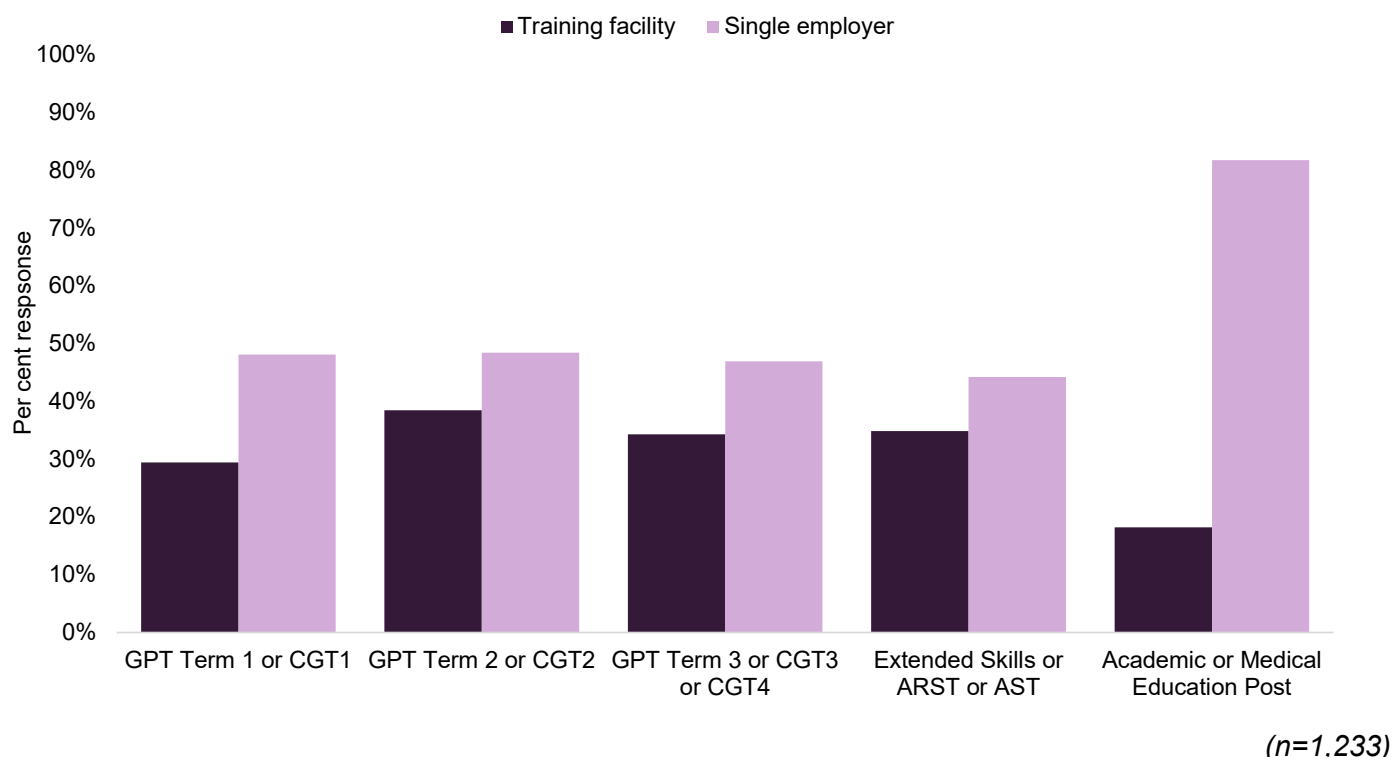
## Employment models and salary

In 2021, a series of questions were developed to investigate registrars' views on GP training employment arrangements. Registrars were asked if they were concerned with their current employment arrangements, their preference for being employed directly by training facilities or by a single employer, their current salary arrangements, as well as whether they would like to continue being able to negotiate their salary with their employer or if they'd prefer a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors throughout GP training. In 2023 these questions were reviewed and reintroduced to the survey.

In comparison to the 2021 results, there was an increase in the extent of concern with registrars' current employment arrangements. Thirty-seven (37) per cent of all registrars who responded to the survey replied that they had no concerns about the current employment arrangements (a drop from 50%). A further 32 per cent replied that they were somewhat concerned, while 27 per cent were 'quite a bit' or 'very much' concerned by the current employment arrangements (increase from 19%).

Currently, GP registrars are employed directly by their training facility and as a result have several different employers through their GP training terms. An alternate employment model suggested would be for GP registrars to be employed by a 'single employer' while training across multiple training facilities. When asked which model of employment they agreed with most, 32 per cent agreed or strongly agreed that they would prefer to continue with the current employment arrangements - being employed by their training facility. A larger proportion, 47 per cent, agreed or strongly agreed they'd prefer to be employed by a single employer. Seven per cent agreed or strongly agreed with both statements.

RACGP registrars were more likely than ACRRM registrars to want to continue employment with individual training facilities (ACRRM: 23%; RACGP: 33%). However, a similar proportion of registrars from each GP College agreed with being employed by a single employer (ACRRM: 46%; RACGP: 47%). When we analysed the results by training term, each group of registrars (such as GPT Term 1 or CGT 1 compared with GPT Term 2 or CGT 2) had a higher number of respondents who agreed or strongly agreed that they would prefer to be employed by a single employer than those who preferred to continue being employed by their training facility (Figure 11). A notable difference was seen with the small number completing an academic or medical education post and who replied to this question, where 82 per cent agreed or strongly agreed that they preferred to be employed by a single employer compared with only 11 per cent who agreed or strongly agreed that they wanted to be employed by their training facility. This may be due to these registrars requiring multiple employment arrangements concurrently, resulting in a preference to simplify their employment arrangements.



**Figure 11: Preference for mode of employment, by training term**

To give context to these results, registrars were asked how they were paid. Almost half were on a fixed salary with a percentage of billings (47%, down from 52% in 2021), one-fifth were on a fixed salary (21%), a smaller proportion were on a percentage of billings (16%, up from 12% in 2021) or a fixed salary and percentage of receipts (9%, down from 11% in 2021) and a very small number were on a percentage of receipts (2%)<sup>7</sup>. These figures show a similar trend to those found in the 2019 GPRA Benchmarking report<sup>8</sup>, where they found 62 per cent paid by fixed salary or percentage of billings, 20 per cent by fixed salary or percentage of receipts, 6 per cent percentage of billings, 5 per cent for both fixed salary as well as percentage of receipts.

Currently, minimum standards for GP registrar salaries are set under the National Terms and Conditions for the Employment of Registrars (NTCER). Individual arrangements may vary but generally practices pay a guaranteed base salary and registrars are able to negotiate with their employers what proportion they get of the income they generate (billings or receipts) and how often this is calculated. An alternative salary arrangement would be for GP registrars to have a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors. When asked if they agreed with statements around these questions, 25 per cent of responders agreed or strongly agreed with both statements, which may indicate they support either salary option or a combination of these 2 salary methods. A larger proportion of registrars agreed or strongly agreed that they would prefer a fixed rate salary (61%) than those that would prefer to be able to negotiate their salary with their employer (51%).

Over 500 registrars left comments about GP registrars' employment arrangements, salaries or leave. Analysis of these responses show that just under a third of responses report that registrars' base salaries were too low. Consistent with the results from the survey and previous years, registrars suggest that they would like their base salaries to be on-par with registrars based in the hospital, as well as be able to negotiate a percentage of billings as part of their income:

<sup>7</sup> In this context, billings represents totalled amount billed by the registrar, with receipts the total amount received. Billings can be calculated immediately whereas there will be some delay calculating receipts.

<sup>8</sup> *Benchmarking report: Insights on employment conditions and overall wellbeing of GP registrars* (2019) for General Practice Registrars Australia Ltd.

*The base salary of a GP registrar should be on-par with hospital-based registrars from day 1 of GPT1. This model would help registrars to focus on the medicine and care aspects of work rather than churning through patients to make a dollar (at 49.49% of billings!) so that they can subsidise the lost income of ~\$10k over the first 6 months of training. In addition, it is a win-win for the practice and the registrar if the contract rewarded billing above this base amount as it currently does per the NTCER. (General Pathway, Male, FRACGP)*

*The base salary offered.... forces us to do locum work or weekend work to make up for the lost income while moving from a hospital position. The split in billings is 45% plus superannuation making it 50% which forces us registrars to see as many patients as possible to generate income. (General Pathway, Male, FRACGP)*

*I think it would be best to have a combination of a minimum salary paid by the College and then registrars could also negotiate a percentage of billings from the practice if they chose. This would take the pressure off a practice to try to fill days with patients to make a registrar's position viable. (General Pathway, Female, FRACGP)*

*GP registrar salaries need to be improved. Starting rates are far too low (Rural Pathway, Male, FACRRM)*

*The idea that registrars can 'negotiate' with practices is really a falsehood. I don't know any GP registrars who are on better arrangement than the standard GPRA contract. GP registrars ought to be paid at least as well as hospital colleagues, being mindful that we all do a significant amount of overtime (especially in rural areas - lunch meetings, ward rounds, on-call...), and that must be acknowledged and paid. (Rural Pathway, Male, FACRRM)*

Registrars also expressed that the current employment arrangements often require them to negotiate salaries and leave with their direct supervisors, which may come as a challenge for some:

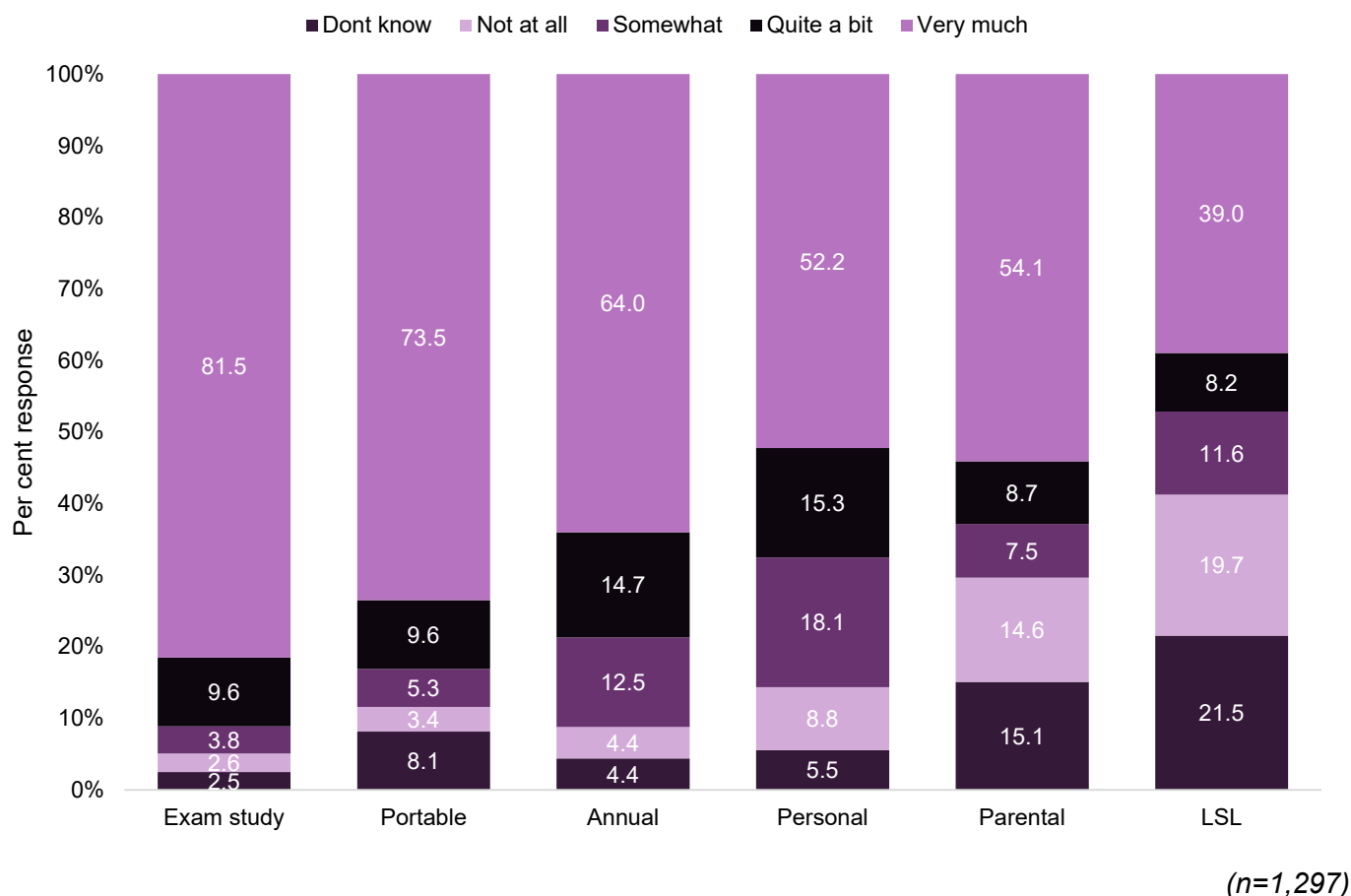
*Pay and leave (are) sorted by individual practices and this makes it very awkward to discuss leave and pay issues as they are also your direct supervisor in that practice ... pay grievances are mostly not raised with the practice. (General Pathway, Male, FRACGP)*

*Most (registrars) do not feel that they are in a place to reasonably negotiate salary given they are in training. (Rural Pathway, Male, FACRRM)*

## Leave and entitlements

Registrars were asked a series of questions about leave including what type of leave they have taken (either paid or unpaid), how beneficial additional leave entitlements would be and which types of leave they'd like included in their employment package.

During training on the AGPT program, of those that it was applicable to, most registrars had taken annual leave (85%) and personal leave (73%), while 30 per cent had taken exam or study leave, 15 per cent had taken parental leave and only one per cent had taken long service leave. These numbers are down from 2021 when they were last asked (2021: annual leave 91%, personal leave 81%, exam or study leave 39%, parental leave 22%, long service leave 1%). When asked how beneficial having additional leave entitlements would be during training, exam and study leave, portable leave entitlements and annual leave were selected by most registrars to be quite a bit or very much beneficial (91%, 83% and 79% respectively). Around two-thirds of all responding registrars also selected personal and parental leave to be quite a bit or very much beneficial (68% and 63%) while long service leave was selected by almost half of all responding registrars to be quite a bit or very much beneficial (Figure 12).



**Figure 12: Benefit of extra leave entitlements**

Approximately half of the registrars who left comments about GP registrars' employment arrangements, salaries or leave note the need for maternity or parental leave, paid leave to attend training workshops for upskilling, and exam-related leave.

Registrars who left comments requesting exam or study leave expressed the challenge of insufficient study leave, resulting in them often needing to take annual leave or reduce their work hours for this purpose, as exemplified in the comments below:

*Lack of study leave made it very hard to maintain full time work and study for exams this year - giving 1-2 weeks per year for study purposes should be offered to all registrars to avoid using all annual leave in final terms. (Rural Pathway, Female, FRACGP)*

*Had to reduce clinical hours to create personal time to study = financial penalties. Exam typically on a Friday/Sat, so annual leave used. Not sure if it is fair to either employer and trainee however to mitigate or absorb the financial penalty... other trainees in other specialities have similar challenge (General Pathway, Male, FRACGP)*

*I have used all my annual leave for training (I had to do an anaesthetics course and observe anaesthetists) and exams. We should all have access to paid educational leave. (Rural Pathway, Female, FACRRM)*

Registrars also expressed the need for paid parental leave as a fundamental right and important for attracting and retaining registrars:

*Access to parental leave would make GP more attractive when compared to hospital-based jobs (Rural Pathway, Female, FACRRM)*

*GP registrars are currently funding their parental leave and that is very unfair. A step in the right direction for gender equality should be paid parental leave for all GP registrars. (General Pathway, Female, FRACGP)*

Some have further noted the challenges of losing leave entitlements as a result of leaving the state health system, reflecting the disparities faced by GP registrars:

*Once you leave state health systems you are transitioned between employers and long service, parental leave and sick leave entitlements lost. This does not entice registrars to go to GP rather than stay in other hospital-based specialties. (General Pathway, Female, FRACGP)*

*Was terrible to leave the hospital system and lose all my leave requirements, then need to take maternity leave in GP terms as was entitled to no maternity leave payments. Unfair compared to my hospital colleagues (Rural Pathway, Female, FACRRM)*

## Registrars' training choices

As in previous years, in the 2023 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 (71%), and GP specialisation was reported as the first choice of medical specialisation for 59 per cent of registrars. Twenty-one 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 2023 were the same as those given in all years since 2017. These reasons included the hours and working conditions for this speciality (76% - up from 65% in 2022), the diversity of patients and medical presentations (60% - up from 53% in 2022), as well as the ability to build long-term relationships with patients (55% - up from 49% in 2022). Figure 13 lists the top responses given by at least 20 per cent of registrars for choosing a GP specialisation.

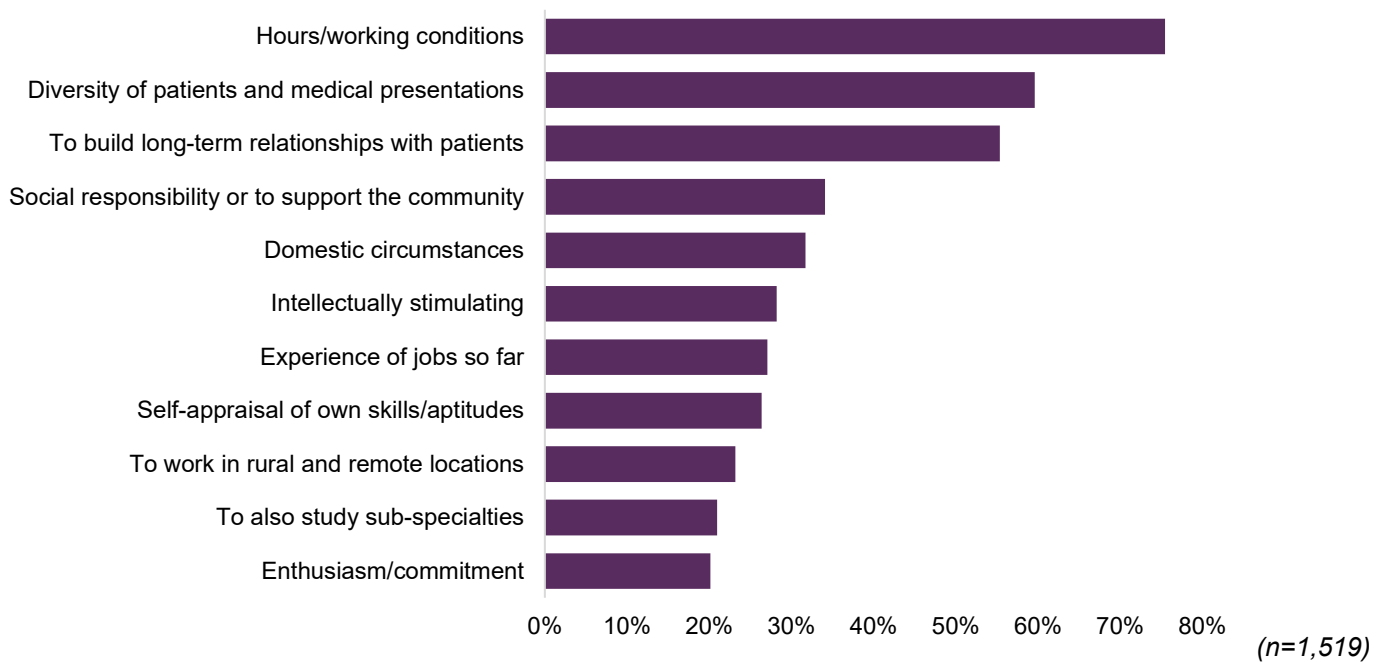
Registrars were also asked about their reasons for selecting their GP College. In previous years, registrars were asked why they selected their RTO. The most common reasons given for choice of College were the training opportunities (46%), location (45%) followed by lifestyle (33%).

Analysis of 113 open ended registrar responses corroborates the above findings, showing that registrars chose their GP College based on individual needs (e.g. military commitments, location of training, peer support, flexibility) and interests (e.g. focus on rural training). Registrar feedback included the following examples:

*Focus on rural and remote medicine (Rural Pathway, Male, FACRRM)*

*I studied in a rural area during med school and it wasn't for me. I'm more interested in regional cities (Wollongong, Newcastle, Geelong etc) than rural/remote areas (General Pathway, Female, FRACGP)*





**Figure 13: 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 6). The responses indicate that most registrars plan to be working as a GP. A total of 85 per cent of registrars plan to work as a private GP, with 35 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 (62%) than male registrars (42%), 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 (28% male, 19% female), similar to 2022 (2022: 30% male, 19% female).

One-fifth 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, 34 per cent of those on the rural pathway intend to work in a rural or remote location in 5 years' time while only 8 per cent of those in the general pathway have this same intention. Of registrars on the rural pathway, 28 per cent would like to be working as a Rural Generalist, compared with only 4 per cent of registrars in the general pathway. Of those on the rural pathway 15 per cent intend to be working in Aboriginal and Torres Strait Islander Health in 5 years' time compared with only 11 per cent of those in the general pathway while 17 per cent of Rural Generalist trainees, compared with only 12 per cent of those who were not Rural Generalist trainees, intended to be working in Aboriginal and Torres Strait Islander Health in 5 years' time.

The majority of registrars indicated that, within 5 years, they would like to be involved in medical education (83%), either supervising medical students or registrars, or becoming a medical educator. Only a small proportion of registrars indicated that they do not plan to be working as a GP in 5 years.

**Table 6: Career plans in 5 years' time**

Career plans	Per cent (%)
Working full-time as a private GP	34.5
Working part-time as a private GP	54.4
To own their own practice	13.0
To purchase or buy into an existing practice	15.1
Working in Aboriginal and Torres Strait Islander Health	12.7
Working as a GP in another setting (e.g. aged, palliative, home care)	23.2
Working in a rural or remote location	21.6
Working as a Rural Generalist	16.2
Not working as a GP	4.6
Other	6.3

(n=1,519)

Of the 95 registrars that responded to the option 'other', most responded that they would like to be involved in full or part time medical work outside of general practice. These included roles in research and teaching, public health, medical administration, or specialist medicine.

*I would like to be involved with formal teaching potentially through universities or GP training, working in specialised GP care for women's health and working as a GP (General Pathway, Female, FRACGP)*

*A mixture of rural anaesthetics and emergency medicine (Rural Pathway, Male, FACRRM)*

The 40 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, 35 per cent said they planned to stay in the same location, 40 per cent were unsure and 25 per cent planned to relocate at the end of their training.

## Appendix A: Table of Figures

Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, by MMM .....	13
Figure 2: Location of registrars' current training facility from 2021 to 2023, by MMM .....	15
Figure 3: Proportion of registrars who relocated for training, by MMM .....	16
Figure 4: Satisfaction with different aspects of training under the GP College model .....	17
Figure 5: Satisfaction with different aspects of training facilities .....	18
Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider and training facility from 2017 to 2023 .....	19
Figure 7: Key Performance Indicators.....	22
Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by MMM .....	22
Figure 9: Comparison of historical Key Performance Indicator results, 2017 to 2023.....	23
Figure 10: Satisfaction with health and wellbeing support, by source of support.....	26
Figure 11: Preference for mode of employment, by training term.....	31
Figure 12: Benefit of extra leave entitlements .....	33
Figure 13: Why registrars decided to become GP specialists (top reasons given) .....	35

## Appendix B: Table of Tables

Table 1: 2023 AGPT NRS representativeness of respondents with population for different registrar characteristics .....	11
Table 2: Registrar training contexts .....	14
Table 3: Key Performance Indicators (satisfaction questions).....	21
Table 4: Key Performance Indicators (yes/no questions).....	21
Table 5: Type of advice received by Rural Generalist trainees from program coordination units.....	27
Table 6: Career plans in 5 years' time .....	36
Table 7: 2023 AGPT NRS item frequencies – demographic and contextual items (n=1,519).....	39
Table 8: 2023 AGPT NRS item frequencies – satisfaction with GP College (n=1,519).....	39
Table 9: 2023 AGPT NRS item frequencies – satisfaction with training facility (n=1,519) .....	40
Table 10: 2023 AGPT NRS item frequencies – rural community health needs (n=1,496) .....	42
Table 11: 2023 AGPT NRS item frequencies – Aboriginal and Torres Strait Islander health training (n=1,457).....	42
Table 12: 2023 AGPT NRS item frequencies – complaints and/or grievance process (n=1,366) .....	43
Table 13: 2023 AGPT NRS item frequencies – registrars' health, wellbeing and location (n=1,350).....	43
Table 14: 2023 AGPT NRS item frequencies – transition to College-led GP training (n=734).....	44
Table 15: 2023 AGPT NRS item frequencies – rural generalists (n(RG)= 260; n(not RG)=1,069) .....	45
Table 16: 2023 AGPT NRS item frequencies – employment, salary and leave (n=1,322).....	46
Table 17: 2023 AGPT NRS item frequencies – pathway to GP (n=1,312) .....	47
Table 18: 2023 AGPT NRS item frequencies – registrars' future plans (n=1,312).....	48

Table 19: 2023 AGPT NRS item frequencies – training choices (n=1,237) .....	49
Table 20: alternative to Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions,.....	66
Table 21: alternative to Figure 2: Location of registrars' current training facility from 2021 to 2023, by MMM .....	66
Table 22: alternative to Figure 3: Proportion of registrars who relocated for training, by MMM .....	66
Table 23: alternative to Figure 4: Satisfaction with different aspects of training under the GP College model .....	66
Table 24: alternative to Figure 5: Satisfaction with different aspects of training facilities .....	67
Table 25: alternative to Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider and training facility from 2017 to 2023.....	67
Table 26: alternative to Figure 7: Key Performance Indicators, 2023 .....	67
Table 27: alternative to Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by MMM .....	68
Table 28: alternative to Figure 9: Comparison of historical Key Performance Indicator results, 2017 to 2023 .....	68
Table 29: alternative to Figure 10: Satisfaction with health and wellbeing support, by source of support ....	68
Table 30: alternative to Figure 11: Preference for mode of employment, by training term.....	68
Table 31: alternative to Figure 12: Benefit of extra leave entitlements .....	68
Table 32: alternative to Figure 13: Why registrars decided to become GP specialists (top reasons given) .	69

## Appendix C: 2023 AGPT NRS item frequencies

Table 7 to Table 19 include the item frequencies for the closed items included in the 2023 AGPT NRS.

**Table 7: 2023 AGPT NRS item frequencies – demographic and contextual items (n=1,519)**

Item	Response options	N	%
Which fellowship are you currently working towards?	FACRRM	1,335	87.9
	FRACGP	151	9.9
	FRACGP & FARGP	57	3.8
At what full time equivalent (FTE) load were you employed during Semester One, 2023?	0.0 to 0.4	92	6.1
	0.5 to 0.6	264	17.4
	0.7 to 0.8	157	10.4
	0.9 to 1.0	1,000	66.1
What training were you undertaking during Semester One, 2023?	GPT1 Term	534	35.2
	GPT2 Term	154	10.1
	GPT3 Term	399	26.3
	CGT1	23	1.5
	CGT2	10	0.7
	CGT3	23	1.5
	CGT4	22	1.4
	Extended Skills	212	14.0
	Advanced Rural Skills Training (ARST)	18	1.2
	Advanced Specialised Training (AST)	40	2.6
	Academic post	12	0.8
	Medical Education post	<4	-
	Other (please specify)	163	10.7

**Table 8: 2023 AGPT NRS item frequencies – satisfaction with GP College (n=1,519)**

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your College in Semester One, 2023?			
Overall training & education quality	Very dissatisfied	69	4.6
	2	166	11.1
	3	424	28.3
	4	599	40.0
	Very satisfied	239	16.0
Training advice	Very dissatisfied	60	4.0
	2	169	11.2
	3	412	27.4
	4	598	39.8
	Very satisfied	264	17.6
Feedback on training progress	Very dissatisfied	57	3.8
	2	156	10.4
	3	430	28.7
	4	604	40.4
	Very satisfied	249	16.6
Workshops and webinars provided	Very dissatisfied	82	5.5
	2	163	10.9
	3	421	28.2
	4	557	37.4
	Very satisfied	268	18.0

Training and education resources	Very dissatisfied	55	3.7
	2	197	13.2
	3	423	28.3
	4	576	38.5
	Very satisfied	246	16.4
Medical educator facilitated peer learning	Very dissatisfied	70	4.7
	2	161	10.9
	3	436	29.5
	4	506	34.3
	Very satisfied	304	20.6
Support to meet ACRRM training requirements	Very dissatisfied	15	9.9
	2	25	16.6
	3	48	31.8
	4	45	29.8
	Very satisfied	18	11.9
Support to meet RACGP training requirements	Very dissatisfied	63	4.7
	2	154	11.5
	3	396	29.6
	4	506	37.8
	Very satisfied	219	16.4
Support for examination and assessments	Very dissatisfied	82	5.6
	2	200	13.6
	3	519	35.3
	4	499	33.9
	Very satisfied	170	11.6
Communication	Very dissatisfied	111	7.4
	2	191	12.7
	3	387	25.7
	4	590	39.1
	Very satisfied	229	15.2
Induction / orientation	Very dissatisfied	76	5.2
	2	142	9.6
	3	422	28.6
	4	568	38.6
	Very satisfied	265	18.0

**Table 9: 2023 AGPT NRS item frequencies – satisfaction with training facility (n=1,519)**

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, 2023?			
Quality of overall training and education	Very dissatisfied	48	3.2
	2	78	5.2
	3	278	18.6
	4	625	41.8
	Very satisfied	468	31.3
Supervisor support	Very dissatisfied	45	3.0
	2	62	4.1
	3	205	13.6
	4	503	33.4
	Very satisfied	689	45.8

Supervisor's training / teaching	Very dissatisfied	56	3.7
	2	97	6.5
	3	243	16.2
	4	561	37.5
	Very satisfied	540	36.1
Feedback from your supervisor	Very dissatisfied	45	3.0
	2	82	5.5
	3	236	15.8
	4	568	37.9
	Very satisfied	567	37.9
Clinical work	Very dissatisfied	25	1.7
	2	39	2.6
	3	195	13.0
	4	691	46.1
	Very satisfied	548	36.6
Number of patients or presentations	Very dissatisfied	26	1.7
	2	51	3.4
	3	190	12.6
	4	650	43.2
	Very satisfied	588	39.1
Diversity of patients or presentations	Very dissatisfied	23	1.5
	2	49	3.3
	3	233	15.5
	4	656	43.6
	Very satisfied	545	36.2
Level of workplace responsibility	Very dissatisfied	25	1.7
	2	38	2.5
	3	182	12.1
	4	683	45.5
	Very satisfied	574	38.2
Induction / orientation to your training facility	Very dissatisfied	43	2.9
	2	62	4.2
	3	261	17.6
	4	551	37.2
	Very satisfied	565	38.1
Induction / orientations to your local community	Very dissatisfied	42	2.9
	2	96	6.6
	3	362	24.9
	4	533	36.6
	Very satisfied	423	29.1
Training and education resources	Very dissatisfied	40	2.7
	2	100	6.7
	3	341	22.9
	4	626	42.0
	Very satisfied	384	25.8
Location	Very dissatisfied	34	2.3
	2	48	3.2
	3	272	18.2
	4	538	35.9
	Very satisfied	606	40.5

Terms and conditions	Very dissatisfied	55	3.7
	2	82	5.5
	3	283	18.9
	4	580	38.8
	Very satisfied	495	33.1

**Table 10: 2023 AGPT NRS item frequencies – rural community health needs (n=1,496)**

Item	Response options	N	%
Have you completed training that helps you understand the health needs of rural communities? e.g. online training or workshops	No	623	41.6
	Yes	873	58.4

**Table 11: 2023 AGPT NRS item frequencies – Aboriginal and Torres Strait Islander health training (n=1,457)**

Item	Response options	N	%
In Semester One, 2023, were you training in an Aboriginal and Torres Strait Islander health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	No	1,347	92.8
	Yes	105	7.2
Have you completed or are you considering undertaking training in an Aboriginal and Torres Strait Islander health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	I am currently in this area of training	57	3.9
	I have already completed training	70	4.8
	I have completed training and I plan to do more	40	2.7
	I am considering undertaking training	515	35.4
	None of the above	773	53.1
Since commencing the AGPT program, have you participated in Aboriginal and Torres Strait Islander cultural safety and/or cultural awareness training?	No	359	24.6
	Yes	1,098	75.4
<IF YES to above> How satisfied are you with the Aboriginal and Torres Strait Islander cultural safety and/or cultural awareness training you received?	Very dissatisfied	17	1.6
	2	43	3.9
	3	231	21.1
	4	446	40.7
	Very satisfied	359	32.8
Do you have access to a cultural mentor if needed for guidance when working with Aboriginal and Torres Strait Islander patients? (Either in mainstream practice or an Aboriginal Medical Service/Aboriginal Community Controlled Health Service)	No	962	66.5
	Yes	484	33.5
<IF YES> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?	Very dissatisfied	6	1.3
	2	9	2.0
	3	126	27.4
	4	176	38.3
	Very satisfied	143	31.1



**Table 12: 2023 AGPT NRS item frequencies – complaints and/or grievance process (n=1,366)**

Item	Response options	N	%
Are you familiar with <college>'s formal complaints and/or grievance process?	No	609	44.6
	Yes	442	32.4
	Unaware process existed	315	23.1
Could you readily access <college>'s formal complaints and/or grievance process if needed?	No	622	46.9
	Yes	703	53.1
Have you ever made a formal written complaint relating to your training on the AGPT Program?	No	1,320	96.8
	Yes	44	3.2

**Table 13: 2023 AGPT NRS item frequencies – registrars' health, wellbeing and location (n=1,350)**

Item	Response options	N	%
How would you rate your satisfaction with the health and wellbeing support provided to you by			
training facility	Very dissatisfied	50	3.7
	2	63	4.7
	3	222	16.4
	4	432	32.0
	Very satisfied	532	39.4
	Not applicable	51	3.8
ACRRM	Very dissatisfied	10	7.4
	2	13	9.6
	3	48	35.6
	4	30	22.2
	Very satisfied	26	19.3
	Not applicable	8	5.9
RACGP	Very dissatisfied	78	6.5
	2	132	10.9
	3	357	29.6
	4	366	30.3
	Very satisfied	170	14.1
	Not applicable	103	8.5
Your GP Supervisor	Very dissatisfied	40	3.0
	2	48	3.6
	3	154	11.5
	4	359	26.8
	Very satisfied	611	45.7
	Not applicable	126	9.4
<If Aboriginal or Torres Strait Islander registrar> IGPRN?	Very dissatisfied	1	3.7
	2	0	0.0
	3	2	7.4
	4	3	11.1
	Very satisfied	17	63.0
	Not applicable	4	14.8

<If Aboriginal or Torres Strait Islander registrar> AIDA?	Very dissatisfied	0	0.0
	2	2	7.4
	3	4	14.8
	4	8	29.6
	Very satisfied	7	25.9
	Not applicable	6	22.2
General Practice Registrars Australia (GPRA)	Very dissatisfied	36	2.7
	2	70	5.3
	3	339	25.5
	4	297	22.3
	Very satisfied	142	10.7
	Not applicable	445	33.5
Do you have your own independent GP?	No	359	26.8
	Yes	982	73.2
Are you living away from your immediate family?	No	812	60.4
	Yes	532	39.6
How many dependants do you have? (e.g. children, parents)?	0	492	40.6
	1 or 2	530	43.7
	3 or 4	169	13.9
	5 or more	21	1.7
Did you move to the current region to undertake the AGPT program?	No	806	60.1
	Yes	536	39.9
Do you intend to stay in this region after completing the AGPT program?	No	203	15.1
	Yes	720	53.7
	Unsure	419	31.2

**Table 14: 2023 AGPT NRS item frequencies – transition to College-led GP training (n=734)**

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	166	22.7
	Yes	354	48.4
	Unsure	211	28.9
Has the transition to College-led GP training had an impact on your training?	Negative impact	212	29.3
	No impact	451	62.3
	Positive impact	61	8.4
To what extent do you feel you are informed about the transition to College-led GP training?	Not at all	60	8.2
	Somewhat	350	48.1
	Quite a bit	201	27.6
	Very much	109	15.0
	Don't know	8	1.1
From which of the following sources have you accessed information about the transition to College-led GP training?	Your RTO?	471	64.2
	Your training facility?	146	19.9
	<IF COLLEGE=ACRRM> ACRRM?	68	74.7
	<IF COLLEGE=RACGP> RACGP?	414	64.7
	Your GP Supervisor?	116	15.8
	General Practice Registrars Australia (GPRA)?	86	11.7
	The Department of Health and Aged Care?	7	1.0
	Other	33	4.5

**Table 15: 2023 AGPT NRS item frequencies – rural generalists (n(RG)= 260; n(not RG)=1,069)**

Item	Response options	N	%
Are you training as a Rural Generalist?	No	1092	82.3
	Yes	235	17.7
<If RG> When did you decide to become a Rural Generalist?	Start of medical school	44	17.7
	End of medical school	59	23.7
	After internship	35	14.1
	Start of registrar training	81	32.5
	Unsure	30	12.0
<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	53	20.4
	Northern Territory Rural Generalist Coordination Unit	4	1.5
	Queensland Rural Generalist Pathway Coordination Unit	65	25.0
	South Australian Rural Generalist Coordination Unit	10	3.8
	Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit	4	1.5
	Victorian Rural Generalist Program (VRGP) Coordination Unit	27	10.4
	Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit	10	3.8
<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	72	27.7
	Advice or assistance with placements as a GP Rural Generalist registrar	103	39.6
	Advice or assistance managing the intersection between hospital-based training and primary care	47	18.1
	Assistance managing the transition from junior doctor to GP Rural Generalist registrar	46	17.7
	Case management support to navigate the pathway	42	16.2
	Education support	72	27.7
	Relocation, travel and/or accommodation support	34	13.1
	Orientation	23	8.8
<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	14	6.5
	2	19	8.8
	3	71	32.7
	4	61	28.1
	Very satisfied	52	24.0
<IF RG> Do you intend to remain in a rural practice upon completing your training?	No	10	3.9
	Yes	183	72.0
	Unsure	61	24.0
<IF NOT RG> Are you considering changing to the Rural Generalist pathway?	No	803	75.1
	Yes	51	4.8
	Unsure	215	20.1

<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	34	66.7
	Yes	7	13.7
	Unsure	10	19.6

**Table 16: 2023 AGPT NRS item frequencies – employment, salary and leave (n=1,322)**

Item	Response options	N	%
To what extent are you concerned with your current employment arrangements?	Not at all	483	36.9
	Somewhat	416	31.8
	Quite a bit	192	14.7
	Very much	156	11.9
	Don't know	63	4.8
To what extent do you agree with the following statements?			
GP registrars should continue to be employed directly by training facilities (more than one employer throughout GP training)	Strongly disagree	224	17.4
	2	210	16.3
	3	442	34.2
	4	231	17.9
	Strongly agree	184	14.3
GP registrars should be employed by a 'single employer' (one employer throughout GP training)	Strongly disagree	176	13.6
	2	162	12.5
	3	344	26.6
	4	270	20.9
	Strongly agree	339	26.3
Which of the following best describes your salary during Semester One, 2023?	Fixed salary (including on call / overtime)	268	20.5
	Fixed salary and a percentage of billings	615	46.9
	Fixed salary and a percentage of receipts	122	9.3
	A percentage of billings	205	15.6
	A percentage of receipts	30	2.3
	Other	70	5.3
To what extent do you agree with the following statements?			
GP registrars should continue to be able to negotiate their salary with their employer throughout GP training	Strongly disagree	143	11.0
	2	131	10.1
	3	361	27.8
	4	263	20.2
	Strongly agree	401	30.9
GP registrars should be paid a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors throughout GP training	Strongly disagree	115	8.9
	2	116	9.0
	3	269	20.9
	4	293	22.7
	Strongly agree	497	38.5
Which of the following types of leave (paid or unpaid) have you taken while training on the AGPT program?	Annual leave	1,124	85.0
	Personal leave (includes sick leave and carer's leave)	971	73.4
	Exam or study leave	402	30.4
	Parental leave	197	14.9
	Long service leave	9	0.7

Thinking about your current leave entitlements, how beneficial would each of the following additional leave entitlements be to you while training?			
Additional paid annual leave	Not at all	57	4.4
	Somewhat	162	12.5
	Quite a bit	191	14.7
	Very much	830	64.0
	Don't know	57	4.4
Additional paid personal leave	Not at all	113	8.8
	Somewhat	232	18.1
	Quite a bit	196	15.3
	Very much	669	52.2
	Don't know	71	5.5
Paid exam or study leave	Not at all	34	2.6
	Somewhat	49	3.8
	Quite a bit	124	9.6
	Very much	1,055	81.5
	Don't know	32	2.5
Paid parental leave	Not at all	187	14.6
	Somewhat	96	7.5
	Quite a bit	112	8.7
	Very much	693	54.1
	Don't know	193	15.1
Having portable leave entitlements that move with you during training and post-fellowship	Not at all	248	19.7
	Somewhat	146	11.6
	Quite a bit	103	8.2
	Very much	490	39.0
	Don't know	271	21.5
Paid long service leave	Not at all	44	3.4
	Somewhat	68	5.3
	Quite a bit	123	9.6
	Very much	939	73.5
	Don't know	104	8.1

**Table 17: 2023 AGPT NRS item frequencies – pathway to GP (n=1,312)**

Item	Response options	N	
When did you decide to become a specialist GP?	While I was at school	72	5.5
	Early in my medical degree	197	15.0
	Late in my medical degree	213	16.2
	In my first year out of medical school	117	8.9
	More than one year out of medical school	492	37.5
	After trying another specialty	318	24.2
	Other	59	4.5

Why did you decide to become a specialist GP?	To build long-term relationships with patients	726	55.3
	To also study sub-specialties such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	275	21.0
	The training program is fully funded by the Commonwealth Government	82	6.3
	To work in rural and remote locations	304	23.2
	Intellectually stimulating	370	28.2
	Diversity of patients and medical presentations	782	59.6
	Domestic circumstances	416	31.7
	Hours/working conditions	990	75.5
	Eventual financial prospects	132	10.1
	Promotion/career prospects	125	9.5
	Self-appraisal of own skills/aptitudes	346	26.4
	Advice from others	194	14.8
	Student experience of subject	166	12.7
	Particular teacher, department or role model	156	11.9
	Inclinations before medical school	161	12.3
	Experience of jobs so far	355	27.1
	Enthusiasm/commitment	264	20.1
	Social responsibility or to support the community	447	34.1
	Other (please specify)	63	4.8
Was GP specialisation your first choice of specialty?	No	531	40.9
	Yes	768	59.1
Did you apply to any other specialty programs at the same time or before you applied to become a GP specialist?	No	1,031	79.4
	Yes	268	20.6
What were the main reasons you chose your College as your training provider?	Family/partner support	280	21.3
	Location	592	45.1
	Lifestyle	432	32.9
	Training opportunities	599	45.7
	Career links with region (e.g. earlier placement)	154	11.7
	Reputation of the College embedded in location	319	24.3
	Recommended by peers	296	22.6
	Other (please specify)	113	8.6

**Table 18: 2023 AGPT NRS item frequencies – registrars' future plans (n=1,312)**

Item	Response options	N	%
Within the next five years, you would like to be...	mentoring medical students or registrars.	793	60.4
	teaching or supervising medical students.	733	55.9
	supervising registrars.	596	45.4
	a medical educator.	406	30.9
	involved in academic research.	187	14.3
	not involved in doctor training.	171	13.0

Item	Response options	N	%
In five years, you would like	to be working full-time as a private GP.	453	34.5
	to be working part-time as a private GP.	714	54.4
	to own your own practice.	171	13.0
	to purchase or buy into an existing practice.	198	15.1
	to be working in Aboriginal and Torres Strait Islander Health.	167	12.7
	to be working as a GP in another setting (e.g. aged, palliative, home care).	305	23.2
	to be working in a rural or remote location.	284	21.6
	to be working as a Rural Generalist	212	16.2
	to be not working as a GP.	60	4.6
	to be doing something else (please specify).	95	7.2

**Table 19: 2023 AGPT NRS item frequencies – training choices (n=1,237)**

Item	Response options	N	%
Did you complete any of the following terms prior to commencing the Australian General Practice Training (AGPT) program?	First Wave Scholarship (GP placement in the undergraduate years)	23	1.9
	Rural Clinical School	353	28.5
	Commonwealth Medical Internships	150	12.3
	Bonded Medical Placements (BMP) Scheme	164	13.5
	Medical Rural Bonded Scholarship (MRBS) Scheme	52	4.3
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	46	3.8
	John Flynn Placement program	71	5.9
	State rural generalist programs	70	5.8
	Remote Vocational Training Scheme	11	0.9
	HECS Reimbursement Scheme	150	12.4
	RACGP Practice Experience Program (PEP)	20	1.7
	ACRRM Independent Pathway	6	0.5
	More Doctors for Rural Australia Program	12	1.0
	Community Residency Placement (WA)	27	2.2
	Training towards any other fellowship	158	13.1
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	9	0.7

<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, 2023?	Aboriginal and Torres Strait Islander Health	17	7.1
	Academic practice	7	2.9
	Adult Internal Medicine	6	2.5
	Anaesthetics	7	2.9
	Dermatology	11	4.6
	Emergency Medicine	26	10.9
	Medical Education	4	1.7
	Men's Health	<4	-
	Mental Health	9	3.8
	Obstetrics and Gynaecology	17	7.1
	Paediatrics	8	3.4
	Palliative Care	8	3.4
	Population Health	<4	-
	Remote Medicine	<4	-
	Skin Cancer Medicine	11	4.6
	Small Town Rural General Practice (STRGP)	<4	-
	Surgery	<4	-
	Women's Health	19	8.0
	Other (please specify)	7	2.9



## Appendix D: 2023 AGPT NRS Instrument

### Introductory text

The Department of Health and Aged Care (the Department) has engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to conduct the 2023 Australian General Practice Training (AGPT) Program National Registrar Survey. The survey results enable the Department to monitor the performance of the program, and to help bring emerging issues to the attention of the Department and other GP training stakeholders.

Please take 10 minutes to tell us about your experience as a general practice registrar in Semester One, 2023 by clicking on the 'Next' button below. Your responses help the Department, the Colleges and other stakeholders such as General Practice Registrars Australia (GPRA), General Practice Supervision Australia (GPSA) and Indigenous General Practice Registrars Network (IGPRN) improve your and other registrars' experience in the 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 ACER's Human Research Ethics Committee ethics approval process.

We encourage you to participate in the 2023 Australian General Practice Training National Registrar Survey.

Question	Item	Response Options
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 - RGF	
	Other (please specify)	OPEN ENDED RESPONSE
At what full time equivalent (FTE) load were you employed during <b>Semester One, 2023</b> ?	-	0.0 to 0.2
1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day.		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
<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).	-	<i>Note that the survey will be terminated here.</i>

Question	Item	Response Options
<p>You are not required to respond this year. Please press <i>Next</i> to finalise your input.</p>		
If you were training in a hospital during <b>Semester One, 2023</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. Please press <i>Next</i> to finalise your input.	-	Note that the survey will be terminated here.
What training were you undertaking during <b>Semester One, 2023</b> ?  Please select all that apply.	GPT1 Term	Not selected
	GPT2 Term	Selected
	GPT3 Term	
	CGT1	
	CGT2	
	CGT3	
	CGT4	
	Extended Skills	
	Advanced Rural Skills Training (ARST)	
	Advanced Specialised Training (AST)	
	Academic post	
	Medical Education post	
	Other (please specify)	OPEN ENDED RESPONSE
<p>The following questions ask about your satisfaction with your College and training facility.</p> <p>All questions referring to 'your training facility' relate to the main practice, hospital or academic post you were assigned in <b>Semester One, 2023</b>.-</p>		
How would you rate your satisfaction with the following aspects of <b>&lt;COLLEGE&gt;</b> in <b>Semester One, 2023</b> ?	Quality of overall training and education experience	1 Very dissatisfied
	Quality of training advice	2
	Feedback on your training progress	3

Question	Item	Response Options
	Workshops provided, including webinars	4
	Training and education resources available	5 Very satisfied
	Medical educator facilitated peer learning	
	<IF COLLEGE=ACRRM> Support to meet ACRRM training requirements	
	<IF COLLEGE=RACGP> Support to meet RACGP training requirements	
	Support for examination and assessments	
	Communication	
	Induction / orientation provided	
How would you rate your satisfaction with the following aspects of your <b>training facility</b> (e.g. your practice, your hospital) in <b>Semester One, 2023</b> ?	Quality of overall training and education experience	1 Very dissatisfied
	Supervisor's support	2
	Supervisor's training / teaching	3
	Feedback from your supervisor	4
	Clinical work	5 Very satisfied
	Number of patients or presentations	
	Diversity of patients or presentations	
	Level of workplace responsibility	
	Induction / orientation into your training facility	
	Induction / orientation to the local community	
	Training and education resources available	
	Location	
	Terms and conditions of employment at your training facility	
Have you completed training that helps you understand the health needs of rural communities? e.g. online training or workshops		No Yes
The following questions ask about the training related to Aboriginal and Torres Strait Islander culture that you have received.		
In <b>Semester One, 2023</b> , were you training in an Aboriginal and Torres Strait Islander health training	-	No Yes

Question	Item	Response Options
post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?		
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal and Torres Strait Islander health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	I am currently in this area of training I have already completed training I have completed training and I plan to do more I am considering undertaking training None of the above
Since commencing the AGPT program, have you participated in Aboriginal and Torres Strait Islander cultural safety and/or cultural awareness training?	-	No / Yes
<IF YES to above> How satisfied are you with the Aboriginal and Torres Strait Islander cultural safety and/or cultural awareness training you received?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
Do you have access to a cultural mentor if needed for guidance when working with Aboriginal and Torres Strait Islander patients?  (Either in mainstream practice or an Aboriginal Medical Service/Aboriginal Community Controlled Health Service)	-	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
Given your overall experience with your training, what have been the best aspects of your experience?	-	OPEN ENDED RESPONSE

Question	Item	Response Options
Given your overall experience with your training, what aspects of your experience are most in need of improvement?	-	OPEN ENDED RESPONSE
The following asks about <COLLEGE> complaints and grievances process.		
Are you familiar with <COLLEGE>'s formal complaints and/or grievance process?	-	No Yes Unaware process exists
Could you readily access <COLLEGE>'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
How would you rate your satisfaction with the health and wellbeing support provided to you by	<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>&lt;If Aboriginal or Torres strait Islander registrar&gt; IGPRN?</div> <div>&lt;If Aboriginal or Torres strait Islander registrar&gt; AIDA?</div> <div>the General Practice Registrar Australia (GPRA)?</div>	<div>1 Very dissatisfied</div> <div>2</div> <div>3</div> <div>4</div> <div>5 Very satisfied</div>
Do you have your own independent GP?		No Yes
Are you living away from your immediate family?		No Yes
How many dependents 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
<If NOT GPT1 or CGT1> The following questions relate to the transition to College-led GP training.	-	-

Question	Item	Response Options
<If NOT GPT1 or CGT1> Do you understand the changes that occurred to your training following transition to College-led GP training?	-	No Yes Unsure
<If NOT GPT1 or CGT1> What impact has the transition to College-led GP training had on your training?	-	Negative impact No impact Positive impact
<If NOT GPT1 or CGT1> To what extent do you feel you were informed about the transition to College-led GP training?	-	Not at all Somewhat Quite a bit Very much Don't know
<If NOT GPT1 or CGT1> From which of the following sources did you access information about the transition to College-led GP training?  <i>Please select all that apply.</i>	<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 Registrar Association (GPRA)</div> <div>The Department of Health and Aged Care</div> <div>Other (please describe)</div>	<div>Not selected</div> <div>Selected</div> <div>OPEN ENDED RESPONSE</div>
The following questions ask about the Rural Generalist Pathway.		
<If RACGP> 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?		HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit Northern Territory Rural Generalist Coordination Unit

Question	Item	Response Options
<i>Please select all that apply.</i>		Queensland Rural Generalist Pathway Coordination Unit South Australian Rural Generalist Coordination Unit Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit Victorian Rural Generalist Program (VRGP) Coordination Unit Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit
<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>		Advice or assistance with placements as a junior doctor Advice or assistance with placements as a GP Rural Generalist registrar Advice or assistance managing the intersection between hospital-based training and primary care Assistance managing the transition from junior doctor to GP Rural Generalist registrar 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)?		1 Very dissatisfied 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

Question	Item	Response Options
<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
<IF RURAL> What have been the best aspects of training rurally?	-	OPEN ENDED RESPONSE
<IF RURAL> What aspects of your experience training rurally are most in need of improvement?	-	OPEN ENDED RESPONSE
The Department of Health and Aged Care is interested in your views on GP training employment arrangements. The following questions relate to your views on employment models, salary and entitlements.		
To what extent are you concerned with your current employment arrangements?		Not at all Somewhat Quite a bit Very much Don't know
Currently GP registrars are employed directly by their current training facility and as a result have several different employers through GP training. An alternate employment model would be for GP registrars to be employed by a 'single employer', potentially being employed by government, their College, or another organisation, while training in multiple training facilities.	<div>GP registrars should continue to be employed directly by training facilities (more than one employer throughout GP training)</div> <div>GP registrars should be employed by a 'single employer' (one employer throughout GP training)</div>	<div>1 Strongly disagree</div> <div>2</div> <div>3</div> <div>4</div> <div>5 Strongly agree</div>



Question	Item	Response Options
To what extent do you agree with the following statements?		
Which of the following best describes your salary during <b>Semester One, 2023</b> ?	-	Fixed salary (including on call / overtime) Fixed salary and a percentage of billings Fixed salary and a percentage of receipts A percentage of billings A percentage of receipts Other
Currently, most GP registrar salaries are paid through Medicare Benefits Schedule (MBS) billings and registrars are able to negotiate with their employers. An alternative salary arrangement would be for GP registrars to have a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors.	GP registrars should continue to be able to negotiate their salary with their employer throughout GP training GP registrars should be paid a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors throughout GP training	1 Strongly disagree 2 3 4 5 Strongly agree
To what extent do you agree with the following statements?		
Which of the following types of leave (paid or unpaid) have you taken while training on the AGPT program?	Annual leave Personal leave (includes sick leave and carer's leave) Leave for exam or study Parental leave Long service leave	Yes No Not applicable
Thinking about your current leave entitlements, how beneficial would each of the following additional leave entitlements be to you while training?	Additional paid annual leave Additional paid personal leave Paid exam or study leave Paid parental leave Paid long service leave Having portable leave entitlements that move with you during training and post-fellowship	Not at all Somewhat Quite a bit Very much Don't know

Question	Item	Response Options
Please let us know any comments you have about GP registrar employment arrangements, salaries or leave entitlements.	-	OPEN ENDED RESPONSE
When did you decide to become a specialist GP?  <i>Please select all that apply.</i>	<div>While I was at school</div> <div>Early in my medical degree</div> <div>Late in my medical degree</div> <div>In my first year out of medical school</div> <div>More than one year out of medical school</div> <div>After trying another specialty</div> <div>Other (please specify)</div>	<div>Not selected</div> <div>Selected</div> <div>OPEN ENDED RESPONSE</div>
Why did you decide to become a specialist GP?  <i>Please select all that apply.</i>	<div>To build long-term relationships with patients</div> <div>To also study sub-specialties such as anaesthesia, emergency medicine, paediatrics, obstetrics, and gynaecology</div> <div>The training program is fully funded by the Commonwealth Government</div> <div>To work in rural and remote locations</div> <div>Intellectually stimulating</div> <div>Diversity of patients and medical presentations</div> <div>Domestic circumstances</div> <div>Hours/working conditions</div> <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>Not selected</div> <div>Selected</div>

Question	Item	Response Options
	Social responsibility or to support the community	
	Other (please specify)	OPEN ENDED 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 ENDED RESPONSE
What was your main reason for choosing your GP fellowship?	-	OPEN ENDED RESPONSE
What were the main reasons you chose your College as your training provider?  Please select all that apply.	Family/partner support Location Lifestyle Training opportunities Career links with region (e.g. earlier placement) Reputation of the College embedded in location Recommended by peers Other (please specify)	Not selected Selected       OPEN ENDED RESPONSE
Within the next five years, you would like to be...  <i>Please select all that apply.</i>	mentoring medical students or registrars. teaching or supervising medical students. supervising registrars. a medical educator. involved in academic research. not involved in doctor training.	Not selected Selected
In five years, you would like...  <i>Please select all that apply.</i>	to be working full-time as a private GP. to be working part-time as a private GP. to own your own practice. to purchase or buy into an existing practice.	Not selected Selected

Question	Item	Response Options
	to be working in Aboriginal and Torres Strait Islander 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).	OPEN ENDED RESPONSE
Did you complete any of the following terms prior to commencing the Australian General Practice Training (AGPT) program?	Prevocational General Practice Placements Program (PGPPP) First Wave Scholarship (GP placement in the undergraduate years) 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)	No Yes
Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised	Aboriginal and Torres Strait Islander Health Academic practice	Not selected Selected

Question	Item	Response Options
Training (FACRRM) or Advanced Rural Skills Training (FARGP) during <b>Semester One, 2023</b> ?	Adult Internal Medicine	OPEN RESPONSE
	Anaesthetics	
	Dermatology	
	Emergency Medicine	
	Medical Education	
	Men's Health	
	Mental Health	
	Obstetrics and Gynaecology	
	Paediatrics	
	Palliative Care	
	Population Health	
	Remote Medicine	
	Rural Skills Training	
	Skin Cancer Medicine	
	Small Town Rural General Practice (STRGP)	
	Surgery	
	Women's Health	
	Other (please specify)	

### Closing text

Thank you for participating in the Australian General Practice Training National Registrar Survey. Once you have completed the survey, please press 'Submit'.

Your responses help the Department of Health and Aged Care, Colleges and other stakeholders improve registrars' experience and learning in Australia.

If this survey has raised any concerns about your experience in the AGPT program, please get in touch with your Registrar Liaison Officer (RLO).

Alternatively, if you need further assistance, please contact GPRA at [registrarenquiries@gpra.org.au](mailto:registrarenquiries@gpra.org.au) or phone 03 9629 8878.

### **PRIVACY STATEMENT**

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.

ACER is bound to comply with the Privacy Act 1988 (Cth) and its ACER Privacy Policy locatable at <http://www.acer.org/privacy> and your personal information will be handled in accordance with that policy which may be updated from time to time.

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, [nrs@acer.org](mailto:nrs@acer.org).

## Appendix E: Accessible text alternatives for figures

### Infographic text alternative

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 1,519 registrars who participated in the 2023 survey.

#### Training experience

- **84%** were satisfied with their overall training and education from their GP College
- **92%** were satisfied with the overall training and education they received from their training facility
- **96%** were satisfied with the level of workplace responsibility
- **96%** were satisfied with the clinical work
- **93%** of registrars were satisfied with the support from their supervisor

#### Registrar characteristics

- **64%** of respondents were female
- **1.8%** identified as Aboriginal or Torres Strait Islander
- **54%** were between 30 to 39 years of age
- **35%** were International Medical Graduates
- **51%** were on the rural pathway

#### Best aspects of training rurally

- Sense of community
- Patient diversity and presentations
- Opportunities for skill development
- Living and working in rural areas
- Supportive work environment

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

- 93% GP Supervisor
- 91% Training facility
- 88% GPRA
- 96% IGPRN\*
- 91% AIDA\*

\*only Aboriginal and Torres Strait Islander registrars

#### Registrar Voices

- “My supervisors have been incredibly knowledgeable, approachable and supportive. This I feel has had a huge positive impact on my training.”
- “The close-knit rural community I work in has been extremely supportive and I feel like I have come to know many of my patients well which has assisted me in delivering personalised high-quality care. The patient cohort is diverse, and I have gained experience managing a wide range of conditions.”

#### Future plans

- 85% of registrars plan to work as a private GP
- 83% of registrars would like to be involved in medical education
- 17% of Rural Generalists intend to work in Aboriginal Health

## Text alternative for Figures

**Table 20: alternative to Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions**

Training facility location	Australian Medical Graduate (%)	International Medical Graduate (%)
MM 1	56.4	35.5
MM 2	11.2	21.2
MM 3	13.2	20.0
MM 4	8.2	12.8
MM 5	7.6	9.5
MM 6 and MM 7	3.5	1.0

**Table 21: alternative to Figure 2: Location of registrars' current training facility from 2021 to 2023, by MMM**

Training facility location	2023 (%)	2022 (%)	2021 (%)
MM 1	49.0	43.5	49.5
MM 2	14.7	16.8	15.8
MM 3	15.6	14.2	13.1
MM 4	9.8	11.6	10.4
MM 5	8.3	9.1	7.0
MM 6 and MM 7	2.6	4.8	4.2

**Table 22: alternative to Figure 3: Proportion of registrars who relocated for training, by MMM**

Region		Did not relocate for training (%)	Relocated for training (%)
Modified Monash Model	MM 1	84.4	15.6
	MM 2	57.4	42.6
	MM 3	38.0	62.0
	MM 4	23.5	76.5
	MM 5	28.8	71.2
	MM 6 and MM 7	19.4	80.6

**Table 23: alternative to Figure 4: Satisfaction with different aspects of training under the GP College model**

Area of College training satisfaction	Average satisfaction score
Overall training & education quality	3.5
Training advice	3.6
Feedback on training progress	3.6
Workshops and webinars	3.5
Training and education resources	3.5
Medical educator facilitated peer learning	3.6
Support to meet ACRRM training requirements	3.2
Support to meet RACGP training requirements	3.5
Support for examination and assessments	3.3
Communication	3.4
Induction and orientation	3.5



**Table 24: alternative to Figure 5: Satisfaction with different aspects of training facilities**

Area of training facility satisfaction	Average satisfaction score
Overall training & education experience	3.9
Supervisor's support	4.1
Supervisor's training / teaching	4.0
Feedback from supervisor	4.0
Clinical work	4.1
Number of patients or presentations	4.1
Diversity of patients or presentations	4.1
Workplace responsibility	4.2
Induction / orientation into your training facility	4.0
Induction / orientation to the local community	3.8
Training & education resources	3.8
Location	4.1
Terms & conditions	3.9

**Table 25: alternative to Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider and training facility from 2017 to 2023**

Overall Satisfaction	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)	2023 (%)
Overall Satisfaction: Training Provider*	88.0	89.7	88.8	86.8	88.4	87.7	84.3
Overall Satisfaction: Training Facility	91.7	92.6	91.2	90.3	90.9	90.6	91.6

\*Note 2023 training provider is the Colleges, from 2017-2022 the Training Provider was the RTOs

**Table 26: alternative to Figure 7: Key Performance Indicators**

Key Performance Indicators	2023 (%)
KPI 3: Rate of registrar 'induction/orientation' in training facilities	92.9
KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors*	90.3
KPI 7: Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching	83.6
KPI 8: Level of learning with and from a group of professional peers facilitated by medical educators	83.2
KPI 14: All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning	58.4
KPI 19: Rate of registrar satisfaction for placements*	91.2
KPI 20: Rate of registrar satisfaction for comprehensive community inductions	90.5
KPI 23: Percentage of general registrar satisfaction with training	88.3
KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor	33.5
KPI 26: Participation rates for cultural awareness training	75.4

\* Indicates composite variable

**Table 27: alternative to Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by MMM**

Key Performance Indicators	MM 1 (%)	MM 2 (%)	MM 3 (%)	MM 4 (%)	MM 5 (%)	MM 6 & 7 (%)
Training on health needs of rural community	46.1	68.5	70.6	70.8	71.9	65.8
Access to cultural educator or mentor	29.9	32.2	42.9	40.0	31.1	36.1
Cultural awareness training	71.8	84.0	73.6	80.9	80.5	75.0

**Table 28: alternative to Figure 9: Comparison of historical Key Performance Indicator results, 2017 to 2023**

Key Performance Indicators	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)	2023 (%)
KPI 4	89.5	90.6	89.5	90.4	90.4	89.3	90.3
Location (old KPI 5)	94.8	94.0	93.7	93.6	93.9	92.1	94.5
Resources (old KPI 6)	89.4	90.9	89.8	87.9	88.0	87.2	86.8

**Table 29: alternative to Figure 10: Satisfaction with health and wellbeing support, by source of support**

Source of support	Per cent (%)
Training facility	91.3
GP supervisor	92.7
IGPRN	95.7
AIDA	90.5
GPRA	88.0

**Table 30: alternative to Figure 11: Preference for mode of employment, by training term**

Mode of employment	GPT Term 1 or CGT1 (%)	GPT Term 2 or CGT2 (%)	GPT Term 3 or CGT3 or CGT4 (%)	Extended Skills or ARST or AST (%)	Academic or Medical Education Post (%)
Training facility	29.4	38.5	34.3	34.9	18.2
Single employer	48.1	48.5	46.9	44.3	81.8

**Table 31: alternative to Figure 12: Benefit of extra leave entitlements**

Leave type	Exam study (%)	Portable (%)	Annual (%)	Personal (%)	Parental (%)
Don't know	2.5	8.1	4.4	5.5	15.1
Not at all	2.6	3.4	4.4	8.8	14.6
Somewhat	3.8	5.3	12.5	18.1	7.5
Quite a bit	9.6	9.6	14.7	15.3	8.7
Very much	81.5	73.5	64.0	52.2	54.1

**Table 32: alternative to Figure 13: Why registrars decided to become GP specialists (top reasons given)**

Reasons	Per cent (%)
Hours/working conditions	75.5
Diversity of patients and medical presentations	59.6
To build long-term relationships with patients	55.3
Social responsibility or to support the community	34.1
Domestic circumstances	31.7
Intellectually stimulating	28.2
Experience of jobs so far	27.1
Self-appraisal of own skills/aptitudes	26.4
To work in rural and remote locations	23.2
To also study sub-specialties	21.0
Enthusiasm/commitment	20.1