



General Practice Training in Australia

National report on the 2024 National Registrar Survey

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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), and the Remote Vocational Training Scheme (RVTS), as well as other stakeholders we consulted with from Australian Indigenous Doctors' Association (AIDA), Indigenous General Practice Trainee 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 2024 National Registrar Survey. Last, but definitely not least, we would like to acknowledge and thank all the registrars who participated in the survey for their time, and for sharing their experiences.

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Acronyms and abbreviations

Acronym	Meaning
ACER	Australian Council for Educational Research
ACRRM	The Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training
AIDA	Australian Indigenous Doctors' Association
GP NRS	General Practice 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
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
FRACGP-RG	Fellowship of the Royal Australian College of General Practitioners – Rural Generalist
FSP	Fellowship Support Program
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 Trainee Network
IMG	International Medical Graduate
JCTS	Joint Colleges Training Services
KPI	Key Performance Indicator
MMM	Modified Monash Model (and subsequent Modified Monash (MM) categories)
MRBS	Medical Rural Bonded Scholarship Scheme
PEP	Practice Experience Program
PFP	Pre-fellowship Program
PGY	Post-graduate year
RACGP	The Royal Australian College of General Practitioners

Acronym	Meaning
RAMUS	Rural Australia Medical Undergraduate Scholarship
RDAA	Rural Doctors Association of Australia
RG	Rural Generalist
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
RVTS	Remote Vocational Training Scheme
TRGP	Tasmanian Rural Generalist Pathway
VRGP	Victorian Rural Generalist Program

Executive summary

The General Practice National Registrar Survey (GP NRS) is an annual, national survey of GP registrars currently training in Commonwealth funded trainings programs which include Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) and Rural Generalist Training Scheme (RGTS) programs (prior to 2024, it was only carried out with AGPT registrars). It collects information via an online questionnaire about GP registrar satisfaction, experience and future career plans. It also collects information about GP 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 GP 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) and the AGPT NRS.

From July 1 to August 16, 2024, the Australian Council for Educational Research (ACER) administered the GP NRS to registrars enrolled in active training in Commonwealth funded GP training programs (AGPT, RGTS, RVTS). 1,373 registrars provided a valid response to the survey, representing an overall response rate of 35.5 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 2.7 per cent of the reported average scores.

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

In terms of registrars' satisfaction with their training provider (ACRRM, RACGP or RVTS):

- 89 per cent were satisfied with the quality of overall training and education experience
- 88 per cent were satisfied with the quality of training advice they received
- 88 per cent were satisfied with the feedback on their training progress
- 86 per cent were satisfied with the workshops and webinars provided
- 87 per cent were satisfied with the training and education resources available
- 85 per cent were satisfied with the medical educator facilitated peer learning provided
- 85 per cent were satisfied with the support to meet their training provider's training requirements
- 82 per cent were satisfied with the support received for examination and assessments
- 84 per cent were satisfied with the feedback they received on examinations and assessments
- 86 per cent were satisfied with the communication provided
- 90 per cent were satisfied with the induction / orientation provided.

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

- 91 per cent were satisfied with the overall training and education experience
- 92 per cent were satisfied with the supervisor's support
- 89 per cent were satisfied with the supervisor's training / teaching
- 90 per cent were satisfied with the feedback they received from their supervisor
- 96 per cent were satisfied with the clinical work
- 96 per cent were satisfied with the number of patients or presentations
- 96 per cent were satisfied with the diversity of patients or presentations
- 96 per cent were satisfied with the level of workplace responsibility
- 92 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.

In 2024, registrars were asked a series of questions around the income they receive. Of GP registrars who answered these questions:

- 23 per cent earn more than they did in their last year working in a pre-vocational hospital position, 55 per cent earn less and around 13 per cent earn a similar amount (9 per cent didn't know or preferred not to answer)
- 53 per cent were the primary income earner in their household while a further 29 per cent had a similar income to others
- 19 per cent also worked as a hospital locum while 69 per cent had no further additional work
- 53 per cent reported that their total pre-tax earnings were below \$60,000 in Semester One of 2024 while 5 per cent reported earning more than \$100,000
- 43 per cent did not receive any additional payments, 30 per cent received less than \$5,000 in additional payments and 2 per cent received more than \$15,000 in additional payments
- 60 per cent had a total pre-tax combined household income of over \$100,000 in the 2023 to 2024 financial year.

Another new set of questions were introduced in 2024 looking at memberships with General Practice Registrars Australia (GPRA), Rural Doctors Association of Australia (RDAA) and Indigenous General Practice Trainee Network (IGPTN).

Of the GP registrars who responded to questions on memberships:

- 52 per cent belonged to GPRA, but only 36 per cent of GPRA members had engaged with GPRA in the last 6 months. Of those that had engaged with GPRA, 92 per cent were satisfied with the support they'd received
- 3 per cent of registrars were a member of the IGPTN and almost all members had engaged with IGPTN in the last 6 months, and all were satisfied with the support provided
- 11 per cent belonged to RDAA, and of those who had engaged with RDAA, 94 per cent were satisfied with the support provided.

Since 2022, registrars have also been asked a series of questions around the Rural Generalist pathway.

Of registrars who were Rural Generalist trainees:

- 46 per cent had decided to become a GP Rural Generalist by the end of medical school
- 79 per cent were planning to remain in rural practice and a further 17 per cent were unsure.

Of registrars who weren't Rural Generalist trainees:

- 13 per cent were considering changing to the Rural Generalist pathway and a further 14 per cent were unsure
- Of those considering changing, 50 per cent noted it was their own rural background or personal experience that contributed to this decision.

Infographic summary of results

[Long text alternative for infographic summary.](#)

NATIONAL REGISTRAR SURVEY 2024

The GP NRS is an annual, national survey of GP registrars currently training in Commonwealth funded training programs 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 1,373 registrars who participated in the 2024 survey.

TRAINING EXPERIENCE

- 89%** were satisfied with their overall training and education from their training provider
- 91%** were satisfied with the overall training and education they received from their training facility
- 96%** were satisfied with the clinical work
- 96%** were satisfied with the number of patients or presentations
- 96%** were satisfied with the diversity of patients or presentations
- 96%** were satisfied with the level of workplace responsibility

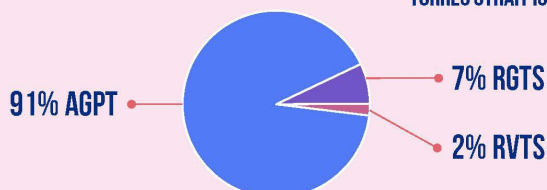
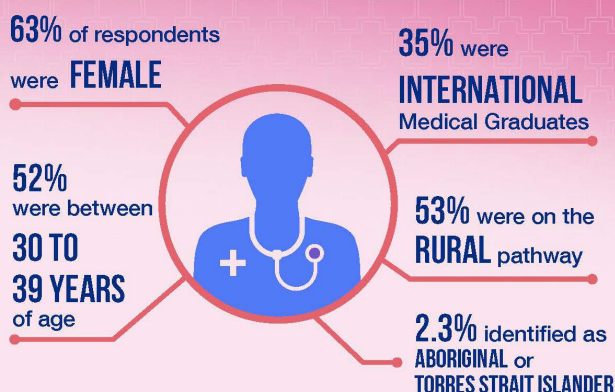
BEST ASPECTS OF TRAINING - REGISTRAR VOICES

“ Family-oriented care and preventative medicine, excellent administrative staff, flexible practice who facilitate part-time hours, excellent exposure to skin excisions and procedures. ”

“ The benefits of working and living in a small community. The people are friendlier, more interesting and generally better to work with and have as patients. ”

“ The networking opportunities at training events are great. I also love that my training is practical and applicable to my practice, the theory is put to the test. ”

REGISTRAR CHARACTERISTICS



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

38 registrars training in Extended Skills, Advanced Rural Skills Training or Advanced Specialised Training in Aboriginal and Torres Strait Islander Health

- 70%** know how to access a cultural mentor or educator
- 98%** satisfied with the guidance from their cultural mentor or educator

SUPPORT PAYMENTS IN SEMESTER ONE, 2024



Australian Government
Department of Health
and Aged Care

Setting the Scene

Project overview

The General Practice National Registrar Survey (GP NRS) is conducted by the Department of Health and Aged Care (the Department) to enable the continuous improvement of general practice (GP) training in all Commonwealth funded programs. These programs include the Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) and Rural Generalist Training Scheme (RGTS) programs (prior to 2024, it was only carried out with AGPT registrars). Findings from the survey help ensure that GP training delivered by the 2 GP Colleges and RVTS meet the necessary standards and requirements of the Department.

The GP NRS is an annual, national survey of GP registrars currently training in the AGPT, RVTS and RGTS programs. 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 2024, the Department engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to review the GP NRS instrument in both 2024 and 2025 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 has previously administered the GP NRS from 2013 to 2023 (most recently as the AGPT NRS).

As was done in 2023, a hybrid workshop (in-person and online) was undertaken earlier this year with the Department, GP Colleges (ACRRM, RACGP), RVTS, and other stakeholders to review the updated survey, which had undergone an extensive review the prior year, and to work through the proposed changes and new questions.

The following list of stakeholders were engaged in this project in 2024, including the workshop:

- Royal Australian College of General Practitioners (RACGP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Remote Vocational Training Scheme (RVTS)
- Australian Indigenous Doctors' Association (AIDA)
- Indigenous General Practice Trainee Network (IGPTN)
- Joint Colleges Training Services (JCTS)
- 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 and RVTS. There are also a series of **core** items that registrars are asked each year – these

went through a major review last year. Finally, a 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.

With the transition to College-led GP training in 2023, a new set of KPIs was set by the Department for each of the GP Colleges. Data sourced from the GP 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 in 2022 looking at the experience of those registrars training in the National Rural Generalist Pathway were updated in 2024 to ensure they were relevant and providing answers to the questions that both the department and Colleges needed.

In 2024 a set of research questions looking at frequency and satisfaction with group memberships were introduced alongside a group of questions looking at GP registrar income and how it might compare to pre-vocational training.

The research questions looking at the transition to College-led GP training were removed this year (these were part of the survey from 2021-2023), as were the research questions used in both 2021 and 2023 that canvassed registrars' views on employment models, salary and entitlements.

The 2024 GP NRS instrument included a broad range of questions that asked registrars about their experience and satisfaction training as a GP on the AGPT, RGTS and RVTS pathways. Respondents were asked to reflect particularly on their experience in Semester One, 2024. The 2024 GP 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
- experience training on the rural pathway
- training choices
- career aspirations and plans
- interaction and satisfaction with different medical groups
- GP registrar personal and household income.

This report provides a brief overview of the methodologies employed in the survey collection and explores the findings from the 2024 survey. This report is deidentified.

Methodology

Registrars enrolled in Commonwealth funded GP training programs including AGPT, RGTS and RVTS, and in active training during Semester One, 2024 comprised the target population for the 2024 GP 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. RVTS provided a deidentified population list. This process identified that the full target population for the 2024 GP NRS was 4,178 registrars in Commonwealth funded GP training programs AGPT, RGTS and RVTS. During

fieldwork, 308 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 Semester One, 2024. Overall, there were 3,870 registrars in the final target population. The survey was conducted as a census of all registrars in the target population.

As in previous years, the 2024 GP NRS was administered wholly online. Fieldwork was conducted between July 1 and August 16, 2024 (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. RVTS registrars were managed by RVTS.¹

The GP Colleges and RVTS provided invaluable assistance before and during the fieldwork period to promote the survey to their registrars using marketing materials designed by ACER. There was also strong buy-in from many key stakeholders this year, who assisted in promoting the survey using Electronic Direct Mail (EDMs), bulletins and newsletters, as well as through their websites and email signatures.

Survey responses were returned directly to ACER and stored securely and separately from respondents' personal information to ensure the confidentiality of their responses.²

2024 GP NRS findings

This section provides an overview of the findings from the 2024 GP NRS and provides a snapshot of registrars' experience and satisfaction with their training in Semester One, 2024. 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 2024 GP 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/RVTS) 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 as outlined in the [Australian General Practice Training Program Guidelines](#)³. 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 choices they have made in their training, their reasons for choosing their current GP College and fellowship, their future career aspirations, insights into those registrars who are Rural Generalist trainees, information on their income and the memberships they belong to.

Response frequencies are given for each item in Appendix C. A copy of the questionnaire that was used in the 2024 GP NRS can be found in Appendix D. Tabular alternatives for the figures included in the report are included in Appendix E.

¹ RVTS provided ACER with deidentified population data relevant to the study. ACER sent personalised links back for each registrar. RVTS managed the initial and reminder emails to their registrars (all registrars were emailed every time as ACER was not able to provide updates on who had completed the survey due to privacy). No SMS were sent to RVTS registrars.

² In 2024 ACER did not hold any identifying information for RVTS registrars (so ACER did not have names or contact details for these registrars).

³ The Department of Health and Aged Care have been reviewing the KPIs in consultation with the GP Colleges to determine methods for measurement. For this report, the data is reported against the original KPIs as outlined in the Australian General Practice Training Program Guidelines.

Survey representativeness, respondent characteristics and training contexts

This report focuses on the responses from 1,373 GP registrars who provided responses, that at a minimum included responses on training provider and training facility satisfaction (i.e. the bulk of the KPIs). Different to previous iterations of the survey, in 2024 responses were collected from GP registrars in the AGPT, RGTS and RVTS programs rather than just from the AGPT program.

Overall, a 35.5 per cent response rate was achieved in the 2024 GP NRS. This is a small drop from 2023's strong response (2023: 39.1%; 2022: 30%; 2021: 28%; 2020: 31%; 2019: 38%; 2018: 42%; 2017: 40%) but remains 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: 36.7% and RACGP: 35.5%), while the response rate for RVTS⁴ was lower than the national response (28.3%).

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. Throughout this report not all percentages will add to 100 per cent, this is due to rounding, some questions allowing multiple responses and missing responses.

Table 1 shows that the respondents to the survey are generally representative of the overall population of registrars in GP training. Table 1 shows that 63 per cent of all respondents were female, reflecting the greater proportion of females in the program. Eighty-one per cent of respondents were working towards the FRACGP while 19 per cent of respondents were working towards the FACRRM. With regards to the programs in which GP registrars were training, 91 per cent were in AGPT, 7 per cent were in RGTS and 3 per cent were in RVTS.

Table 1: 2024 GP NRS representativeness of respondents with population for different registrar characteristics

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
All registrars		1,373	35.5	3,870	100
Gender	Female	859	62.6	2,250	58.1
	Male	511	37.2	1,611	41.6
	Non-binary	<4	-	<4	-
	Not stated/Prefer not to say	<4	-	6	0.2
Indigenous status	Aboriginal or Torres Strait Islander	32	2.3	97	2.5
ADF status	Australian Defence Force	22	1.6	71	1.8
Rural Generalist	Rural Generalist trainee	342	24.9	916	24.0
Pathway	General	648	47.2	1,925	49.7
	Rural	725	52.8	1,945	50.3

⁴ RVTS provided ACER with deidentified population data relevant to the study. ACER sent personalised links back for each registrar. RVTS managed the initial and reminder emails to their registrars (all registrars were emailed every time as ACER was not able to provide updates on who had completed the survey due to privacy). No SMS were sent to RVTS registrars.

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
Age	20 to 29	277	20.2	860	22.2
	30 to 39	710	51.7	2,163	55.9
	40 to 49	306	22.3	686	17.7
	50 plus	80	5.8	161	4.2
Citizenship	Australian Citizen	1,102	80.3	3,160	81.7
	Australian Permanent Resident	246	17.9	606	15.7
	Australian Temporary Resident	9	0.7	34	0.9
	New Zealand Citizen or Permanent Resident	16	1.2	69	1.8
Program	AGPT	1,243	90.5	3,509	90.7
	RGTS	102	7.4	262	6.8
	RVTS	28	2.0	99	2.6
Fellowship	FACRRM	257	18.7	703	18.2
	FRACGP	1,057	77.0	2,993	77.4
	FRACGP & FACRRM	6	0.4	16	0.4
	FRACGP & FARGP	9	0.7	42	1.1
	FRACGP & FRACGP-RG	44	3.2	115	3.0
Location by Modified Monash Model (MMM)	MM 1	592	43.1	1,753	45.3
	MM 2	223	16.2	622	16.1
	MM 3	193	14.1	499	12.9
	MM 4	137	10.0	395	10.2
	MM 5	156	11.4	409	10.6
	MM 6 & 7	72	5.2	192	5.0

(n=3,870)

Registrars who responded to the 2024 GP NRS came from a range of backgrounds. Just under half of all registrars were born in Australia (48%), with 74 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%), Sri Lanka (4%), Malaysia (4%), Pakistan (4%) and United Kingdom (3%).

Sixty-five per cent of registrars who participated in the survey were graduates from Australian medical schools (AMG). When comparing international medical graduates (IMG) – registrars who did not graduate from medical degrees in Australia – who participated in the survey to AMGs, they were more than twice as likely to be older (45% were aged 40 or older compared with only 19% of AMG), were around one-and-a-half times as likely to have dependants (77% of IMG, 49% AMG) and be in the rural pathway (75% of IMG, 41% AMG), and were less likely to be training to be a Rural Generalist (20% IMG; 28% AMG). Figure 1 shows that IMGs were much less likely to be in MM 1 (24% IMG, 54% AMG). IMGs were almost twice as likely to be working in MM 2 and MM 3 (43% IMG, 24% AMG) or MM 5 (18% IMG, 8% AMG) while there were double the proportion of AMGs in MM 6 & 7 compared with IMGs (6% AMG, 3% IMG). The difference

in the proportions of AMG and IMGs working in each area is likely due to the Section 19AB restrictions of the *Health Insurance Act 1973*.⁵

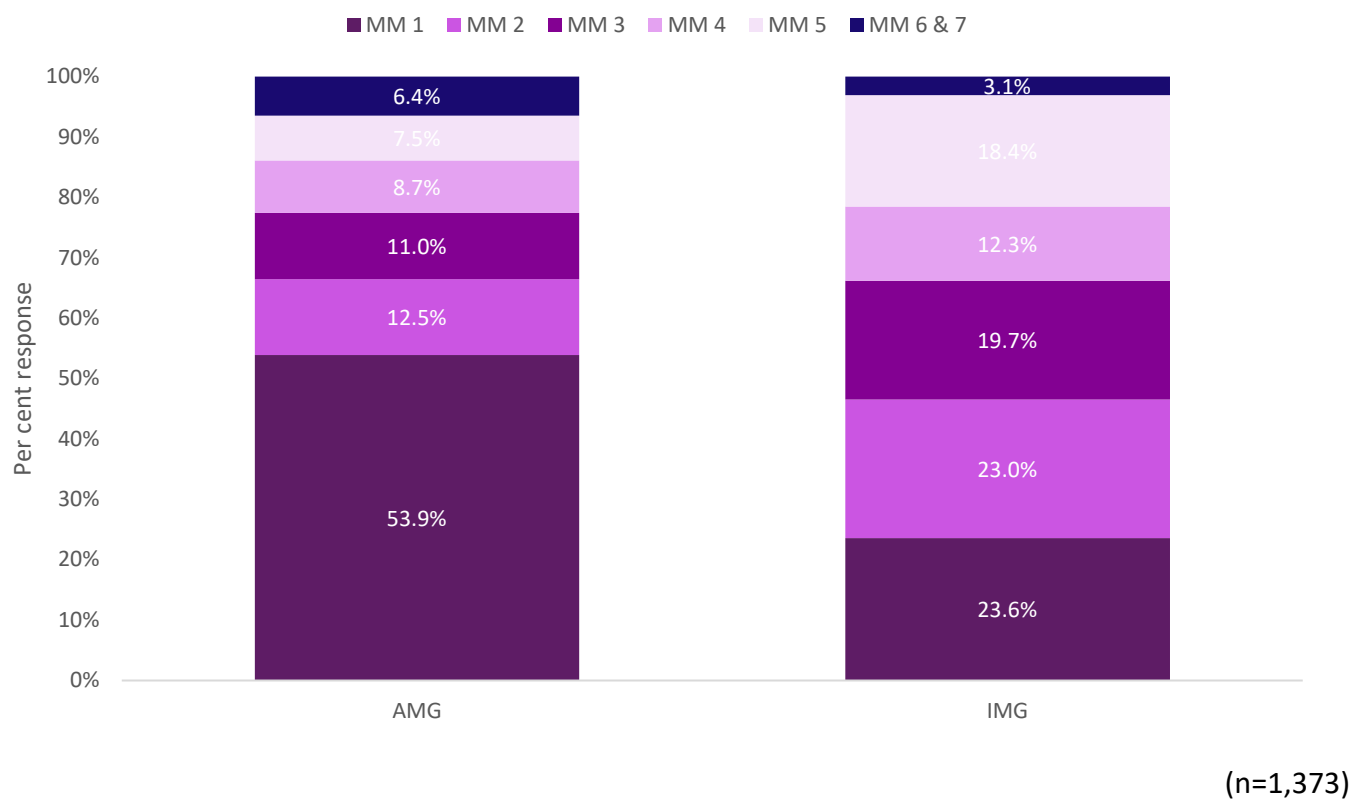


Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, by location

Table 2 provides a summary of registrars’ training contexts. Most registrars (78%) were training in either General Practice Training Term one, 2 or 3, Core Generalist Terms one to 4 or RVTS years one to 4. Nineteen 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 and 2023 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 20 registrars undertaking training were in the fields of Emergency Medicine, Obstetrics and Gynaecology, Aboriginal and Torres Strait Islander Health, and Anaesthetics.

Registrars were asked about the training they did during Semester One, 2024. Close to two-thirds of registrars were working full-time during Semester One, 2023 (63%). As in previous years, a much higher proportion of male registrars (77%) indicated that they were working full time compared with female registrars (55%). More than half of all respondents had dependants (60% of female and 58% of male respondents). As in previous years, of those registrars who work part-time, nearly 4 times as many had dependants (79% dependants).

Registrars were asked about their involvement in various programs or placements prior to commencing GP training. The most common program registrars had been involved with was in a Rural Clinical School (26%). This experience seems to be linked to registrars’ training choices, with 47 per cent of registrars who were completing a fellowship with ACRRM having trained within a Rural Clinical School compared with 22 per

⁵ 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

cent of RACGP registrars. Likewise, 44 per cent of registrars who are training to be Rural Generalists had completed a term in a Rural Clinical School while, in contrast, there was virtually no difference in per cent of those in either the rural or general pathways who had trained within a Rural Clinical School (26% and 27% respectively).

Fifteen per cent of respondents had studied in a Bonded Medical Place. A fifth of all Rural Generalists trainees (20%) had studied in a Bonded Medical Place, and 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 12%; General Pathway 19%).

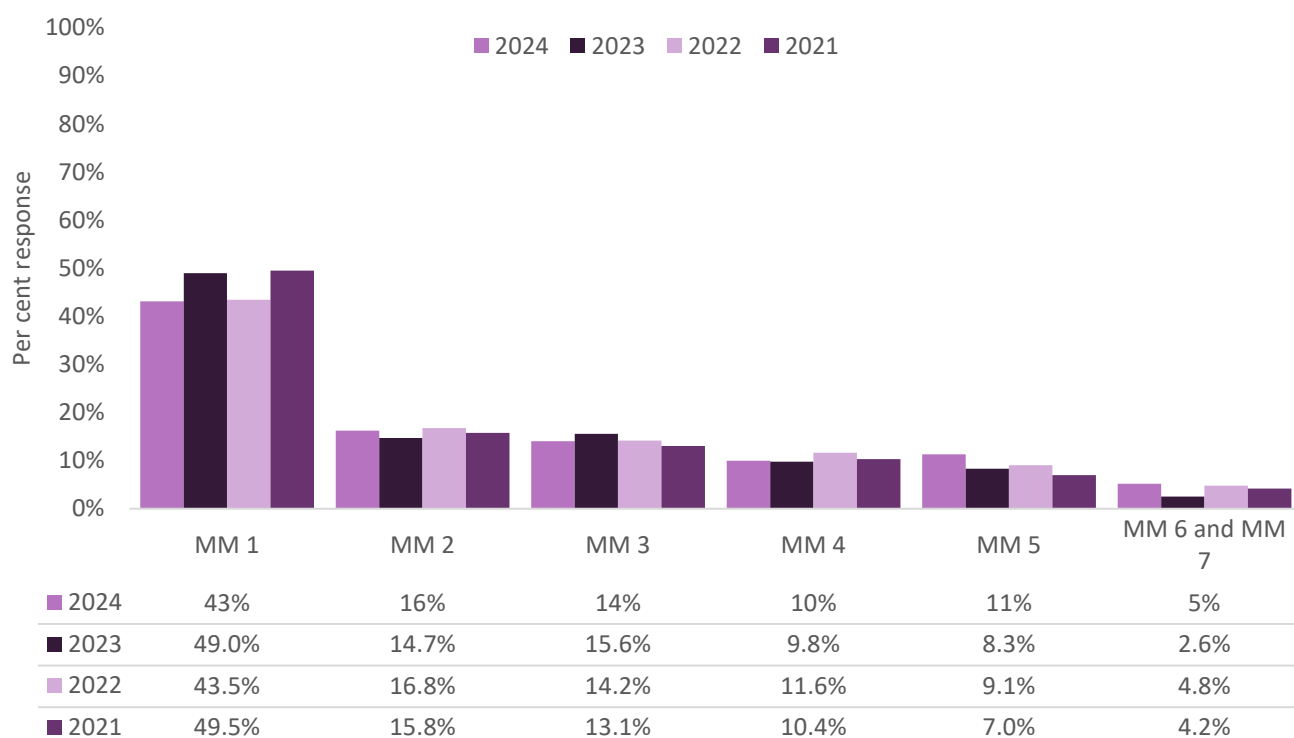
Table 2: Registrar training contexts

Training contexts		Response (n)	Response (%)
Full time equivalent load	Less than 0.4	81	5.9
	0.5 to 0.6	232	16.9
	0.7 to 0.8	196	14.3
	0.9 to 1.0	862	62.9
Completed prior to training	Rural Clinical School	339	26.4
	Commonwealth Medical Internships	48	3.7
	Bonded Medical Placements (BMP) Scheme	194	15.1
	Medical Rural Bonded Scholarship (MRBS) Scheme	31	2.4
	John Flynn Placement program	86	6.7
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	6	0.5
	State rural generalist programs	49	3.8
	Remote Vocational Training Scheme	7	0.5
	HECS Reimbursement Scheme	108	8.4
	RACGP Practice Experience Program (PEP)	13	1.0
	Fellowship Support Program (FSP)	<4	-
	ACRRM Independent Pathway	9	0.7
	More Doctors for Rural Australia Program	30	2.3
	Pre-fellowship program (PFP)	<4	-
	Training towards any other fellowship	99	7.7
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	5	0.4
Current training	GPT1 Term	417	30.4
	GPT2 Term	132	9.6
	GPT3 Term	345	25.2

Training contexts		Response (n)	Response (%)
	CGT1 Term	67	4.9
	CGT2 Term	41	3.0
	CGT3 Term	69	5.0
	Extended Skills, Advanced Rural Skills Training (ARST), or Advanced Specialised Training (AST)	254	18.5
	RVTS Year 1	6	0.4
	RVTS Year 2	12	0.9
	RVTS Year 3	9	0.7
	RVTS Year 4+	<4	-
	Academic post	14	1.0
	Medical Education post	4	0.3
	Other	106	7.7

(n=1,373)

Around two-fifths of the registrars who responded to the survey were training in MM 1 (43%) (Figure 2).



(n=5,053)

Figure 2: Location of registrars' current training facility from 2021 to 2024

Forty-two per cent of all registrars reported moving to their current region to undertake training, this includes 49 per cent of males compared with 39 per cent of females. As was the case last year, registrars

on the rural pathway were 3 times more likely to have moved to complete their training compared with those on the general pathway (Rural: 63%, General: 19%). Looking at other demographics:

- IMGs were more likely to have moved to undertake training (52%) compared with AMGs (37%)
- those in the 30 to 39 age group (48%) and those that were over 50 (45%) were more likely to have moved to undertake training than other age groups
- Rural Generalist trainees (66%) were more likely to have moved to undertake training compared with non-Rural Generalist trainees (35%).

Likewise, when looking at location, only 13 per cent of respondents from MM 1 had moved to complete their training compared with between 49 to 88 per cent from MM 2-7 (Figure 3).

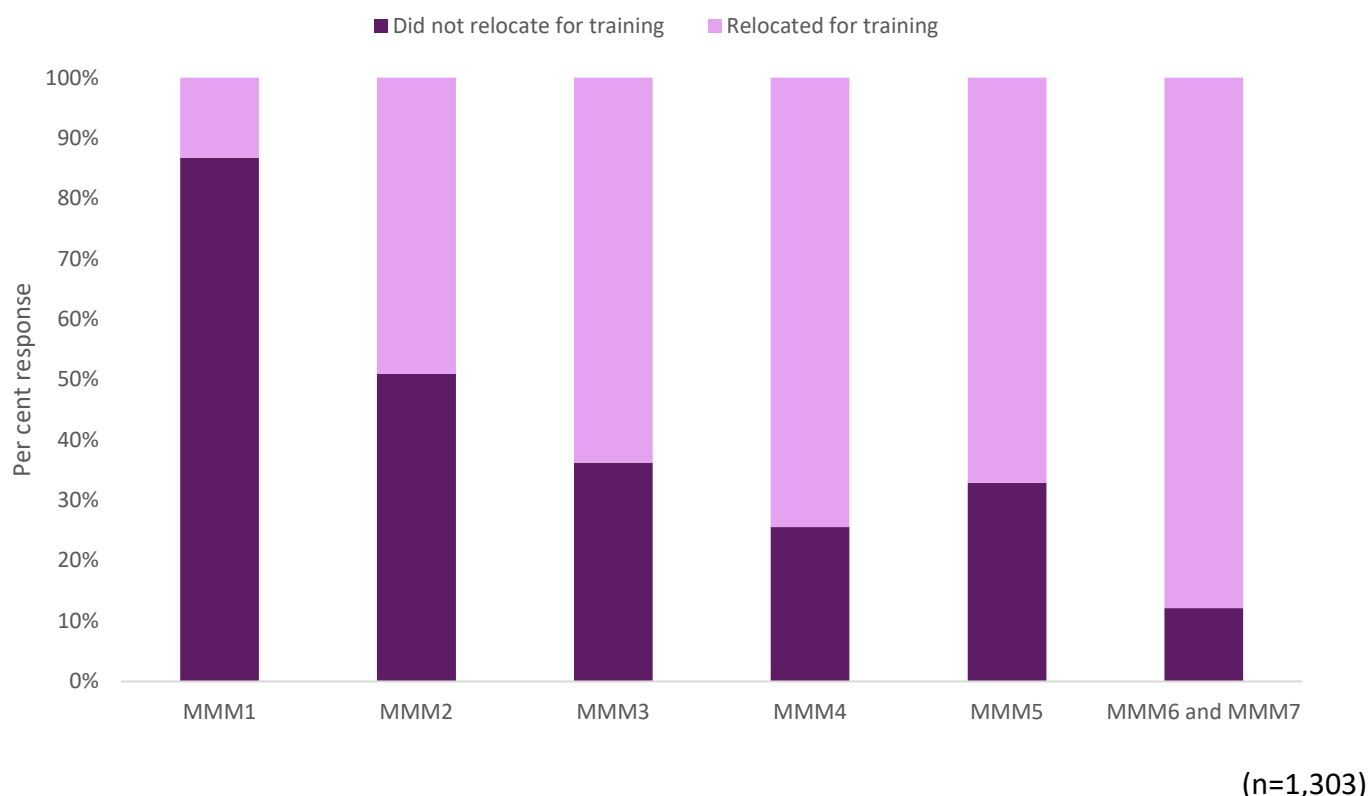


Figure 3: Proportion of registrars who relocated for training, by location

Satisfaction with training – ACRRM, RACGP and RVTS

In early 2023, the training of registrars transitioned from being delivered through RTOs to the GP Colleges. ACRRM, RACGP and RVTS 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 2024 GP 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 training providers, reporting mean satisfaction scores⁶ of between 3.4 and 3.8 on a 5-point scale. These numbers are 0.1 to 0.2 points higher than the scores in 2023 and very similar to the results seen in 2022 when

⁶ Response scores were averaged across the 5-point scale with one being very dissatisfied and 5 being very satisfied.

measuring satisfaction with RTOs⁷. Induction and orientation was rated the most positively by registrars followed by overall training and education and training advice.

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

- By location
 - Registrars in MM 5 were more satisfied with their
 - overall training and education experience than those in MM 2, MM 3 and MM 4 (mean satisfaction score MM 5: 3.9; MM 2: 3.7, MM 3: 3.6, MM 4: 3.6)
 - training advice than those in MM 4, MM 6 & 7 (mean satisfaction score MM 5: 3.9; MM 4: 3.5, MM 6 & 7: 3.5)
 - feedback on their training progress than those in MM 3, MM 4, MM 6 & 7 (mean satisfaction score MM 5: 3.9; MM 3: 3.5, MM 4: 3.4, MM 6 & 7: 3.5)
 - training and education resources than those in MM 1 and MM 3 (mean satisfaction score MM 5: 3.9; MM 1: 3.6, MM 3: 3.6)
 - medical educator facilitated peer learning than those in MM 3 and MM 4 (mean satisfaction score MM 5: 3.9; MM 3: 3.5, MM 4: 3.5)
 - support for examinations and assessments than those in MM 1, MM 3 and MM 4 (mean satisfaction score MM 5: 3.8; MM 1: 3.4, MM 3: 3.3 and MM 4: 3.3)
 - communication than those in MM 3 and MM 4 (mean satisfaction score MM 5: 3.9; MM 3: 3.4, MM 4: 3.5)
 - Registrars in MM 1 were more satisfied with the feedback on their training progress than those in MM 3 and MM 4 (mean satisfaction score MM 1: 3.8, MM 3: 3.5, MM 4: 3.4).
- By gender
 - no significant difference was seen.
- By age group
 - registrars in the 20 to 29 age group were more satisfied than those in the 30 to 39 age group with overall training and education quality (mean satisfaction score 20 to 29: 3.8, 30 to 39: 3.7)
 - registrars in the 50 plus age group were more satisfied than those in the 30 to 39 age group with their medical educator facilitated peer learning (mean satisfaction score 40-49: 3.9; 30-39: 3.6), support for examinations and assessments learning (mean satisfaction score 40-49: 3.8; 30-39: 3.4) and communication (mean satisfaction score 40-49: 3.9; 30-39: 3.6).
- By location of medical degree
 - IMGs were more satisfied with all aspects of the training offered by the training providers than AMGs by a range of 0.3 to 0.4 mean points.
- By pathway
 - no significant difference was seen.
- For Aboriginal and Torres Strait Islander registrars
 - no significant difference was seen.

⁷ Mean satisfaction scores for RTOs provision of training ranged from 3.4 and 3.8 in 2022.

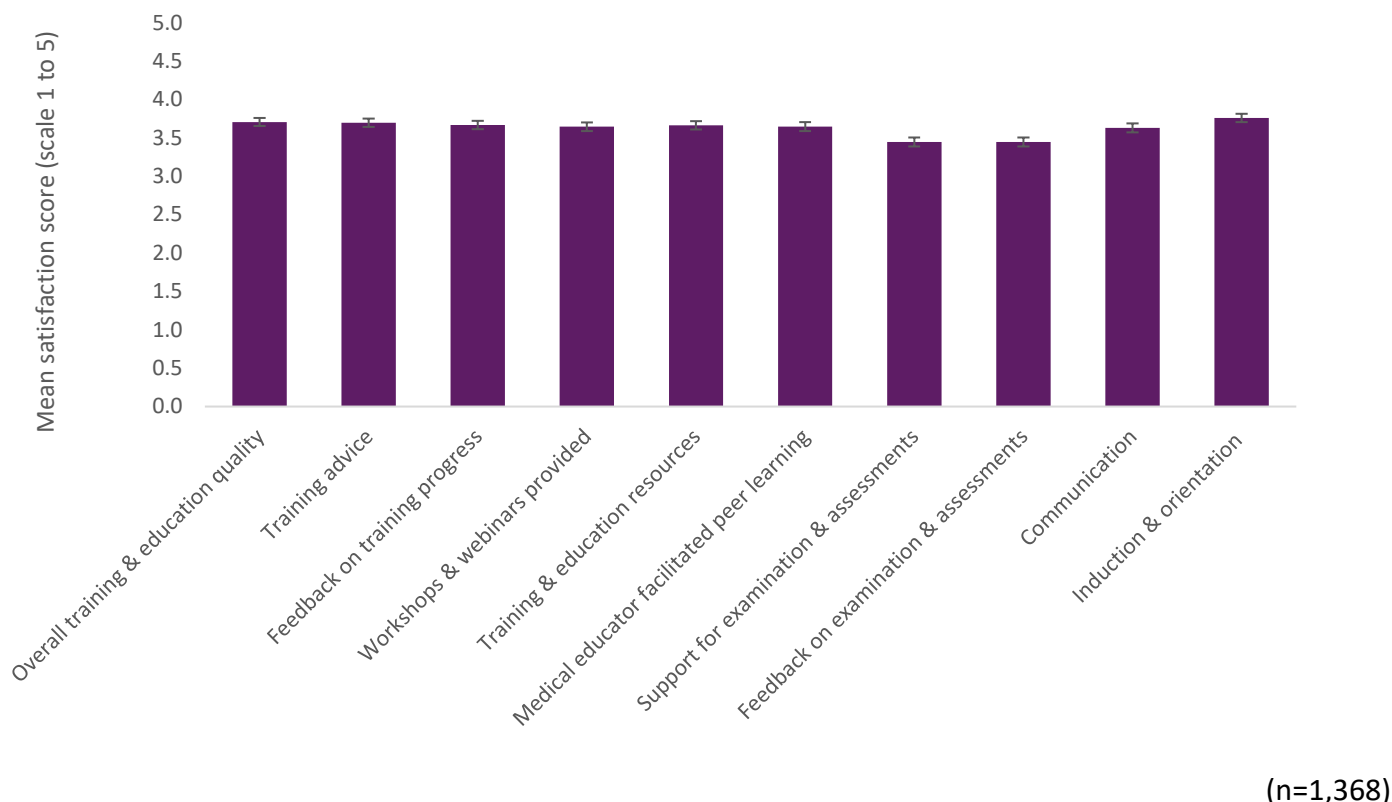


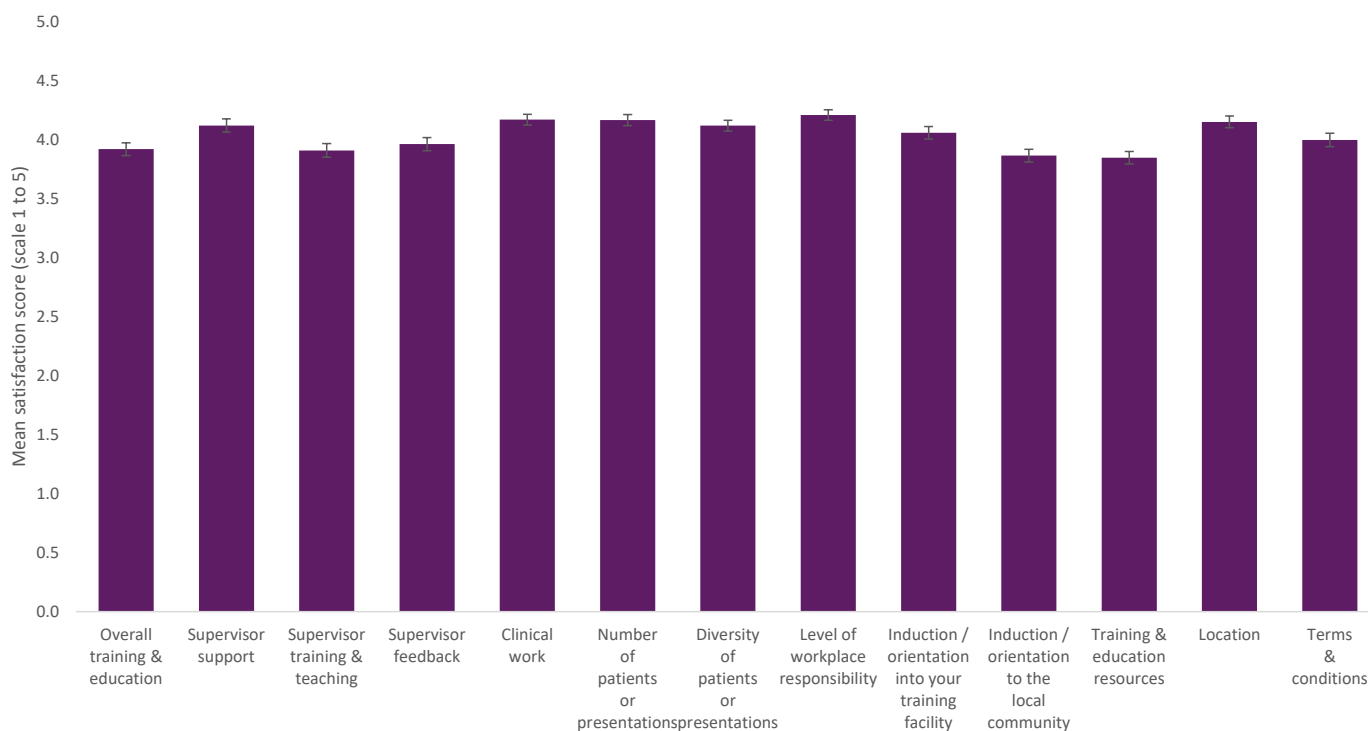
Figure 4: Satisfaction with different aspects of training under the GP College model

Regarding registrars' familiarity with the training providers complaints and/or grievance process, only 35 per cent of respondents were familiar with the process (an increase of 2 percentage points from 2023), with 22 per cent unaware the process existed. More registrars felt the complaints process was readily available in 2024 compared with 2023 (2024: 58%; 2023: 53%). Very few registrars reported that they had made a formal or written complaint (5%).

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 2024 GP 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 the results seen 2021 to 2023, 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 clinical work, their supervisors' support, the number of patients or presentations, as well as their location.



(n=1,368)

Figure 5: Satisfaction with different aspects of training facilities

Comparisons were made of 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.

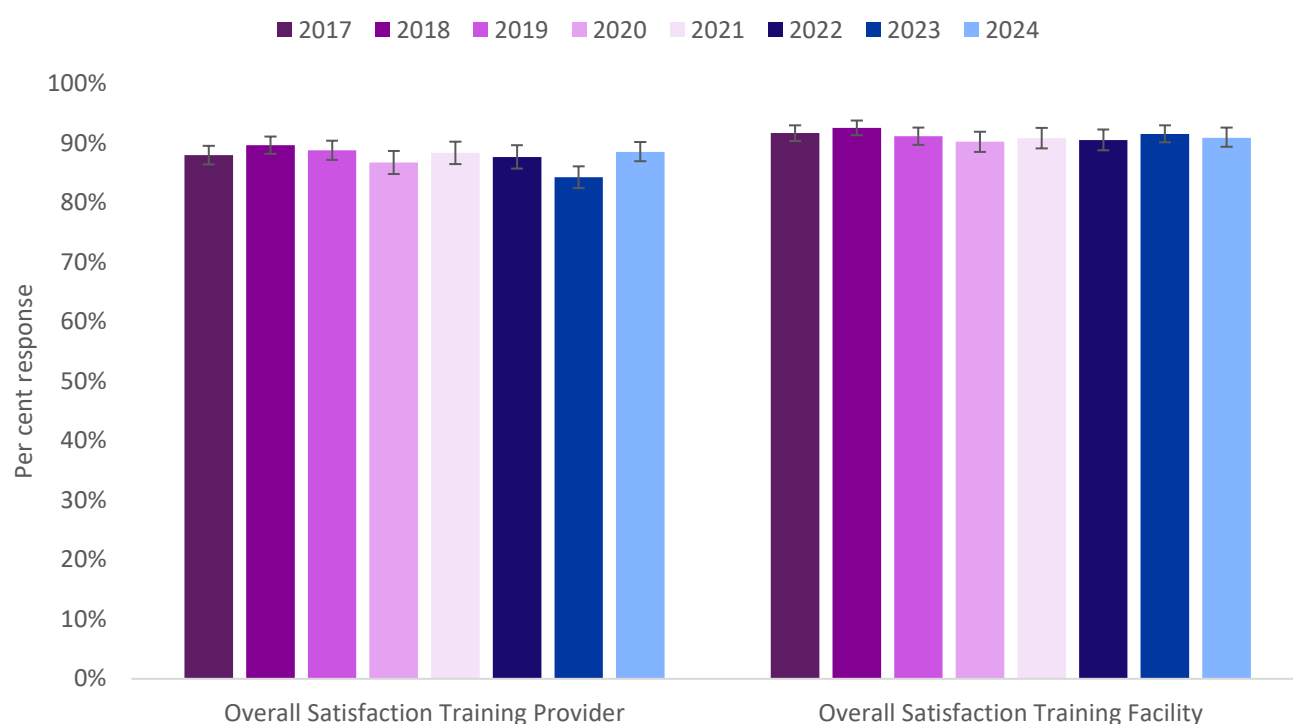
- By location, registrars in
 - MM 1 were more satisfied with their supervisor's support than registrars in MM 2 and MM 4 (mean satisfaction score MM 1: 4.2; MM 2: 3.9, MM 4: 3.9)
 - MM 1 were more satisfied with their supervisor's feedback than registrars in MM 4 (mean satisfaction score MM 1: 4.0; MM 4: 3.7)
 - MM 5 were more satisfied with their clinical work than registrars in MM3 (mean satisfaction score MM 5: 4.3; MM 3: 4.1)
 - MM 5 were more satisfied with their induction and orientation into their training facility than registrars in MM 2 (mean satisfaction score MM 5: 4.2; MM 2: 4.0)
 - MM 6 & 7 were more satisfied with their training facility location than registrars all other MM categories, while registrars in MM 4 were less satisfied with their training facility than registrars in all other MM categories (mean satisfaction score MM 1: 4.2; MM 2: 4.2; MM 3: 4.1; MM 4: 3.8; MM 5: 4.2; MM 6 & 7: 4.5)
 - MM 5 were more satisfied with their terms and conditions than registrars in MM 3 (mean satisfaction score MM 5: 4.2; MM 3: 3.8).
- By gender
 - no significant difference was seen.
- By age group
 - no significant difference was seen.
- By location of medical degree
 - AMGs were more satisfied with their location than IMGs (mean satisfaction score AMG: 4.2; IMG: 4.0).

- By pathway
 - no significant difference was seen.
- For Aboriginal and Torres Strait Islander registrars
 - no significant difference was seen.

Longitudinal satisfaction: Quality of overall training and education experience

Longitudinal analysis on registrars' 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 is shown in Figure 6.

Registrars' satisfaction with the quality of overall training and education experience has rebounded back to values seen pre-COVID after an unsurprising statistically significant drop in 2023 when training transitioned to the GP Colleges. There was no significant difference seen in registrars' responses on the quality of overall training and education experience provided by their training facilities from 2017 to 2024, with the value remaining high in 2024 at 91 per cent satisfied.



(n=11,070)

Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider⁸ and training facility from 2017 to 2024

⁸ 2023 and 2024: GP College; 2017-2022: RTO

Satisfaction by Key Performance Indicators (KPIs)

The information collected from registrars through the GP 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 their training program.

In 2023, with the move to College-led GP training, a new set of KPIs was developed. The review of the GP NRS for the 2023 survey highlighted an opportunity to collect data to help inform the new set of KPIs. There are currently 10 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 9 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 as well as their terms and conditions. In 2024, 'the location of their training facility' was removed from this data point.
- 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 1.9 percentage points for the satisfaction style KPIs and 2.7 percentage points for the other KPIs (yes/no/other).

Registrars were asked if they had received training on the health needs of a rural community (a new response format compared with the question asked of registrars in 2023), on whether they'd received cultural awareness training since starting GP training, and whether they currently knew how to access and if they had accessed a cultural mentor (data points contributing to KPIs 14, 25 and 26, Figure 8). These all had a 'Yes' or 'No' response or in the format of the last one – 2 yes style responses and 2 no style responses that capture a bit more information.

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 MM categories (MM 1: 33%; MM 2 – 7: 51 – 69%, Figure 8). Most of the registrars from RVTS had received training on the health needs of a rural community (85%) as well as most Rural Generalists (70%), most in the 50 plus age group (70%) and most Aboriginal and/or Torres Strait Islander registrars (69%).

Table 3: Key Performance Indicators (satisfaction questions)

Key Performance Indicators	Satisfied (%)	Error margin (%)
KPI 3: Rate of registrar 'induction/orientation' in training facilities	92.0	1.4
KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors*	89.1	1.7
KPI 7: Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching	86.2	1.8
KPI 8: Level of learning with and from a group of professional peers facilitated by medical educators	84.9	1.9
KPI 19: Rate of registrar satisfaction for placements*	91.3	1.5
KPI 20: Rate of registrar satisfaction for comprehensive community inductions	91.1	1.5
KPI 23: Percentage of general registrar satisfaction with training*	89.0	1.7

(n=1,367)

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 ⁹		48.6	2.7
KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor ^{10, 11}	Percentage of registrars who know how to access a cultural mentor	70.2	2.4
	Percentage of registrars who have accessed a cultural mentor	19.3	2.1

⁹ This KPI has changed in the way that is measured from 2023 to 2024 as the question changed to provide more response options.

¹⁰ 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.

¹¹ Note, this question has been re-written in 2024 and is therefore presented in a new format.

Key Performance Indicators	Yes (%)	Error margin (%)
KPI 26: Participation rates for cultural awareness training	88.3	1.7

(n=1,355)

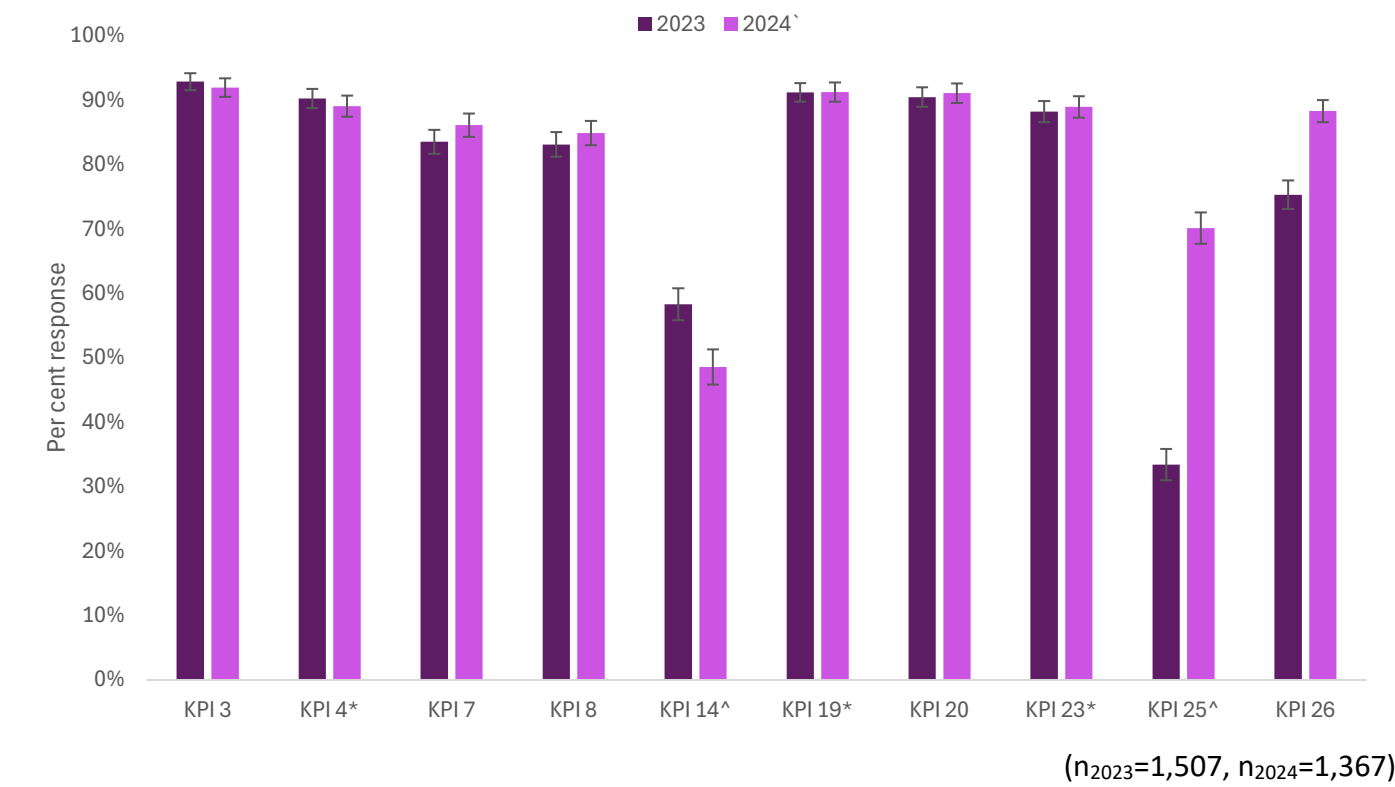


Figure 7: Key Performance Indicators¹²

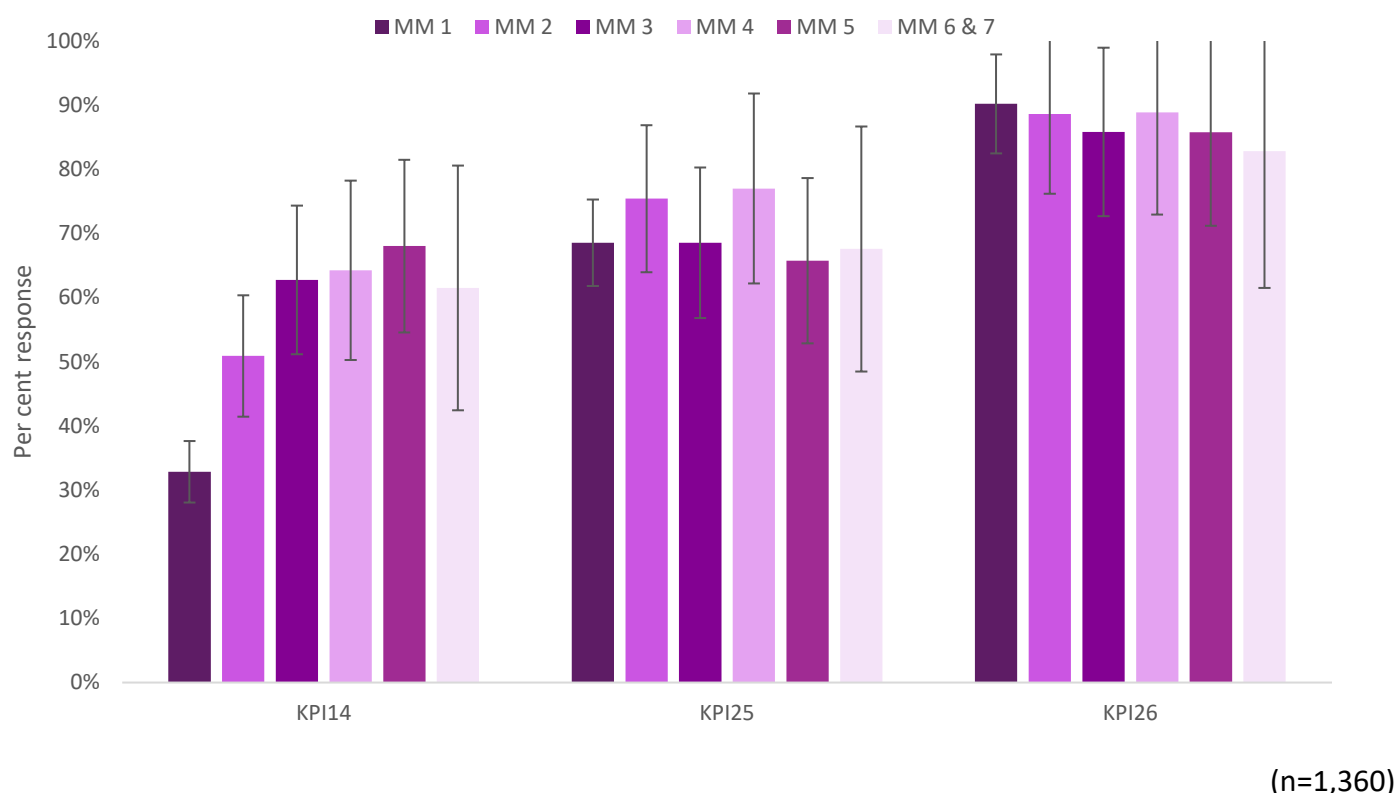


Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by location

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 open-ended responses were imported into NVivo and thematically coded. Codes were developed based on an existing code frame developed in previous administrations of the GP 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 1,500 open-ended responses show that most registrars from both RACGP and ACRRM attributed the best aspects of their training experience to their current workplace or practice. In particular, registrars cited administrative support, positive workplace culture, and approachability of medical educators, supervisors and mentors as invaluable in providing learning opportunities and support.

¹² Note that KPI 25 has had its response options changed so is not comparing like with like

My practice has been incredibly kind and supportive - I couldn't recommend them highly enough. The teaching is great, the supervisors are supportive, and the management does their best to ensure we get to see a good variety and number of patients without getting too burnt out. (General Pathway, Female, RACGP)

Friendly, supportive supervisors and environment, good clinical skills and education, good offering of procedures to do. (General Pathway, Male, RACGP)

Family-oriented care and preventative medicine, excellent administrative staff, flexible practice who facilitate part-time hours, excellent exposure to skin excisions and procedures. (Rural Pathway, Male, RACGP)

An excellent training facility with fantastic culture supportive of junior learning and great collegiality among different teams. (Rural Pathway, Female, ACCRM)

Excellent supervisor and teaching received; excellent support provided by my supervisor. (Rural Pathway, Male, ACCRM)

Another aspect that registrars cited was the variety of patient presentations. Registrars provided feedback that the ability to manage broad and diverse caseloads with some support from their medical educators or supervisors benefited their overall training experience.

The best aspects of my General Practice training have been the wide range of patients and presentations that I manage, and the level of clinical responsibility that I am awarded in my practice. (Rural Pathway, Male, ACCRM)

I got the opportunity to work with diverse groups of patients, which broadened my understanding and enhanced my skills. (Rural Pathway, Female, RACGP)

Good supervision, broad caseload and diversity of presentations, enabled to be increasingly independent. (General Pathway, Male, RACGP)

Seeing patients, reading around them and asking my supervisor questions. (Name) has been kind, knowledgeable and available at all times. I feel very lucky to have him. (General Pathway, Female, RACGP)

Additionally, education and learning opportunities, including resources, training sessions, 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.

Registrar training days are an excellent chance to connect. The educators are great and it's helpful talking to registrars going through similar things. (General Pathway, Female, RACGP)

Very good out of practice education sessions, with relevant practical skills taught and very importantly also providing the opportunity to build a network/friendship group with other registrars. (General Pathway, Male, RACGP)

Webinars, workshops and educational days all with relevant subjects to my practice. (Rural Pathway, Female, RACGP)

The networking opportunities at training events are great. I also love that my training is practical and applicable to my practice, the theory is put to the test. (Rural Pathway, Female, ACCRM)

For the 534 registrars that provided comments on the best aspects of training rurally, approximately half indicated that diversity of patient presentations was most positive, followed by their work within, and with a community. Registrars reported that being part of a community allowed them to provide continuity of care and build connections with their patients, leading to job satisfaction.

The benefits of working and living in a small community. The people are friendlier, more interesting and generally better to work with and have as patients. (Rural Pathway, Female, ACRRM)

You get connected with your community. You know your patients very well. They trust you and as being a health professional, I feel great in helping my community in every manner I am expected to perform my duties. (Rural Pathway, Male, ACRRM)

Very rewarding and making direct impact to your community and your patient. (Rural Pathway, Male, ACRRM)

Where there were areas for improvement, and consistent to previous years, registrars highlighted that aside from income and remuneration, the amount of support provided for exams and assessments by the colleges could be improved. Registrars suggested that additional guidance and provision of resources and preparatory materials could be included to minimise their engagement of third-party GP education courses.

Exam support and content. Most of registrars need to enrol in costly private education courses in order to pass the exams. Low pass rate for exam suggesting inadequate teaching geared for registrars to be able to fellow. (Rural Pathway, Female, RACGP)

College-provided resources for exams are lacking and the unnecessary complexity of the KFP [Key Feature Problem] examination has made it an almost necessity to sign up for external prep services. (General Pathway, Male, RACGP)

There should be more focus on teaching and exam preparation especially during GPT3 and extended skills. There should be more education workshops focusing on exam techniques, knowledges, resources to reinforce prior to exams. (General Pathway, Male, RACGP)

Structure of exam preparation. Access to MCQ questions would be invaluable. For example, it is an excellent way to test and teach knowledge and can be done with great abandon. (Rural Pathway, Male, ACCRM)

Better resources from ACRRM training program- have been given the same practice MCQs with no new questions to practice on. (Rural Pathway, Female, ACCRM)

Exam costs were also highlighted by a few registrars as an area that needed addressing, due to the financial pressures it places on registrars undertaking training.

The exams need to be cheaper and registrars need to be paid more. Almost \$10,000 to sit the exams, one of which is over zoom, is ridiculous and puts a financial strain on registrars. (General Pathway, Male, RACGP)

The cost of exams is also way too high given our poor pay - \$10k to sit your exams given the base rate is terrible compared to other specialties (General Pathway, Female, RACGP)

Additionally, registrars who are training in rural areas provided feedback on the need to improve financial support to facilitate travel to training and access to training opportunities.

Financial support to travel for workshops. Financial support to access support and services not available in rural location. (Rural Pathway, Male, ACCRM)

There is lots of travel required for rural training, it is often difficult to arrange travel reimbursement whether for relocated or driving between workplaces. It is also not an easy/smooth process when moving interstate in regards to reallocation of training officers and medical educators etc. (Rural Pathway, Female, ACCRM)

More support and assistance with living and working conditions, particularly for those training in remote areas were also highlighted due to social isolation.

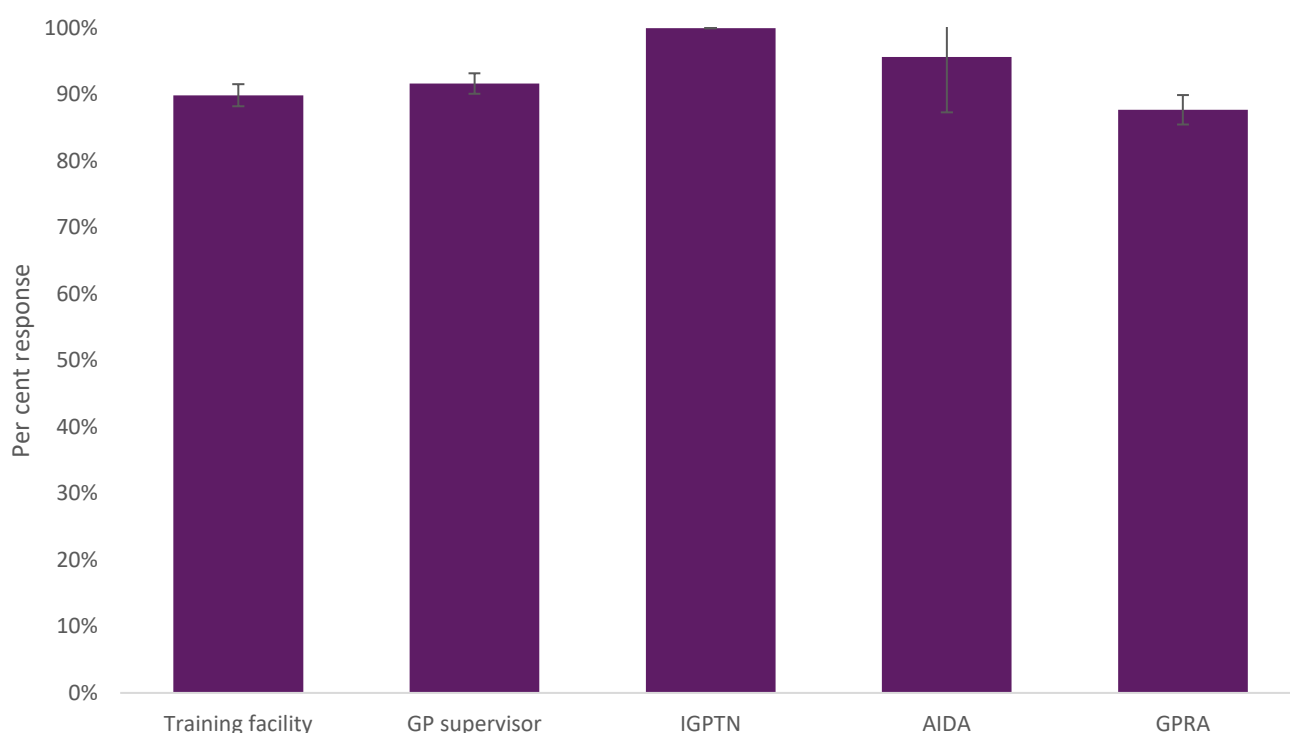
Regular weekly Zooms would be good rather than in house. Connecting you with other registrars - professionally and socially. (Rural Pathway, Female, ACCRM)

Isolation is the hardest part and you can feel very alone going through that. Particularly early on. (Rural Pathway, Male, ACCRM)

Health and wellbeing

As in previous years, registrars were asked a series of questions regarding their health and wellbeing (Figure 9). When these figures were compared with those from 2019 to 2023, satisfaction with the health and wellbeing support from all of training facilities, GP supervisors and GPRA remained stable. Questions about health and wellbeing support from both IGPTN and AIDA were introduced in 2023. Only 28 registrars answered these questions, with the already high levels of satisfaction from 2023 increasing in 2024 (although not significant due to the small numbers in each group).

In 2024, a question was introduced asking registrars if they had access to a support network such as immediate family or a close friendship group. While 91 per cent responded affirmatively, 9 per cent did not have access to a support network. When investigating those that did not have access to a support network, a significantly higher proportion were IMG compared to AMG. And while there were more registrars who replied that they'd moved to their current region for training, this response was not significantly different.



(n=1,304)

Aboriginal and Torres Strait Islander Health

Registrars were asked questions relating to their experience, future plans, and support in working in Aboriginal and Torres Strait Islander Health. The number of registrars that had participated in Aboriginal and Torres Strait Islander cultural safety or cultural awareness training has risen by 13 percentage points from last year to 88 per cent, with 93 per cent of those registrars satisfied with this training. Of the registrars who had **not** participated in in Aboriginal and Torres Strait Islander cultural education training, 46 per cent responded that they hadn't been offered the training, 26 per cent were already booked in and 15 per cent had a personal or other circumstance that prevented them from completing the training.

The percentage of registrars 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) has dropped by 4 percentage points to 7 per cent and 2 of these 7 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, a proportion consistent with the responses from the 2023 survey.

In 2024, the wording of some questions around access to a cultural mentor or educator for guidance on Aboriginal and Torres Strait Islander Health were updated. Of all registrars who answered these questions, 70 per cent knew how to access a cultural mentor or educator while 19 per cent had accessed a cultural mentor or educator for Aboriginal and Torres Strait Islander Health. Of those that had accessed a cultural mentor or educator for Aboriginal and Torres Strait Islander Health, 98 per cent were satisfied with this guidance.

In addition, there were 38 respondents who were undertaking Extended Skills, ARST or AST in Aboriginal or Torres Strait Islander Health, a steady increase from the 10 respondents who were training in this area in 2022 and the 17 in 2023.

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 was 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, 25 per cent of respondents were Rural Generalist trainees (an increase from 15% in 2023). In the survey, another 63 registrars self-identified as

being a Rural Generalist trainee so were also asked the questions. This produced 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 29 per cent of those respondents who got to this stage of the survey.

Registrars were asked when they decided to become a Rural Generalist. Forty-six per cent reported they decided to become a Rural Generalist by the end of their medical degree, 4 per cent in their first year out of their medical degree, a further 21 per cent more than one year out of their medical degree and 21 per cent after trying another specialty.

Every state and the Northern Territory have their own Rural Generalist program coordination unit. Registrars were asked to identify each unit they had engaged with on their progression to the Rural Generalist pathway. The majority of registrars had engaged with the Rural Generalist program coordination unit in their state. Ninety per cent of Rural Generalist registrars from New South Wales had engaged with HETI – the NSW Rural Generalist Medical Training Program (RGTP), 91 per cent from Queensland had engaged with the Queensland Rural Generalist Pathway Coordination Unit, and 94 per cent from Victoria had engaged with the Victorian Rural Generalist Program (VRGP) Coordination Unit. Although there were fewer Rural Generalist registrars in other states, this pattern was also seen for these states too – 95 per cent from Western Australia had engaged with the Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit, 64 per cent from the Northern Territory had engaged with the Northern Territory Rural Generalist Coordination Unit, 100 per cent from South Australia had engaged with the South Australian Rural Generalist Coordination Unit, and 67 per cent from Tasmania had engaged with the Tasmanian Rural Generalist Pathway (TRGP) 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). Around two thirds of Rural Generalist trainees (68%) that responded to the survey indicated they received advice or assistance with placements. Of those that had received advice or assistance, 79 per cent were satisfied with this support, a 6 per cent decrease from 2023 (and the same value seen in 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	52.4
Advice or assistance with placements as a junior doctor	40.3
Education support	31.6
Advice or assistance managing the intersection between hospital-based training and primary care	26.8
Case management support to navigate the pathway	20.8
Assistance managing the transition from junior doctor to GP Rural Generalist registrar	19.9
Relocation, travel and/or accommodation support	19.5
Orientation	17.7

(n=231)

Of the Rural Generalist trainees who responded to the survey, 79 per cent indicated they'd remain in a rural practice after the completion of the training, with a further 17 per cent unsure.

Thirteen per cent of registrars who did not qualify as Rural Generalist trainees replied that they had considered changing to the Rural Generalist Pathway (a jump from 5 per cent in 2023). Of those registrars considering changing, things that had supported their consideration to change included their own rural background and / or previous experience (52%), interest in practising in a hospital (46%), the variety of patient presentations in rural medicine (44%), a previous rural placement (41%), wanting to live rurally (35%), a sense of social responsibility and /or wanting to support the community (30%), eventual financial prospects (26%), and contact with GP Colleges (23%).

Those that replied that they were unsure 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. Of the 516 registrars who responded, approximately a third attributed a change in personal preferences or family circumstances would help them consider changing to the Rural Generalist pathway. Most registrars indicated that they were unable to consider a change because of their partners, school-aged children, and access to services. Registrars described the increased need for family support in the form of partner employment opportunities, reasonable working conditions, availability of childcare and schooling options as essential for them to consider relocating their families to undertake Rural Generalist training.

Access to childcare in rural areas, access to work for my partner, reasonable working hours in rural placements, adequate supervision in rural areas. (General Pathway, Female, RACGP)

Not possible with school aged children as I need to be where there are good schools. (Rural Pathway, Female, RACGP)

Changes to lifestyle and more opportunities for my family. (General Pathway, Male, RACGP)

Other key factors that would influence registrars' decisions included better pay or financial incentives, accessible training locations, and increased training and exam support. Registrars also highlighted the ability to access more flexible training options with shorter training times. These factors are illustrated in the following quotes:

Lower training time to acquire necessary skills and qualification if it led to significantly better career outcomes in the end including tax or financial incentives over regular GP work. (Rural Pathway, Male, RACGP)

Attractive remuneration, adequate support and services of daily living, geographical proximity to major metropolitan areas. (General Pathway, Male, RACGP)

Better support for registrars including exams, better pay. (General Pathway, Female, RACGP)

Several registrars also reported that increased opportunities for them to engage in diverse practices or acquisition of further skill and expertise were of importance. The opportunity of undertaking a variety of case presentations, as well as improving knowledge and practical skills would be impetus to undertake a change to the Rural Generalist pathway.

Broader clinical experience and case exposure compared with urban clinics. (General Pathway, Male, RACGP)

More practice options to where I can train. (Rural Pathway, Female, RACGP)

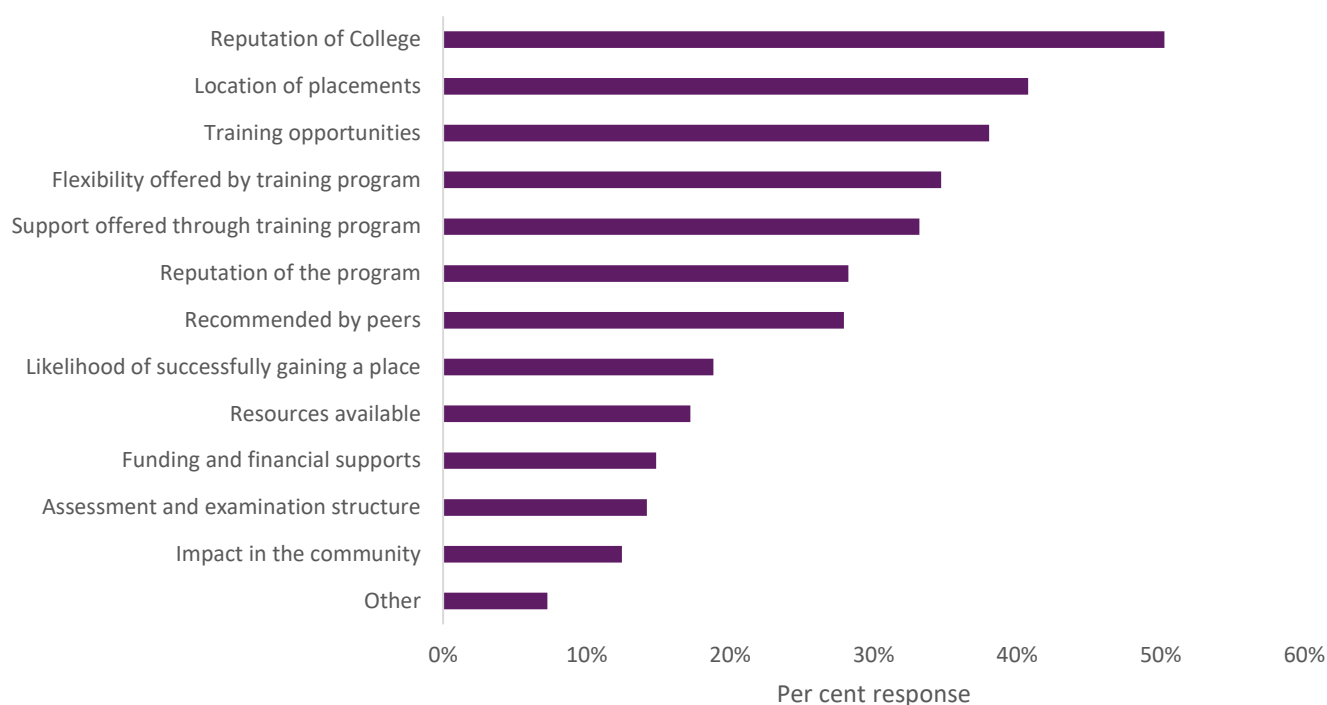
Registrars' training choices

As in previous years, the 2024 GP NRS asked registrars 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.

One-third of all registrars decided to become a GP specialist by the time they had finished medical school¹³. In the first year out of medical school, another 7 per cent decided to become GP specialists. A further 32 per cent decided on GP specialisation more than one year after finishing medical training and another 23 per cent after trying another speciality.

Only 58 per cent of registrars reported that GP specialisation was their first choice of specialisation.

In 2024, registrars were included from AGPT, RGTS and RVTS programs. 91 per cent of respondents were in the AGPT program, 7 per cent were in RGTS while 2 per cent were in RVTS. All registrars were asked what the main reasons were for choosing their program (Figure 10). The most common reasons given for choice of program were the reputation of the training provider (50%), the location of the placements (41%), the training opportunities (38%), the flexibility offered by the training program (35%) and the support offered through the training program (33%).



(n=1,254)

Figure 10: Reasons registrars chose training program (i.e. AGPT, RGTS, RVTS)

Analysis of 89 open ended responses under the category of 'other' show that nearly half of the registrars (n=43) chose their training program because it was the only provider or feasible choice (e.g. ADF requirement, or preference to practice in metropolitan areas).

¹³ If registrars were noted in the population as a Rural Generalist, they were not asked the question again "When did you decide to become a GP specialist" in this section, having previously answered it. The results reported here are a combination of the responses from both RG and GP specialists.

The alternative is ACCRM and I'm not particularly interested in rural/remote medicine. (General Pathway, Female, RACGP)

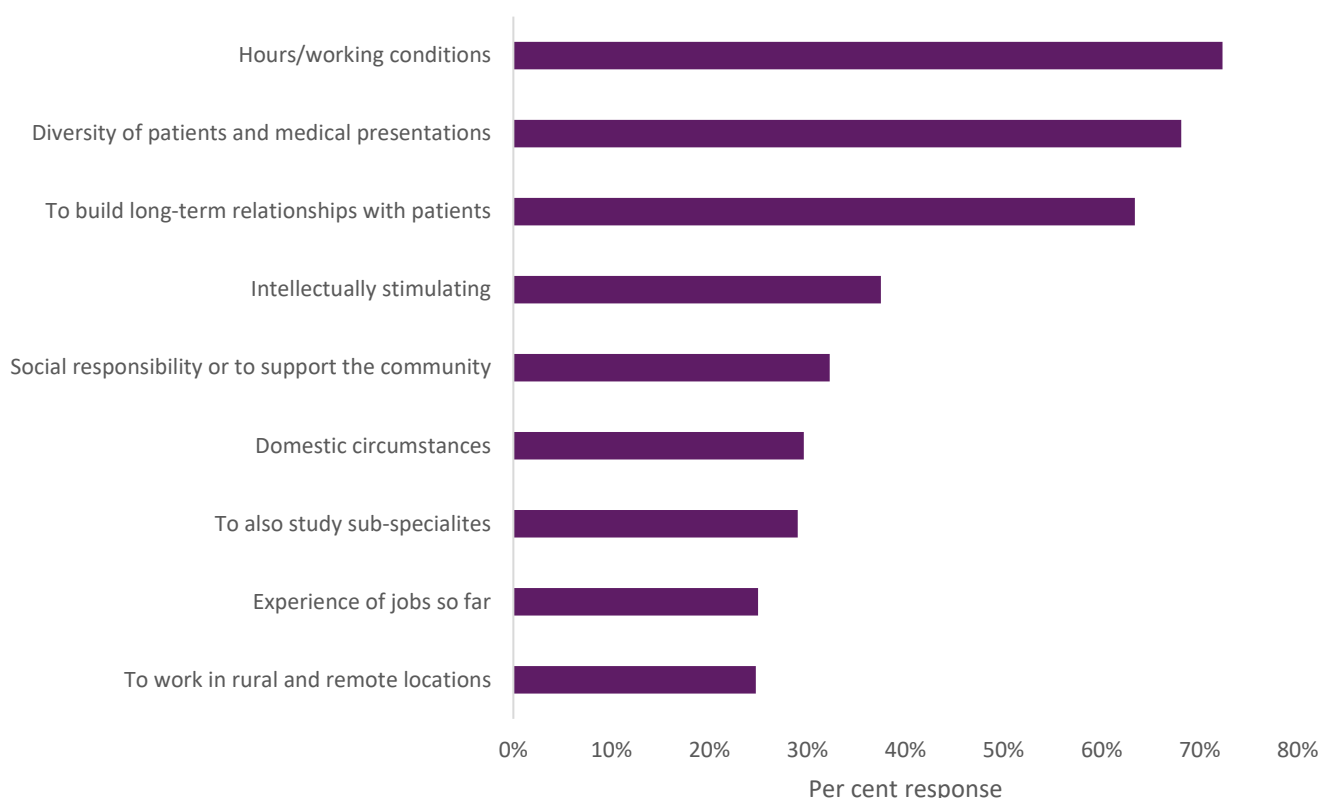
Only avenue to working rurally as a GP. (Rural Pathway, Male, ACCRM)

Several registrars responded that they were not aware of alternative options or had an inadequate understanding of other programs at the time of application. Registrar feedback included the following examples:

I sought help to understand the difference between funding pathways, through [state Rural Generalist program coordination unit] and ACCRM webinars and over the phone, but did not have my questions clearly answered. Had I known more, I would have applied for RGTS rather than AGPT. (Rural Pathway, Male, ACCRM)

Unaware of other options. (General Pathway, Female, RACGP)

The top 3 responses for why registrars decided to become GP specialists given in 2024 were the same as those given in all years since 2017. These reasons included the hours and working conditions for this speciality (72%), the diversity of patients and medical presentations (68%), as well as the ability to build long-term relationships with patients (63%). Figure 11 lists the top responses given by at least 20 per cent of registrars for choosing a GP specialisation.



(n=1,283)

Figure 11: 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 83 per cent of registrars plan to work as a private GP, with 33 per cent planning to be

working full time as a GP and 55 per cent working part-time as a GP (a small number selected both options). 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 (63%) than male registrars (41%), while conversely male registrars are much more likely to be planning to work full-time as a private GP (45%) than female registrars (26%).

When asked about their plans to own their own practice, or to purchase or buy into an existing practice, male registrars are also more likely to plan to do this. Around a third of male registrars (32%) plan to either own their own practice or purchase or buy into an existing practice in the next 5 years, while less than a quarter of female registrars (23%) have the same plans.

One-quarter of all registrars suggested they would like to be working in a rural or remote location in the next 5 years. Of those in the rural pathway, only 42 per cent were planning to be working in a rural or remote location in 5 years while 64 per cent of Rural Generalists had the same plan. Of those that are Rural Generalists, 77 per cent are planning to still be working as a Rural Generalist in 5 years.

When looking at the responses given by registrars in the rural or general pathway streams, 42 per cent of those on the rural pathway intend to work in a rural or remote location in 5 years' time while only 9 per cent of those in the general pathway have this same intention. Of registrars on the rural pathway, 38 per cent would like to be working as a Rural Generalist, compared with only 3 per cent of registrars in the general pathway. Of those on the rural pathway 16 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 22 per cent of Rural Generalist trainees, compared with only 11 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 (82%), either supervising medical students or registrars, or becoming a medical educator.

Only a small proportion of registrars, (5%) indicated that they do not plan to be working as a GP in 5 years.

In 2024, the 53 registrars that responded that they did not want to be working as a GP in 5 years' time were asked why. The majority of registrars cited that overarching systemic issues and poor remuneration deterred them from continued employment as a GP. While the lack of financial viability was a key reason, concerns of burnout, lack of respect and the emotional burden of being a GP exacerbated the push towards other employment avenues.

Lack of political and community respect and financial support for role of GP. Emotional labour/stress of GP work. Possible greater income working outside of traditional role. (General Pathway, Female, RACGP)

Increasingly complex medicolegal and clinical requirements. Poor financial compensation. Lack of appreciation. Increase in false malicious complaints to regulators. Lack of support from regulators, state and federal governments. (General Pathway, Male, RACGP)

Workload too high, limited resources, patient's expectations high and don't want to pay for quality care that takes longer. Multiple comments daily about having to pay from patients. (Rural Pathway, Female, ACCRM)

Table 6: Career plans in 5 years' time

Career plans	Per cent (%)
Working part-time as a private GP	54.8
Working full-time as a private GP	33.1
Working in a rural or remote location	26.4
Working as a GP in another setting (e.g. aged, palliative, home care)	21.3
Working as a Rural Generalist	21.3
To purchase or buy into an existing practice	18.2
To own their own practice	16.4
Working in Aboriginal and Torres Strait Islander Health	13.8
Other	9.4
Not working as a GP	4.8

(n=1,280)

Of the 116 registrars that responded to the option 'other', most responded that they would like to undertake specialist medicine and be involved in full or part time medical work outside of general practice, such as retrieval medicine. Registrars' plans included roles in hospitals or emergency departments and research and teaching.

Be working part time clinically, part time in a medical education role, and possibly exploring other advocacy roles. (General Pathway, Female, RACGP)

Part time surgical assisting, ED, lecturing in anatomy. (General Pathway, Male, RACGP)

Working in retrieval medicine + working for MSF/ AUSMAT. (Rural Pathway, Female, ACRRM)

Working part time GP, part time medical education, part time in my AST role. (Rural Pathway, Male, ACRRM)

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 their training. Of those that had moved, 39 per cent said they planned to stay in the same location, 38 per cent were unsure and 23 per cent planned to relocate at the end of their training.

Memberships – GPRA, RDAA, IGPTN

Figure 12 reports the frequency of engagement and satisfaction that registrars had with GPRA, RDAA and IGPTN. Just over half of registrars who responded indicated that they were a member of GPRA (52%), however around two-thirds had not engaged with them in the last 6 months. Of those that had engaged with GPRA, 92 per cent were satisfied with the support they had received.

In 2024, registrars were asked about whether they were familiar and could readily access the GPRA complaints and / or grievance processes. Only 23 per cent of registrars were familiar with GPRA's complaints / grievances process, 27 per cent were unaware about the process while 50 per cent responded that they were not familiar with the process. Interestingly, 48 per cent of the same registrars reported that

the GPRA complaints and/or grievance processes were readily available, 52 per cent said they were not readily available.

Around three-quarters of Aboriginal or Torres Strait Islander registrars indicated that they were a member of the IGPTN. Almost all IGPTN members surveyed had engaged with IGPTN in the last 6 months (91%) and all these members were satisfied with the support provided.

Eleven per cent of registrars who responded to the survey were members of RDAA. 60 per cent of RDAA members had engaged with the RDAA in the past 6 months, and 94 per cent of these members were satisfied with the support provided.

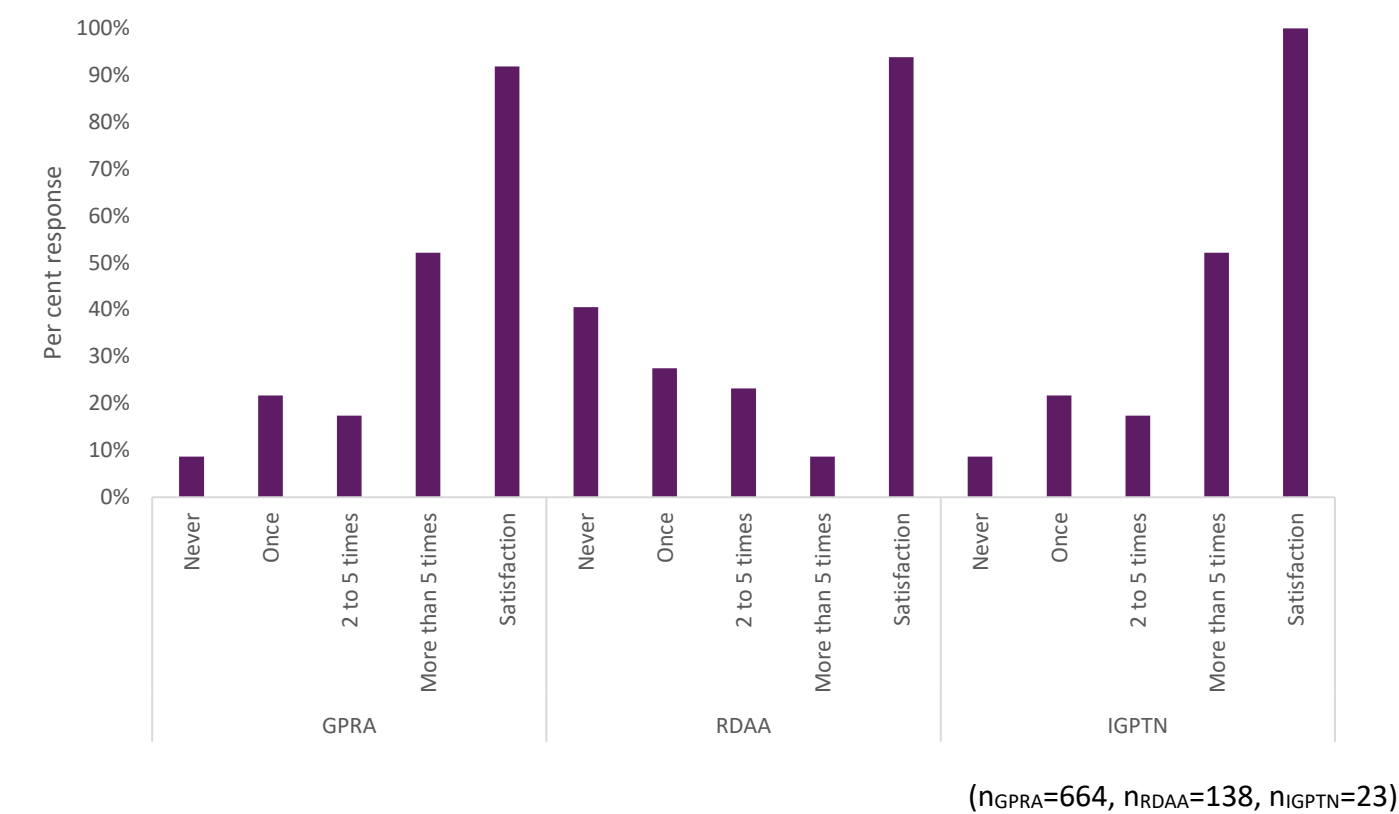


Figure 12: Registrars’ frequency of interaction and satisfaction with GPRA, RDAA, IGPTN

Income

In 2024, a new set of research questions were introduced asking registrars about their personal and household income. The purpose of these questions was to provide information to inform policy relating to registrar pay and help better understand any pay gaps that may occur when registrars move into GP training. Figures 13, 14 and 15 compare registrars’ current income with the income they earned in their last year of prevocational hospital training by their state, training term and postgraduate year. Overall, 23 per cent of registrars surveyed indicated that they were earning more, and 55 per cent were earning less than in their last year of prevocational hospital training. The gap between earnings while undertaking prevocational hospital training and while training as a GP appears to vary substantially by state, training term and postgraduate year.

While more than half of registrars in the Northern Territory were earning more now than in their last year of prevocational hospital training (52%), this was much lower for registrars training in Victoria (12%), New South Wales (22%), South Australia (29%), or Queensland (32%). This may be due to registrars in the Northern Territory receiving higher levels of additional support payments or other benefits than registrars

from most other states and territories. Overall, 44 per cent of registrars reported receiving additional support payments or benefits in Semester One, 2024, but a much higher proportion of registrars training in the Northern Territory (71%) received additional support.

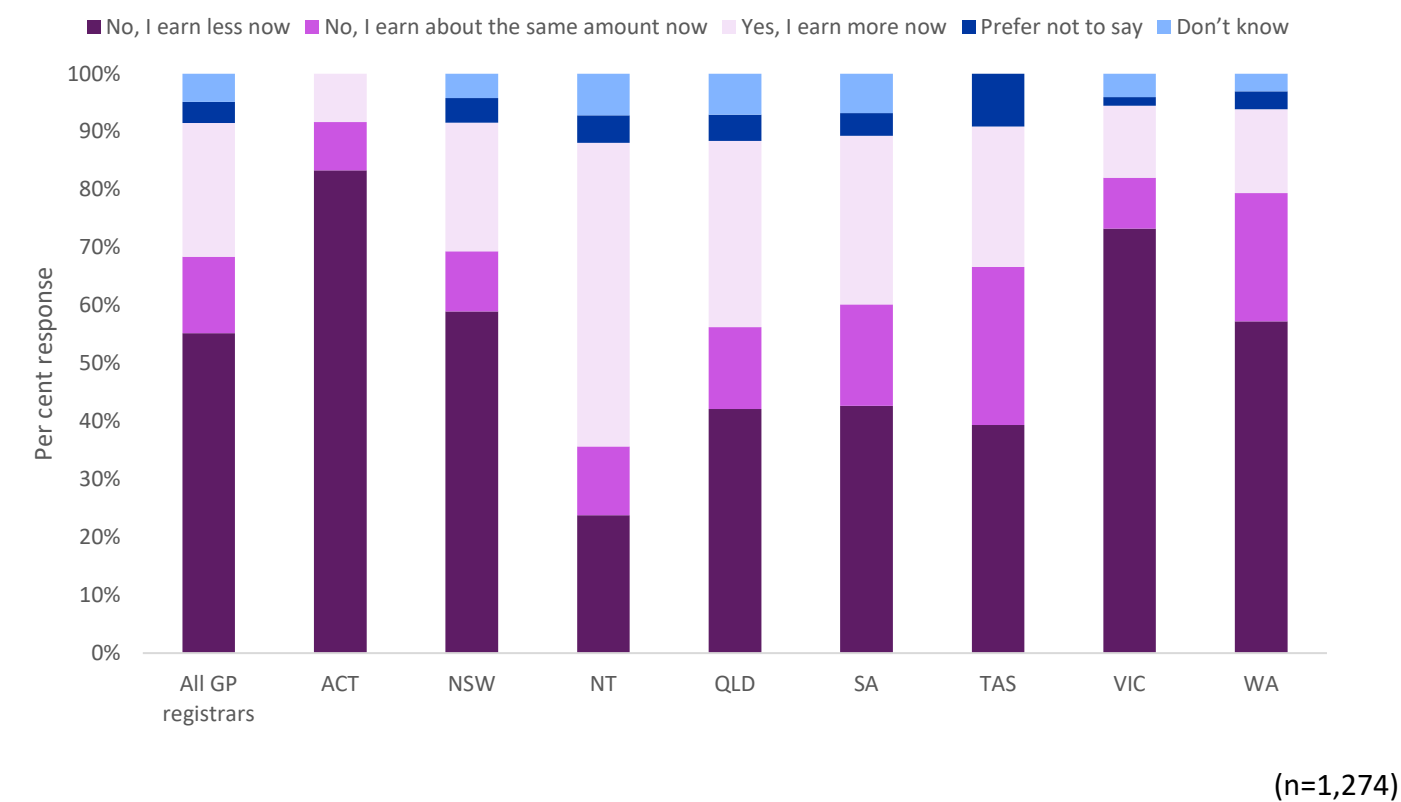


Figure 13: Comparison of registrars' current income with income earned in last year of prevocational hospital training, by state

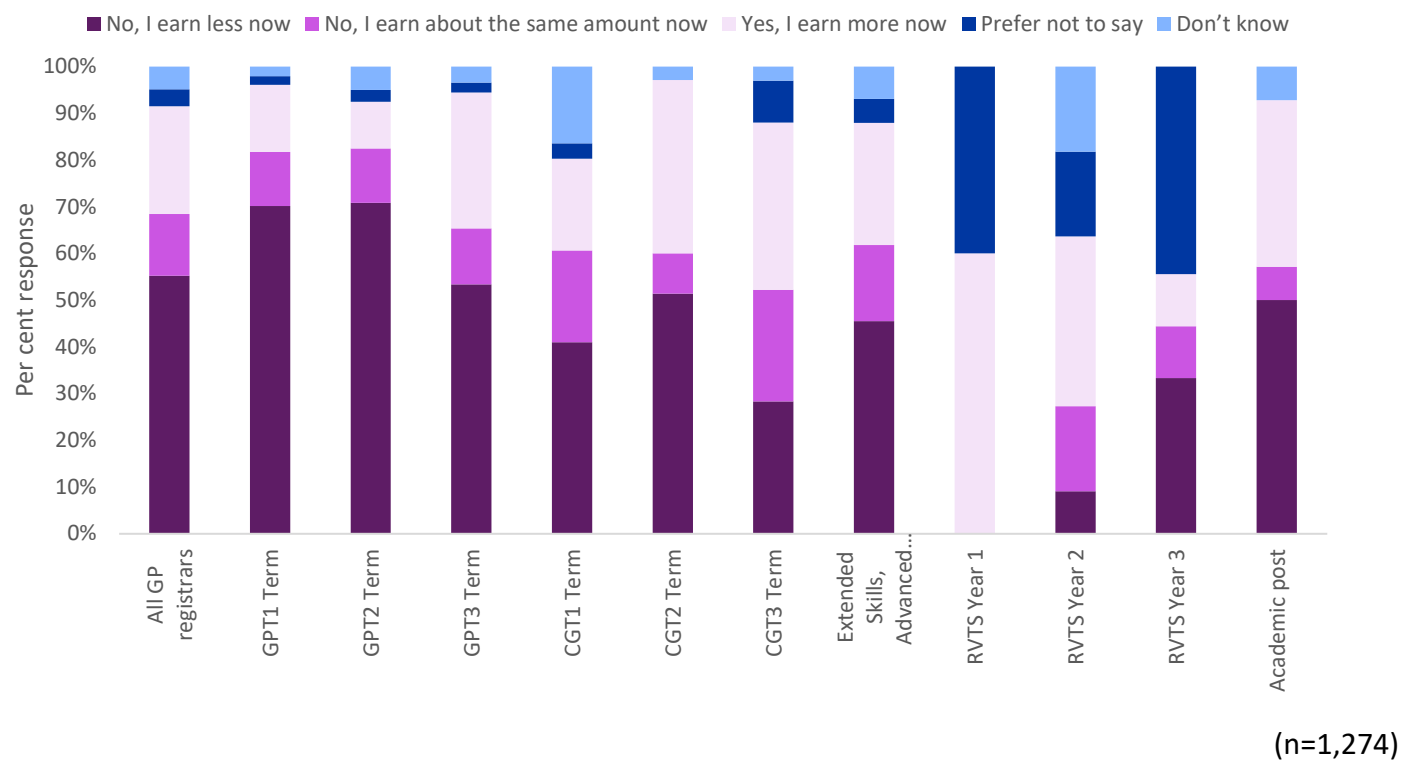
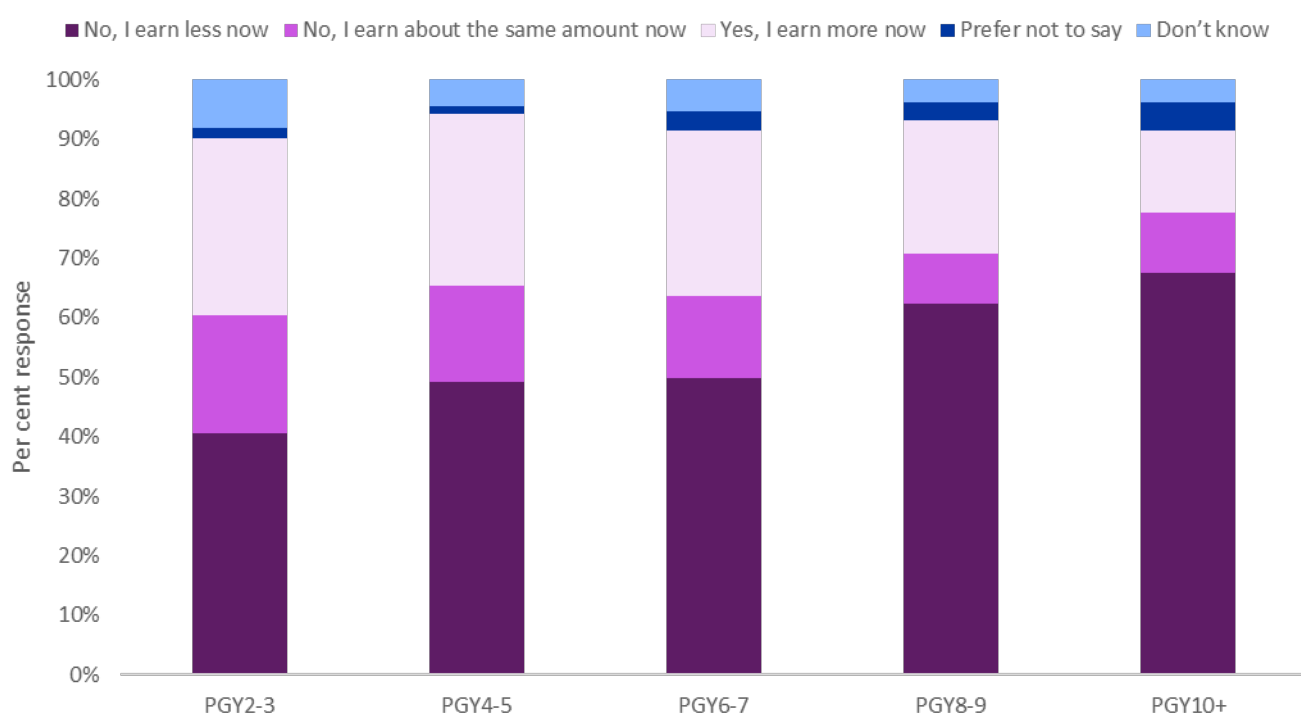


Figure 14: Comparison of registrars' current income with income earned in last year of prevocational hospital training, by training term

When comparing training terms, as shown in Figure 14, registrars who are further along in their training also seem more likely to be earning more than while they were in their final year of prevocational hospital training than registrars who have completed less of their GP training. For example, registrars in their GPT3 Term were more likely to report that they were earning about the same or more now (41%) than registrars in GPT1 Term (26%), and a similar pattern is seen between registrars in their CGT3 Term (60%) and CGT1 Term (39%). This suggests that the gap in income between prevocational hospital training and GP training is greatest at the beginning of their GP training program.

Additionally, as shown in Figure 15, registrars who graduated from medical school more recently were more likely to report earning the same or more now than in their final year of prevocational hospital training (50%) than registrars who graduated a decade or more ago (24%). This indicates that there may be a lower opportunity cost for doctors earlier in their careers to enter GP training than for doctors who have been working for many more years and likely have been earning progressively higher wages.

When comparing gender, 57% of female and 52% of male registrars were earning less than in their last year of prevocational hospital training. However, when comparing those registrars currently earning *more* than they were previously earning in their last year of prevocational hospital training, there was less of a difference (females: 23%, males: 24%).



(n=1,241)

Figure 15: Comparison of registrars' current income with income earned in last year of prevocational hospital training, by postgraduate year

Registrars were also asked about their earnings as a GP registrar in Semester One, 2024. Note that responses include registrars who were working full-time (63%) as well as those working part-time (37%). Registrars working full-time reported a median income of between \$50,000 and \$59,999 per semester,

while registrars working part-time reported a median income of between \$40,000 and \$49,999 per semester.

Table 7 presents the total pre-tax earnings of registrars in Semester One, 2024 (this includes base salary and billings earned as a GP registrar – but not superannuation). Just over half of the responding registrars reported that they earned below \$60,000 in Semester One (53%) while 5 per cent reported earning more than \$100,000 in Semester One.

Table 7: Total pre-tax earnings as registrar in Semester One 2024

Total pre-tax earnings in Semester One	Per cent (%)
<\$30,000 per semester	8.4
\$30,000-\$39,999 per semester	14.3
\$40,000-\$49,999 per semester	16.0
\$50,000-\$59,999 per semester	14.2
\$60,000-\$69,999 per semester	8.7
\$70,000-\$79,999 per semester	5.8
\$80,000-\$89,999 per semester	4.2
\$90,000-\$99,999 per semester	3.1
\$100,000 or more per semester	5.2
Prefer not to say	9.0
Don't know	11.2

n=1,273

Unsurprisingly, registrars in their first year of training reported lower incomes than registrars further along in their training. Registrars in their first year of training (i.e. GPT1 or GPT2 terms, or in CGT1) reported a median income of between \$40,000 and \$49,999 per semester. Registrars in GPT3 term reported a median income of between \$50,000 and \$59,999 per semester and registrars who were undertaking CGT3 reported a median income of between \$60,000 and \$69,999 per semester. There were insufficient responses from RVTS registrars to explore how earnings changed during GP training.

Table 8 presents the total support payments or other benefits that registrars received in Semester One, for example, National Consistent Payments (NCP), College payments, incentive payments, etc. More than two-thirds did not receive any additional payments (43%) while 30 per cent received less than \$5,000 in additional payments. Only 2 per cent of registrars received more than \$15,000 in additional payments (2%). Only a very small proportion of registrars training in MM1 (9%) reported receiving any additional payments, but the majority of registrars training in other locations (77%) received additional payments.

Table 8: Total support payments or other benefits received in Semester One 2024

Total support payments or other benefits in Semester One	Per cent (%)
I did not receive any additional payments	43.0

Total support payments or other benefits in Semester One	Per cent (%)
\$1-\$4,999 per semester	30.2
\$5,000-\$9,999 per semester	7.4
\$10,000-\$14,999 per semester	4.7
\$15,000-\$19,999 per semester	0.8
\$20,000-\$24,999 per semester	0.5
\$25,000-\$29,999 per semester	0.1
\$30,000-\$34,999 per semester	0.3
\$35,000-\$39,999 per semester	0.1
\$40,000-\$44,999 per semester	0.1
\$45,000-\$49,999 per semester	0.1
\$50,000 or more per semester	0.2
Prefer not to say	4.9
Don't know	7.7

n=1,257

Most registrars (60%) had a total pre-tax combined household income of over \$100,000 in the 2023 to 2024 financial year, and 40 per cent had an income of more than \$150,000, see Table 9. This included the registrar's and their partner's earnings, income from other business interests, rental income, dividends, interest, etc. If their finances were separate to everyone else in their household, they were instructed to just include their own income. Just under a quarter of those responding to this question said they didn't know or preferred not to say.

Table 9: Total pre-tax household earnings 2023 to 2024 Financial Year

Total pre-tax earnings in Semester One	Per cent (%)
<\$50,000 per year	4.3
\$50,000-\$99,999 per year	11.2
\$100,000-\$149,999 per year	19.7
\$150,000-\$199,999 per year	15.8
\$200,000-\$299,999 per year	17.5
\$300,000 or more per year	6.8
Prefer not to say	14.6
Don't know	10.0

n=1,256

More than half of the registrars who responded to questions on income reported being the primary income earner in their household (53%), a further 29 per cent reported earning a similar income to others

in their household while the remaining 18 per cent reported the primary income earner was someone else (Figure 16). Most registrars were not undertaking any additional work in Semester One (69%) while one-fifth were working as a hospital locum (19%).

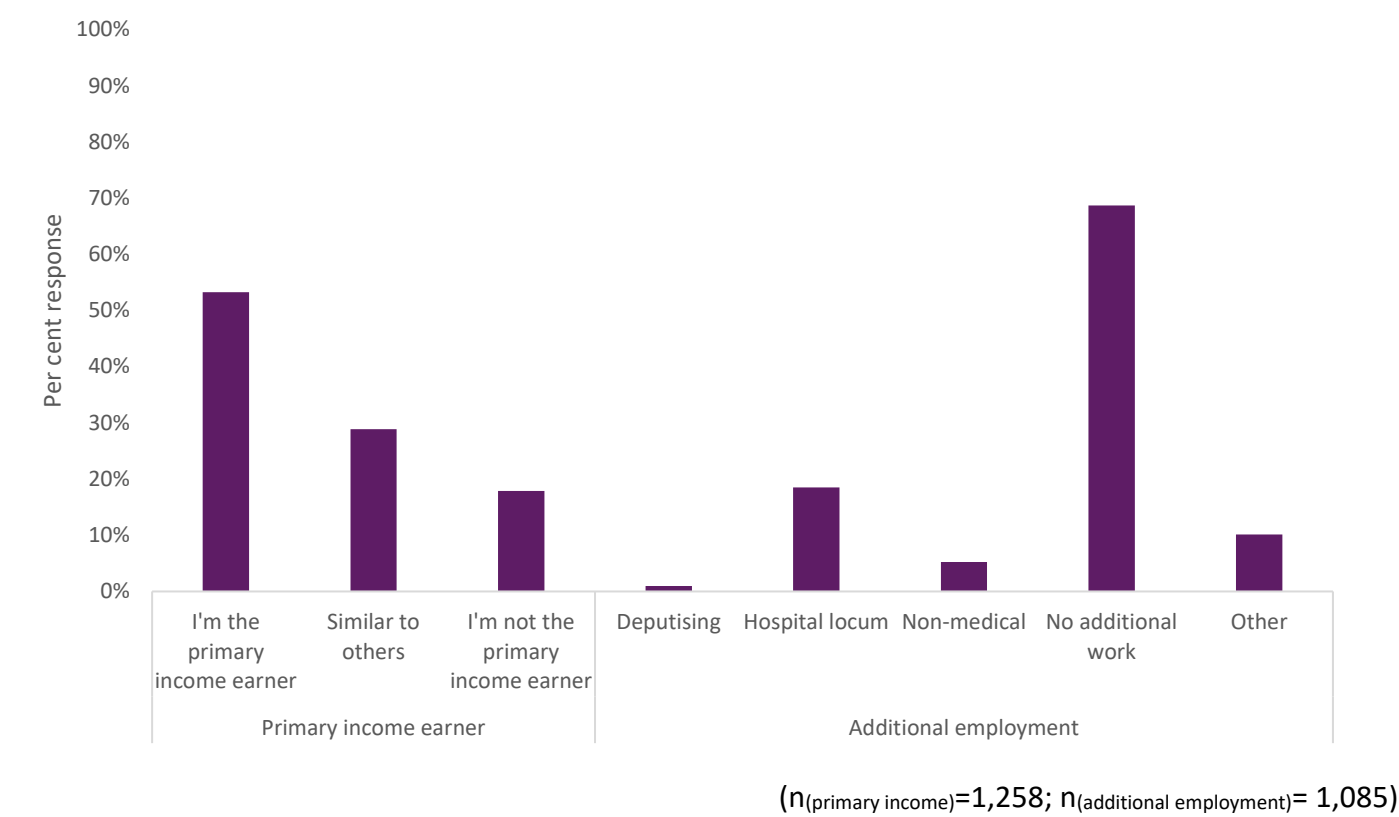


Figure 16: Registrars - primary income earner and additional work

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Appendix C: 2024 GP NRS item frequencies

Table 10 to Table 20 include the item frequencies for the closed items included in the 2024 GP NRS.

Table 10: 2024 GP NRS item frequencies – demographic and contextual items (n=1,373)

Item	Response options	N	%
Which fellowship are you currently working towards?	FACRRM	261	19.0
	FRACGP	1,069	77.9
	FRAGCP-RG	40	2.9
	FARGP	13	0.9
	Other	10	0.7
At what full time equivalent (FTE) load were you employed during Semester One, 2024? <i>1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day. This relates to your employment as part of your GP training.</i>	Less than 0.4	81	5.9
	0.5 to 0.6	232	16.9
	0.7 to 0.8	196	14.3
	0.9 to 1.0	862	62.9
Did you also work on call on top of your FTE during Semester One, 2024?	Yes - as part of my roster	137	10.2
	Yes - on top of my rostered hours	188	14.0
	No	1,021	75.9
What training were you undertaking during Semester One, 2024?	GPT1 Term	417	30.4
	GPT2 Term	132	9.6
	GPT3 Term	345	25.2
	CGT1	67	4.9
	CGT2	41	3.0
	CGT3	69	5.0
	Extended Skills, Advanced Rural Skills Training (ARST), or Advanced Specialised Training (AST)	254	18.5
	RVTS Year 1	6	0.4
	RVTS Year 2	12	0.9
	RVTS Year 3	9	0.7
	RVTS Year 4+	<4	-
	Academic post	14	1.0
	Medical Education post	4	0.3

Item	Response options	N	%
	Other	106	7.7

Table 11: 2024 GP NRS item frequencies – satisfaction with GP College (n=1,364)

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your College in Semester One, 2024?			
Quality of overall training & education	Very dissatisfied	51	3.7
	2	106	7.7
	3	325	23.8
	4	597	43.6
	Very satisfied	289	21.1
Quality of training advice	Very dissatisfied	55	4.0
	2	110	8.0
	3	324	23.7
	4	584	42.7
	Very satisfied	294	21.5
Feedback on your training progress	Very dissatisfied	56	4.1
	2	108	7.9
	3	343	25.1
	4	585	42.8
	Very satisfied	275	20.1
Workshops provided, including webinars	Very dissatisfied	59	4.3
	2	130	9.5
	3	356	26.1
	4	510	37.4
	Very satisfied	310	22.7
Training and education resources	Very dissatisfied	55	4.0
	2	119	8.7
	3	339	24.9
	4	566	41.5
	Very satisfied	284	20.8
Medical educator facilitated peer learning	Very dissatisfied	81	6.0
	2	124	9.1
	3	320	23.5
	4	506	37.2

Item	Response options	N	%
	Very satisfied	330	24.2
Support to meet ACRRM training requirements	Very dissatisfied	26	10.0
	2	50	19.2
	3	66	25.4
	4	76	29.2
	Very satisfied	42	16.2
Support to meet RACGP training requirements	Very dissatisfied	41	3.7
	2	85	7.7
	3	269	24.3
	4	464	41.8
	Very satisfied	250	22.5
Support to meet RVTS training requirements	Very dissatisfied	0	0.0
	2	0	0.0
	3	<4	-
	4	<4	-
	Very satisfied	25	89.3
Support for examination and assessments	Very dissatisfied	91	6.7
	2	151	11.1
	3	411	30.1
	4	480	35.2
	Very satisfied	231	16.9
Feedback on examination and assessments	Very dissatisfied	84	6.2
	2	135	10.0
	3	444	32.8
	4	474	35.0
	Very satisfied	217	16.0
Communication	Very dissatisfied	69	5.1
	2	128	9.4
	3	330	24.2
	4	548	40.2
	Very satisfied	289	21.2
Induction / orientation	Very dissatisfied	52	3.8
	2	86	6.3
	3	358	26.3

Item	Response options	N	%
	4	510	37.4
	Very satisfied	357	26.2

Table 12: 2024 GP NRS item frequencies – satisfaction with training facility (n=1,366)

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, 2024?			
Quality of overall training and education experience	Very dissatisfied	49	3.6
	2	75	5.5
	3	249	18.2
	4	558	40.8
	Very satisfied	435	31.8
Supervisor support	Very dissatisfied	51	3.7
	2	65	4.8
	3	175	12.8
	4	456	33.3
	Very satisfied	621	45.4
Supervisor training / teaching	Very dissatisfied	63	4.6
	2	95	6.9
	3	236	17.3
	4	484	35.4
	Very satisfied	489	35.8
Feedback from your supervisor	Very dissatisfied	52	3.8
	2	80	5.8
	3	244	17.8
	4	485	35.5
	Very satisfied	507	37.1
Clinical work	Very dissatisfied	19	1.4
	2	32	2.3
	3	184	13.5
	4	597	43.7
	Very satisfied	535	39.1
Number of patients or presentations	Very dissatisfied	20	1.5
	2	41	3.0
	3	175	12.8

Item	Response options	N	%
	4	587	43.0
	Very satisfied	542	39.7
Diversity of patients or presentations	Very dissatisfied	16	1.2
	2	37	2.7
	3	237	17.3
	4	556	40.7
	Very satisfied	520	38.1
Level of workplace responsibility	Very dissatisfied	16	1.2
	2	35	2.6
	3	174	12.7
	4	564	41.3
	Very satisfied	576	42.2
Induction / orientation to your training facility	Very dissatisfied	45	3.3
	2	64	4.7
	3	192	14.1
	4	528	38.8
	Very satisfied	533	39.1
Induction / orientations to the local community	Very dissatisfied	44	3.2
	2	77	5.6
	3	312	22.9
	4	518	38.0
	Very satisfied	412	30.2
Training and education resources	Very dissatisfied	37	2.7
	2	81	5.9
	3	309	22.7
	4	564	41.4
	Very satisfied	372	27.3
Location	Very dissatisfied	23	1.7
	2	49	3.6
	3	218	16.0
	4	486	35.6
	Very satisfied	589	43.2
Terms and conditions	Very dissatisfied	60	4.4
	2	66	4.9

Item	Response options	N	%
	3	209	15.4
	4	509	37.4
	Very satisfied	516	37.9

Table 13: 2024 GP NRS item frequencies – Aboriginal and Torres Strait Islander health training (n=1,368)

Item	Response options	N	%
In Semester One, 2024, 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	1,216	89.4
	Yes	144	10.6
<If NO to above> Have you completed or are you considering undertaking training in an Aboriginal and Torres Strait Islander health training post in the course of or as part of your program (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	I am currently in this area of training	8	0.7
	I have already completed training	56	4.6
	I have completed training and I plan to do more	25	2.1
	I am considering undertaking training	419	34.6
	None of the above	702	58.0
Since commencing GP training, have you participated in Aboriginal and Torres Strait Islander cultural education?	No	158	11.7
	Yes	1,197	88.3
<IF YES to above> How satisfied are you with the Aboriginal and Torres Strait Islander cultural education training you received?	Very dissatisfied	29	2.4
	2	52	4.4
	3	274	23.1
	4	458	38.6
	Very satisfied	374	31.5
<If NO to above> Which of these best describes why you have not participated in Aboriginal and Torres Strait Islander cultural education?	The training hasn't been offered to me.	68	45.9
	I'm booked in to complete this training in the future.	38	25.7
	I have personal or other circumstances that impacted my ability to undertake this training.	22	14.9

Item	Response options	N	%
	Other	20	13.5
Do you know how to access a cultural mentor and/or cultural educator for guidance when working with Aboriginal and Torres Strait Islander patients?	No	401	29.8
(Either in mainstream practice or an Aboriginal Medical Service/Aboriginal Community Controlled Health Service)	Yes	944	70.2
Have you accessed a cultural mentor and/or cultural educator for guidance when working with Aboriginal and Torres Strait Islander patients?	No	1,081	80.7
(Either in mainstream practice or an Aboriginal Medical Service/Aboriginal Community Controlled Health Service)	Yes	258	19.3
<IF YES> How satisfied are you with the guidance from this cultural educator and/or cultural mentor on working with Aboriginal and Torres Strait Islander patients?	Very dissatisfied	0	0.0
	2	6	2.3
	3	42	16.3
	4	119	46.1
	Very satisfied	91	35.3

Table 14: 2024 GP NRS item frequencies – complaints and/or grievance process (n=1,317)

Item	Response options	N	%
Are you familiar with <College/RVTS>'s formal complaints and/or grievance process?	No	570	43.3
	Yes	457	34.7
	Unaware process existed	290	22.0
Could you readily access <College/RVTS>'s formal complaints and/or grievance process if needed?	No	543	41.8
	Yes	756	58.2
Are you familiar with GPRA's formal complaints and/or grievance process?	No	662	50.4
	Yes	300	22.8
	Unaware process existed	351	26.7
Could you readily access GPRA's formal complaints and/or grievance process if needed?	No	667	51.6
	Yes	626	48.4

Item	Response options	N	%
Have you ever made a formal written complaint to any organisation relating to your GP training?	No	1,243	94.7
	Yes	70	5.3

Table 15: 2024 GP NRS item frequencies – registrars’ health, wellbeing and location (n=1,304)

Item	Response options	N	%
How would you rate your satisfaction with the health and wellbeing support provided to you by			
training facility	Very dissatisfied	47	3.6
	2	80	6.1
	3	190	14.6
	4	364	28.0
	Very satisfied	576	44.2
	Not applicable	45	3.5
ACRRM	Very dissatisfied	20	8.1
	2	40	16.3
	3	65	26.4
	4	50	20.3
	Very satisfied	55	22.4
	Not applicable	16	6.5
RACGP	Very dissatisfied	58	5.5
	2	83	7.8
	3	242	22.9
	4	392	37.0
	Very satisfied	226	21.3
	Not applicable	58	5.5
RVTS	Very dissatisfied	0	0.0
	2	0	0.0
	3	<4	-
	4	5	18.5
	Very satisfied	20	74.1
	Not applicable	<4	
Your GP Supervisor	Very dissatisfied	43	3.3
	2	62	4.8
	3	137	10.5

Item	Response options	N	%
	4	353	27.1
	Very satisfied	662	50.8
	Not applicable	47	3.6
<If Aboriginal or Torres Strait Islander registrar> IGPRN?	Very dissatisfied	0	0.0
	2	0	0.0
	3	5	17.9
	4	4	14.3
	Very satisfied	17	60.7
	Not applicable	<4	-
<If Aboriginal or Torres Strait Islander registrar> AIDA?	Very dissatisfied	0	0.0
	2	<4	-
	3	9	32.1
	4	<4	-
	Very satisfied	11	39.3
	Not applicable	5	17.9
General Practice Registrars Australia (GPRA)	Very dissatisfied	35	2.7
	2	67	5.1
	3	328	25.2
	4	268	20.6
	Very satisfied	132	10.1
	Not applicable	474	36.3
Do you have access to a support network? <i>For example this may include immediate family or a close friendship group.</i>	No	114	8.8
	Yes	1,188	91.2
How many dependents do you have? (e.g. children, parents)?	0	497	40.8
	1 or 2	531	43.7
	3 or 4	165	13.5
	5 or more	24	2.0
Did you relocate to the current region to undertake GP training?	No	752	57.7
	Yes	551	42.3
Do you intend to live in this region after completing GP training?	No	226	17.3
	Yes	721	55.3
	Unsure	357	27.4

Table 16: 2024 GP NRS item frequencies – rural generalists (n(RG)= 342; n(not RG)=1,031)

Item	Response options	N	%
<If College is RACGP> Are you training as a Rural Generalist?	No	991	94.0
	Yes	63	6.0
<If RG> When did you decide to become a Rural Generalist?	While I was at school	18	5.7
	Early in my medical degree	69	21.8
	Late in my medical degree	59	18.7
	In my first year out of medical school	13	4.1
	More than one year out of medical school	67	21.2
	After trying another speciality	66	20.9
	Other	24	7.6
<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	67	31.3
	Northern Territory Rural Generalist Coordination Unit	14	6.5
	Queensland Rural Generalist Pathway Coordination Unit	59	27.6
	South Australian Rural Generalist Coordination Unit	11	5.1
	Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit	7	3.3
	Victorian Rural Generalist Program (VRGP) Coordination Unit	51	23.8
	Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit	23	10.7
<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	93	40.3
	Advice or assistance with placements as a GP Rural Generalist registrar	121	52.4
	Advice or assistance managing the intersection between hospital-based training and primary care	62	26.8
	Assistance managing the transition from junior doctor to GP Rural Generalist registrar	46	19.9
	Case management support to navigate the pathway	48	20.8

Item	Response options	N	%
	Education support	73	31.6
	Relocation, travel and/or accommodation support	45	19.5
	Orientation	41	17.7
	Other	26	11.3
<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	26	9.8
	2	29	10.9
	3	71	26.7
	4	71	26.7
	Very satisfied	69	25.9
<If RG> Do you intend to practice in a rural community as a GP when you have completed your GP training program?	No	13	4.2
	Yes	246	78.8
	Unsure	53	17.0
<If not RG> Have you considered changing to the Rural Generalist pathway?	No	719	72.5
	Yes	132	13.3
	Unsure	141	14.2
<If not RG AND yes to above> What supported your consideration to change to the Rural Generalist pathway?	Contact with the GP Colleges	29	23.4
	Information provided by the Commonwealth Department of Health and Aged Care	<4	-
	Information provided by the state government	<4	-
	Information provided by NRGPs Coordination Units	<4	-
	Previously undertook a rural placement	51	41.1
	My own rural background and/or previous personal experience	65	52.4
	Interest in practising in a hospital	57	46.0
	Particular teacher, department or role model	13	10.5
	Eventual financial prospects	32	25.8
	My sense of social responsibility and / or want to support the community	37	29.8
	The variety of patient presentations in rural medicine	54	43.5
	I wanted to live rurally	43	34.7

Item	Response options	N	%
	Other	7	5.6
As part of your training program have you undertaken training that helps you understand the health needs of rural communities? e.g. online training or workshops	I am currently undertaking this training	237	18.5
	I have already completed this training	387	30.1
	No, but I am expecting to as part of the program	341	26.6
	No, and am not expecting to as part of the program	319	24.8
Have you trained in a rural location during GP training?	No	574	44.3
	Yes	721	55.7

Table 17: 2024 GP NRS item frequencies – pathway to GP (n=1,283)

Item	Response options	N	%
When did you decide to become a specialist GP? <i>Please select all that apply.</i>	While I was at school	58	6.0
	Early in my medical degree	129	13.2
	Late in my medical degree	100	10.3
	In my first year out of medical school	74	7.6
	More than one year out of medical school	343	35.2
	After trying another specialty	228	23.4
	Other	42	4.3
Why did you decide to become a specialist GP? <i>Please select all that apply.</i>	To build long-term relationships with patients	813	63.4
	To also study sub-specialties such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	372	29.0
	The training program is fully funded by the Commonwealth Government	132	10.3
	To work in rural and remote locations	317	24.7
	Intellectually stimulating	481	37.5
	Diversity of patients and medical presentations	874	68.1
	Domestic circumstances	380	29.6
	Hours/working conditions	928	72.3
	Eventual financial prospects	155	12.1

Item	Response options	N	%
	Promotion/career prospects	97	7.6
	Self-appraisal of own skills/aptitudes	249	19.4
	Advice from others	172	13.4
	Student experience of subject	147	11.5
	Particular teacher, department or role model	113	8.8
	Inclinations before medical school	162	12.6
	Experience of jobs so far	320	24.9
	Enthusiasm/commitment	204	15.9
	Social responsibility or to support the community	414	32.3
	Other	64	5.0
Was GP specialisation your first choice of specialty?	No	541	42.3
	Yes	737	57.7
What were the main reasons you chose your training program, i.e. AGPT, RGTS, RVTS? <i>Please select all that apply.</i>	Support offered through the training program	416	33.2
	Training opportunities	477	38.0
	Reputation of <College/RVTS>	630	50.2
	Reputation of the program	354	28.2
	Recommended by peers	350	27.9
	Flexibility offered by training program	435	34.7
	Location of placements	511	40.7
	Assessment and examination structure	178	14.2
	Resources available	216	17.2
	Impact in the community	156	12.4
	Likelihood of successfully gaining a place	236	18.8
	Funding and financial supports	186	14.8
	Other	91	7.3

Table 18: 2024 GP 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.	704	55.0

Item	Response options	N	%
	teaching or supervising medical students.	662	51.7
	supervising registrars.	551	43.0
	a medical educator.	375	29.3
	involved in academic research.	173	13.5
	not involved in doctor training.	90	7.0
	unsure.	292	22.8
In five years, you would like to...	be working full-time as a private GP.	424	33.1
	be working part-time as a private GP.	701	54.8
	own your own practice.	210	16.4
	purchase or buy into an existing practice.	233	18.2
	be working in Aboriginal and Torres Strait Islander Health.	176	13.8
	be working as a GP in another setting (e.g. aged, palliative, home care).	273	21.3
	be working in a rural or remote location.	338	26.4
	be working as a Rural Generalist	272	21.3
	be not working as a GP.	61	4.8
	be doing something else.	120	9.4

Table 19: 2024 GP NRS item frequencies – memberships (n=739)

Item	Response options	N	%
Are you a member of any of these groups? <i>Please select all that apply.</i>	Indigenous General Practice Trainee Network (IGPTN)	23	1.8
	General Practice Registrars Australia (GPRA)	664	51.7
	Rural Doctors Association of Australia (RDAA)	138	10.7
<If IGPTN> In the last 6 months, how often have you engaged with IGPTN?	Never	<4	-
	Once	5	21.7
	2 to 5 times	4	17.4
	More than 5 times	12	52.2
	Very dissatisfied	0	0.0

Item	Response options	N	%
If <IGPTN Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by IGPTN?	2	0	0.0
	3	<4	-
	4	<4	-
	Very satisfied	17	81.0
<If GPRA> In the last 6 months, how often have you engaged with GPRA?	Never	427	64.3
	Once	149	22.4
	2 to 5 times	74	11.1
	More than 5 times	14	2.1
If <GPRA Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by GPRA?	Very dissatisfied	8	3.4
	2	11	4.7
	3	78	33.2
	4	80	34.0
	Very satisfied	58	24.7
<If RDAA> In the last 6 months, how often have you engaged with RDAA?	Never	56	40.6
	Once	38	27.5
	2 to 5 times	32	23.2
	More than 5 times	12	8.7
If <RDAA Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by RDAA?	Very dissatisfied	<4	-
	2	4	4.9
	3	17	20.7
	4	25	30.5
	Very satisfied	35	42.7

Table 20: 2024 GP NRS item frequencies – training choices (n=1,282)

Item	Response options	N	%
Did you participate in any of the following programs or placements prior to commencing your current GP training program?	Rural Clinical School	339	26.4
	Commonwealth Medical Internships	48	3.7
	Bonded Medical Places (BMP) Scheme	194	15.1
	Medical Rural Bonded Scholarship (MRBS) Scheme	31	2.4
	John Flynn Placement program	86	6.7
	John Flynn Prevocational Doctor Program (JFPDP)	6	0.5
	State Rural Generalist programs	49	3.8

Item	Response options	N	%
	Remote Vocational Training Scheme (RVTS)	7	0.5
	HECS Reimbursement Scheme	108	8.4
	RACGP Practice Experience Program (PEP)	13	1.0
	Fellowship Support Program (FSP)	<4	-
	ACRRM Independent Pathway	9	0.7
	More Doctors for Rural Australia Program	30	2.3
	Pre-fellowship program (PFP)	<4	-
	Training towards any other fellowship	99	7.7
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	5	0.4
	Aboriginal and Torres Strait Islander Health	38	3.0
Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FRACGP-RG) during Semester One, 2024?	Academic practice	16	1.2
	Adult Internal Medicine	13	1.0
	Anaesthetics	27	2.1
	Emergency Medicine	81	6.3
	Mental Health	10	0.8
	Obstetrics and Gynaecology	45	3.5
	Paediatrics	13	1.0
	Palliative Care	11	0.9
	Population Health	10	0.8
	Remote Medicine	7	0.5
	Surgery	4	0.3
	Other (please specify)	64	5.0

Table 21: 2024 GP NRS item frequencies – training choices (n=1,274)

Item	Response options	N	%
Do you earn more now in GP training than you did in your last year working in a pre-vocational hospital position?	No, I earn less now	704	55.3%
	No, I earn about the same amount now	168	13.2%
	Yes, I earn more now	294	23.1%
	Prefer not to say	46	3.6%
	Don't know	62	4.9%

Item	Response options	N	%
<p>Focus on the six-month period between January 1 and June 30, 2024 (Semester One).</p> <p>Please select the category that represents your total pre-tax earnings from your work as a GP registrar for this semester.</p> <p><i>Please include your base salary and billings, but do not include superannuation.</i></p>	<\$30,000 per semester	107	8.4%
	\$30,000-\$39,999 per semester	182	14.3%
	\$40,000-\$49,999 per semester	204	16.0%
	\$50,000-\$59,999 per semester	181	14.2%
	\$60,000-\$69,999 per semester	111	8.7%
	\$70,000-\$79,999 per semester	74	5.8%
	\$80,000-\$89,999 per semester	53	4.2%
	\$90,000-\$99,999 per semester	39	3.1%
	\$100,000 or more per semester	66	5.2%
	Prefer not to say	114	9.0%
	Don't know	142	11.2%
<p>Focus on the six-month period between January 1 and June 30, 2024 (Semester One).</p> <p>In addition to the earnings outlined above, please select the category that represents the total amount of support payments or other benefits you received as part of your job as a GP registrar.</p> <p><i>For example, we are referring to National Consistent Payments (NCP), College payments, incentive payments, etc.</i></p>	I did not receive any additional payments	540	43.0%
	\$1-\$4,999 per semester	379	30.2%
	\$5,000-\$9,999 per semester	93	7.4%
	\$10,000-\$14,999 per semester	59	4.7%
	\$15,000-\$19,999 per semester	10	0.8%
	\$20,000-\$24,999 per semester	6	0.5%
	\$25,000-\$29,999 per semester	<4	-
	\$30,000-\$34,999 per semester	4	0.3%
	\$35,000-\$39,999 per semester	<4	-
	\$40,000-\$44,999 per semester	<4	-
	\$45,000-\$49,999 per semester	<4	-
	\$50,000 or more per semester	<4	-
	Prefer not to say	62	4.9%
	Don't know	97	7.7%
<p>Now focus on the past financial year, July 1, 2023 to June 30, 2024.</p> <p>Select the category that represents your combined household income?</p> <p><i>This is your pre-tax amount. Include your and your partner's earnings, income from other business interests, rental income, dividends, interest, etc. If your finances are completely separate to</i></p>	<\$30,000 per year	12	1.0%
	\$30,000-\$39,999 per year	18	1.4%
	\$40,000-\$49,999 per year	24	1.9%
	\$50,000-\$59,999 per year	21	1.7%
	\$60,000-\$79,999 per year	32	2.5%
	\$80,000-\$99,999 per year	88	7.0%
	\$100,000-\$124,999 per year	134	10.7%
	\$125,000-\$149,999 per year	113	9.0%

Item	Response options	N	%
<i>everyone else in your household, just include your income.</i>	\$150,000-\$199,999 per year	199	15.8%
	\$200,000-\$249,999 per year	153	12.2%
	\$250,000-\$299,999 per year	67	5.3%
	\$300,000-\$349,999 per year	37	2.9%
	\$350,000 or more per year	49	3.9%
	Prefer not to say	184	14.6%
	Don't know	125	10.0%
Are you the primary income earner in your household? <i>If your finances are completely separate to everyone else in your household, just include your income.</i>	Yes - I'm the primary income earner	670	53.3%
	No - there are others in my household who earn a similar income	363	28.9%
	No - the primary income earner is someone other than me	225	17.9%
During this semester, did you undertake any of the following additional employment activities?	Deputising	10	1.0%
	Hospital locum	194	18.5%
	Non-medical	55	5.2%
	No additional work	720	68.7%
	Other	106	10.1%

Appendix D: 2024 GP 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 2024 General Practice National Registrar Survey (GP NRS). 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, 2024 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 Trainees Network (IGPTN) improve your and other registrars' experience in GP Training.

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 2024 General Practice National Registrar Survey (GP NRS).

Question	Item	Response Options
Which fellowship are you currently working towards?	FRACGP	Not selected
	FACRRM	Selected
	FRACGP-RG	
	Other (please specify)	OPEN ENDED RESPONSE
At what full time equivalent (FTE) load were you employed during Semester One, 2024? 1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day. This relates to your employment as part of your GP training.	-	0.0 to 0.2 0.3 to 0.4 0.5 to 0.6 0.7 to 0.8 0.9 to 1.0 I was on extended leave from the training program (e.g. parental,

Question	Item	Response Options
		sabbatical, long service) for the whole semester
Did you also work on call on top of your FTE during Semester One, 2024?	-	Yes - as part of my roster Yes - on top of my rostered hours No
<IF ON EXTENDED LEAVE FOR WHOLE SEMESTER>Thank you for taking the time to participate in the General Practice National Registrar Survey. You are not required to respond this year. Please press <i>Next</i> to finalise your input.	-	<i>Note that the survey will be terminated here.</i>
What training were you undertaking during Semester One, 2024? Please select all that apply.	<div><If RACGP> GPT1</div> <div><If RACGP> GPT2</div> <div><If RACGP> GPT3</div> <div><If ACRRM> CGT1 Term</div> <div><If ACRRM> CGT2 Term</div> <div><If ACRRM> CGT3 Term</div> <div>Extended Skills or Advanced Rural Skills Training (ARST) or Advanced Specialised Training (AST)</div> <div><If RVTS> RVTS Year 1</div> <div><If RVTS> RVTS Year 2</div> <div><If RVTS> RVTS Year 3</div> <div>Academic post</div> <div>Medical Education post</div> <div>Other (please specify)</div>	<div>Not selected</div> <div>Selected</div> <div>OPEN ENDED RESPONSE</div>
The following questions ask about your satisfaction with <College/RVTS> and your training facility. All questions referring to 'your training facility' relate to the main practice, hospital, or academic post you were assigned in Semester One, 2024.		
	Quality of overall training and education experience	1 Very dissatisfied
	Quality of training advice	2

Question	Item	Response Options
How would you rate your satisfaction with the following aspects of <College/RVTS> in Semester One, 2024?	Feedback on your training progress	3
	Workshops provided, including webinars	4
	Training and education resources	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	
	<IF COLLEGE=RVTS> Support to meet RVTS training requirements	
	Support for examination and assessments	
	Feedback on examination and assessments	
	Communication	
	Induction / orientation provided	
How would you rate your satisfaction with the following aspects of your training facility (e.g. your practice, your hospital) to meet your training requirements in Semester One, 2024?	Quality of overall training and education experience	1 Very dissatisfied
	Supervisor support	2
	Supervisor 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	
	Location	
	Terms and conditions of employment at your training facility	

Question	Item	Response Options
The following questions ask about the training you have received related to Aboriginal and Torres Strait Islander health and culture that you have received.		
In Semester One, 2024, 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 Yes
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal and Torres Strait Islander health training post in the course of or as part of your program (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 GP training, have you participated in Aboriginal and Torres Strait Islander cultural education?	-	No Yes
<IF YES to above> How satisfied are you with the Aboriginal and Torres Strait Islander cultural education training you received?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
<If NO to above> Which of these best describes why you have not participated in Aboriginal and Torres Strait Islander cultural education?	-	This training hasn't been offered to me. I'm booked in to complete this training in the future. I have personal or other circumstances that impacted my ability to undertake this training. Other (Please specify)

Question	Item	Response Options
Do you know how to access a cultural mentor and/or cultural educator 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
Have you accessed a cultural mentor and/or cultural educator 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 educator and/or cultural mentor on working with Aboriginal and Torres Strait Islander patients?	-	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
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/RVTS> and GPRA's complaints and grievances process.		
Are you familiar with <college/RVTS>'s formal complaints and/or grievance process?	-	No Yes

Question	Item	Response Options
		Unaware process exists
Could you readily access <College/RVTS>'s formal complaints and/or grievance process if needed?	-	No Yes
Are you familiar with GPRA's formal complaints and/or grievance process?	-	No Yes Unaware process exists
Could you readily access GPRA's formal complaints and/or grievance process if needed?	-	No Yes
Have you ever made a formal written complaint to any organisation relating to your GP training?	-	No Yes
How would you rate your satisfaction with the health and wellbeing support provided to you by	<div>your training facility?</div> <div><IF COLLEGE=ACRRM> ACRRM?</div> <div><IF COLLEGE=RACGP> RACGP?</div> <div><IF COLLEGE=RVTS> RVTS?</div> <div>your GP Supervisor?</div> <div><If Aboriginal or Torres Strait Islander> IGPTN?</div> <div><If Aboriginal or Torres Strait Islander> AIDA?</div> <div>General Practice Registrars Australia (GPRA)?</div>	<div>1 Very dissatisfied</div> <div>2</div> <div>3</div> <div>4</div> <div>5 Very satisfied</div> <div>Not applicable</div>
Do you have access to a support network? <i>For example this may include immediate family or a close friendship group.</i>	-	No Yes
How many dependents do you have (e.g. children, parents)?	-	NUMERICAL RESPONSE OPTION
Did you relocate to the current region to undertake GP training?	-	No Yes
Do you intend to live in this region after completing GP training?	-	No Yes Unsure

Question	Item	Response Options
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?	While I was at school	Not selected
	Early in my medical degree	Selected
	Late in my medical degree	
	In my first year out of medical school	
	More than one year out of medical school	
	After trying another specialty	
	Other	OPEN ENDED RESPONSE
<If Yes to RG flag or to RGQ1> Have you or did you engage with any of the following state and/or territory Rural Generalist program coordination units to assist with your progression on the Rural Generalist pathway? <i>Please select all that apply.</i>	HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit	Not selected Selected
	Northern Territory Rural Generalist Coordination Unit	
	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	Not selected Selected
	Advice or assistance with placements as a GP Rural Generalist registrar	
	Advice or assistance managing the intersection between hospital-based training and primary care	

Question	Item	Response Options
	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)	OPEN ENDED RESPONSE
<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
<If Yes to RG flag or to RGQ1> Do you intend to practise in a rural community as a GP when you have completed your GP training program?	-	No Yes Unsure
<If no to RGQ1 or RG Flag> Have you considered changing to the Rural Generalist pathway?	-	No Yes Unsure
<If no to RGQ1 or RG Flag> <If Yes to above> What supported your consideration to change to the Rural Generalist Pathway? Please select all that apply.	Contact with the GP Colleges Information provided by the Commonwealth Department of Health and Aged Care Information provided by the state government Information provided by NRGP Coordination Units Previously undertook a rural placement My own rural background and/or previous personal experience	Not selected Selected

Question	Item	Response Options
	<div>Interest in practising in a hospital</div> <div>Particular teacher, department or role model</div> <div>Eventual financial prospects</div> <div>My sense of social responsibility and / or want to support the community</div> <div>The variety of patient presentations in rural medicine</div> <div>I wanted to live rurally</div> <div>Other (please specify)</div>	OPEN ENDED RESPONSE
<If no to RGQ1 or RG Flag> <If No OR Unsure to two above> What would make you more likely to consider the Rural Generalist Pathway?	-	OPEN ENDED RESPONSE
As part of your training program have you undertaken training that helps you understand the health needs of rural communities? e.g. online training or workshops	-	<div>I am currently undertaking this training</div> <div>I have already completed this training</div> <div>No, but I am expecting to as part of the program</div> <div>No, and I am not expecting to as part of the program</div>
Have you trained in a rural location during GP training?	-	<div>No</div> <div>Yes</div>
<IF YES to above or if ACRRM> What are the best aspects of training rurally?	-	OPEN ENDED RESPONSE
<IF YES to above> What aspects of your experience training rurally are most in need of improvement?	-	OPEN ENDED RESPONSE
The following questions ask about your pathway and choices around becoming a GP.		
<If no to RG-Flag> When did you decide to become a specialist GP?	<div>While I was at school</div> <div>Early in my medical degree</div>	<div>Not selected</div> <div>Selected</div>

Question	Item	Response Options
<i>Please select all that apply.</i>	Late in my medical degree	OPEN ENDED RESPONSE
	In my first year out of medical school	
	More than one year out of medical school	
	After trying another specialty	
	Other (please specify)	
Why did you decide to become a specialist GP? <i>Please select all that apply.</i>	To build long-term relationships with patients	Not selected
	To also study additional/advanced skills such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	Selected
	The training program is fully funded by the Commonwealth Government	
	To work in rural and remote locations	
	Intellectually stimulating	
	Diversity of patients and medical presentations	
	Domestic circumstances	
	Hours/working conditions	
	Eventual financial prospects	
	Promotion/career prospects	
	Self-appraisal of own skills/aptitudes	
	Advice from others	
	Student experience of subject	
	Particular teacher, department or role model	
	Inclinations before medical school	
	Experience of jobs so far	
	Enthusiasm/commitment	
	Social responsibility or to support the community	
	Other (please specify)	OPEN ENDED RESPONSE

Question	Item	Response Options
	<p>purchase or buy into an existing practice.</p> <p>be working in Aboriginal and Torres Strait Islander Health.</p> <p>be working as a GP in another setting (e.g. aged, palliative, home care).</p> <p>be working in a rural or remote location.</p> <p>working as a Rural Generalist</p> <p>be not working as a GP.</p> <p>be doing something else (please specify).</p>	OPEN ENDED RESPONSE
If selected <be not working as a GP above> Why do you think in 5 years you'll be no longer working as a GP?		OPEN ENDED RESPONSE
The following questions ask about medical groups that you belong to, how often you interact with them and your satisfaction with those interactions.		
Are you a member of any of these groups? Please select all that apply.	<p>Indigenous General Practice Trainee Network (IGPTN)</p> <p>General Practice Registrars Australia (GPRA)</p> <p>Rural Doctors Association of Australia (RDAA)</p>	<p>Not selected</p> <p>Selected</p>
<If IGPTN> In the last 6 months, how often have you engaged with IGPTN?	-	<p>Never</p> <p>Once</p> <p>2 to 5 times</p> <p>More than 5 times</p>
If <IGPTN Once, 2 to 5 times and more than 5 times> How satisfied are you with the support provided by IGPTN?	-	<p>1 Very dissatisfied</p> <p>2</p> <p>3</p> <p>4</p> <p>5 Very satisfied</p>
<If GPRA> In the last 6 months, how often have you engaged with GPRA?	-	<p>Never</p> <p>Once</p>

Question	Item	Response Options
		2 to 5 times More than 5 times
If <GPRA Once, 2 to 5 times and more than 5 times> How satisfied are you with the support provided by GPRA?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
<If RDAA> In the last 6 months, how often have you engaged with RDAA?	-	Never Once 2 to 5 times More than 5 times
If <RDAA Once, 2 to 5 times and more than 5 times> How satisfied are you with the support provided by RDAA?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
Did you participate in any of the following programs or placements prior to commencing your current GP training program?	Rural Clinical School Commonwealth Medical Internships Bonded Medical Places (BMP) Scheme Medical Rural Bonded Scholarship (MRBS) Scheme John Flynn Placement program John Flynn Prevocational Doctor Program (JFPDP) State Rural Generalist programs Remote Vocational Training Scheme (RVTS) HECS Reimbursement Scheme RACGP Practice Experience Program (PEP) Fellowship Support Program (FSP) ACRRM Independent Pathway More Doctors for Rural Australia Program	Not selected Selected

Question	Item	Response Options
	Pre-fellowship program (PFP)	
	Training towards any other fellowship	
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	
Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FRACGP-RG) during Semester One, 2024?	Aboriginal and Torres Strait Islander Health	Not selected
	Academic practice	Selected
	Adult Internal Medicine	
	Anaesthetics	
	Emergency Medicine	
	Mental Health	
	Obstetrics and Gynaecology	
	Paediatrics	
	Palliative Care	
	Population Health	
	Remote Medicine	
	Surgery	
	Other (please specify)	OPEN RESPONSE
The following questions ask about your personal and household income. Responses to these questions will provide information to inform policy relating to GP registrar pay and will help to better understand any pay gaps that may occur when you move into GP training. As with the rest of the survey, all responses to these questions will remain confidential and will only be reported at an aggregate level.		
Do you earn more now in GP training than you did in your last year working in a pre-vocational hospital position?	-	No, I earn less now No, I earn about the same amount now Yes, I earn more now Prefer not to say Don't know
Focus on the six-month period between January 1 and June 30, 2024 (Semester One).	-	<\$30,000 per semester \$30,000-\$39,999 per semester \$40,000-\$49,999 per semester \$50,000-\$59,999 per semester

Question	Item	Response Options
<p>Please select the category that represents your total pre-tax earnings from your work as a GP registrar for this semester.</p> <p>Please include your base salary and billings, but do not include superannuation.</p>		<p>\$60,000-\$69,999 per semester</p> <p>\$70,000-\$79,999 per semester</p> <p>\$80,000-\$89,999 per semester</p> <p>\$90,000-\$99,999 per semester</p> <p>\$100,000 or more per semester</p> <p>Prefer not to say</p> <p>Don't know</p>
<p>Focus on the six-month period between January 1 and June 30, 2024 (Semester One).</p> <p>In addition to the earnings outlined above, please select the category that represents the total amount of support payments or other benefits you received as part of your job as a GP registrar.</p> <p>For example, we are referring to National Consistent Payments (NCP), College payments, incentive payments, etc.</p>	-	<p>I did not receive any additional payments</p> <p>\$1-\$4,999 per semester</p> <p>\$5,000-\$9,999 per semester</p> <p>\$10,000-\$14,999 per semester</p> <p>\$15,000-\$19,999 per semester</p> <p>\$20,000-\$24,999 per semester</p> <p>\$25,000-\$29,999 per semester</p> <p>\$30,000-\$34,999 per semester</p> <p>\$35,000-\$39,999 per semester</p> <p>\$40,000-\$44,999 per semester</p> <p>\$45,000-\$49,999 per semester</p> <p>\$50,000 or more per semester</p> <p>Prefer not to say</p> <p>Don't know</p>
<p>Now focus on the past financial year, July 1, 2023 to June 30, 2024.</p> <p>Select the category that represents your combined household income?</p> <p><i>This is your pre-tax amount. Include your and your partner's earnings, income from other business interests, rental income, dividends,</i></p>	-	<p><\$30,000 per year</p> <p>\$30,000-\$39,999 per year</p> <p>\$40,000-\$49,999 per year</p> <p>\$50,000-\$59,999 per year</p> <p>\$60,000-\$79,999 per year</p> <p>\$80,000-\$99,999 per year</p> <p>\$100,000-\$124,999 per year</p>

Question	Item	Response Options
<i>interest, etc. If your finances are completely separate to everyone else in your household, just include your income.</i>		\$125,000-\$149,999 per year \$150,000-\$199,999 per year \$200,000-\$249,999 per year \$250,000-\$299,999 per year \$300,000-\$349,999 per year \$350,000 or more per year Prefer not to say Don't know
Are you the primary income earner in your household? <i>If your finances are completely separate to everyone else in your household, just include your income.</i>	Yes - I'm the primary income earner No - there are others in my household who earn a similar income No - the primary income earner is someone other than me	Not selected Selected
During this semester, did you undertake any of the following additional employment activities?	Deputising Hospital locum Non-medical No additional work Other	Not selected Selected OPEN ENDED RESPONSE

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 GP training, please get in touch with your College or Registrar Liaison Officer (RLO).

Alternatively, if you need further assistance, please contact GPRA at 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 Director, Rebecca Taylor, ACER, 19 Prospect Hill Road, Camberwell, Victoria 3124, nrs@acer.org.

Appendix E: Accessible text alternatives for figures

Infographic text alternative

The GP NRS is an annual, national survey of GP registrars currently training in Commonwealth funded training programs 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 1,373 registrars who participated in the 2024 survey.

Training experience

- 89 per cent were satisfied with their overall training and education from their training provider
- 91 per cent were satisfied with the overall training and education they received from their training facility
- 96 per cent were satisfied with the clinical work
- 96 per cent were satisfied with the number of patients or presentations
- 96 per cent were satisfied with the diversity of patients or presentations
- 96 per cent were satisfied with the level of workplace responsibility

Registrar characteristics

- 63 per cent of respondents were female
- 2.3 per cent identified as Aboriginal or Torres Strait Islander
- 52 per cent were between 30 to 39 years of age
- 35 per cent were International Medical Graduates
- 53 per cent were on the rural pathway
- 91 per cent AGPT
- 7 per cent RGTS
- 2 per cent RVTS

Best aspects of training - registrar voices

- “Family-oriented care and preventative medicine, excellent administrative staff, flexible practice who facilitate part-time hours, excellent exposure to skin excisions and procedures”
- “The benefits of working and living in a small community. The people are friendlier, more interesting and generally better to work with and have as patients.”
- “The networking opportunities at training events are great. I also love that my training is practical and applicable to my practice, the theory is put to the test.”

Aboriginal and Torres Strait Islander Health

- 38 registrars training in Extended Skills, ARST or AST in Aboriginal and Torres Strait Islander Health
- 70 per cent know how to access a cultural mentor or educator
- 19 per cent had accessed a cultural mentor or educator for Aboriginal and Torres Strait Islander Health and of these, 98 per cent were satisfied with this guidance.

Support payments in semester one, 2024

- I did not receive any additional payments (43%)

- \$1-\$4,999 per semester (30%)
- \$5,000-\$9,999 per semester (7%)
- \$10,000-\$14,999 per semester (5%)
- \$15,000 or more (2%)
- Prefer not to say (5%)
- Don't know (8%)

Text alternative for Figures

Table 22: Tabular alternative for Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, by MMM

MM	Australian Medical Graduate %	International Medical Graduate %
MM 1	53.9%	23.6%
MM 2	12.5%	23.0%
MM 3	11.0%	19.7%
MM 4	8.7%	12.3%
MM 5	7.5%	18.4%
MM 6 & 7	6.4%	3.1%

Table 23: Tabular alternative for Figure 2: Location of registrars' current training facility from 2021 to 2024, by MMM

MM	2024 %	2023 %	2022 %	2021 %
MM 1	43.1%	49.0%	43.5%	49.5%
MM 2	16.2%	14.7%	16.8%	15.8%
MM 3	14.1%	15.6%	14.2%	13.1%
MM 4	10.0%	9.8%	11.6%	10.4%
MM 5	11.4%	8.3%	9.1%	7.0%
MM 6 & 7	5.2%	2.6%	4.8%	4.2%

Table 24: Tabular alternative for Figure 3: Proportion of registrars who relocated for training, by location

MM	Did not relocate for training %	Relocated for training %
MM 1	86.8%	13.2%
MM 2	50.9%	49.1%
MM 3	36.2%	63.8%
MM 4	25.6%	74.4%
MM 5	32.9%	67.1%
MM 6 & 7	12.1%	87.9%

Table 25: Tabular alternative for Figure 4: Satisfaction with different aspects of training under the GP College model

Training aspects	Mean	Confidence Interval
Overall training & education quality	3.71	0.05
Training advice	3.70	0.05
Feedback on training progress	3.67	0.05
Workshops & webinars provided	3.65	0.06
Training and education resources	3.66	0.05
Medical educator facilitated peer learning	3.65	0.06
Combined College Satisfaction (RACGP, ACRRM & RVTS)	3.62	0.06
Support for examination and assessments	3.45	0.06
Feedback on examination and assessments	3.45	0.06
Communication	3.63	0.06
Induction and orientation provided	3.76	0.05

Table 26: Tabular alternative for Figure 5: Satisfaction with different aspects of training facilities

Training aspects	Mean	Confidence Interval
Overall training & education	3.92	0.05
Supervisor support	4.12	0.06
Supervisor training & teaching	3.91	0.06
Supervisor feedback	3.96	0.06
Clinical work	4.17	0.04
Number of patients or presentations	4.16	0.05
Diversity of patients or presentations	4.12	0.05
Level or workplace responsibility	4.21	0.04
Induction / orientation into your training facility	4.06	0.05
Induction / orientation to the local community	3.86	0.05
Training and education resources	3.85	0.05
Location	4.15	0.05
Terms & conditions	4.00	0.06

Table 27: Tabular alternative for Figure 6: Registrars' satisfaction with quality of overall training and education experience from their training provider and training facility from 2017 to 2024

Year	Overall satisfaction with training provider		Overall satisfaction with training facility	
	%	Error	%	Error
2017	88.0	1.6	91.7	1.3
2018	89.7	1.5	92.6	1.3
2019	88.8	1.6	91.2	1.4
2020	86.8	1.9	90.3	1.7
2021	88.4	1.9	90.9	1.7
2022	87.7	2.0	90.6	1.7
2023	84.3	1.8	91.6	1.4
2024	88.5	1.7	90.9	1.5

Table 28: Tabular alternative for Figure 7: Key Performance Indicators

KPI	2023		2024	
	%	Error	%	Error
KPI 3: Rate of registrar 'induction/orientation' in training facilities	92.9	1.3	92.0	1.4
KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors*	90.3	1.5	89.1	1.7
KPI 7: Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching	83.6	1.9	86.2	1.8
KPI 8: Level of learning with and from a group of professional peers facilitated by medical educators	83.2	1.9	84.9	1.9
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	48.6	2.7
KPI 19: Rate of registrar satisfaction for placements*	91.2	1.4	91.3	1.5
KPI 20: Rate of registrar satisfaction for comprehensive community inductions	90.5	1.5	91.1	1.5
KPI 23: Percentage of general registrar satisfaction with training	88.3	1.6	89.0	1.7
KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor	33.5	2.4	70.2	2.4
KPI 26: Participation rates for cultural awareness training	75.4	2.2	88.3	1.7

Table 29: Tabular alternative for Figure 8: Key Performance Indicators, KPI 14, 25 and 26, by MMM

MM	KPI 14: All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning		KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor		KPI 26: Participation rates for cultural awareness training	
	%	Error	%	Error	%	Error
MM 1	32.8	4.8	68.6	6.8	90.2	7.7
MM 2	50.9	9.5	75.5	11.5	88.6	12.4
MM 3	62.8	11.6	68.6	11.7	85.9	13.1
MM 4	64.3	14.0	77.0	14.8	88.9	15.9
MM 5	68.1	13.5	65.8	12.9	85.8	14.6
MM 6 & 7	61.5	19.1	67.6	19.1	82.9	21.3

Table 30: Tabular alternative for Figure 9: Satisfaction with health and wellbeing support, by source of support

Health and wellbeing support	%	Error
Training facility	89.9	0.02
GP supervisor	91.6	0.02
IGPTN	100.0	0.00
AIDA	95.7	0.08
GPRA	87.7	0.02

Table 31: Tabular alternative for Figure 10: Reasons registrars chose training program (i.e. AGPT, RGTS, RVTS)

Reasons	%
Reputation of College	50.2
Location of placements	40.7
Training opportunities	38.0
Flexibility offered by training program	34.7
Support offered through training program	33.2
Reputation of the program	28.2
Recommended by peers	27.9
Likelihood of successfully gaining a place	18.8

Reasons	%
Resources available	17.2
Funding and financial supports	14.8
Assessment and examination structure	14.2
Impact in the community	12.4
Other	7.3

Table 32: Tabular alternative for Figure 11: Why registrars decided to become GP specialists (top reasons given)

Reasons	%
Hours/working conditions	72.3
Diversity of patients and medical presentations	68.1
To build long-term relationships with patients	63.4
Intellectually stimulating	37.5
Social responsibility or to support the community	32.3
Domestic circumstances	29.6
To also study sub-specialties	29.0
Experience of jobs so far	24.9
To work in rural and remote locations	24.7

Table 33: Tabular alternative for Figure 12: Registrars' frequency of interaction and satisfaction with GPRA, RDAA, IGPTN

	GPRA %	RDAA %	IGPTN %
Frequency of interaction: Never	8.7	40.6	8.7
Frequency of interaction: Once	21.7	27.5	21.7
Frequency of interaction: 2 to 5 times	17.4	23.2	17.4
Frequency of interaction: More than 5 times	52.2	8.7	52.2
Satisfaction	91.9	93.9	100.0

Table 34: Tabular alternative for Figure 13: Comparison of registrars' current income with income earned in last year of prevocational hospital training, by state

	No, I earn less now %	No, I earn about the same amount now %	Yes, I earn more now %	Prefer not to say %	Don't know %
All registrars	55.3	13.2	23.1	3.6	4.9
ACT	83.3	8.3	8.3	0.0	0.0
NSW	59.0	10.4	22.2	4.2	4.2
NT	23.8	11.9	52.4	4.8	7.1
QLD	42.1	14.1	32.2	4.5	7.1
SA	42.7	17.5	29.1	3.9	6.8
TAS	39.4	27.3	24.2	9.1	0.0
VIC	73.3	8.8	12.5	1.5	4.0
WA	57.3	22.1	14.5	3.1	3.1

Table 35: Tabular alternative for Figure 14: Comparison of registrars' current income with income earned in last year of prevocational hospital training, by training term

	No, I earn less now %	No, I earn about the same amount now %	Yes, I earn more now %	Prefer not to say %	Don't know %
All registrars	55.3	13.2	23.1	3.6	4.9
GPT1 Term	70.2	11.6	14.4	1.8	2.1
GPT2 Term	70.8	11.7	10.0	2.5	5.0
GPT3 Term	53.4	12.0	29.1	2.1	3.4
CGT1 Term	41.0	19.7	19.7	3.3	16.4
CGT2 Term	51.4	8.6	37.1	0.0	2.9
CGT3 Term	28.4	23.9	35.8	9.0	3.0
Extended Skills, Advanced Rural Skills Training (ARST), or Advanced Specialised Training (AST)	45.5	16.3	26.2	5.2	6.9
RVTS Year 1	0.0	0.0	60.0	40.0	0.0
RVTS Year 2	9.1	18.2	36.4	18.2	18.2
RVTS Year 3	33.3	11.1	11.1	44.4	0.0
Academic Post	50.0	7.1	35.7	0.0	7.1

Table 36: Tabular alternative for Figure 15: Comparison of registrars' current income with income earned in last year of prevocational hospital year, by postgraduate year

	No, I earn less now %	No, I earn about the same amount now %	Yes, I earn more now %	Prefer not to say %	Don't know %
All registrars	40.5	19.8	29.7	1.8	8.1
PGY 2-3	49.1	16.3	28.9	1.2	4.5
PGY 4-5	49.8	13.8	27.9	3.2	5.3
PGY 6-7	62.3	8.5	22.3	3.1	3.8
PGY 8-9	67.5	10.2	13.8	4.8	3.8
PGY 10+	40.5	19.8	29.7	1.8	8.1

Table 37: Tabular alternative for Figure 16: Registrars - primary income earner and additional work

	%
Primary income earner	
I'm the primary income earner	53.3
Similar to others	28.9
I'm not the primary income earner	17.9
Additional employment	
Deputising	1.0
Hospital locum	18.5
Non-medical	5.2
No additional work	68.7
Other	10.1