General Practice Training in Australia

National Report on the 2025 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.

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Acronyms and abbreviations

Acronym	Meaning
ACER	Australian Council for Educational Research
ACRRM	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
AMG	Australian Medical Graduate
ARST	Advanced Rural Skills Training
AST	Advanced Specialised Training
BMP	Bonded Medical Program
CGT	Core Generalist Term
CPD	Continuing Professional Development
the Department	The Commonwealth Department of Health, Disability and Ageing
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
IGPTN	Indigenous General Practice Trainee Network
IMG	International Medical Graduate
IPU	Inpatient Psychiatric Unit
JCTS	Joint Colleges Training Services
JFPDP	John Flynn Prevocational Doctor Program
KPI	Key Performance Indicator
ME	Medical Educator
MMM	Modified Monash Model (and subsequent Modified Monash (MM) categories)
MRBS	Medical Rural Bonded Scholarship Scheme
NTCER	National Terms and Conditions for the Employment of Registrars
PEP	Practice Experience Program
PFP	Pre-fellowship Program

Acronym	Meaning
PGY	Post-graduate year
RACGP	Royal Australian College of General Practitioners
RDAA	Rural Doctors Association of Australia
RG	Rural Generalist
RGPWA	Rural Generalist Pathway Western Australia
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
SEM	Single Employer Model
SGL	Small Group Learning
SMO	Senior Medical Officer
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 training in Commonwealth funded training programs. This includes the Australian General Practice Training (AGPT) program, the Remote Vocational Training Scheme (RVTS) and Rural Generalist Training Scheme (RGTS). This survey is part of the Department of Health, Disability and Ageing'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.

From July 7 to August 18, 2025, 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). 1,225 registrars provided a valid response to the online survey, representing an overall response rate of 31 per cent. 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 Ltd):

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

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

- 92 per cent were satisfied with the overall training and education experience
- 93 per cent were satisfied with the supervisor's support
- 90 per cent were satisfied with the supervisor's training / teaching
- 93 per cent were satisfied with the feedback they received from their supervisor
- 97 per cent were satisfied with the clinical work
- 97 per cent were satisfied with the number of patients or presentations
- 96 per cent were satisfied with the diversity of patients or presentations
- 97 per cent were satisfied with the level of workplace responsibility
- 93 per cent were satisfied with the induction / orientation provided into their training facility
- 92 per cent were satisfied with the induction / orientation provided to the local community
- 93 per cent were satisfied with the training and education resources
- 94 per cent were satisfied with the terms and conditions.

In 2025, registrars were asked a series of questions about the Single Employer Model (SEM) trials. 87 GP registrars answered these questions (of the 122 SEM registrars as of March 2025):

- 86 per cent of registrars reported their expectations were met or exceeded by the SEM trials

- 90 per cent of SEM registrars were satisfied with their salary, 92 per cent with their benefits, 93 per cent with their training, 90 per cent with their supervision, 93 per cent with their wellbeing, 87 per cent with the management of fatigue, 92 per cent with the mechanisms to disclose fatigue and 93 per cent with dispute processes
- 61 per cent of registrars had been on a SEM for less than 12 months, 18 per cent for 1-2 years and 21 per cent for more than 2 years
- Registrars chose to participate in a SEM trial for better access to leave entitlements (75%), continued employment by state service (70%) and reduced financial risk and / or better pay (65%)
- 91 per cent of SEM registrars had used benefits such as personal leave, annual leave and exam / study leave and professional development
- Registrars on the SEM trials reported that it had not impacted their ability to meet College requirements (85% no impact, 10% unsure, 5% had impact)
- There were high rates of agreement that SEM provided diverse training experiences (96%), increased exposure to regional / rural healthcare (91%), provided opportunities for exposure to different patient types, conditions, and cultural groups (90%) and had increased their confidence in skills relevant to regional / rural healthcare (88%).

Another set of questions were introduced in 2025 looking at vertical and horizontal integration of GP registrars within their training facility. Of the GP registrars who responded to these questions:

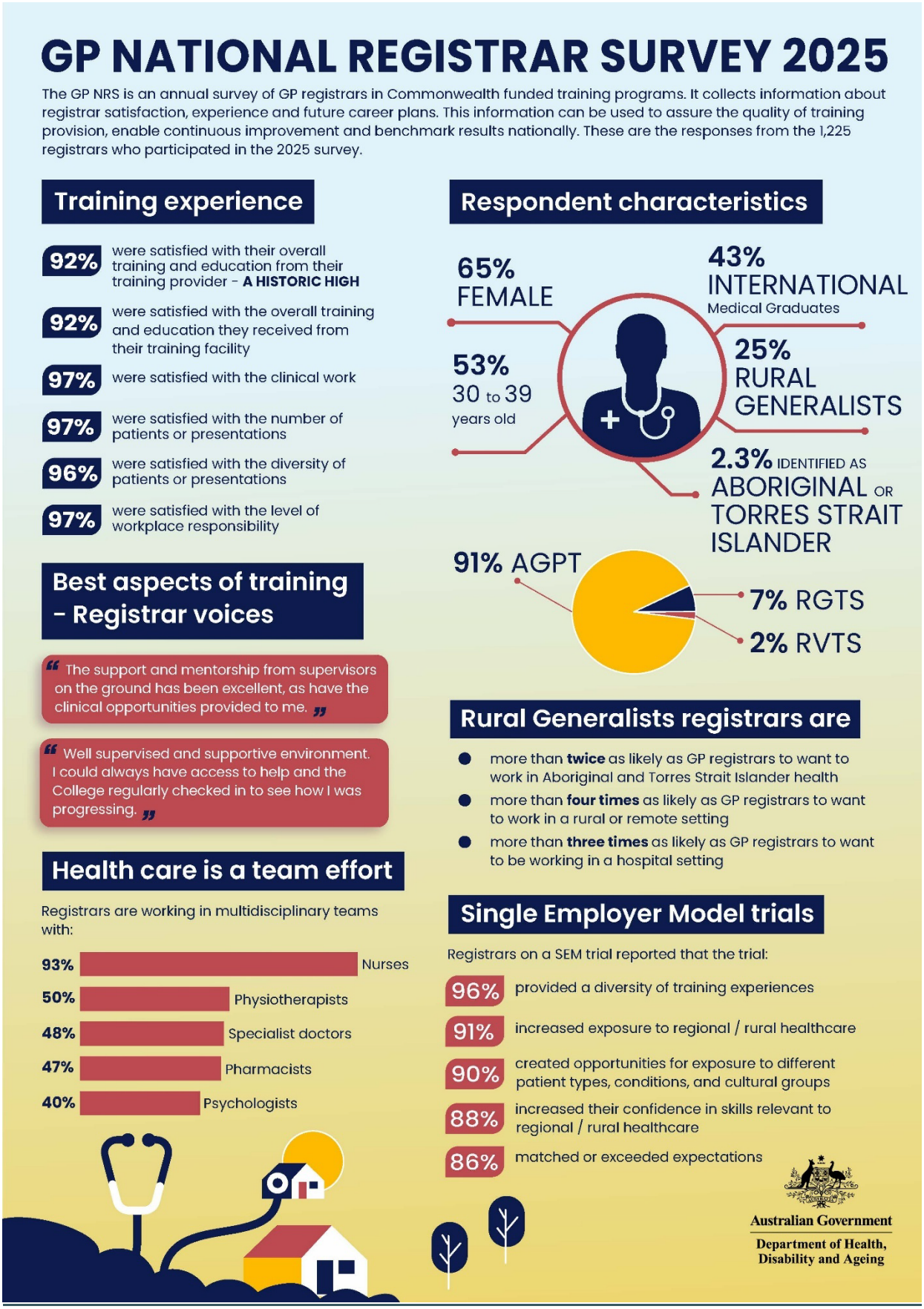
- 93 per cent had worked with a nurse, 50 per cent with a physiotherapist, 47 per cent with a pharmacist, 48 per cent with a specialist doctor and 40 per cent a psychologist
- 46 per cent of registrars reported involvement in teaching or supervising medical trainees within their practice. Among these, 35 per cent worked with medical students, 23 per cent with other GP registrars, and 13 per cent with prevocational doctors.

36 per cent of Rural Generalist (RG) registrars plan to work full-time and 54 per cent plan to work part-time post fellowship. When looking at future plans of RG registrars compared with those that were not RG registrars:

- 26 per cent plan to work in Aboriginal and Torres Strait Islander Health (not RG: 12%)
- 44 per cent plan to work in a hospital setting (not RG: 12%)
- 60 per cent plan to work in a rural or remote location (not RG: 13%)
- a similar percentage of each plan to not be working as a GP in 5 years' time (4% vs not RG: 3%).

Infographic summary of results

Long text alternative for infographic summary



Setting the Scene

Project overview

The General Practice National Registrar Survey (GP NRS) is conducted by the Department of Health, Disability and Ageing (the Department) to enable quality assurance and continuous improvement of general practice (GP) training in Commonwealth funded programs. This includes the Australian General Practice Training (AGPT), Remote Vocational Training Scheme (RVTS) and Rural Generalist Training Scheme (RGTS)[1]. Findings from the survey help ensure that GP training delivered by the 2 GP Colleges and RVTS Ltd meet the necessary standards and requirements of the Department.

The GP NRS is an annual, national survey of GP registrars training in AGPT, RVTS and RGTS. 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.[2] Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, was engaged by the Department to review the GP NRS instrument to ensure it continues to collect information that is relevant to and useful for the Department and other stakeholders while maintaining data that tracks changes in registrars' satisfaction and experience over time. ACER has administered the GP NRS from since 2013.

The following list of stakeholders were engaged in this project in 2025 to provide suggestions for research topics of interest, give feedback on the survey as well as help promote the survey:

- Royal Australian College of General Practitioners (RACGP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Remote Vocational Training Scheme (RVTS) Ltd
- 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)
- First Nations General Practice Training Committee (FNGPTC).

Many of the same questions are asked every year to allow the results to be tracked longitudinally.

There are a series of **core** items that registrars are asked each year[3] and can be used to measure KPIs[4], while a series of **research** questions are rotated through the survey each year (see Table 1 for details). These research questions have been developed to answer a question the Department or stakeholders

[1] Prior to 2024, it was only carried out with AGPT registrars.

[2] See Appendix C: Methodology for more information on survey structure.

[3] The survey core items last went through a major review in 2023.

[4] See Appendix C: Methodology for more information on KPIs.

would like data on or are 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.

Table 1: Details of updates to the research questions included in the 2025 GP NRS

Question set	First included	Status
Questions for Rural Generalist registrars	2023	Updated in both 2024 and 2025.
GP registrar income	2024	GP registrar income and how it might compare to pre-vocational training. Removed for 2025.
Group membership	2024	Updated questions on GPRA and use of The National Terms and Conditions for the Employment of Registrars (NTCER). Retained for 2025.
Vertical and horizontal integration	2025	New questions on vertical and horizontal integration of GP registrars within their training facility. These asked about registrars' experiences within a multidisciplinary team (horizontal) and registrar involvement with teaching and learning from medical trainees at different stages of training (vertical).
Single Employer Model Trials	2025	New questions to support the evaluation of the trials by providing registrar feedback data.

The 2025 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, 2025. This report explores the findings from the 2025 survey. The methodology can be found in Appendix C: Methodology. This report is deidentified.

2025 GP NRS findings

This section provides a snapshot of registrars' experience and satisfaction with their training in Semester One, 2025. Where appropriate, comparisons have been made with results from previous surveys.

Data in this report are unweighted, and all percentages are rounded to the nearest whole number (in text) or one decimal place (in tables). As a result, the total percentages in charts or tables may not always sum to exactly 100%, and nets may differ from the sum of their components.

Response frequencies are given for each item in Appendix D: 2025 GP NRS item frequencies. A copy of the questionnaire used in the 2025 GP NRS can be found in Appendix E: 2025 GP NRS Instrument. Tabular alternatives for the figures included in the report are included in Appendix F: Accessible text alternatives for figures.

Survey representativeness, respondent characteristics and training contexts

This report presents findings from 1,225 GP registrars who responded at a minimum on training provider and training facility satisfaction questions.

Overall, a 31.1 per cent response rate was achieved in the 2025 GP NRS. This is a drop from 2024's strong response (2024: 35.5%, 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: 30.3% and RACGP: 31.5%), while the response rate for RVTS Ltd[5] was lower than the national response (23.2%).

Table 2 shows that the respondents to the survey are generally representative of the overall population of registrars in GP training. Sixty-five 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 FRACGP, 19 per cent FACRRM and 6 per cent FRACGP-RG. Ninety-one per cent were training in AGPT, 7 per cent in RGTS and 2 per cent in RVTS.

Table 2: Representativeness of respondents with population for different registrar characteristics[6]

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
All registrars		1,225		3,939	
Gender	Female	792	64.7	2,330	59.2
	Male	427	34.9	1,596	40.5
	Non-binary	<4	-	6	0.2
	Not stated/Prefer not to say	<4	-	7	0.2
Indigenous status	Aboriginal or Torres Strait Islander	28	2.3	78	2.0
ADF status	Australian Defence Force	19	1.6	84	2.1
Rural Generalist	Rural Generalist registrar	308	25.1	964	24.5
Pathway	General	588	48.0	1,996	50.7
	Rural	637	52.0	1,943	49.3
Age	20 to 29	199	16.2	865	22.0
	30 to 39	654	53.4	2,170	55.1
	40 to 49	288	23.5	729	18.5
	50 plus	84	6.9	175	4.4
Citizenship	Australian Citizen	995	81.2	3,215	81.6
	Australian Permanent Resident	200	16.3	612	15.5
	Australian Temporary Resident	9	0.7	37	0.9
	New Zealand Citizen or Permanent Resident	20	1.6	72	1.8
Program	AGPT	1,111	90.7	3,547	90.0
	RGTS	91	7.4	293	7.4
	RVTS	23	1.9	99	2.5
Fellowship	FACRRM	224	18.3	741	18.8
	FRACGP	916	74.8	2,971	75.4

[5] RVTS Ltd provided ACER with deidentified population data relevant to the study. RVTS Ltd managed the initial and reminder emails to their registrars No SMS were sent to RVTS Ltd registrars.

[6] Throughout this report to ensure confidentiality, all cells with a count between 1 and 3 were recorded as <4. 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. The number of registrars answering these questions is noted in tables and figures. 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.

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
	FRACGP & FACRRM	6	0.5	15	0.4
	FRACGP & FARGP	6	0.5	21	0.5
	FRACGP & FRACGP-RG	73	6.0	191	4.8
Location by Modified Monash Model (MMM)	MM 1	530	43.3	1,817	46.1
	MM 2	186	15.2	601	15.3
	MM 3	173	14.1	480	12.2
	MM 4	133	10.9	423	10.7
	MM 5	140	11.4	420	10.7
	MM 6 & 7	63	5.1	198	5.0

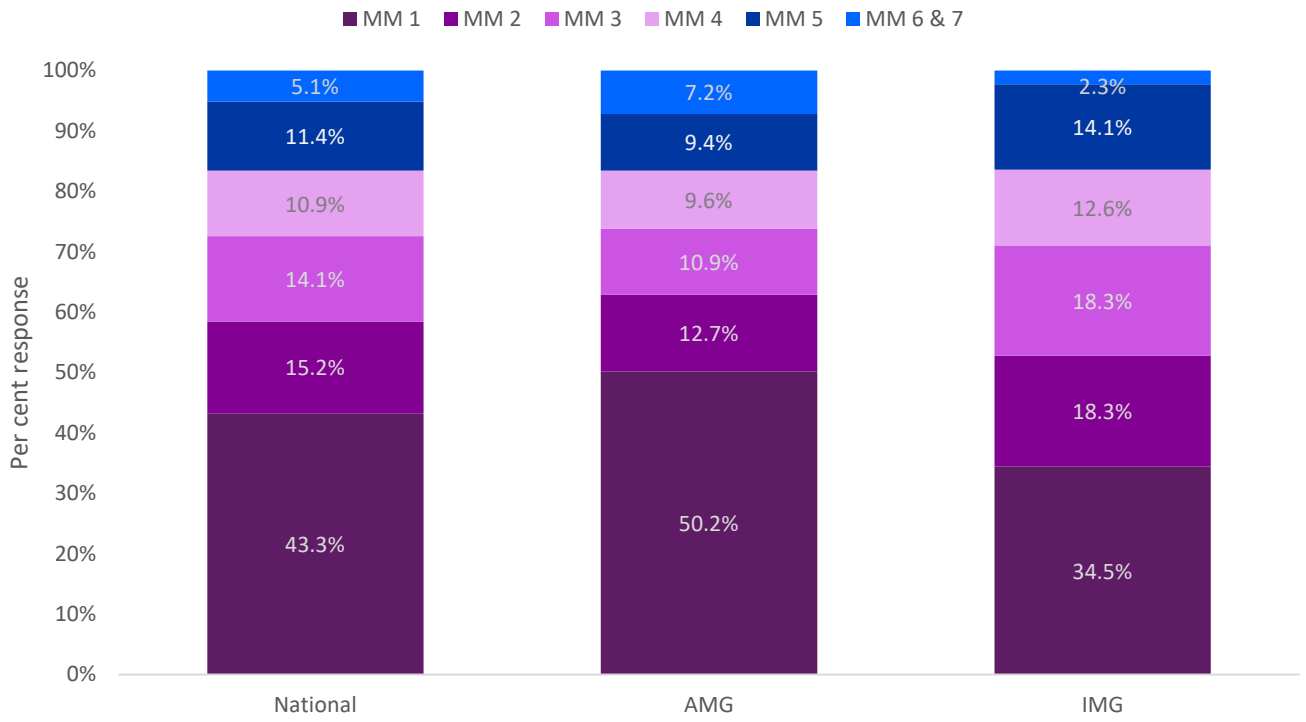
(n=3,939)

Registrars who responded to the survey came from a range of backgrounds. Just under half of all registrars were born in Australia (43%), with 75 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 (9%), Pakistan (5%), Bangladesh (4%), Sri Lanka (4%) and United Kingdom (4%).

Fifty-seven per cent of participants were Australian medical graduates (AMGs). International medical graduates (IMGs)[7] who participated in the survey were more likely to be older than AMGs (47% of IMGs were aged 40 or older compared with 18% of AMGs), have dependants (IMGs: 79%; AMGs: 46%), be in the rural pathway (IMGs: 66%; AMGs: 41%) and were less likely to be training to be a Rural Generalist (IMGs: 18%; AMGs: 30%).

Figure 1 shows that IMGs were less likely to be working in MM 1 (IMGs: 34%; AMGs: 50%). IMGs were more likely to be working in MM 2 and MM 3 (IMGs: 37%; AMGs: 24%) or MM 4 and MM 5 (IMGs: 27%; AMGs: 19%) while there were more AMGs in MM 6 & 7 (AMGs: 7%; IMGs: 2%).

[7] An international medical graduate (IMG) is a doctor who obtained their medical qualification from a medical school located outside of Australia or New Zealand, or who enrolled in a medical degree in Australia or New Zealand as a temporary resident.



(n=1,225)

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

Table 3 provides a summary of registrars' training contexts[8]. Most registrars (85%) were in core training terms. Eleven per cent of registrars were training in Extended Skills, Advanced Rural Skills Training (ARST), Advanced Academic – Extended Skills, or Advanced Specialised Training (AST). The most common Extended Skills, ARST and AST placements were in the fields of Emergency Medicine, Obstetrics and Gynaecology, and Aboriginal and Torres Strait Islander Health.

Registrars were asked about the training they did during Semester One, 2025. Close to two-thirds of registrars were working full-time during Semester One, 2025 (62%). As in previous years, a much higher proportion of male registrars (75%) indicated they were working full-time compared with female registrars (55%). More than half of all respondents had dependants (63% of female and 55% of male respondents).

Registrars were asked about their involvement in programs or placements prior to commencing GP training. There were 477 registrars who provided an answer to this question and so percentages relate to a proportion of these. The most common program registrars had been involved with was a Rural Clinical School (20%). Thirty-six per cent of ACRRM registrars had trained within a Rural Clinical School (compared with 17% of RACGP registrars). Likewise, 34 per cent of registrars who are training to be Rural Generalists had completed a term in a Rural Clinical School (compared to 15% of those who were not Rural Generalists). However, there was little difference in those in either the rural or general pathways who had trained within a Rural Clinical School (21% and 19% respectively).

[8] Note in 2025 we have reverted to using the training terms as provided by the Colleges and not those reported by the GP registrars.

Eleven per cent of respondents had studied in a Bonded Medical Place, the second most noted program. Seventeen per cent of ACRRM registrars and 9 per cent of RACGP registrars had studied in a Bonded Medical Place, while no RVTS Ltd registrars reported completing this program.

Table 3: Registrar training contexts

Training contexts		Response (n)	Response (%)
Full time equivalent load	Less than 0.4	74	6.1
	0.5 to 0.6	189	15.5
	0.7 to 0.8	201	16.4
	0.9 to 1.0	759	62.1
Completed prior to training (n=477)	Rural Clinical School	245	20.0
	Commonwealth Medical Internships	32	2.6
	Bonded Medical Places (BMP) Scheme	132	10.8
	Medical Rural Bonded Scholarship (MRBS) Scheme	22	1.8
	John Flynn Placement program	77	6.3
	John Flynn Prevocational Doctor Program (JFPDP)	12	1.0
	State Rural Generalist programs	46	3.8
	Remote Vocational Training Scheme (RVTS)	9	0.7
	HECS Reimbursement Scheme	60	4.9
	RACGP Practice Experience Program (PEP)	12	1.0
	RACGP Fellowship Support Program (FSP)	<4	-
	ACRRM Independent Pathway (IP)	7	0.6
	More Doctors for Rural Australia Program	17	1.4
	Pre-fellowship program (PFP)	5	0.4
	Training towards any other fellowship	60	4.9
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	4	0.3
Current training[9]	Advanced Academic - Extended Skills	4	0.3
	Advanced Rural Skills Training	<4	-
	CGT1 Term	105	8.6
	CGT2 Term	46	3.8
	CGT3 Term	28	2.3
	CGT4 Term	44	3.6
	Extended Skills	92	7.5
	Extension - Assessment	45	3.7
	Extension Awaiting Fellowship	28	2.3
	GPT1 Term	400	32.7
	GPT2 Term	135	11.0
	GPT3 Term	259	21.1
	Hospital	<4	-
	Mandatory Elective	<4	-
	Remediation	11	0.9
	Rural Generalist Extension Training Term	<4	-

[9] Note in 2025 we have reverted to using the training terms as provided by the Colleges and not those reported by the GP registrars.

Training contexts		Response (n)	Response (%)
	RVTS Year 1	8	0.7
	RVTS Year 2	12	1.0
	RVTS Year 4	<4	-
	RVTS Year 5	<4	-

(n=1,225)

The geographic distribution of registrars remained similar in 2024 and 2025, with around two-fifths of respondents training in MM 1 (43%).

Forty per cent of registrars reported moving to their current region to undertake training, this includes 49 per cent of males compared with 36 per cent of females (Figure 2). Looking at other demographics:

- IMGs and AMGs were equally likely to have moved to undertake training (IMGs: 41%; AMGs: 40%) – this is a change from last year's results (2024: IMGs: 52%; AMGs: 37%)
- those in the 30 to 39 age group (44%) were more likely to have moved to undertake training than other age groups (32-37%)
- Rural Generalist registrars (65%) were more likely to have moved to undertake training compared with non-Rural Generalist registrars (32%; Figure 2)
- RVTS (73%) and ACRRM (66%) registrars were much more likely to have moved to their current region to undertake training than RACGP registrars (34%).

Likewise, when looking at location, only 13 per cent of respondents from MM 1 had moved to complete their training compared to 40 to 80 per cent from MM 2 to 7 (Figure 2).

(n=1,069)

Figure 2: Proportion of registrars who relocated for training, by location, gender and Rural Generalist status

2025 Survey spotlight

Single Employer Model trials

In 2025, research questions were introduced to investigate the Single Employer Model (SEM) trials. In these trials, GP registrars are employed by one central employer throughout their training rotations, such as a state health service or government department, rather than by individual practices. The aim of this model is to improve employment conditions (like accrual of leave entitlements and income stability), reduce administrative burdens, and encourage registrars to stay and work in rural and remote communities by offering continuity and local connection.

HealthConsult is conducting a national evaluation of the SEM trials and drafted questions for inclusion in the survey. A series of questions were included for those currently participating in a SEM trial, with 71 per cent of registrars in the SEM trials responding to the survey. Table 4 shows the proportion of respondents from the survey compared with those in the overall SEM population for each state as well as the proportion of respondents in each location (MM). Those not participating in a SEM trial were asked a separate set of questions.

Table 4: Proportion of respondents and population in SEM trial, by state and location

Registrars in SEM		Response (n)	Response (%)	Population (n)	Population (%)
Total		87	71.3	122	100
State	ACT	<4	-	0	-

Registrars in SEM		Response (n)	Response (%)	Population (n)	Population (%)
	NSW	27	31.0	44	36.1
	NT	<4	-	0	-
	QLD	20	23.0	28	23.0
	SA	11	12.6	11	9.0
	TAS	9	10.3	19	15.6
	VIC	15	17.2	20	16.4
	WA	<4	-	0	-
Location	MM 1	13	14.9		
	MM 2	8	9.2		
	MM 3	18	20.7		
	MM 4	22	25.3		
	MM 5	20	23.0		
	MM 6 & 7	6	6.9		

(n=122)

Responses to questions asked of SEM trial participants are shown in Table 5 nationally, and by state. Most registrars had been in a SEM trial less than 12 months (61%) with the most common reasons to join a SEM trial being access to leave entitlements (75%), continued employment by state service (70%) and reduced financial risk and / or better pay (65%). For most registrars their expectations of the SEM trial were met or exceeded (86%). More than 9 out of 10 registrars were satisfied with all aspects of the SEM arrangement including salary, benefits, training, supervision, wellbeing, mechanisms to disclose fatigue and dispute processes. Most registrars (91%) have used benefits of the SEM arrangement such as accrued annual leave (89%) and personal leave (71%).

Registrars were asked if they planned to complete their training under a SEM arrangement (Table 5). Around two-thirds reported planning to complete their training under SEM (65%) and 18 per cent were unsure.

For those that answered they wanted to continue in a SEM trial, it was widely praised by registrars for offering financial stability, consistent employment, and valuable entitlements, like parental and long service leave making it a more viable and supportive pathway. Many appreciated the continuity it provides across training stages, with one noting it is "*easier to keep going on the same contract*" and another saying it "*has worked well for me so far*".

Registrars also value the flexibility to work across hospitals and clinics, with one stating, "*I would like to return to my practice after finishing my AST… if financially it makes sense*," and another calling it "*so much more enjoyable and sustainable*".

Those that were unsure cited concerns about financial viability, site availability, and unmet expectations with one registrar responding that it "*depends if it will continue to be beneficial*".

For those planning to opt out of the SEM trials (18%), reasons given included unmet expectations, limited flexibility, and better financial opportunities in alternative arrangements. One registrar noted, "*I needed to move off of SEM due to changing role to provisional SMO [Senior Medical Officer] to allow me to utilise my advanced skill more appropriately with appropriate remuneration and responsibility*".

Most registrars on the SEM trials reported that it had not impacted their ability to meet College requirements (85% no impact; 10% unsure; 5% had impact). Overwhelmingly, registrars agreed that SEM

provided a diversity of training experiences (96%), increased exposure to regional / rural healthcare (91%), opportunities for exposure to different patient types, conditions, and cultural groups (90%) and had increased their confidence in skills relevant to regional / rural healthcare (88%).

Table 5: SEM trial responses, national and by state

SEM trial		National (%)	NSW (%)	QLD (%)	SA (%)	Tas (%)	Vic (%)
Time in SEM trial	Less than 12 months	60.7	64.0	63.2	36.4	44.4	80.0
	1-2 years	17.9	16.0	31.6	18.2	22.2	6.7
	More than 2 years	21.4	20.0	5.3	45.5	33.3	13.3
Reasons to choose SEM	Ability to do all my training in one region	53.8	50.0	73.7	45.5	11.1	50.0
	Continued employment by state health service	70.0	59.1	84.2	81.8	66.7	64.3
	Access to leave entitlements (e.g. parental, long-service, study leave)	75.0	81.8	84.2	90.9	77.8	50.0
	Reduced financial risk and / or better pay	65.0	59.1	84.2	72.7	66.7	50.0
	Access to professional development and other training opportunities	48.8	31.8	57.9	81.8	55.6	42.9
	Other benefits of contract e.g. (dispute mechanisms, fatigue management)	26.3	27.3	36.8	18.2	33.3	21.4
	Reduced burden of finding training placements and / or negotiating employment contracts	57.5	72.7	57.9	63.6	33.3	42.9
	Reduced pressure to learn MBS billing	35.0	31.8	63.2	18.2	22.2	28.6
	Other (please specify)	5.0	9.1	0.0	9.1	11.1	0.0
Extent SEM met expectations	My expectations were not met	14.5	33.3	5.3	0.0	22.2	6.7
	It matched my expectations	66.3	58.3	57.9	72.7	66.7	86.7
	It exceeded my expectations	19.3	8.3	36.8	27.3	11.1	6.7
Satisfaction with aspects of SEM	Salary	90.2	79.2	89.5	100.0	100.0	93.3
	Benefits	91.5	87.5	100.0	90.0	88.9	93.3
	Training	92.7	95.8	100.0	80.0	77.8	93.3
	Supervision	90.1	91.7	94.4	80.0	77.8	93.3
	Wellbeing	92.7	95.8	94.7	90.0	66.7	100.0
	Management of fatigue	86.6	87.5	78.9	70.0	88.9	100.0
	Mechanisms to disclose fatigue	91.5	87.5	94.7	80.0	88.9	100.0
	Dispute processes	92.6	91.7	94.7	80.0	87.5	100.0
Leave / activities / benefits used while on SEM[10]	Annual leave	88.6	87.0	89.5	100.0	100.0	78.6
	Exam or study leave	49.4	60.9	42.1	50.0	62.5	35.7
	Long service leave	-	0.0	-	0.0	0.0	0.0
	Parental leave	6.3	0.0	-	0.0	-	-
	Personal leave	70.9	69.6	73.7	80.0	87.5	57.1
	Professional development	49.4	30.4	73.7	70.0	-	35.7
	Other	8.9	17.4	0.0	-	0.0	-
	No	17.5	16.7	33.3	9.1	12.5	7.1

[10] Note that any % that was equivalent to <4 is suppressed and represented by -

Plan to stay on SEM	Yes	65.0	70.8	61.1	63.6	87.5	50.0
	Unsure	17.5	12.5	5.6	27.3	0.0	42.9
Impact of SEM to meet College requirements	No, I'll meet College requirements	85.2	83.3	94.7	90.9	100.0	71.4
	Yes, SEM has impacted my ability to meet College requirements	4.9	4.2	5.3	0.0	0.0	7.1
	Unsure	9.9	12.5	0.0	9.1	0.0	21.4
Agreement with statements on SEM	Diversity of training	96.3	100.0	94.7	100.0	77.8	100.0
	Increased exposure to rural health	91.4	83.3	94.7	100.0	77.8	100.0
	Diversity of patients	90.2	87.5	94.7	80.0	77.8	100.0
	Confidence in rural health	87.7	83.3	94.7	77.8	66.7	100.0

(n=87)

For those not on a SEM trial, the main reasons for not taking it up included that they were not aware of it (70%, with half of these located in MM 1) and that it was not offered to them (29%). A further 6 per cent reported that they preferred the flexibility of non-SEM arrangements. Of those who provided open-ended responses (7%), most indicated that they were ineligible, or that SEM was not offered in their location. Approximately a third of these registrars cited financial reasons and current employment conditions as barriers.

Registrars not currently on a SEM trial were asked if they were considering switching to a SEM arrangement; only 4 per cent replied yes with a further 44 per cent unsure.

Those that were not considering a switch to a SEM arrangement (n=193) were asked to leave a comment describing what would make it more attractive. Nearly half indicated that they were unaware of the SEM trials and would be keen for more information. Around a quarter indicated that a higher salaried income would encourage them to consider employment through this model. Additionally, an assurance of longer-term employment at a practice to allow for continuity of care, as well as leave entitlements and availability of training locations were important factors to consider.

> *Payment - I need to maintain a level of payment at the level I was receiving in hospital or more (i.e. well above the minimums in SEMs).* (General Pathway, Male, RACGP)
>
> *Stability of employment and continuity in patient care*. (Rural Pathway, Female, RACGP)
>
> *Guarantee of income, leave entitlements (including study/parental), portability of entitlements.* (Rural Pathway, Male, ACRRM)

Vertical and horizontal integration

In 2025, two questions were introduced that asked registrars about working as part of a multidisciplinary team (horizontal integration) and if they were involved in teaching or supervising any medical trainees in their practice (vertical integration).

Most registrars had worked with a nurse during their training (93%), half had worked with a physiotherapist (50%), pharmacist (47%) or specialist doctor (48%) and around 40 per cent had worked with a psychologist. Registrars provided a range of examples of the allied health professionals that they have worked with as part of a multi-disciplinary team (n=139). Of these, approximately a third reported that they have worked with a podiatrist (39%) or dietician (33%). This was followed by a diabetes educator (20%) and occupational therapist (14%).

Table 6: Registrars' experience working as part of a multidisciplinary team

Team member		Per cent (%)
Nurse	Not present at my practice(s)	3.8
	At my practice(s) but haven't had the opportunity	2.9
	Yes	93.2
Pharmacist	Not present at my practice(s)	48.1
	At my practice(s) but haven't had the opportunity	4.6
	Yes	47.3
Physiotherapist	Not present at my practice(s)	42.3
	At my practice(s) but haven't had the opportunity	7.5
	Yes	50.2
Psychologist	Not present at my practice(s)	50.2
	At my practice(s) but haven't had the opportunity	9.7
	Yes	40.0
Specialist doctor	Not present at my practice(s)	43.1
	At my practice(s) but haven't had the opportunity	9.0
	Yes	47.9
Other (please specify)	Not present at my practice(s)	32.4
	At my practice(s) but haven't had the opportunity	32.4
	Yes	35.1

(n=1,017)

Forty-six per cent of registrars reported that they were involved in teaching and / or supervising medical trainees in their practice (Table 7). Around a third of the registrars were involved with medical students (35%), 23 per cent with other GP registrars and 13 per cent with prevocational doctors. Some registrars also identified that they had been involved in teaching and / or supervising nursing students, medical students outside their practice, dental students and Aboriginal health practitioners.

Table 7: Registrars' involvement with teaching and / or supervising medical trainees

Team member		Per cent (%)
Medical student	No	55.5
	Yes	34.6
	Not present at my practice	9.9
Prevocational doctor	No	71.2
	Yes	13.0
	Not present at my practice	15.7
Other GP registrars	No	68.8
	Yes	22.8
	Not present at my practice	8.4
Other	No	75.8
	Yes	6.4
	Not present at my practice	17.8

(n=1,015)

Satisfaction

Training Providers

ACRRM, RACGP and RVTS Ltd deliver GP registrar training, including providing registrars with support and advice, 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 survey included questions about registrar satisfaction with different aspects of their training.

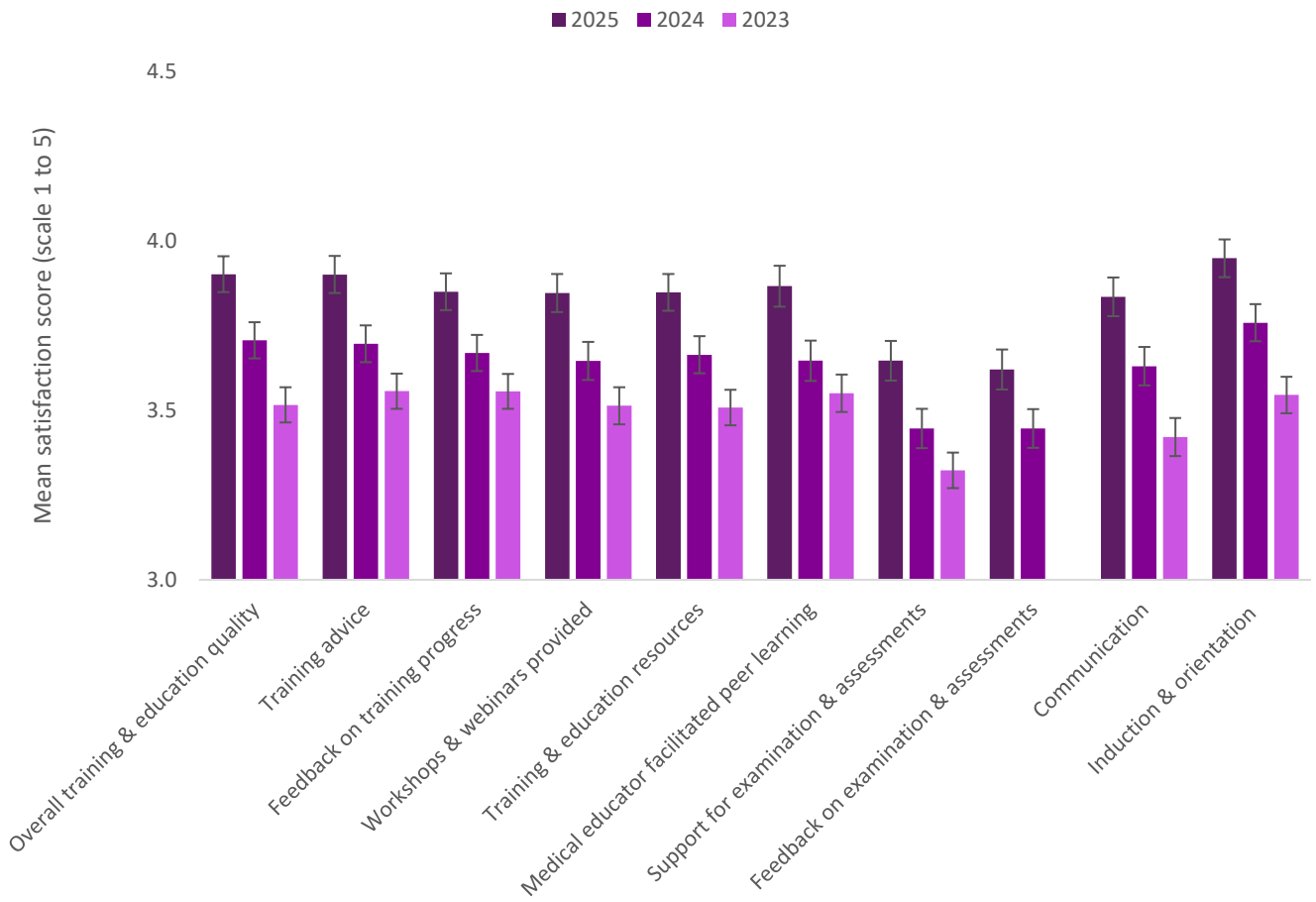
The results, as shown in Figure 3, suggest that registrars are satisfied with their experience with training providers, reporting mean satisfaction scores[11] of between 3.5 and 4.6 on a 5-point scale. These numbers show a significant upward trend in many aspects of satisfaction with training providers since 2023.

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 the mean satisfaction scores of different demographic groups.

- By location
- registrars in MM 6 & 7 were less satisfied than MM 1 and / or MM 4 in multiple measures by 0.3 to 0.5 mean points.
- Aboriginal and / or Torres Strait Islander registrars
- were less satisfied with their:
- feedback on training progress (3.3) than other registrars (3.9)
- feedback on examinations and assessments (3.0) than other registrars (3.6).
- By gender
- no significant difference was seen between males and females
- there were not enough individuals in non-binary and prefer not to say / other gender groups to allow for reliable analysis.

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

- By age group
- no significant difference was seen.
- 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 0.2 to 0.4 mean points.
- By RG status
- non-rural generalists were more satisfied with:
- training advice (4.0) than Rural Generalists (3.7)
- feedback on training progress (3.9) than Rural Generalist (3.6)
- medical educator facilitated peer learning (3.9) than Rural Generalist (3.6)
- support for examination and assessments (3.7) than Rural Generalist (3.5)
- feedback on examination and assessments (3.7) than Rural Generalist (3.5)
- communication (3.9) than Rural Generalist (3.5)
- induction and orientation provided (4.0) than Rural Generalist (3.8).
- By pathway
- no significant difference was seen.



(n=4,078)

Figure 3: Satisfaction (1 to 5) with different aspects of training provided by GP Colleges and RVTS Ltd, comparison from 2023-2025

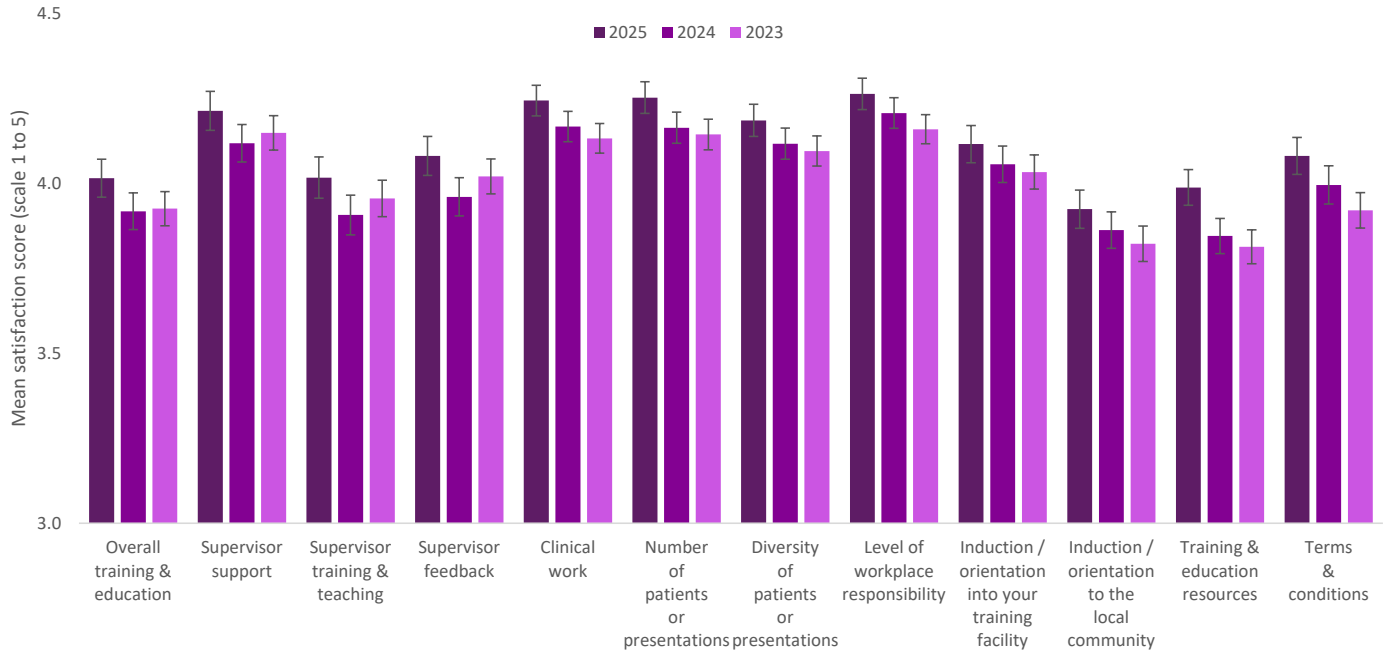
Questions about complaints were reviewed and updated in 2025. Like 2024, very few registrars reported that they had made a formal written complaint relating to their GP training (5% for both 2024 and 2025).

Only 39 per cent of registrars knew how to access their training provider's formal complaints and / or grievance process, with 18 per cent unaware the process existed (a decrease from 22% in 2024).

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 2025 GP NRS included several questions that asked registrars about their satisfaction with various aspects of their training facility.

Once again, the results indicate registrars are generally satisfied with their experience in their training facilities, a trend seen in previous years (Figure 4). In 2023 and 2024, mean satisfaction scores ranged from 3.8 to 4.2 on a 5-point scale, while in 2025 these numbers have trended upwards and range from 3.9 to 4.3 on a 5-point scale. Registrars were most satisfied with the level of workplace responsibility, the number of patients or presentations, their clinical work, their supervisors' support and the diversity of patients or presentations (all receiving a mean satisfaction score of 4.2 or 4.3).



(n=4,064)

Figure 4: Satisfaction (1 to 5) with different aspects of training facilities, comparison from 2023-2025

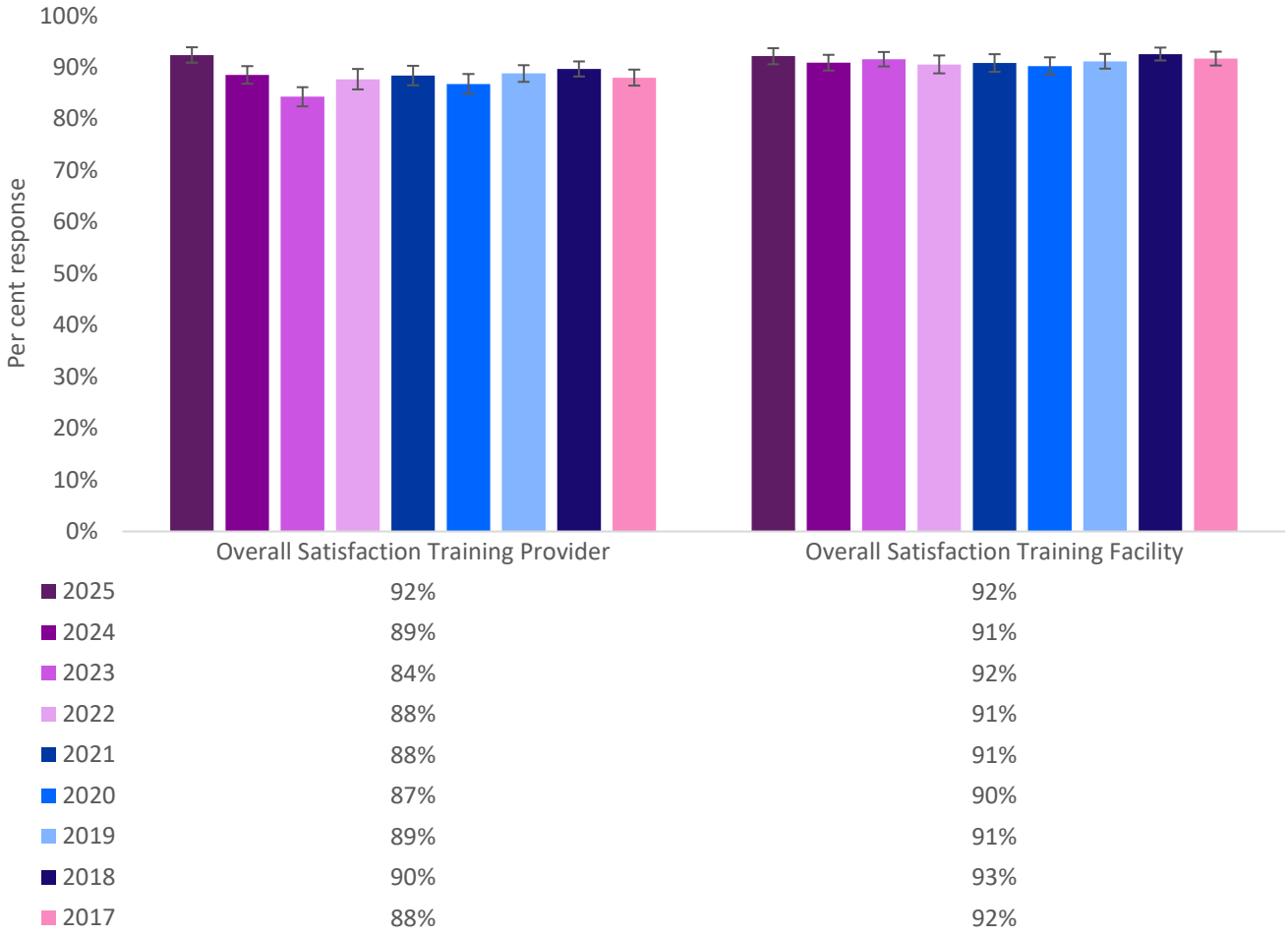
Comparisons were made of the mean satisfaction scores of different demographics for each aspect of the training facility. No significant difference was seen for the following demographic groups Aboriginal and / or Torres Strait Islander registrars and other registrars, gender, age group, location of medical degree, Rural Generalist and other pathways. The only **significant** differences between the mean satisfaction scores of different demographic groups occurring within location.

- By location, registrars in:
- MM 1 (4.0), MM 4 (4.1) and MM 5 (4.1) were more satisfied with the quality of overall training & education than registrars in MM 6 & 7 (3.6)
- MM 5 were more satisfied with their induction into the local community (4.1) than registrars in MM 1 (3.8)
- MM 2 (4.0), MM 3 (4.0), MM 4 (4.0) and MM 5 (4.1) were more satisfied with the training and education resources than registrars in MM 6 & 7 (3.6)
- MM 6 & 7 were less satisfied with the training and education resources (3.6) than registrars in MM 2 (4.0), MM 3 (4.0), MM 4 (4.0) and MM 5 (4.1).

Longitudinal satisfaction: Quality of overall training and education experience

Figure 5 shows longitudinal analysis of registrars' response to their satisfaction with the quality of overall training and education experience with their training provider (GP College, RVTS Ltd or Regional Training Organisations) as well as their training facility.

Registrars' satisfaction with the quality of overall training and education experience with their training provider is significantly higher in 2025 (92% satisfied) than it has been for all years except 2018. This rebound has occurred after a statistically significant drop in 2023 when training first transitioned to College-led training. 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 2025, with the value remaining high in 2025 at 92 per cent satisfied.



(n=12,293)

Figure 5: Registrars' satisfaction with quality of overall training and education experience from their training provider[12] and training facility from 2017 to 2025

Satisfaction by Key Performance Indicators (KPIs)

The information collected from registrars through the GP NRS has been used by the Department to monitor several program performance indicators. These KPIs provide an overview of registrars' level of satisfaction with various aspects of their training program. They may not be the only data source for each KPI.

Table 8, Table 9 and Figure 6 summarise the data points (per cent satisfied or per cent 'Yes' and error margin).[13] Three of the data points from the survey that can inform the KPIs have been created as composite variables, meaning that they are a combination of registrars' responses to 2 or more questions in the survey. Refer to Appendix C: Methodology for details on how composite KPIs are formed and the KPI each data point represents.

[12] 2023 and 2024: GP College; 2017-2022: RTO.

[13] KPIs and are calculated with a '3', '4' or '5 – very satisfied' response. The data points reported for each KPI for 2025 are statistically reliable to within 1.8 percentage points for the satisfaction style KPIs and 3.1 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[14], whether they had received cultural awareness training since starting GP training, and whether they knew how to access, and if they had accessed, a cultural mentor.[15,16] Figure 7 shows how these proportions change for registrars in different locations.

The proportion of registrars who had received training on the health needs of a rural community decreased. Forty-six per cent of registrars are either currently undertaking or have already completed this training, with a further 27 per cent expecting to as part of their program. Over a quarter were not expecting to undertake this training. Registrars training in MM 2 to 7 were significantly more likely to report they had received training on the health needs of a rural community than those from MM 1 (MM 1: 30%; MM 2: 45%; MM 3: 57%; MM 4: 63%; MM 5: 62%; MM 6 & 7: 70%, Figure 7, KPI 14), while those in MM 4 or MM 6 & 7 were also significantly more likely to report they had received training on the health needs of a rural community than those in MM 2. Most RVTS (82%) and most Aboriginal and / or Torres Strait Islander registrars (62%) had received training on the health needs of a rural community.

The proportion of registrars who had accessed a cultural mentor was significantly higher for those working in MM 6 & 7 (43%) compared with those registrars in MM 1 (13%).

Table 8: Key Performance Indicators (satisfaction questions)

Key Performance Indicators related to satisfaction questions		Satisfied (%)	Error margin (%)
KPI 3	Satisfaction with induction / orientation	93.0	1.5
KPI 4[17]	Satisfaction with support and training from supervisors	91.0	1.6
KPI 7	Satisfaction with workshops	90.5	1.6
KPI 8	Satisfaction with medical educator facilitated peer learning	88.1	1.8
KPI 19[18]	Satisfaction with placements	93.8	1.4
KPI 20	Satisfaction with induction / orientation to local community	91.8	1.6
KPI 23[19]	Satisfaction with training	91.7	1.6

(n=1,225)

Table 9: Key Performance Indicators (yes/no questions)

Key Performance Indicators related to Yes / No questions		Yes (%)	Error margin (%)
KPI 14[20]	Percentage that have undertaken training to understand the health needs of rural communities	45.9	3.1
	Percentage who know how to access a cultural mentor	71.0	2.7

[14] This response format was changed in 2023 but is consistent with the question asked in 2024.

[15] Data points contributing to KPIs 14, 25 and 26.

[16] 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.

[17] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

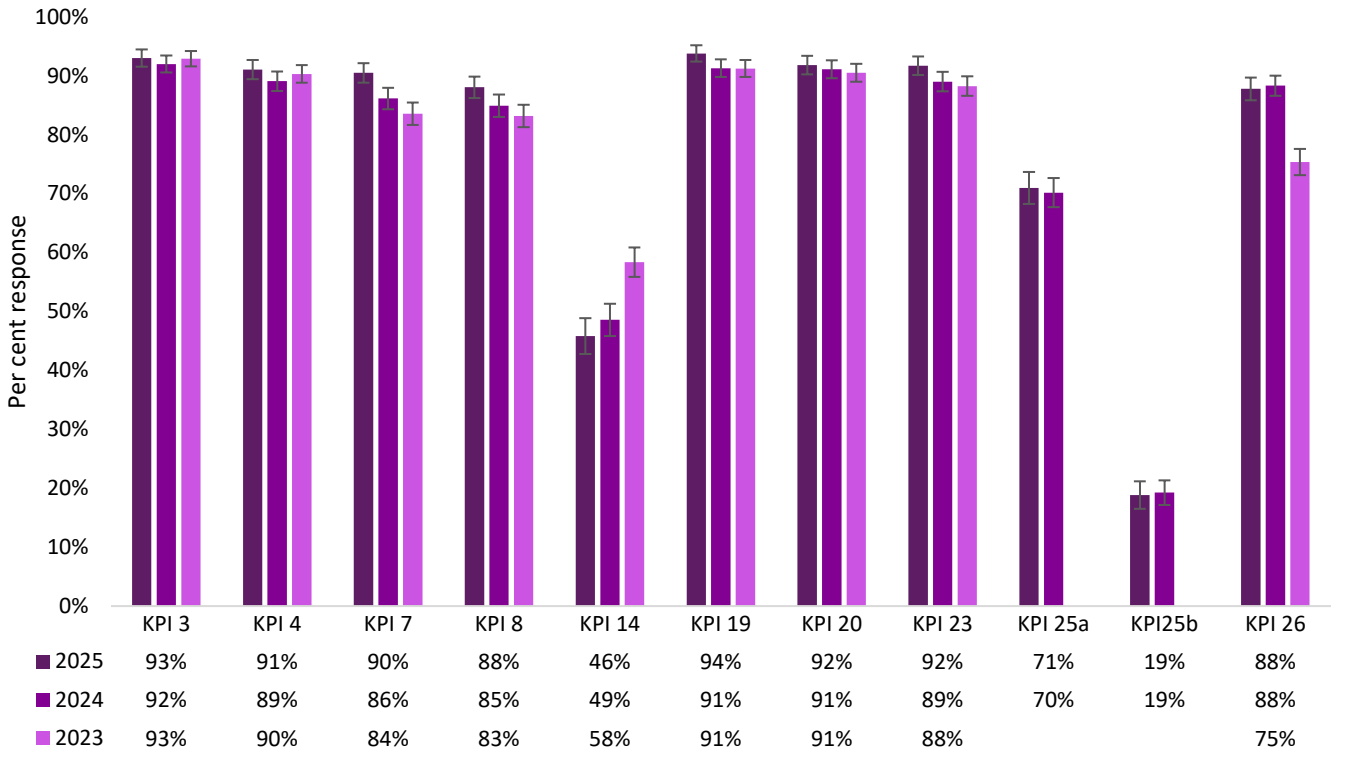
[18] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

[19] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

[20] This KPI has changed in the way that is measured in 2024 to provide more response options.

Key Performance Indicators related to Yes / No questions		Yes (%)	Error margin (%)
KPI 25[21,22]	Percentage who have accessed a cultural mentor	18.9	2.3
KPI 26	Percentage who have completed cultural awareness training	87.8	1.9

(n=1,109)



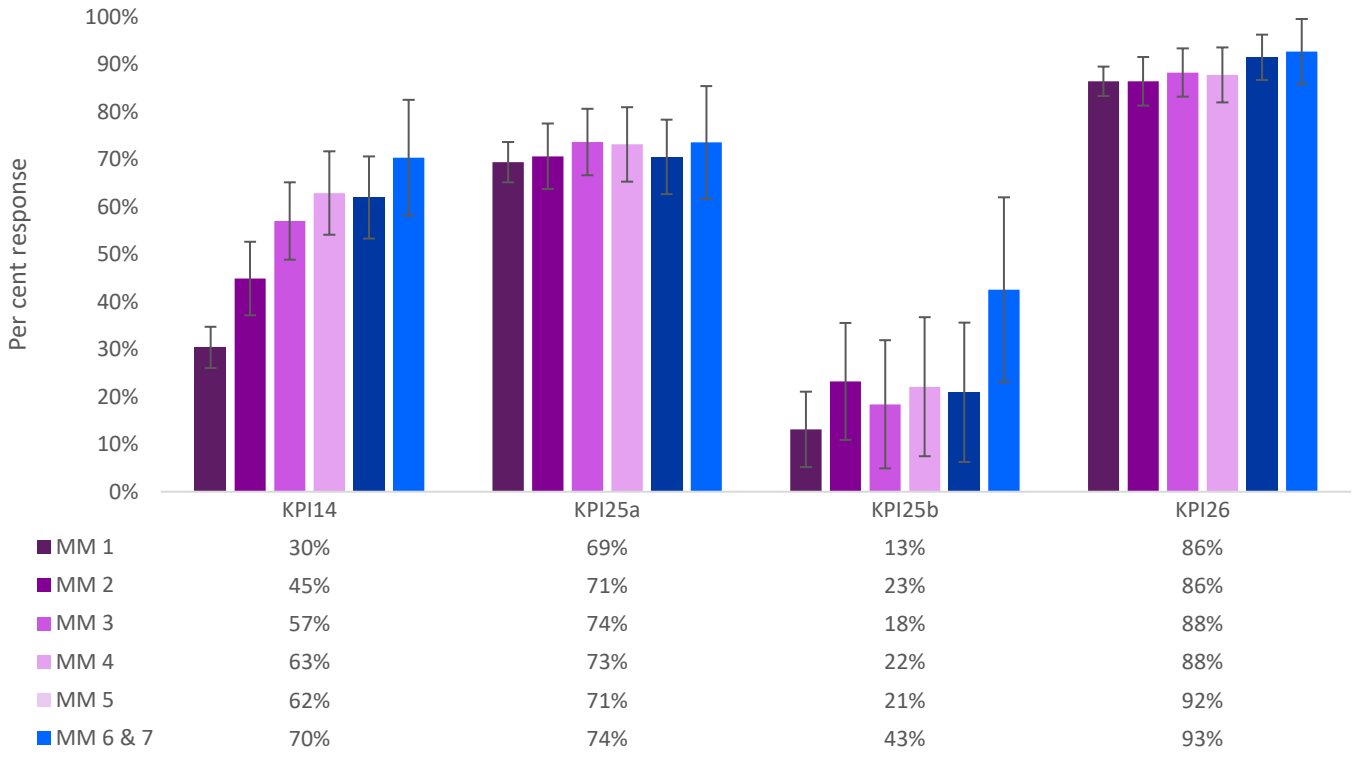
(n=4,099)

Figure 6: Key Performance Indicators[23]

[21] This question was ONLY asked of registrars and can only be used to provide part of the source of data for this KPI.

[22] This question was re-written in 2024 and is therefore presented in a new format.

[23] Note that KPI 25 has had its response options changed so is not comparing like with like.



(n=1,109)

Figure 7: Key Performance Indicators, KPI 14, 25 and 26, by location

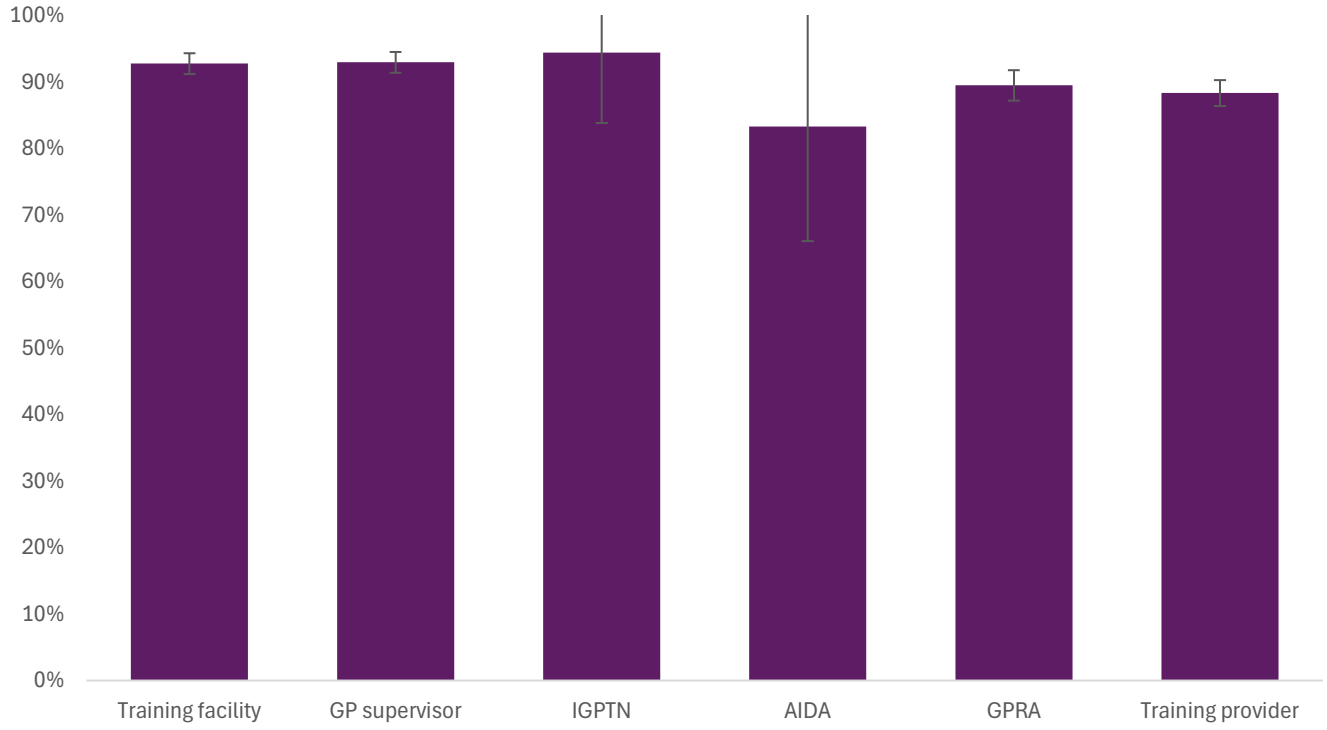
Health and wellbeing

Registrars were asked a series of questions regarding their health and wellbeing (Figure 8). Satisfaction with health and wellbeing support from training facilities, GP supervisors and GPRA all remained stable compared to previous years.

There was a drop in satisfaction with support from AIDA, but as only 22 registrars answered questions on satisfaction with AIDA and IGPTN services, the error margin is large and is not statistically significant.[24]

Registrars were asked 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 (the same response as seen in 2024). Of those that did not have access to a support network, a significantly higher proportion were IMGs (12%) compared to AMGs (7%). Moving for training did not affect whether a registrar reported access to a support network (not moved: 91% access to support network; had moved: 90% access to support network).

[24] Questions about health and wellbeing support from both IGPTN and AIDA were introduced in 2023.



(n=1,074)

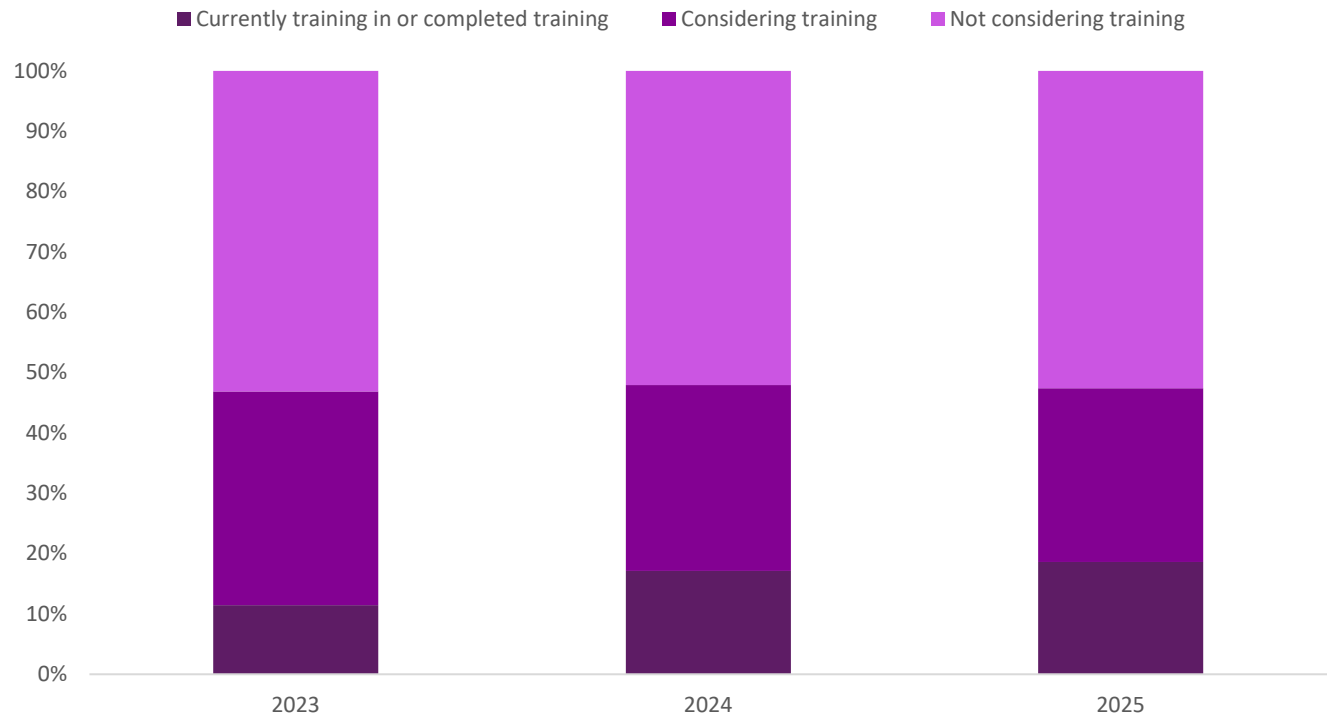
Figure 8: Satisfaction with health and wellbeing support, by source of support

Aboriginal and Torres Strait Islander health

Registrars were asked questions relating to their experience, future plans, and support working in Aboriginal and Torres Strait Islander health. The number of registrars that had participated in Aboriginal and Torres Strait Islander cultural education has remained steady at 88 per cent, with 93 per cent of those registrars satisfied with this training. Of the registrars who had **not** participated in Aboriginal and Torres Strait Islander cultural education training, 36 per cent responded that they had not been offered the training, 39 per cent were already booked in and 12 per cent had a personal or other circumstance that prevented them from completing the training.

Forty-seven per cent of registrars were completing, had completed or were planning to undertake training in an Aboriginal and Torres Strait Islander health facility and this includes 28 registrars undertaking Extended Skills, ARST or AST in Aboriginal or Torres Strait Islander health (2024: 38; 2023: 17; 2022: 10).

Ten per cent of registrars indicated they were currently training in an Aboriginal and Torres Strait Islander health facility, 6 per cent had completed training in these facilities and another 3 per cent had completed training and were planning to do more. A further 29 per cent of registrars were considering undertaking training in an Aboriginal and Torres Strait Islander health facility. The proportion of registrars who are currently training or have already completed training in Aboriginal and Torres Strait Islander health increased in 2025 (2025: 19%; 2024: 17%; 2023: 11%, Figure 9), while the proportion of those not considering training in Aboriginal and Torres Strait Islander health has held steady (2025: 53%; 2024: 52%; 2023: 53%).



(n=3,931)

Figure 9: Compares proportion of registrars who have completed or are considering training in Aboriginal and Torres Strait Islander health from 2023 to 2025

As noted in 'Satisfaction by Key Performance Indicators (KPIs)', 71 per cent of registrars knew how to access a cultural mentor or educator, while 19 per cent had accessed a cultural mentor or educator for guidance when working with Aboriginal and / or Torres Strait Islander patients. Of those that had accessed a cultural mentor or educator, 98 per cent were satisfied with the guidance received.

In 2025 we asked registrars what they knew about the Aboriginal and Torres Strait Islander Salary Support Program and whether their practice had accessed the program. Sixty-nine per cent of registrars had not heard about the program, a further 30 per cent had somewhat or quite a bit of knowledge about the program and one per cent had a lot of knowledge.

Those that were currently working in an Aboriginal and Torres Strait Islander health facility were asked if their practice had accessed the Aboriginal and Torres Strait Islander Salary Support Program. Most respondents were unsure (70%) with only a small number replying that their practice had accessed the program (7%).

Rural Generalists

In 2025, Rural Generalist Medicine was recognised as its own specialty under General Practice. A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. The Rural Generalist training pathway is dedicated to attracting, supporting and retaining Rural Generalist doctors to provide primary care, emergency medicine and other non-GP specialist services for their communities in hospital and community settings.[25]

[25] See Appendix C: Methodology for notes on defining registrars who will become a Rural Generalist.

Twenty-five per cent of respondents were Rural Generalist registrars – the same proportion as in 2024 but an increase from 2023 (15%). Another 15 registrars self-identified as being a Rural Generalist registrar and were also asked these questions.

Rural Generalist registrars were asked when they decided to become a Rural Generalist. Forty per cent reported they decided to become a Rural Generalist by the end of their medical degree, 6 per cent in their first year out of their medical degree, a further 24 per cent more than one year out of their medical degree and 18 per cent after trying another speciality.

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. Of the 192 registrars who selected a response to this question, the majority had engaged with the Rural Generalist program coordination unit in their state. A smaller proportion in each state also noted that they had interacted with a regional training hub.

Registrars were asked what type of advice they had received from the coordination units (Table 10). As in 2024, just over half of the Rural Generalist registrars that responded to the survey indicated they received advice or assistance with placements as a Rural Generalist registrar (2025: 51%; 2024: 52%). Of those that had received advice or assistance, 85 per cent were satisfied with this support (an increase from 79% in 2024).

Table 10: Type of advice received by Rural Generalist registrars from program coordination units

Type of support	Per cent (%)
Advice or assistance with placements as a GP Rural Generalist registrar	51.0
Advice or assistance to meet GP College requirements	41.5
Career advice or mentoring	41.5
Advice or assistance with placements as a junior doctor	35.5
Education support	33.0
Advice or assistance managing the intersection between hospital-based training and primary care	30.5
Relocation, travel and/or accommodation support	21.0
Assistance managing the transition from junior doctor to GP Rural Generalist registrar	18.5
Case management support to navigate the pathway	16.0
Supervisor support	16.0
Orientation	15.5
Post fellowship support	-

(n=200)

Those that were not Rural Generalist registrars were asked if they would consider changing to the Rural Generalist pathway. The majority replied that they had not considered it (72%) while 14 per cent replied that they had considered changing and a further 14 per cent said they were unsure. For those that answered ‘No’ to considering a change, higher pay (43%), a better work-life balance (35%) and more funding / support for training (31%) were the most commonly identified factors that would encourage them to consider a pathway as a Rural Generalist.

Table 11: Factors that would make registrars more likely to consider the Rural Generalist pathway

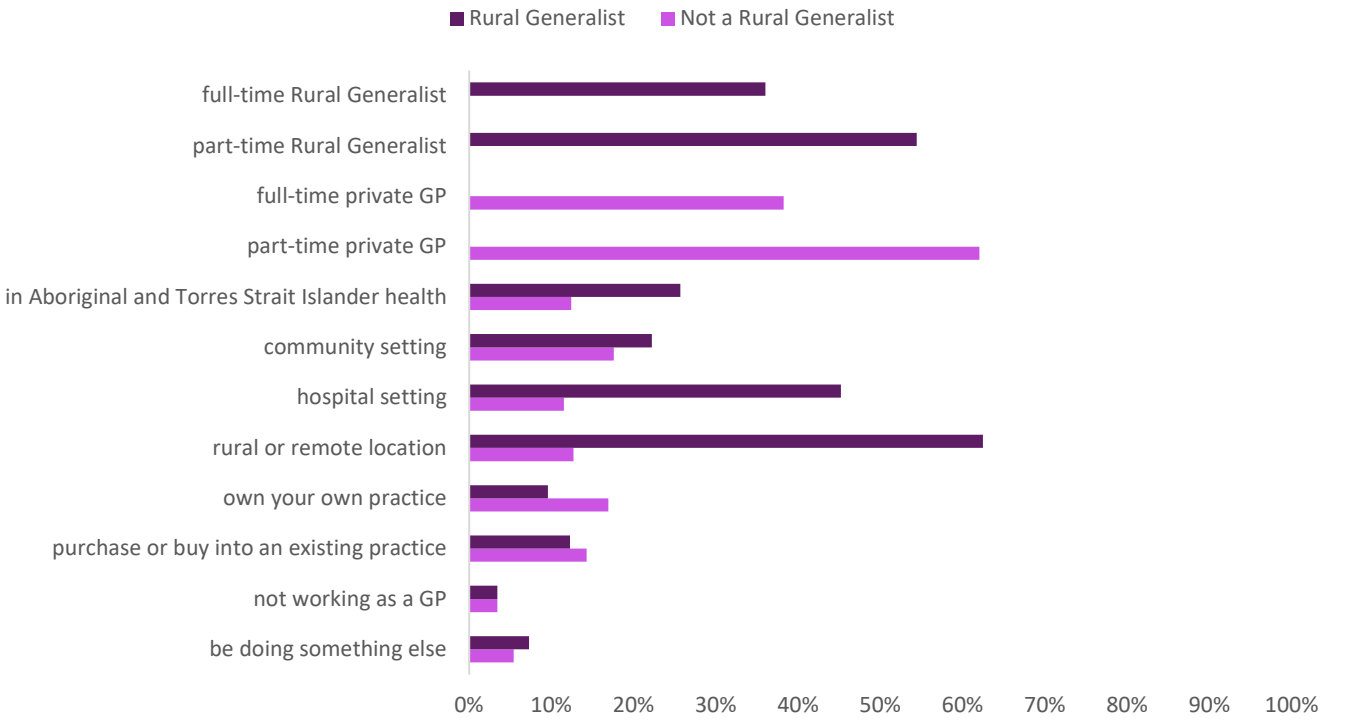
Factors	Per cent (%)
Higher pay	43.2
Better work-life balance	34.7
More funding / support for training	31.4
Relocation support allowance	29.8
Nothing	28.5
Better flexibility for clinical hours	27.2
Better job prospects for my partner	26.6
Opportunities for growth / career development	24.2
Being able to have better autonomy on my training location	24.0
Better schools for my kids	21.8
A better understanding of training requirements and the benefits to my practice	21.3
Better working conditions	19.8
More information about becoming a rural generalist	13.4
Access to childcare	13.0
FIFO arrangements	12.8
Having a greater variety of patient presentations in rural medicine	8.2
Having a greater level of autonomy / responsibility	6.2

(n=625)

Comparing reasons Rural Generalists decided to become a GP specialist with non-RG participants, they were:

- more likely to want to work in rural and remote locations (RG: 56%; non-RG: 9%)
- more likely to want to study additional / advanced skills such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology (RG: 41%; non-RG: 9%)
- less likely to identify hours and working conditions (RG: 43%; non-RG: 77%)
- less likely to consider becoming a GP specialist because of domestic circumstances (RG: 19%; non-RG: 40%).

A comparison of the future plans of registrars who were Rural Generalists and those that were not Rural Generalists is shown in Figure 10.



(n=1,017)

Figure 10: Compares the future plans of Rural Generalists and other registrars

Registrars were asked if they had trained in a rural location during GP training. Over half responded that they had trained rurally (56%).

Registrars' training choices

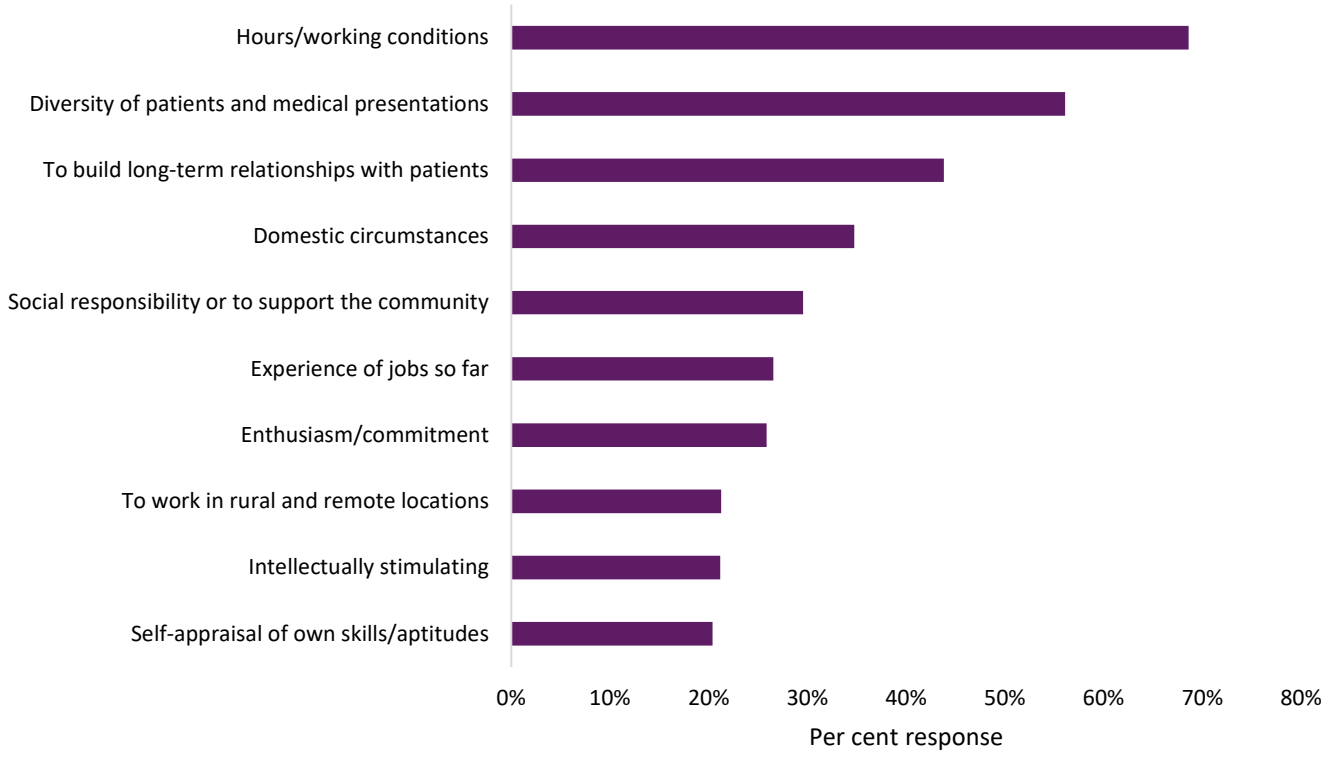
As in previous years, the 2025 GP NRS asked registrars a series of questions about when and why they decided to become GP specialists, and if GP specialisation was their first choice.

Just under one-third of all registrars decided to become a GP specialist by the time they had finished medical school (31%).[26] In the first year out of medical school, another 7 per cent decided to become GP specialists. A further third decided on GP specialisation more than one year after finishing medical training (33%) and 22 per cent after trying another speciality. Rural Generalists generally decided earlier in their career with 40 per cent deciding before the end of their medical degree compared with 27 per cent of non-Rural Generalists.

Overall, 62 per cent of registrars reported that general practice was their first choice of speciality. Rural Generalists were more likely to report that GP specialisation was their first choice (68%) than those that were not Rural Generalists (60%).

Registrars were asked the main reasons for choosing their program (AGPT, RGTS or RVTS; Figure 11). The most common reasons given were the reputation of the training provider (51%), the flexibility offered by the training program (44%), the location of the placements (38%), assessment and examination structure (33%) and the training opportunities (31%).

[26] 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.



(n=996)

Figure 11: Reasons registrars chose training program (i.e. AGPT, RGTS, RVTS)

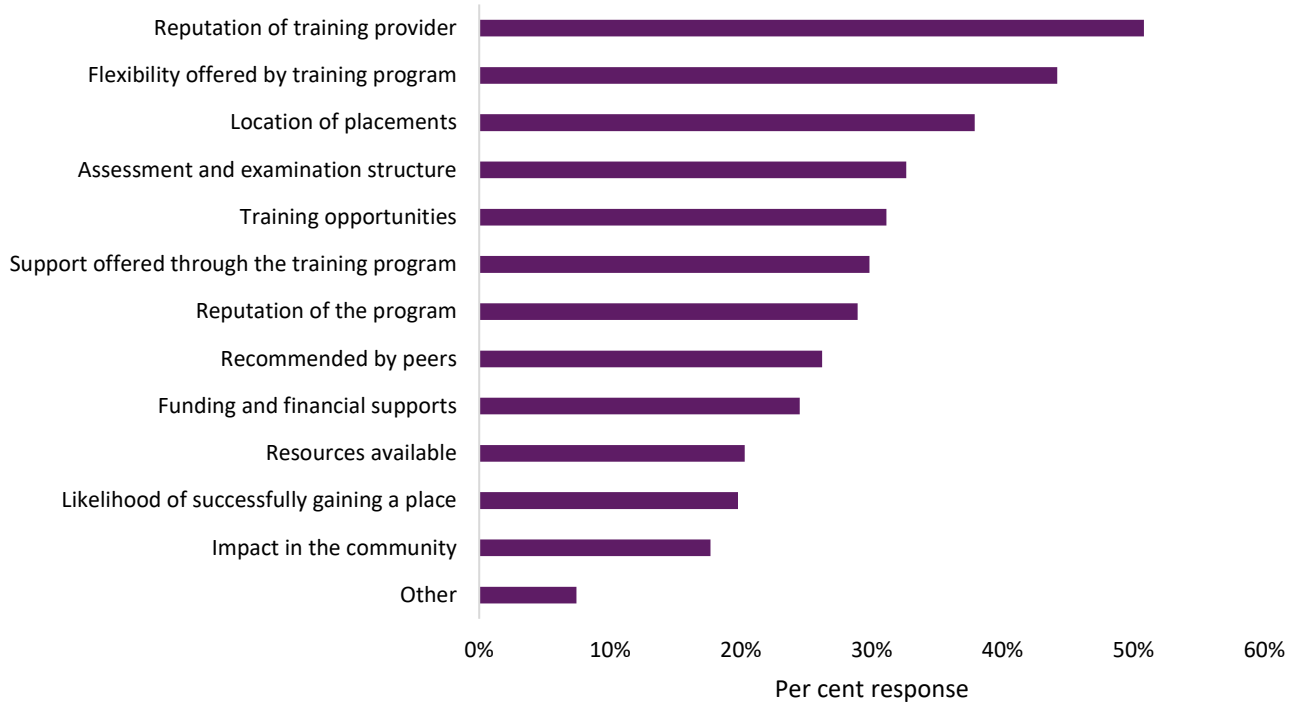
Analysis of 71 open ended responses under the category of 'other' show that nearly half of the registrars (n=38) chose their training program because it was the only provider or feasible choice (e.g. ADF requirement, preference to practice in metropolitan areas, internationally recognised accreditation or length of training).

> *There isn't really a meaningful choice to make here - AGPT is the only program relevant to me as a city-based trainee. (General Pathway, Male, RACGP)*
>
> *Did not have to redo O&G time before commencing training. (Rural Pathway, Male, RACGP)*
>
> *Training is recognised in (country) also if done with RACGP. (Rural Pathway, Female, RACGP)*
>
> *Essentially, I felt that the ACRRM training program had better training objectives and requirements for a doctor interested in working as a rural generalist after fellowship. The logbook and training requirements which include anaesthetic experience are more suited to producing a fellow who has the necessary skills to work in a rural community in both the hospital and general practice settings. (Rural Pathway, Female, ACRRM)*

Several registrars (n=16) responded that they were not aware of alternative options or had an inadequate understanding of other programs at the time of application:

> *I didn't realise there were alternative training programs to AGPT. (General Pathway, Female, RACGP)*
>
> *The difference felt hard to understand so I just did what my friends did. (Rural Pathway, Female, ACRRM)*

The top 3 responses for why registrars decided to become GP specialists given in 2025 were the same as those given in all years since 2017. These reasons included the hours and working conditions for this speciality (69%), the diversity of patients and medical presentations (56%), as well as the ability to build long-term relationships with patients (44%).



(n=1,025)

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

Registrars' future plans

Registrars were asked about their career plans 5 years into the future (Table 12). Most registrars plan to be working as a GP in 5 years (Table 12). A total of 95 per cent of registrars plan to be working as a private GP or Rural Generalist. Three per cent of respondents said they would not be working as a GP.

A total of 83 per cent of registrars plan to work as a private GP, with 31 per cent planning to be working full time as a GP and 54 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 (62%) than male registrars (38%).

When asked about their plans to own their own practice, or to purchase or buy into an existing practice, male registrars are more likely to plan to do this than female registrars (males: 26%; females: 17%), while IMGs are more likely than AMGs (IMGs: 26%; AMGs: 16%).

Just under three-quarters of registrars who identify as Aboriginal and / or Torres Strait Islander were planning to be working in Aboriginal and Torres Strait Islander health (74%) while 63 per cent were planning to work in a rural or remote location.

Table 12: Career plans in 5 years' time[27]

Career plans	Per cent (%)
Working part-time as a private GP	53.8
Working full-time as a private GP	30.9
Working in a rural or remote location	25.5
Working in a hospital setting	20.2
Working in a community setting	18.8
Working part-time as a Rural Generalist	18.2
Working in Aboriginal and Torres Strait Islander health	15.8
To own their own practice	15.0
To purchase or buy into an existing practice	13.8
Working full-time as a Rural Generalist	10.6
Doing something else (other)	5.9
Not working as a GP	3.4

(n=1,017)

For the 33 (3%) registrars who responded that they would not be working as a GP in the next 5 years, most cited poor remuneration and overarching systemic issues as factors that deter them from continued employment as a GP. Additionally, and similar to previous years, concerns of burnout and the general lack of support and respect were stated.

> *Burn out with poor pay as a female GP. Medicare does not reward my comprehensive, thorough approach to patient care and I am consequently struggling. Everyone wants a GP who spends time and listens, at end of the day that makes me so incredibly financially disadvantaged to my male colleagues. So much easier as a physician. (General Pathway, Female, RACGP)*

> *I haven't found the right balance of GP clinical work in my life yet. I am concerned I will never find it. I want to see patients at a pace that allows me to fully pay attention to their immediate issue and their long-term health, however the increasing technical complexity of medicine compounded by only typically having 15 minutes to see a patient renders this impossible. I do not currently see a rewarding, long-term clinical role for me in general practice. (Rural Pathway, Male, RACGP)*

> *Poorly remunerated compared to the hospital work I can do. No mat leave. Minimal personal leave. No CPD [Continuing Professional Development] leave. Not being respected by patients or peers. (Rural Pathway, Female, ACRRM)*

Of the 53 registrars who responded with 'other' when asked if they would like to be doing something else in their career in the next 5 years, analysis of open-ended responses show that registrars were considering undertaking different medical work in the next five years. Nearly half (n=28) responded that they would like to specialise or undertake a combination of flexible medical work. Approximately a quarter of

[27] There were new response options in 2025, including asking registrars if they planned to be working full or part-time as a Rural Generalist and expanding the 'other setting' category to be more specific and ask about community or hospital settings.

registrars (n=14) indicated that they would like to move towards academia (research and teaching) or work involving health education and policy. Eight registrars indicated interest in medical education.

> *Consider nonclinical GP work and/or community health or public health part-time. (General Pathway, Female, RACGP)*
>
> *I am currently working as a medical educator 0.2 FTE [Full-time equivalent] and may consider returning to Emergency Medicine in addition to GP and medical education. I may consider buying into a practice in 5+ years. (Rural Pathway, Male, RACGP)*
>
> *I want to become a holistic practitioner focus on preventative medicine, incorporating nutrition, lifestyle modifications and connection to nature into my practice. (Rural Pathway, Female, RACGP)*
>
> *Variety of practice: GP, anaesthesia, retrievals. (Rural Pathway, Male, ACRRM)*

Seventy-four per cent of registrars were planning to be involved in either mentoring (57%), supervising medical students (53%), supervising registrars (44%), or as a medical educator (34%) while 16 per cent indicated they would be involved in academic research and 23 per cent were unsure about supervising. Encouragingly, only 4 per cent of registrars reported that they would not like to be involved in doctor training in 5 years.

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 after completing their training. Of those that had moved, 43 per cent said they planned to stay in the same location, 38 per cent were unsure and 19 per cent planned to relocate at the end of their training.

Memberships – GPRA, RDAA, IGPTN

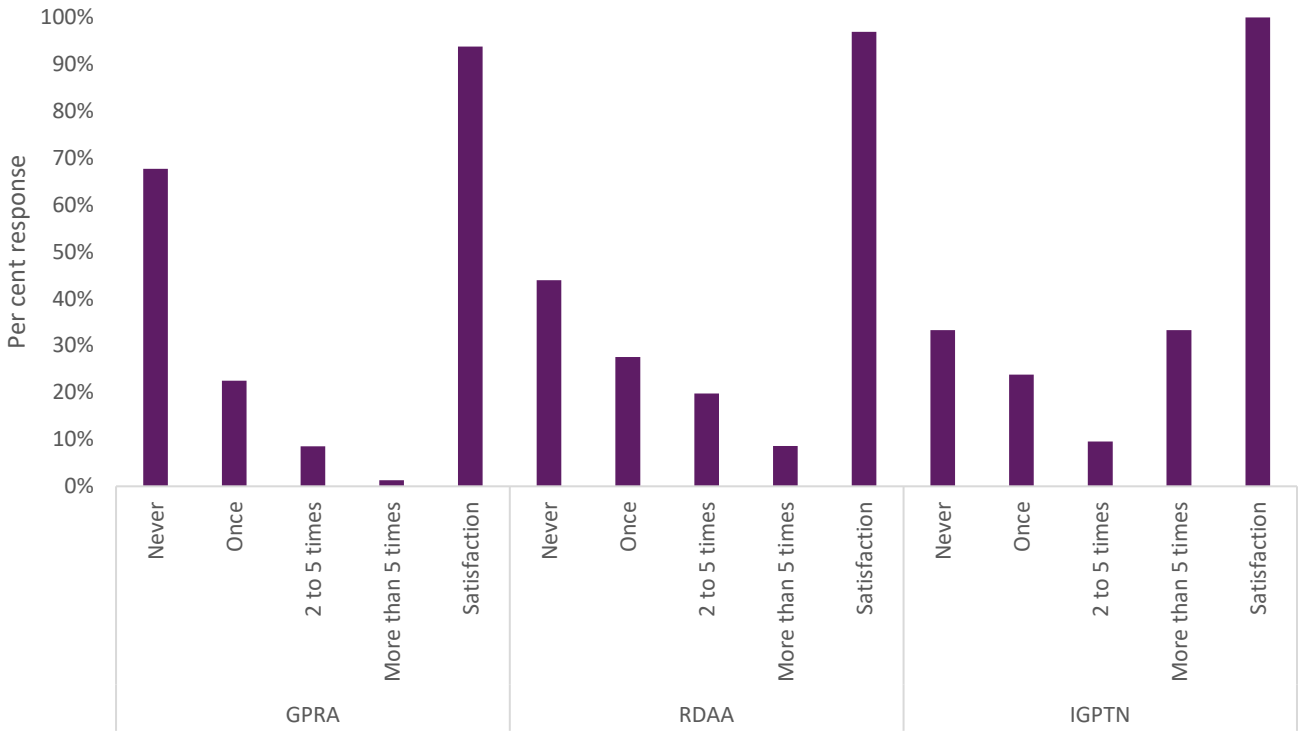
Figure 13 reports the frequency of engagement and satisfaction that registrars had with GPRA, RDAA and IGPTN. There were 603 registrars who provided an answer to this question and so percentages relate to a proportion of these. Nearly all registrars responding in this section were a member of GPRA (92%) with 32 per cent engaging with GPRA in the last 6 months. Of those that had engaged with GPRA, 94 per cent were satisfied with the support they had received.

Two per cent of registrars had accessed GPRA's independent advisory services in the past 12 months to assist them during a formal grievance / appeals process, while 13 per cent reported they were unaware the service existed.[28] In the past 12 months, 55 per cent of registrars had looked up salaries in the NTCER, 49 per cent had looked up entitlements in the NTCER, 46 per cent had looked up employment conditions in the NTCER and 12 per cent had referred to it for guidance on dispute resolution. A further 3 per cent identified that they used it for other things such as specific leave entitlements (maternity and parental leave), supervision and contract negotiations.

All Aboriginal and / or Torres Strait Islander registrars indicated that they were a member of the IGPTN. Two-thirds had engaged with IGPTN in the last 6 months (67%), and all were satisfied with the support provided.

[28] In 2025, questions around GPRA's services were updated.

Nineteen per cent of registrars who responded to this part of the survey were members of RDAA. Fifty-six per cent of RDAA members had engaged with the RDAA in the past 6 months, and 97 per cent of these members were satisfied with the support provided.



(n_{GPRA}=553, n_{RDAA}=116, n_{IGPTN}=21)

Figure 13: Registrars' frequency of interaction and satisfaction with GPRA, RDAA, IGPTN

Qualitative findings

Registrars were invited to provide open-ended feedback about their overall experience with GP training 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?

Consistent with previous years, the analysis of over 800 open-ended responses from registrars show that the best aspects of their training experience were highly associated with their workplace or practice. Most registrars commented that having a supportive and collegial work environment contributed to an overall positive training experience.

> *Supportive practice and excellent clinical supervisors and mentors at the practice and a joy to work with. (Rural Pathway, Female, RACGP)*

> *Well supervised and supportive environment. I could always have access to help and the RACGP college regularly checked in to see how I was progressing. (Rural Pathway, Male, RACGP)*

> *Teaching support from my GP centre, very well-planned teaching program, very good support from whole staff at GP centre. (Rural Pathway, Male, ACRRM)*

My training site (GP clinic) is excellent. I think I then rely less on 'college support' because the clinic provides good supervision and feedback. The clinic also ensures I have enough time for personal study. (Rural Pathway, Female ACRRM)

Additionally, the approachability and availability of supervisors, mentors and medical educators were important to registrars' learning and training experience. The provision of quality teaching, on-site learning opportunities, as well as individual support from their supervisors or fellow practice doctors were highly regarded.

I have received exceptional support in my day-to-day work throughout my training. My supervisor has been truly outstanding. Despite being in an extremely remote and rural location, I have felt brilliantly supported at every step. My experience has been nothing short of excellent, and I am genuinely grateful for the guidance and support I've received. (Rural Pathway, Male, RVTS)

My work has been very varied. The team is exceptional, and the quality of my education has been amazing. I have learned so much and been well supported whilst encouraged to increase confidence in my own skills. (General Pathway, Female, RACGP)

High patient load was good for learning; the supervisors were always approachable and always made themselves available as needed. The patients were lovely. The other practice staff were all lovely, supportive, warm and welcoming. (Rural Pathway, Male, RACGP)

The support and mentorship from supervisors on the ground has been excellent, as have the clinical opportunities provided to me. (Rural Pathway, Female, ACRRM)

Registrars cited the variety of patient presentations as crucial to their training experience. Feedback showed that opportunities to encounter and manage broad and diverse caseloads, with guidance and support from their medical educators or supervisors, helped to build registrar confidence and contributed to a positive training experience.

Excellent exposure to mental health related presentations in a well-supported collegiate environment. Mix of community and more acute presentations assessed on duty or on-calls for IPU. (Rural Pathway, Male, RACGP)

The practice has a broad and diverse patient base, which has provided excellent exposure to a wide range of presentations — from acute issues to complex chronic disease management. This variety has been a real strength of the placement, allowing me to build confidence across multiple clinical areas and sharpen my diagnostic and problem-solving skills in a real-world general practice setting. (General Pathway, Female, RACGP)

I have variety of patients and many complex cases too, which is interesting for me. Support of supervisor and other senior doctors at (name) is absolutely amazing. I feel so well supported. (Rural Pathway, Female, RACGP)

Variety of work, variety of presentations is great. Potential to develop skills if desired. Patients are appreciative and feel part of the rural community. Broad nature of ACRRM makes me feel more confident in managing emergencies and unwell patients in a rural setting. (Rural Pathway, Female, ACRRM)

Good quality supervision and being given enough room to practice somewhat independently when within scope. (Rural Pathway, Male, ACRRM)

Similar to previous qualitative findings, education and learning opportunities, including webinars, and workshops, were regarded as enriching and vital for the development of professional knowledge and knowledge sharing. Registrars appreciated the opportunities to connect with their peers during in-person or face-to-face small group learning, education workshops or learning sessions.

> *Clinical work, supervisor support and teaching, peer group learning, some of the group training especially practical workshops (Rural Pathway, Female, RACGP)*
>
> *Meeting my colleagues/ME [Medical Educator] fortnightly for SGL [Small Group Learning] is very helpful in a remote location as it recreates regular space to discuss tricky cases and ideas where the supervision isn't ideal. (General Pathway, Female, RACGP)*
>
> *Good support and education opportunities, and the ability to look up conditions/topics after seeing patients with good resources, leading to improved learning. (General Pathway, Female, RACGP)*
>
> *Flexibility to meet training requirements in a way that works for me and my family; excellent clinic support and supervision; ACRRM workshops/webinars /online learning program. (Rural Pathway, Female, ACRRM)*
>
> *The workshops - both face to face procedural and webinar based. (Rural Pathway, Male, ACRRM)*

Of the 454 registrars that provided comments on the best aspects of training rurally, more than half attributed their positive experiences to diverse patient presentations. Opportunities to encounter and manage complex cases allowed for the development of clinical skills, greater autonomy and clinical responsibility due to locational barriers.

> *Broad range of presentations and higher level of responsibility in caring for population with poor access to health services when compared to urban populations. (Rural Pathway, Male, RACGP)*
>
> *Excellent opportunity to broaden your scope of practice due to distances from hospitals, specialists etc. Ability to see a broad range of medicine. Generally, very supportive environments. Opportunity to train in lots of procedural skills. (Rural Pathway, Male, RACGP)*
>
> *Diversity of practice, ability to train and learn extended scope of practice which adds to variety and job satisfaction, greater clinical responsibility at more junior stages of training which means you develop clinical skills both procedural and cerebral sooner. (Rural Pathway, Female, ACRRM)*

Registrars also reported that being part of a community has allowed them to provide continuity of care and build connections with their patients. Opportunities to impact and engage deeply with the community they work in has led to increased levels of job satisfaction.

> *Continuity of care, ability to provide holistic care, support from the community, lifestyle, and challenging clinical cases without nearby specialist support. (Rural Pathway, Female, ACRRM)*
>
> *Can really see and feel that being there makes a difference to the community and patients, so few doctors. Feel part of the community and patients see us as that. (Rural Pathway, Female, ACRRM)*

Seeing sicker patients and dealing with real medicine, making a great difference in patient's quality of life, more rewarding and more satisfaction overall. (Rural Pathway, Male, RACGP)

Training in a rural setting has been a deeply formative experience, shaping me into a more mature, responsible, and well-rounded doctor. The close-knit nature of the community means expectations are high—but this also makes the acknowledgment and appreciation for good work all the more rewarding. Facing the unique challenges of rural healthcare has been incredibly humbling, and has given me a profound respect for the resilience and strength of these communities. It's an experience I will always carry forward in my career. (Rural Pathway, Male, RACGP)

Approximately a third of registrar responses identified areas associated with training location, supervisor willingness and presence, skills training, and teaching to help build knowledge and procedural skills as areas for improvement.

The teaching offered could be more structured in order to provide a deeper teaching experience. I.e. having some high yield areas for weekly teaching with structured discussion where the supervisors are able to pass on their clinical knowledge would have been great rather than the 'debrief sessions' where I could ask questions but had no formal structured teaching. (Rural Pathway, Male, RACGP)

Supervising practices/supervisors need to understand their obligations when taking registrars on and if not meeting them then they need to be no longer offered as training posts. (General Pathway, Male, RACGP)

Increased feedback from supervisors regarding performance, structured teaching/learning opportunities while in training. (Rural Pathway, Female, RACGP)

Across the board GP regs need better supervision and greater input from senior clinicians. In no other speciality training are registrars clinically left to their own devices. Access to supervisor is often very poor as they have their own workloads. Unless multiple senior clinicians across the clinic are willing to help out (which is rarely the case), the resulting supervision is ad-hoc and solely up to registrar asking for help. (Rural Pathway, Male, ACRRM)

Very dependent on supervisors for support, these people need to be willing and able to complete their duties, and if not there needs to be a clear process in place to find a new supervisor or remove registrars from these placement sites without any penalty to the registrar's training. (Rural Pathway, Female, ACRRM)

Consistent to previous years, registrar feedback showed the amount of support provided for exams and assessments by the training providers could be improved. They suggested that additional guidance and provision of resources and preparatory materials could be included to minimise their engagement of third-party GP education courses to support exam preparations. Similarly, the cost of undertaking exams was highlighted as an area that needed addressing.

Needs more focussed exam feedback and also structured approach for candidate preparation. (Rural Pathway, Male, ACRRM)

More support towards preparation for exams. There are less peer group meetings at the later stages of training, which would be useful. (General Pathway, Male, RACGP)

Exam preparation resources can be improved by increased access to more practice questions. (General Pathway, Male, RACGP)

Exam preparation materials. Most registrars pay for external training. (General Pathway, Female, RACGP)

The examinations are outdated and inaccurate, the knowledge tested does not reflect clinical practice and with no access to working resources the requirement to rote learn useless information is tedious and baseless. The cost is prohibitive without any financial option for fee help or support. I had to delay exams due to finances, and the financial pressure this adds is terrible in an already taxing job. (General Pathway, Female, RACGP)

Additionally, registrars training in rural areas provided feedback on the need for better access to specialists, medical services and added guidance on referral pathways for their patients.

Better access to specialist for direct advice when patient unwilling to travel. (Rural Pathway, Female, RACGP)

Better understanding of rural practice from specialists and subspecialists to assist with referral. (Rural Pathway, Male, ACRRM)

Similar to previous years, financial support to facilitate relocation, as well as for travel and access to training opportunities were raised by registrars training rurally as an area for improvement.

Support for trainees for travel and accommodation to attend workshops, training requirements face to face, upskilling. (Rural Pathway, Female, ACRRM)

Assistance with travel costs/accommodation for required courses. Availability of required terms and training pathways in rural/regional areas. (Rural Pathway, Male, ACRRM)

Support in moving rurally- financially very expensive and disruptive to children schooling. Lack of support on moving rurally. (Rural Pathway, Female, RACGP)

Registrars noted that assistance with living and working conditions could be improved to mitigate social and cultural isolation while working rurally.

Making rural areas more attractive places to live. Work and training may be excellent, but if areas do not have adequate essential services, amenities, accommodation or opportunities for social connection/work opportunities for non-medical partners of doctors, then doctors simply won't stay there. (Rural Pathway, Male, RACGP)

More fostering of community and collegiality between rural and remote sites in a formal capacity, working in these settings can be extremely isolating and effort should be made to engineer paid time for shared learning and debriefing with local colleagues. (Rural Pathway, Female, ACRRM)

Appendix A: Table of Figures

Appendix B: Table of Tables

Appendix C: Methodology

Registrars enrolled in Commonwealth funded GP training programs including AGPT, RGTS and RVTS, and in active training during Semester One, 2025 comprised the target population for the 2025 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 registrars in the target population. RVTS Ltd provided a deidentified population list. This process identified that the full target population for the 2025 GP NRS was 4,381 registrars. During fieldwork, 442 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, 2025. Overall, there were 3,939 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 2025 GP NRS was administered wholly online. Fieldwork was conducted between July 7 and August 18, 2025 (although responses were still accepted into late-August). ACER managed the fieldwork operations by sending out email invitations and reminders (via both email and SMS) to registrars in-house. RVTS registrars were managed by RVTS Ltd.[29]

The GP Colleges and RVTS Ltd 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.[30]

The 2025 GP NRS instrument included questions relating to registrars':

- demographic and training characteristics
- satisfaction with their training provider and training facilities
- health and wellbeing
- involvement in training related to Aboriginal and Torres Strait Islander health, including a new [31]
- 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
- vertical and horizontal integration
- experience on the Single Employer Model (SEM) trials.

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

[30] In 2025 ACER did not hold any identifying information for RVTS Ltd registrars (so ACER did not have names or contact details for these registrars).

[31] Updated this year to include questions on about the Aboriginal and Torres Strait Islander Salary Support Program.

Notes on analysis

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.

Throughout this report to ensure confidentiality, all cells with a count between 1 and 3 were recorded as <4. 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. The number of registrars answering these questions is noted in tables and figures. 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.

Due to the small number of responses in certain gender categories, we have not reported these groups separately to protect respondent confidentiality and ensure statistical validity, but their responses were included in the overall analysis.

Notes on KPI

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. In the section Satisfaction by Key Performance Indicators (KPIs) there is detailed analysis on the questions that can be used to inform the KPIs. This data may not form the only piece of data considered for each College KPI.

The GP College KPIs that can use data from this survey are:

- KPI 3: Rate of registrar 'induction/orientation' in training facilities
- KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors[32]
- KPI 7: Level of opportunities provided by medical educators for out of practice workshops to complement in-practice teaching
- KPI 8: Level of learning with and from a group of professional peers facilitated by medical educators
- KPI 19: Rate of registrar satisfaction for placements[33]
- KPI 20: Rate of registrar satisfaction for comprehensive community inductions
- KPI 23: Percentage of general registrar satisfaction with training[34]
- KPI 14: All registrars undertaking education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning[35]

[32] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

[33] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

[34] Composite variable: the percentage of registrars who are satisfied for each question included in the KPI are averaged to create an overall 'per cent satisfied' score.

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

- KPI 25: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor[36,37]
- KPI 26: Participation rates for cultural awareness training

Composite variables were used to inform 3 of these data points for consideration of the KPI. This was done as multiple survey questions relate to the KPI. The following information provides detail on how the composite KPIs were formed.

- 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 and this question was not asked in 2025.
- 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.

RG definition

In 2022, the Department created a new Rural Generalist flag, a method of defining a Rural Generalist that was used again in subsequent years. This was the same definition as used for the data for ACRRM and RACGP's submission for Rural Generalist recognition as a specialty within general practice.

This included 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.

[36] 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.

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

Appendix D: 2025 GP NRS item frequencies

Table 13 to Table 24 include the item frequencies for the closed items included in the 2025 GP NRS.

Table 13: 2025 GP NRS item frequencies – demographic and contextual items (n=1,225)

Item	Response options	N	%
Which fellowship are you currently working towards?	FACRRM	223	18.2
	FRACGP	954	77.9
	FRAGCP-RG	56	4.6
	FARGP	13	1.1
	Other	5	0.4
At what full time equivalent (FTE) load were you employed during Semester One, 2025? *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.*	Less than 0.4	74	6.1
	0.5 to 0.6	189	15.5
	0.7 to 0.8	201	16.4
	0.9 to 1.0	759	62.1
Did you also work on call on top of your FTE during Semester One, 2025?	Yes - as part of my roster	135	11.2
	Yes - on top of my rostered hours	185	15.4
	No	885	73.4
What training were you undertaking during Semester One, 2025? *Please select all that apply.*	GPT1 Term	413	33.7
	GPT2 Term	149	12.2
	GPT3 Term	289	23.6
	CGT1	53	4.3
	CGT2	50	4.1
	CGT3	66	5.4
	Extended Skills, Advanced Rural Skills Training (ARST), or Advanced Specialised Training (AST)	183	15.0
	RVTS Year 1	-	-
	RVTS Year 2	8	0.7
	RVTS Year 3	13	1.1
	Academic post	<4	-
	Medical Education post	65	5.3
	Other	223	18.2

Table 14: 2025 GP NRS item frequencies – satisfaction with training providers (n=1,364)

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your training provider in Semester One, 2025?			
Quality of overall training & education	Very dissatisfied	31	2.5
	2	62	5.1
	3	238	19.5
	4	557	45.5
	Very satisfied	335	27.4
Quality of training advice	Very dissatisfied	31	2.5
	2	76	6.2
	3	241	19.7
	4	510	41.7
	Very satisfied	365	29.8
Feedback on your training progress	Very dissatisfied	36	3.0
	2	70	5.7
	3	252	20.7
	4	545	44.7
	Very satisfied	317	26.0
Workshops provided, including webinars	Very dissatisfied	40	3.3
	2	76	6.2
	3	249	20.4
	4	523	42.8
	Very satisfied	333	27.3
Training and education resources	Very dissatisfied	32	2.6
	2	72	5.9
	3	264	21.7
	4	530	43.5
	Very satisfied	319	26.2
Medical educator facilitated peer learning	Very dissatisfied	47	3.9
	2	98	8.1
	3	222	18.3
	4	450	37.1
	Very satisfied	397	32.7
Support for examination and assessments	Very dissatisfied	51	4.2
	2	105	8.6
	3	327	26.9
	4	474	38.9
	Very satisfied	260	21.4
Feedback on examination and assessments	Very dissatisfied	53	4.4
	2	105	8.7
	3	349	28.8
	4	448	36.9
	Very satisfied	258	21.3
Communication	Very dissatisfied	43	3.5
	2	82	6.7
	3	247	20.2
	4	509	41.7
	Very satisfied	339	27.8

Item	Response options	N	%
Induction / orientation	Very dissatisfied	26	2.1
	2	74	6.1
	3	238	19.6
	4	472	38.9
	Very satisfied	402	33.2

Table 15: 2025 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, 2025?			
Quality of overall training and education experience	Very dissatisfied	30	2.6
	2	62	5.3
	3	185	15.8
	4	479	40.8
	Very satisfied	418	35.6
Supervisor support	Very dissatisfied	35	3.0
	2	44	3.7
	3	146	12.4
	4	358	30.5
	Very satisfied	591	50.3
Supervisor training / teaching	Very dissatisfied	41	3.5
	2	73	6.2
	3	187	15.9
	4	398	33.8
	Very satisfied	477	40.6
Feedback from your supervisor	Very dissatisfied	34	2.9
	2	54	4.6
	3	184	15.7
	4	413	35.1
	Very satisfied	490	41.7
Clinical work	Very dissatisfied	8	0.7
	2	23	2.0
	3	139	11.8
	4	509	43.3
	Very satisfied	497	42.3
Number of patients or presentations	Very dissatisfied	7	0.6
	2	34	2.9
	3	138	11.7
	4	471	40.1
	Very satisfied	525	44.7
Diversity of patients or presentations	Very dissatisfied	5	0.4
	2	37	3.2
	3	168	14.3
	4	488	41.6
	Very satisfied	476	40.5
Level of workplace responsibility	Very dissatisfied	7	0.6
	2	33	2.8

Item	Response options	N	%
	3	129	11.0
	4	479	40.8
	Very satisfied	527	44.9
Induction / orientation to your training facility	Very dissatisfied	22	1.9
	2	60	5.1
	3	162	13.8
	4	447	38.0
	Very satisfied	485	41.2
Induction / orientations to the local community	Very dissatisfied	26	2.2
	2	70	6.0
	3	251	21.4
	4	447	38.0
	Very satisfied	381	32.4
Training and education resources	Very dissatisfied	17	1.4
	2	61	5.2
	3	213	18.1
	4	511	43.5
	Very satisfied	373	31.7
Terms and conditions	Very dissatisfied	25	2.1
	2	50	4.3
	3	183	15.6
	4	458	39.1
	Very satisfied	454	38.8

Table 16: 2025 GP NRS item frequencies – Aboriginal and Torres Strait Islander health training (n=1,116)

Item	Response options	N	%
In Semester One, 2025, 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	1005	90.1
	Yes	111	9.9
<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 have already completed training	68	6.8
	I have completed training and I plan to do more	29	2.9
	I am considering undertaking training	321	32.3
	None of the above	576	57.9
Since commencing GP training, have you participated in Aboriginal and Torres Strait Islander cultural education?	No	135	12.2
	Yes	970	87.8

Item	Response options	N	%
<IF YES to above> How satisfied are you with the Aboriginal and Torres Strait Islander cultural education training you received?	Very dissatisfied	19	2.0
	2	52	5.5
	3	208	21.9
	4	362	38.1
	Very satisfied	310	32.6
<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.	47	36.2
	I'm booked in to complete this training in the future.	51	39.2
	I have personal or other circumstances that impacted my ability to undertake this training.	15	11.5
	Other	17	13.1
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	314	29.0
	Yes	768	71.0
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	878	81.1
	Yes	204	18.9
<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	1	0.5
	2	2	1.0
	3	33	16.7
	4	79	39.9
	Very satisfied	83	41.9
<IF NOT RVTS> How much do you know about the Aboriginal and Torres Strait Islander Salary Support Program?	I haven't heard about it	731	69.2
	Somewhat	245	23.2
	Quite a bit	73	6.9
	Very much	7	0.7
<IF YES to Aboriginal and Torres Strait Islander health facility> <IF not RVTS> Did your practice access	No	24	23.1
	Yes	7	6.7

Item	Response options	N	%
the Aboriginal and Torres Strait Islander Salary Support Program?	Unsure	73	70.2

Table 17: 2025 GP NRS item frequencies – registrars' health, wellbeing and location (n=1,075)

Item	Response options	N	%
How would you rate your satisfaction with the health and wellbeing support provided to you by			
training facility	Very dissatisfied	26	2.4
	2	49	4.6
	3	164	15.3
	4	328	30.5
	Very satisfied	474	44.1
	Not applicable	33	3.1
Your GP Supervisor	Very dissatisfied	33	3.1
	2	40	3.7
	3	119	11.1
	4	324	30.2
	Very satisfied	524	48.9
	Not applicable	32	3.0
<If Aboriginal or Torres Strait Islander registrar> IGPTN?	Very dissatisfied	1	4.5
	2	0	0.0
	3	5	22.7
	4	2	9.1
	Very satisfied	10	45.5
	Not applicable	4	18.2
<If Aboriginal or Torres Strait Islander registrar> AIDA?	Very dissatisfied	1	4.5
	2	2	9.1
	3	7	31.8
	4	5	22.7
	Very satisfied	3	13.6
	Not applicable	4	18.2
General Practice Registrars Australia (GPRA)	Very dissatisfied	25	2.3
	2	47	4.4
	3	248	23.2
	4	261	24.4
	Very satisfied	106	9.9
	Not applicable	382	35.7
Do you have access to a support network? *For example this may include immediate family or a close friendship group.*	No	101	9.5
	Yes	967	90.5
How many dependents do you have? (e.g. children, parents)?	0	405	40.0
	1 or 2	411	40.6
	3 or 4	172	17.0
	5 or more	25	2.5
	No	637	59.6

Item	Response options	N	%
Did you relocate to the current region to undertake GP training?	Yes	432	40.4
Do you intend to live in this region after completing GP training?	No	149	13.9
	Yes	632	59.0
	Unsure	290	27.1

Table 18: 2025 GP NRS item frequencies – complaints and / or grievance process and NTCER (n=1,065)

Item	Response options	N	%
Have you ever made a formal written complaint to any organisation relating to your GP training?	No	1007	94.8
	Yes	55	5.2
Do you know how to access <college/RVTS>'s formal complaints and /or grievance process?	No	455	42.9
	Yes	415	39.1
	Unaware the process existed	191	18.0
Have you contacted GPRA's independent advisory services in the past 12 months to assist you during a formal grievance/appeals process?	No	895	84.3
	Yes	24	2.3
	Unaware service existed	143	13.5
Have you looked up the NTCER in the past 12 months to assist you with any of the following employment related matters?			
Salaries	No	482	45.4
	Yes	579	54.6
Entitlements	No	547	51.5
	Yes	515	48.5
Employment conditions	No	575	54.2
	Yes	486	45.8
Dispute resolution	No	932	88.3
	Yes	123	11.7
Other	No	592	96.9
	Yes	19	3.1

Table 19: 2025 GP NRS item frequencies – rural generalists ($n_{(RG)}$=266; $n_{(non\text{-}RG)}$=790)

Item	Response options	N	%
<If College is RACGP> Are you training as a Rural Generalist?	No	775	98.1
	Yes	15	1.9
<If RG> When did you decide to become a Rural Generalist?	While I was at school	16	5.7
	Early in my medical degree	54	19.4
	Late in my medical degree	42	15.1
	In my first year out of medical school	18	6.5
	More than one year out of medical school	66	23.7
	After trying another speciality	51	18.3

Item	Response options	N	%
	Other	32	11.5
<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? *Please select all that apply.*	HETI - the NSW Rural Generalist Medical Training Program (RGTP) Coordination Unit	36	18.8
	Northern Territory Rural Generalist Coordination Unit	11	5.7
	Queensland Rural Generalist Pathway Coordination Unit	54	28.1
	South Australian Rural Generalist Coordination Unit	14	7.3
	Tasmanian Rural Generalist Pathway (TRGP) Coordination Unit	9	4.7
	Victorian Rural Generalist Program (VRGP) Coordination Unit	42	21.9
	Western Australian Rural Generalist Pathway (RGPWA) Coordination Unit	21	10.9
	Other - Regional Training Hub	31	16.1
<If RG> What type of advice or assistance have you received from the Rural Generalist program coordination unit(s)? *Please select all that apply.*	Advice or assistance with placements as a junior doctor	71	35.5
	Advice or assistance with placements as a GP Rural Generalist registrar	102	51.0
	Advice or assistance to meet GP College requirements	83	41.5
	Advice or assistance managing the intersection between hospital-based training and primary care	61	30.5
	Assistance managing the transition from junior doctor to GP Rural Generalist registrar	37	18.5
	Case management support to navigate the pathway	32	16.0
	Career advice or mentoring	83	41.5
	Education support	66	33.0
	Relocation, travel and / or accommodation support	42	21.0
	Orientation	31	15.5
	Post fellowship support	<4	-
	Supervisor support	32	16.0
	Other	18	9.0
<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	20	8.4
	2	16	6.7
	3	61	25.5
	4	74	31.0
	Very satisfied	68	28.5
<If not RG> Have you considered changing to the Rural Generalist pathway?	No	561	71.8
	Yes	113	14.5
	Unsure	107	13.7

Item	Response options	N	%
<If No OR Unsure to above> What would make you more likely to consider the Rural Generalist Pathway?	A better understanding of training requirements and the benefits to my practice	133	21.3
	Access to childcare	81	13.0
	Being able to have better autonomy on my training location	150	24.0
	Better flexibility for clinical hours	170	27.2
	Better job prospects for my partner	166	26.6
	Better schools for my kids	136	21.8
	Better working conditions	124	19.8
	Better work-life balance	217	34.7
	FIFO arrangements	80	12.8
	Having a greater level of autonomy / responsibility	39	6.2
	Having a greater variety of patient presentations in rural medicine	51	8.2
	Higher pay	270	43.2
	More funding / support for training	196	31.4
	More information about becoming a rural generalist	84	13.4
	Opportunities for growth / career development	151	24.2
	Relocation support allowance	186	29.8
	Nothing	178	28.5
	Other (please specify)	27	4.3
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	165	16.1
	I have already completed this training	305	29.8
	No, but I am expecting to as part of the program	275	26.8
	No, and am not expecting to as part of the program	280	27.3
Have you trained in a rural location during GP training?	No	453	44.0
	Yes	576	56.0

Table 20: 2025 GP NRS item frequencies – pathway to GP (n=1,038)

Item	Response options	N	%
<If not RG> When did you decide to become a specialist GP? *Please select all that apply.*	While I was at school	33	4.3
	Early in my medical degree	89	11.7
	Late in my medical degree	84	11.1
	In my first year out of medical school	52	6.8
	More than one year out of medical school	280	36.8

Item	Response options	N	%
	After trying another specialty	177	23.3
	Other	45	5.9
Why did you decide to become a specialist GP? *Please select all that apply.*	Advice from others	196	19.1
	Diversity of patients and medical presentations	575	56.1
	Domestic circumstances	356	34.7
	Enthusiasm/commitment	265	25.9
	Eventual financial prospects	103	10.0
	Experience of jobs so far	272	26.5
	Hours/working conditions	703	68.6
	I was previously enrolled in another medical specialist training program and transferred to GP training	105	10.2
	I was unable to obtain training in another medical specialty	40	3.9
	Inclinations before medical school	153	14.9
	Intellectually stimulating	217	21.2
	Particular teacher, department or role model	118	11.5
	Promotion/career prospects	63	6.1
	Self-appraisal of own skills/aptitudes	209	20.4
	Social responsibility or to support the community	303	29.6
	Student experience of subject	92	9.0
	The training program is fully funded by the Commonwealth Government	71	6.9
	To also study additional/advanced skills such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	174	17.0
	To build long-term relationships with patients	449	43.8
	To meet my 19AB 10 year moratorium requirements	52	5.1
	To meet my ADF training requirements	14	1.4
	To work in rural and remote locations	218	21.3
	Other	45	4.4
Was GP specialisation your first choice of specialty?	No	393	38.3
	Yes	632	61.7
What were the main reasons you chose your training program, i.e. AGPT, RGTS, RVTS? *Please select all that apply.*	Assessment and examination structure	325	32.6
	Flexibility offered by training program	440	44.2
	Funding and financial supports	244	24.5
	Impact in the community	176	17.7
	Likelihood of successfully gaining a place	197	19.8

Item	Response options	N	%
	Location of placements	377	37.9
	Recommended by peers	261	26.2
	Reputation of <College/RVTS>	506	50.8
	Reputation of the program	288	28.9
	Resources available	202	20.3
	Support offered through the training program	297	29.8
	Training opportunities	310	31.1
	Other	74	7.4

Table 21: 2025 GP NRS item frequencies – registrars' future plans (n=1,029)

Item	Response options	N	%
Within the next five years, you would like to be…	mentoring medical students or registrars.	577	56.6
	teaching or supervising medical students.	542	53.2
	supervising registrars.	446	43.8
	a medical educator.	344	33.8
	involved in academic research.	164	16.1
	not involved in doctor training.	42	4.1
	unsure.	235	23.1
In five years, you would like to…	be working full-time as a private GP.	314	30.9
	be working part-time as a private GP.	547	53.8
	be working full-time as a Rural Generalist.	108	10.6
	be working part-time as a Rural Generalist.	185	18.2
	be working in Aboriginal and Torres Strait Islander Health.	161	15.8
	be working in a community setting (e.g. aged, palliative, home care).	191	18.8
	be working in a hospital setting.	205	20.2
	be working in a rural or remote location.	259	25.5
	own your own practice.	153	15.0
	purchase or buy into an existing practice.	140	13.8
	be not working as a GP.	35	3.4
	be doing something else.	60	5.9

Table 22: 2025 GP NRS item frequencies – vertical integration (n=1,017)

Item	Response options	N	%
As part of your GP training, have you worked as part of a multidisciplinary team with any of the following?			
Nurse	Not present at my practice(s)	39	3.8

Item	Response options	N	%
	At my practice(s) but haven't had the opportunity	30	2.9
	Yes	948	93.2
Pharmacist	Not present at my practice(s)	489	48.1
	At my practice(s) but haven't had the opportunity	47	4.6
	Yes	481	47.3
Physiotherapist	Not present at my practice(s)	430	42.3
	At my practice(s) but haven't had the opportunity	76	7.5
	Yes	511	50.2
Psychologist	Not present at my practice(s)	511	50.2
	At my practice(s) but haven't had the opportunity	99	9.7
	Yes	407	40.0
Specialist doctors	Not present at my practice(s)	438	43.1
	At my practice(s) but haven't had the opportunity	92	9.0
	Yes	487	47.9
Other allied health professionals (please identify)	Not present at my practice(s)	330	32.4
	At my practice(s) but haven't had the opportunity	330	32.4
	Yes	357	35.1
In Semester One, 2025, were you involved in teaching and / or supervising any of these medical trainees in your practice?			
Medical student	No	562	55.5
	Yes	351	34.6
	Not present at my practice	100	9.9
Prevocational doctor	No	711	71.2
	Yes	130	13.0
	Not present at my practice	157	15.7
Other GP registrar	No	686	68.8
	Yes	227	22.8
	Not present at my practice	84	8.4
Other	No	357	75.8
	Yes	30	6.4
	Not present at my practice	84	17.8

Table 23: 2025 GP NRS item frequencies – memberships (n=603)

Item	Response options	N	%
Are you a member of any of these groups? *Please select all that apply.*	Indigenous General Practice Trainee Network (IGPTN)	21	3.5
	General Practice Registrars Australia (GPRA)	553	91.7
	Rural Doctors Association of Australia (RDAA)	116	19.2
	Never	7	33.3
	Once	5	23.8

Item	Response options	N	%
<If IGPTN> In the last 6 months, how often have you engaged with IGPTN?	2 to 5 times	2	9.5
	More than 5 times	7	33.3
If <IGPTN Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by IGPTN?	Very dissatisfied	0	0.0
	2	0	0.0
	3	1	7.1
	4	3	21.4
	Very satisfied	10	71.4
<If GPRA> In the last 6 months, how often have you engaged with GPRA?	Never	373	67.7
	Once	124	22.5
	2 to 5 times	47	8.5
	More than 5 times	7	1.3
If <GPRA Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by GPRA?	Very dissatisfied	5	2.8
	2	6	3.4
	3	59	33.3
	4	66	37.3
	Very satisfied	41	23.2
<If RDAA> In the last 6 months, how often have you engaged with RDAA?	Never	51	44.0
	Once	32	27.6
	2 to 5 times	23	19.8
	More than 5 times	10	8.6
If <RDAA Once, 2 to 5 times or more than 5 times> How satisfied are you with the support provided by RDAA?	Very dissatisfied	1	1.5
	2	1	1.5
	3	14	21.5
	4	26	40.0
	Very satisfied	23	35.4

Table 24: 2025 GP NRS item frequencies – training choices (n=575)

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	245	20.0
	Commonwealth Medical Internships	32	2.6
	Bonded Medical Places (BMP) Scheme	132	10.8
	Medical Rural Bonded Scholarship (MRBS) Scheme	22	1.8
	John Flynn Placement program	77	6.3
	John Flynn Prevocational Doctor Program (JFPDP)	12	1.0
	State Rural Generalist programs	46	3.8
	Remote Vocational Training Scheme (RVTS)	9	0.7
	HECS Reimbursement Scheme	60	4.9
	RACGP Practice Experience Program (PEP)	12	1.0
	Fellowship Support Program (FSP)	<4	0.2
	ACRRM Independent Pathway	7	0.6
	More Doctors for Rural Australia Program	17	1.4

Item	Response options	N	%
	Pre-fellowship program (PFP)	5	0.4
	Training towards any other fellowship	60	4.9
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	4	0.3
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, 2025?	Aboriginal and Torres Strait Islander Health	28	14.0
	Academic practice	12	6.0
	Adult Internal Medicine	11	5.5
	Anaesthetics	16	8.0
	Emergency Medicine	48	24.0
	Mental Health	9	4.5
	Obstetrics and Gynaecology	33	16.5
	Paediatrics	14	7.0
	Palliative Care	10	5.0
	Population Health	8	4.0
	Remote Medicine	6	3.0
	Surgery	5	2.5
	Other (please specify)	28	14.0

Table 25: 2025 GP NRS item frequencies – Single Employer Model trial (n=986)

Item	Response options	N	%
Are you currently undertaking your training under the SEM arrangement?	No	899	91.2
	Yes	87	8.8
<If SEM> How long have you been on the SEM arrangement?	Less than 12 months	51	60.7
	1-2 years	15	17.9
	More than 2 years	18	21.4
<If SEM> What reasons impacted your choice to undertake SEM? Please select all that apply	Ability to do all my training in one region	43	53.8
	Continued employment by state health service	56	70.0
	Access to leave entitlements (e.g. parental, long-service, study leave)	60	75.0
	Reduced financial risk and / or better pay	52	65.0
	Access to professional development and other training opportunities	39	48.8
	Other benefits of contract e.g. (dispute mechanisms, fatigue management)	21	26.3
	Reduced burden of finding training placements and / or negotiating employment contracts	46	57.5
	Reduced pressure to learn MBS billing	28	35.0
	Other	4	5.0
<If SEM> To what extent did the SEM arrangement meet your expectations?	My expectations were not met	12	14.5
	It matched my expectations	55	66.3
	It exceeded my expectations	16	19.3

Item	Response options	N	%
<If SEM> How satisfied are you with the following aspects of the SEM arrangement?			
Salary	Strongly disagree 1	3	3.7
	2	5	6.1
	3	23	28.0
	4	33	40.2
	5 Strongly agree	18	22.0
Entitlements and benefits	Strongly disagree 1	0	0.0
	2	7	8.5
	3	18	22.0
	4	30	36.6
	5 Strongly agree	27	32.9
Training (e.g. flexibility, diversity of experience, relevant to your interests)	Strongly disagree 1	1	1.2
	2	5	6.1
	3	14	17.1
	4	39	47.6
	5 Strongly agree	23	28.0
Supervision and line of reporting	Strongly disagree 1	0	0.0
	2	8	9.9
	3	23	28.4
	4	30	37.0
	5 Strongly agree	20	24.7
Your wellbeing	Strongly disagree 1	3	3.7
	2	3	3.7
	3	19	23.2
	4	36	43.9
	5 Strongly agree	21	25.6
Management of fatigue	Strongly disagree 1	3	3.7
	2	8	9.8
	3	27	32.9
	4	27	32.9
	5 Strongly agree	17	20.7
Mechanisms for fatigue disclosure	Strongly disagree 1	2	2.4
	2	5	6.1
	3	35	42.7
	4	21	25.6
	5 Strongly agree	19	23.2
Dispute resolution processes	Strongly disagree 1	1	1.2
	2	5	6.2
	3	35	43.2
	4	21	25.9
	5 Strongly agree	19	23.5
<If SEM> Which of the following types of leave, activities or other benefits/entitlements have you used while employed on a SEM arrangement? Please select all that apply	Annual leave	70	88.6
	Exam or study leave	39	49.4
	Long service leave	<4	-
	Parental leave	5	6.3
	Personal leave (includes sick leave and carer's leave)	56	70.9

Item	Response options	N	%
	Professional development e.g. conferences	39	49.4
	Please list any other activities, leave or other benefits/entitlements you have used while on the SEM arrangement.	7	8.9
<If SEM> Do you plan to complete the remainder of your training under a SEM arrangement?	No	14	17.5
	Yes	52	65.0
	Unsure	14	17.5
<If SEM> Is SEM impacting your ability to meet College requirements?	No, I will be able to meet College requirements	69	85.2
	Yes, SEM has impacted by ability to meet College requirements	4	4.9
	Unsure	8	9.9
<If SEM> To what extent do you agree with the following statements on the SEM arrangement?			
SEM provides me a diversity of training experiences	Strongly disagree 1	1	1.2
	2	2	2.4
	3	28	34.1
	4	24	29.3
	5 Strongly agree	27	32.9
SEM has increased my exposure to regional/rural healthcare	Strongly disagree 1	4	4.9
	2	3	3.7
	3	35	43.2
	4	15	18.5
	5 Strongly agree	24	29.6
SEM has provided opportunities for exposure to different patient types, conditions, and cultural groups	Strongly disagree 1	3	3.7
	2	5	6.1
	3	34	41.5
	4	20	24.4
	5 Strongly agree	20	24.4
SEM has increased my confidence in skills relevant to regional/rural healthcare	Strongly disagree 1	4	4.9
	2	6	7.4
	3	30	37.0
	4	21	25.9
	5 Strongly agree	20	24.7
<If not SEM> Why did you not take up SEM? Please select all that apply	I wasn't aware of the SEM arrangement	593	70.3
	I had concerns about placement locations under SEM	17	2.0
	I had concerns about training quality under SEM	9	1.1
	I preferred the flexibility of non-SEM arrangements	50	5.9
	It was offered but I couldn't see the benefit	24	2.8
	It was offered but it was too hard to find information	6	0.7
	It wasn't offered to me	245	29.1

Item	Response options	N	%
	Other (please specify)	58	6.9
<If not SEM> Are you considering switching to a SEM arrangement for the remainder of your training?	No	451	52.3
	Yes	33	3.8
	Unsure	378	43.9

Appendix E: 2025 GP NRS Instrument

Introductory text

The Department of Health, Disability and Ageing (the Department) has engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to conduct the 2025 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, 2025 by clicking on the 'Next' button below. Your responses help the Department, the Colleges, RVTS Ltd 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 2025 General Practice National Registrar Survey (GP NRS).

Question	Item	Response Options
Which fellowship are you currently working towards?	FRACGP	Not selected Selected
	FACRRM	
	FRACGP-RG	
	FARGP	
	Other (please specify)	OPEN ENDED RESPONSE
At what full time equivalent (FTE) load were you employed during Semester One, 2025? 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, sabbatical, long service) for the whole semester

Question	Item	Response Options
Did you also work on call on top of your FTE during Semester One, 2025?	-	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 *Next* to finalise your input.	-	*Note that the survey will be terminated here.*
What training were you undertaking during Semester One, 2025? Please select all that apply.	<If RACGP> GPT1	Not selected Selected
	<If RACGP> GPT2	
	<If RACGP> GPT3	
	<If ACRRM> CGT1 Term	
	<If ACRRM> CGT2 Term	
	<If ACRRM> CGT3 Term	
	Extended Skills or Advanced Rural Skills Training (ARST) or Advanced Specialised Training (AST)	
	<If RVTS> RVTS Year 1	
	<If RVTS> RVTS Year 2	
	<If RVTS> RVTS Year 3	
	Academic post	
	Medical Education post	
	Other (please specify)	OPEN ENDED RESPONSE
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, 2025.		
How would you rate your satisfaction with the following aspects of <College/RVTS> in Semester One, 2025?	Quality of overall training and education experience	1 Very dissatisfied
	Quality of training advice	2
	Feedback on your training progress	3

Question	Item	Response Options
	Workshops provided, including webinars	4 5 Very satisfied
	Training and education resources	
	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, 2025?	Quality of overall training and education experience	1 Very dissatisfied 2 3 4 5 Very satisfied
	Supervisor support	
	Supervisor training / teaching	
	Feedback from your supervisor	
	Clinical work	
	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	
	Terms and conditions of employment at your training facility	
Thinking about your training experience overall, what have been the best aspects?	-	OPEN ENDED RESPONSE
Thinking about your training experience overall, what aspects need improvement?	-	OPEN ENDED RESPONSE

Question	Item	Response Options
The following questions ask about the training you have received related to Aboriginal and Torres Strait Islander health and culture.		
In Semester One, 2025, were you training in an Aboriginal and Torres Strait Islander health facility (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 facility as part of your program (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	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)
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

Question	Item	Response Options
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
How much do you know about the Aboriginal and Torres Strait Islander Salary Support Program?		I haven't heard about it Somewhat Quite a bit A lot
Did your practice access the Aboriginal and Torres Strait Islander Salary Support Program?		No Yes Unsure
How would you rate your satisfaction with the health and wellbeing support provided to you by	your training facility?	1 Very dissatisfied 2 3 4 5 Very satisfied Not applicable
	<IF COLLEGE=ACRRM> ACRRM?	
	<IF COLLEGE=RACGP> RACGP?	
	<IF COLLEGE=RVTS> RVTS?	
	your GP Supervisor?	
	<If Aboriginal or Torres Strait Islander> IGPTN?	
	<If Aboriginal or Torres Strait Islander> AIDA?	
	General Practice Registrars Australia (GPRA)?	
Do you have access to a support network? *For example this may include immediate family or a close friendship group.*	-	No Yes

Question	Item	Response Options
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
The following asks about <College/RVTS> and GPRA's complaints and grievances process.		
Have you ever made a formal written complaint to any organisation relating to your GP training?	-	No Yes
Do you know how to access <College/RVTS>'s formal complaints and / or grievance process?		No Yes Unaware process exists
Have you contacted GPRA's independent advisory services in the past 12 months to assist you during a formal grievance / appeals process?	-	No Yes Unaware process exists
Have you looked up the NTCER in the past 12 months to assist you with any of the following employment related matters?	Salaries	No Yes
	Entitlements	
	Employment conditions	
	Dispute resolution	
	Other (please specify)	
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 Selected
	Early in my medical degree	
	Late in my medical degree	
	In my first year out of medical school	
	More than one year out of medical school	

Question	Item	Response Options
	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? *Please select all that apply.*	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	
	Other – Regional Training Hub	
<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)? *Please select all that apply.*	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 to meet GP College requirements	
	Advice or assistance managing the intersection between hospital-based training and primary care	
	Assistance managing the transition from junior doctor to GP Rural Generalist registrar	
	Case management support to navigate the pathway	
	Career advice or mentoring	
	Education support	
	Relocation, travel and / or accommodation support	
	Orientation	
	Post fellowship support	
	Supervisor support	
	Other (please specify)	OPEN ENDED RESPONSE

Question	Item	Response Options
<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 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 would make you more likely to consider the Rural Generalist Pathway? *Please select all that apply.*	A better understanding of training requirements and the benefits to my practice	Not selected Selected
	Access to childcare	
	Being able to have better autonomy on my training location	
	Better flexibility for clinical hours	
	Better job prospects for my partner	
	Better schools for my kids	
	Better working conditions	
	Better work-life balance	
	FIFO arrangements	
	Having a greater level of autonomy / responsibility	
	Having a greater variety of patient presentations in rural medicine	
	Higher pay	
	More funding / support for training	
	More information about becoming a rural generalist	
	Opportunities for growth / career development	
	Relocation support allowance	

Question	Item	Response Options
	Nothing	
	Other (please specify)	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	-	I am currently undertaking this training I have already completed this training No, but I am expecting to as part of the program No, and I am not expecting to as part of the program
Have you trained in a rural location during GP training?	-	No Yes
<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? *Please select all that apply.*	While I was at school	Not selected Selected
	Early in my medical degree	
	Late in my medical degree	
	In my first year out of medical school	
	More than one year out of medical school	
	After trying another specialty	
	Other (please specify)	OPEN ENDED RESPONSE
Why did you decide to become a specialist GP? *Please select all that apply.*	Advice from others	Not selected Selected
	Diversity of patients and medical presentations	
	Domestic circumstances	
	Enthusiasm/commitment	
	Eventual financial prospects	
	Experience of jobs so far	
	Hours/working conditions	
	Inclinations before medical school	

Question	Item	Response Options
	Intellectually stimulating	
	Particular teacher, department or role model	
	Promotion/career prospects	
	Self-appraisal of own skills/aptitudes	
	Social responsibility or to support the community	
	Student experience of subject	
	The training program is fully funded by the Commonwealth Government	
	To also study additional/advanced skills such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	
	To build long-term relationships with patients	
	To meet my 19AB 10 year moratorium requirements	
	To meet my ADF training requirements	
	To work in rural and remote locations	
	Other (please specify)	OPEN ENDED RESPONSE
Was GP specialisation your first choice of specialty?	-	No Yes
What were the main reasons you chose your training program i.e. AGPT, RGTS, RVTS? Please select all that apply.	Assessment and examination structure	Not selected Selected
	Flexibility offered by training program	
	Funding and financial supports	
	Impact in the community	
	Likelihood of successfully gaining a place	
	Location of placements	
	Recommended by peers	
	Reputation of <College/RVTS>	
	Reputation of the program	
	Resources available	
	Support offered through the training program	

Question	Item	Response Options
	Training opportunities	
	Other (please specify)	OPEN ENDED RESPONSE
Within the next five years, you would like to be… *Please select all that apply.*	mentoring medical students or registrars.	Not selected Selected
	teaching or supervising medical students.	
	supervising registrars.	
	a medical educator.	
	involved in academic research.	
	not involved in doctor training.	
	unsure	
<If selected not involved in doctor training> Why do you think you will not be involved in doctor training in the next five years?	-	OPEN ENDED RESPONSE
In five years, you would like to... *Please select all that apply.*	be working full-time as a private GP.	Not selected Selected
	be working part-time as a private GP.	
	be working full-time as a Rural Generalist	
	be working part-time as a Rural Generalist	
	be working in Aboriginal and Torres Strait Islander Health.	
	be working in a community setting (e.g. aged, palliative, home care).	
	be working in a hospital setting	
	be working in a rural or remote location.	
	own your own practice.	
	purchase or buy into an existing practice.	
	be not working as a GP.	
	be doing something else (please specify).	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

Question	Item	Response Options
As part of your GP training, have you worked as part of a multidisciplinary team with any of the following?	Nurse	Not present at my practice(s) At my practice(s) but haven't had the opportunity Yes
	Pharmacist	
	Physiotherapist	
	Psychologist	
	Specialist doctors	
	Other allied health professionals (please identify)	OPEN ENDED RESPONSE
In Semester One, 2025, were you involved in teaching and / or supervising any of these medical trainees in your practice?	Medical student	No Yes Not present at my practice
	Prevocational doctor	
	Other GP registrar	
	Other (please identify)	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.	Indigenous General Practice Trainee Network (IGPTN)	Not selected Selected
	General Practice Registrars Australia (GPRA)	
	Rural Doctors Association of Australia (RDAA)	
<If IGPTN> In the last 6 months, how often have you engaged with IGPTN?	-	Never Once 2 to 5 times More than 5 times
If <IGPTN Once, 2 to 5 times and more than 5 times> How satisfied are you with the support provided by IGPTN?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
<If GPRA> In the last 6 months, how often have you engaged with GPRA?	-	Never Once 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

Question	Item	Response Options
		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	Not selected Selected
	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)	
	RACGP Fellowship Support Program (FSP)	
	ACRRM Independent Pathway	
	More Doctors for Rural Australia Program	
	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	Aboriginal and Torres Strait Islander Health	Not selected Selected
	Academic practice	
	Adult Internal Medicine	

Question	Item	Response Options
Training (FACRRM) or Advanced Rural Skills Training (FRACGP-RG) during Semester One, 2025?	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 the Single Employer Model (SEM) trials.		
Are you currently undertaking your training under the SEM arrangement?	-	No Yes
<If YES to above> How long have you been on the SEM arrangement?	-	Less than 12 months 1-2 years More than 2 years
What reasons impacted your choice to undertake SEM? *Please select all that apply*	Ability to do all my training in one region	Not selected Selected
	Continued employment by state health service	
	Access to leave entitlements (e.g. parental, long-service, study leave)	
	Reduced financial risk and / or better pay	
	Access to professional development and other training opportunities	
	Other benefits of contract (e.g. dispute mechanisms, fatigue management)	
	Reduced burden of finding placements and / or negotiating employment contracts	
	Reduced pressure to learn MBS billing	
	Other (please specify)	OPEN RESPONSE

Question	Item	Response Options
To what extent did the SEM arrangement meet your expectations?	-	My expectations were not met It matched my expectations It exceeded my expectations
How satisfied are you with the following aspects of the SEM arrangements?	Salary	1 Very dissatisfied 2 3 4 5 Very satisfied
	Entitlements and benefits	
	Training (e.g. flexibility, diversity of experience, relevant to your interests)	
	Supervision and line of reporting	
	Your wellbeing	
	Management of fatigue	
	Mechanisms for fatigue disclosure	
	Dispute resolution processes	
Which of the following types of leave, activities or other benefits/entitlements have you used while employed on a SEM arrangement? *Please select all that apply.*	Annual leave	Not selected Selected
	Exam or study leave	
	Long service leave	
	Parental leave	
	Personal leave (includes sick leave and carer's leave)	
	Professional development e.g. conferences	
	Please list any other activities, leave or other benefits/entitlements you have used while on the SEM arrangement	OPEN RESPONSE
Do you plan to complete the remainder of your training under a SEM arrangement? Please explain your response.	No	OPEN RESPONSE
	Yes	OPEN RESPONSE
	Unsure	OPEN RESPONSE
Is SEM impacting your ability to meet College requirements?	-	No I will be able to meet College requirements Yes, SEM has impacted my ability to meet College requirements Unsure

Question	Item	Response Options
How has SEM impacted your ability to meet College requirements?		OPEN RESPONSE
To what extent do you agree with the following statements on the SEM arrangement?	SEM provides me a diversity of training experiences	1 Strongly disagree 2 3 4 5 Strongly agree
	SEM has increased my exposure to regional/rural healthcare	
	SEM has provided opportunities for exposure to different patient types, conditions, and cultural groups	
	SEM has increased my confidence in skills relevant to regional/rural healthcare	
Why did you not take up SEM? *Please select all that apply.*	I wasn't aware of the SEM arrangement	Not selected Selected
	I had concerns about placement locations under SEM	
	I had concerns about training quality under SEM	
	I preferred the flexibility of non-SEM arrangements	
	It was offered but I couldn't see the benefit	
	It was offered but it was too hard to find information	
	It wasn't offered to me	
	Other (please specify)	OPEN RESPONSE
Are you considering switching to a SEM arrangement for the remainder of your training?	-	No Yes Unsure
What would make a SEM arrangement more attractive to you?	-	OPEN RESPONSE

Closing text

Thank you for participating in the General Practice National Registrar Survey. Your responses help the Department of Health, Disability and Ageing, GP 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 enquiries@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 F: Accessible text alternatives for figures

Infographic Text - 2025

The GP NRS is an annual, national survey of GP registrars currently training in Commonwealth funded training programs. It 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 benchmark results nationally. These are the responses from the 1,225 registrars who participated in the 2025 survey.

Training experience

- 92 per cent were satisfied with their overall training and education from their training provider – a historic high
- 92 per cent were satisfied with the overall training and education they received from their training facility
- 97 per cent were satisfied with the clinical work
- 97 per cent were satisfied with the number of patients or presentations
- 96 per cent were satisfied with the diversity of patients or presentations
- 97 per cent were satisfied with the level of workplace responsibility

Respondent characteristics

- 65 per cent female
- 2.3 per cent identified as Aboriginal or Torres Strait Islander
- 53 per cent 30 to 39 years of age
- 43 per cent International Medical Graduates
- 25 per cent Rural Generalists
- 91 per cent AGPT
- 7 per cent RGTS
- 2 per cent RVTS

Rural Generalists are

- more than **twice** as likely as GP registrars to want to work in Aboriginal and Torres Strait Islander health
- more than **four** times as likely as GP registrars to want to work in a rural or remote setting
- more than **three** times as likely as GP registrars to plan to be working in a hospital setting.

Best aspects of training - registrar voices

- *"The support and mentorship from supervisors on the ground has been excellent, as have the clinical opportunities provided to me."*
- *"Well supervised and supportive environment. I could always have access to help and the College regularly checked in to see how I was progressing."*

Single Employer Model trials

Registrars on a SEM trial reported that the trial:

- provided a diversity of training experiences (96%)
- increased exposure to regional / rural healthcare (91%)
- created opportunities for exposure to different patient types, conditions, and cultural groups (90%)
- increased their confidence in skills relevant to regional / rural healthcare (88%)
- matched or exceeded expectations (86%)

Health care is a team effort

GP registrars are working in multidisciplinary teams with:

- Nurses (93%)
- Physiotherapists (50%)
- Specialist doctors (48%)
- Pharmacists (47%)
- Psychologists (40%)

Text alternative for Figures

Table 26: Tabular alternative for Figure 1: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions

MM	National (%)	Australian Medical Graduate %	International Medical Graduate %
MM 1	43.3	50.2	34.5
MM 2	15.2	12.7	18.3
MM 3	14.1	10.9	18.3
MM 4	10.9	9.6	12.6
MM 5	11.4	9.4	14.1
MM 6 & 7	5.1	7.2	2.3

Table 27: Tabular alternative for Figure 2: Proportion of registrars who relocated for training, by location

Demographic	Did not relocate for training %	Relocated for training %
Location: MM 1	86.7	13.3
Location: MM 2	59.6	40.4
Location: MM 3	40.7	59.3
Location: MM 4	26.4	73.6
Location: MM 5	33.9	66.1
Location: MM 6 & 7	20.4	79.6
Gender: Female	64.3	35.7
Gender: Male	50.8	49.2
Not a Rural Generalist	68.1	31.9
Rural Generalist	34.9	65.1

Table 28: Tabular alternative for Figure 3: Satisfaction (1 to 5) with different aspects of training provided by GP Colleges and RVTS Ltd, comparison from 2023-2025

Training aspects	2023 Mean	2023 Confidence Interval	2024 Mean	2024 Confidence Interval	2025 Mean	2025 Confidence Interval
Overall training & education quality	3.5	0.05	3.7	0.05	3.9	0.05
Training advice	3.6	0.05	3.7	0.05	3.9	0.06
Feedback on training progress	3.6	0.05	3.7	0.05	3.9	0.05
Workshops & webinars provided	3.5	0.05	3.6	0.06	3.8	0.06
Training & education resources	3.5	0.05	3.7	0.05	3.8	0.05
Medical educator facilitated peer learning	3.6	0.05	3.6	0.06	3.9	0.06
Support for examination & assessments	3.3	0.05	3.4	0.06	3.6	0.06

Training aspects	2023 Mean	2023 Confidence Interval	2024 Mean	2024 Confidence Interval	2025 Mean	2025 Confidence Interval
Feedback on examination & assessments	-	-	3.4	0.06	3.6	0.06
Communication	3.4	0.06	3.6	0.06	3.8	0.06
Induction & orientation	3.5	0.05	3.8	0.05	3.9	0.06

Table 29: Tabular alternative for Figure 4: Satisfaction (1 to 5) with different aspects of training facilities, comparison from 2023-2025

Training aspects	Mean 2023	Confidence Interval 2023	Mean 2024	Confidence Interval 2024	Mean 2025	Confidence Interval 2025
Overall training & education	3.9	0.05	3.9	0.05	4.0	0.06
Supervisor support	4.1	0.05	4.1	0.06	4.2	0.06
Supervisor training & teaching	4.0	0.05	3.9	0.06	4.0	0.06
Supervisor feedback	4.0	0.05	4.0	0.06	4.1	0.06
Clinical work	4.1	0.04	4.2	0.04	4.2	0.05
Number of patients or presentations	4.1	0.04	4.2	0.05	4.3	0.05
Diversity of patients or presentations	4.1	0.04	4.1	0.05	4.2	0.05
Level of workplace responsibility	4.2	0.04	4.2	0.04	4.3	0.05
Induction / orientation into your training facility	4.0	0.05	4.1	0.05	4.1	0.05
Induction / orientation to the local community	3.8	0.05	3.9	0.05	3.9	0.06
Training & education resources	3.8	0.05	3.8	0.05	4.0	0.05
Terms & conditions	3.9	0.05	4.0	0.06	4.1	0.05

Table 30: Tabular alternative for Figure 5: Registrars' satisfaction with quality of overall training and education experience from their training provider and training facility from 2017 to 2025

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
2025	92.4	1.5	92.2	1.5

Table 31: Tabular alternative for Figure 6: Key Performance Indicators

KPI	2023 %	2023 Error	2024 %	2024 Error	2025 %	2025 Error
KPI 3: Rate of registrar 'induction/orientation' in training facilities	92.9	1.3	92.0	1.4	93.0	1.5
KPI 4: Percentage of registrars satisfied with support and training provided by their supervisors	90.3	1.5	89.1	1.7	91.0	1.6
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	90.5	1.6
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	88.1	1.8
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	45.9	3.1
KPI 19: Rate of registrar satisfaction for placements	91.2	1.4	91.3	1.5	93.8	1.4
KPI 20: Rate of registrar satisfaction for comprehensive community inductions	90.5	1.5	91.1	1.5	91.8	1.6
KPI 23: Percentage of general registrar satisfaction with training	88.3	1.6	89.0	1.7	91.7	1.6
KPI 25a: Percentage of registrars and supervisors who have access to a cultural educator or cultural mentor			70.2	2.4	71.0	2.7
KPI 25b: Percentage of registrars who have accessed a cultural mentor			19.3	2.1	18.9	2.3
KPI 26: Participation rates for cultural awareness training	75.4	2.2	88.3	1.7	87.8	1.9

Table 32: Tabular alternative for Figure 7: Key Performance Indicators, KPI 14, 25 and 26, by location

MM	KPI 14 %	KPI 14 Error	KPI 25a %	KPI 25a Error	KPI 25b %	KPI 25b Error	KPI 26 %	KPI 26 Error
MM 1	30.4	4.3	69.4	4.2	13.1	7.9	86.5	3.1
MM 2	44.9	7.8	70.7	6.9	23.2	12.3	86.5	5.1
MM 3	57.0	8.1	73.7	7.0	18.4	13.5	88.3	5.1
MM 4	62.9	8.8	73.2	7.8	22.1	14.7	87.8	5.8
MM 5	62.0	8.6	70.5	7.9	20.9	14.7	91.5	4.8
MM 6 & 7	70.4	12.2	73.6	11.9	42.6	19.5	92.7	6.9

Table 33: Tabular alternative for Figure 8: Satisfaction with health and wellbeing support, by source of support

Health and wellbeing support	%	Error
Training facility	92.8	1.6
GP supervisor	93.0	1.6
IGPTN	94.4	10.6
AIDA	83.3	17.2
GPRA	89.5	2.3
Training provider	88.4	2.0

Table 34: Tabular alternative for Figure 9: Compares proportion of registrars who have completed or are considering training in Aboriginal and Torres Strait Islander health from 2023 to 2025

Experience in Aboriginal and Torres Strait Islander health	2023 (%)	2024 (%)	2025 (%)
Currently training in or completed training	11.5	17.1	18.6
Considering training	35.4	30.8	28.8
Not considering training	53.1	52.1	52.6

Tabular alternative for Figure 10: Compares the future plans of Rural Generalists and other registrars

Plan	Not a Rural Generalist (%)	Rural Generalist (%)
Full-time Rural Generalist	-	36.0
Part-time Rural Generalist	-	54.4
Full-time private GP	38.2	-
Part-time private GP	62.0	-
In Aboriginal and Torres Strait Islander health	12.4	25.7
Community setting	17.6	22.2
Hospital setting	11.5	45.2
Rural or remote location	12.7	62.5
Own your own practice	16.9	9.6
Purchase or buy into an existing practice	14.3	12.3
Not working as a GP	3.4	3.4
Be doing something else	5.4	7.3

Table 35: Tabular alternative for Figure 11: Reasons registrars chose training program (i.e. AGPT, RGTS, RVTS)

Reasons	%
Reputation of training provider	50.8
Flexibility offered by training program	44.2
Location of placements	37.9
Assessment and examination structure	32.6
Training opportunities	31.1
Support offered through the training program	29.8
Reputation of the program	28.9
Recommended by peers	26.2
Funding and financial supports	24.5
Resources available	20.3
Likelihood of successfully gaining a place	19.8
Impact in the community	17.7
Other	7.4

Table 36: Tabular alternative for Figure 12: Why registrars decided to become GP specialists (top reasons given)

Reasons	%
Hours/working conditions	68.6
Diversity of patients and medical presentations	56.1
To build long-term relationships with patients	43.8
Domestic circumstances	34.7
Social responsibility or to support the community	29.6

Reasons	%
Experience of jobs so far	26.5
Enthusiasm/commitment	25.9
To work in rural and remote locations	21.3
Intellectually stimulating	21.2
Self-appraisal of own skills/aptitudes	20.4

Table 37: Tabular alternative for Figure 13: Registrars' frequency of interaction and satisfaction with GPRA, RDAA, IGPTN

Frequency / Satisfaction	GPRA %	RDAA %	IGPTN %
Frequency of interaction: Never	2.8	1.5	0.0
Frequency of interaction: Once	3.4	1.5	0.0
Frequency of interaction: 2 to 5 times	33.3	21.5	7.1
Frequency of interaction: More than 5 times	37.3	40.0	21.4
Satisfaction	93.8	96.9	100.0