



**Australian Government**

**Department of Health, Disability and Ageing**

# **Australian General Practice Training Program**

Performance and Outcomes Framework 2026–  
2030

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# Introduction

## The Australian General Practice Training program

The Australian General Practice Training (AGPT) program aims to improve access to safe, culturally responsive and high-quality primary care for all Australian communities through the delivery of world-class, Australian Government-funded general practice training. To enable this, the program also funds and supports work to deliver workforce planning, prioritisation and support activities.

The AGPT program has been an integral component of GP training in Australia since 2003. In 2023, the AGPT program transitioned to a national college-led training model, delivered by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP). This new model has proven successful, with the AGPT program experiencing increased demand for places across metropolitan and rural streams since 2023.

The AGPT program is comprised of the following key functions:

- Delivery of high-quality<sup>1</sup>, well-distributed training of General Practitioners (GPs) and Rural Generalists (RGs).
- Registrar, supervisor, and practice support and welfare.
- Aboriginal and Torres Strait Islander culture, education, mentorship, training and community.
- National Consistent Payments (NCP) framework.
- AGPT workforce planning and prioritisation.
- Sector support, including through the work of committees and funded AGPT sector support agencies.
- Research.

The Department of Health, Disability and Ageing (the department) provides stewardship and oversees the funding of the AGPT program. Activities delivered under the program are currently provided by the following parties under individual arrangements:

- ACRRM
- RACGP
- Joint Colleges Training Services (JCTS) – a partnership between ACRRM and RACGP
- Cultural Educators and Cultural Mentors Network (CECMN)
- Indigenous General Practice Trainee Network (IGPTN)
- General Practice Registrars Australia (GPRA)

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<sup>1</sup> High-quality training refers to training that:

- is undertaken in a variety of accredited service settings and locations, including in regional, rural and remote locations
- is provided by qualified and accredited supervisors
- has embedded Aboriginal and Torres Strait Islander cultural safety, awareness and supports
- is comprehensive and evidence-based
- contains quality assurance structures
- includes the full scope of GP/RG practice
- prepares registrars to work as unsupervised GPs/RGs.

- General Practice Supervision Australia (GPSA)
- Services Australia
- Community Grants Hub

These parties are responsible for the delivery of the program functions and the achievement of the AGPT program outcomes. See the section below for details of the [roles and responsibilities](#) of each respective party.

## AGPT training pathways

Two training pathways are available under the AGPT program:

- General pathway
- Rural pathway (including the RG pathway)

All ACRRM AGPT program registrars train on the RG pathway and must undertake their community general practice (non-hospital) training in regional, rural or remote locations that are classified as Modified Monash Model (MM) 2-7 locations.

The RACGP delivers both general and rural pathway places. General pathway registrars primarily undertake their training in major metropolitan centres classified as MM 1. Rural pathway registrars must undertake their community general practice training in MM 2-7 locations. A portion of RACGP's general pathway places are composite pathway places, which require registrars to complete at least 6-months full-time equivalent (FTE) of their community general practice training in nominated underserviced rural areas. The RACGP offer a portion of their total general and rural pathway places as RG pathway places.

In January 2026, the Rural Generalist Training Scheme (RGTS) was consolidated into the AGPT program rural pathway. The consolidation provided all former RGTS registrars with the same supports and benefits available to AGPT registrars and simplified the messaging for prevocational doctors interested in becoming a GP or RG specialist. Training under the AGPT program continues to be delivered by the GP colleges, training both GPs and RGs.

## College-led training model

Since the transition to college-led training, the AGPT program has seen an increased demand for GP and RG training places, with the program being fully subscribed in 2025. The distribution of GP trainees throughout Australia continues to be 50 per cent training in regional, rural or remote communities each year, helping to address health workforce maldistribution and increase access to primary care services in areas of the highest need.

Looking forward, the AGPT program aims to continue to improve access to safe, culturally responsive and high-quality primary care that meets the needs of all Australian communities. Findings from the review of the AGPT and the RGTS programs (program review), undertaken throughout 2024, along with consultations with AGPT and RGTS program stakeholders, has guided improvements for the 2026-30 AGPT program grant agreements to help achieve this aim. Key findings from the program review include:

- The transition to a national, college-led training model has been a success and should be maintained as it has improved national consistency in training.

- Greater effectiveness could be achieved through an outcomes-based performance framework.
- System complexity and inconsistencies should be reduced, including consolidating the RGTS into the AGPT program as a single training pathway.
- Arrangements that better target hard-to-fill places would drive greater distribution outcomes and incentivise improvements in training capacity where it is most needed.
- Over the longer term, outcomes arising from the Working Better for Medicare Review and the work of the Reviews Taskforce should inform the shift towards more impactful distribution mechanisms that are based on community need.

The government recognises the importance of growing the cultural safety and responsiveness of the GP and RG workforce to improve health outcomes for Aboriginal and Torres Strait Islander peoples. A key development towards this outcome has been the joint venture between ACRRM and the RACGP to establish the JCTS, which was established to commence work from 2023. JCTS delivers cultural education and mentorship to AGPT participants (registrars, supervisors, and practices) and support for Aboriginal and Torres Strait Islander GP registrars, Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal Medical Services (AMSs), on behalf of both GP colleges, to ensure GPs and RGs are equipped with the skills to deliver culturally safe health care for Aboriginal and Torres Strait Islander peoples.

Aligning with the National Closing the Gap Agreement and guided by key strategies, such as the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*, the AGPT program will continue to have a strong focus on activities that seek to improve the health of Aboriginal and Torres Strait Islander peoples, with increasing the numbers of GP and RG registrars training in Aboriginal and Torres Strait Islander health settings (which includes ACCHSs and AMSs) remaining a priority. This aim is underpinned by the AGPT Aboriginal and Torres Strait Islander Salary Support program, which provides funding to eligible ACCHSs and AMSs to help cover the employment costs of AGPT program GP and RG registrars.

## Workforce planning and prioritisation

The department's GP Supply and Demand Study identified that the future supply of GPs is not expected to keep up with demand to meet the primary care needs of Australian communities. Modelling currently suggests that, without intervention, Australia is projected to have a shortfall of 7,700 GPs in 2033, increasing to 12,400 by 2048. Insufficient access to GP services is likely to increase pressure on hospital systems. Shortfalls in the GP and RG workforce would disproportionately impact rural, remote, and vulnerable communities, given their reliance on GPs and RGs for both hospital service provision and community-based primary care.

In response to these pressures, the 2025-26 Budget announced that the government is investing \$662.6 million to grow the primary healthcare workforce. This investment included targeted actions to grow the GP training pipeline:

- More medical graduates through new commencing medical Commonwealth Supported Places (CSPs), with a focus on primary care and demand driven places for First Nations students to study medicine.
- New primary care rotations for prevocational doctors from 2026, to close a gap in our GP training pipeline, in addition to the 1,000 rural rotations already planned from 2026.

- More funded GP training places to deliver more GPs and RGs through the AGPT program and the Remote Vocational Training Scheme (RVTS).
- Better employment conditions for Commonwealth-funded GP trainees to help attract prevocational doctors to a career in general practice, with salary incentives and parental leave and study/exam leave incentives for GP trainees.

This investment package has had an immediate impact. An estimated 2,100 doctors will commence their AGPT training in 2026. This includes RG trainees, who are vital to serving the needs of rural communities.

The government remains committed to improving the health of Aboriginal and Torres Strait Islander peoples. Therefore, the AGPT program continues to have a strong focus on increasing the numbers of GP and RG registrars training in Aboriginal and Torres Strait Islander health settings, with the placement of AGPT registrars in ACCHSs and AMSs remaining a high priority.

The government is also focused on improving access to primary care through reducing out-of-pocket costs for all Australians. The Bulk Billing Practice Incentive Program (BBPIP) is supporting medical practices to bulk bill all Medicare-eligible patients for eligible services. From 2026, training in accredited bulk billing medical practices (participating in the BBPIP) will be prioritised under the AGPT program. Operationalising this objective includes placement matching and supporting unaccredited bulk billing medical practices (participating in the BBPIP) to achieve training accreditation to build training capacity in these settings.

Furthermore, Medicare Urgent Care Clinics are providing Australians with increased access to bulk billed urgent care services for conditions and illnesses that are episodic and not immediately life-threatening. Medicare Urgent Care Clinics can apply to be accredited as a training site for extended skills competencies, enabling AGPT GP registrars to obtain important skills in the delivery of urgent care. Training placements in Medicare Urgent Care Clinics for urgent care extended skills are also prioritised under the AGPT program.

The distribution policy for the AGPT program retains the MM classification system to improve primary healthcare access for all Australians. The distribution policy includes the requirement for at least 50 per cent of AGPT program training to be undertaken in regional, rural and remote locations. Increasing the number of GPs and RGs training and remaining in regional, rural and remote communities is a key objective of the AGPT program and aligns with the government's focus on increasing the provision of primary care services in high need communities.

The program review identified a need for improvements in registrar allocation methods to ensure a more equitable distribution of registrars to maximise delivery of crucial services where they are most needed across Australia.

Following the conclusion of the Workforce Planning and Prioritisation Organisation (WPPO) grant agreements at the end of 2025, the department is implementing a more streamlined and evidence-based approach to the distribution of AGPT program registrars, with the aim of further increasing transparency and accountability in registrar training placement decisions and improving workforce distribution and retention outcomes.

The department's GP Supply and Demand Study will guide the distribution of AGPT registrars by the GP colleges in areas of highest need across Australia, using workforce and training data to measure relative workforce need and training capacity and providing insights into the nature of the need. This will enable a nationally consistent approach to assessing relative workforce needs and training

capacity for GP trainees within each jurisdiction. Targeted and independent third-party engagement will remain important to provide contextual information and advice, particularly at the place-based level. This includes advice on registrar attraction and retention, training capacity solutions and innovative models for supervision and support.

## **AGPT sector support agencies**

The AGPT sector support agencies (GPSA, GPRA, IGPTN and CECMN) complement the delivery of the AGPT program by the GP colleges, providing ancillary activities and professional support services for AGPT participants. AGPT sector support agencies are independent of the GP colleges and provide impartial support to, and representation for, AGPT participants.

AGPT sector support agencies are integral to the achievement of program outcomes. Their expertise in advocacy, mentoring, cultural education, and sector feedback is sought in the development, review, and refinement of program policies, performance indicators, and evaluation processes. AGPT sector support agencies participate in advisory committees, contribute to annual evaluation workshops, and provide formal recommendations for program improvement.

Additionally, the AGPT sector support agencies contribute to broader health agendas, such as the National Agreement on Closing the Gap, National Aboriginal and Torres Strait Islander Health Plan, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan and other health policy reforms.

## Purpose

The AGPT program Performance and Outcomes Framework (the Framework) aims to improve the effectiveness, efficiency, transparency and accountability of the AGPT program by providing a structured approach to tracking, measuring and reporting on progress towards the program's objectives and outcomes. The Framework also supports continuous improvement and will inform future decision-making. The Framework takes effect from the 2026 training year and will continue until the end of 2030.

The Framework aims to establish clear lines of responsibility and accountability for achieving the AGPT program objectives through defining the roles, remit and intended contributions of each party. This means that all parties involved in the delivery of the AGPT program are recognised and accountable for their role and performance in the achievement of the AGPT program outcomes.

Transparency is enhanced by the Framework through annual public reporting on progress towards achieving the objectives and outcomes. Public reporting of program performance and outcomes ensures transparency, contributes to accountability and demonstrates how public resources are being used to improve access to primary care for all Australians.

The Framework is designed to identify areas of the program that are working well and what needs to be further considered to enhance effectiveness. By providing a structure for monitoring and measuring performance against established indicators, the Framework helps identify where improvements to the program can be implemented, leading to better outcomes. This can also lead to future policy and program decisions to support more efficient use of resources and better value for money. The evidence base formed through the Framework will support work with key stakeholders to adjust program settings and allocate resources more strategically to better achieve the program objectives and outcomes.

For the purposes of the AGPT program, the Framework replaces the existing GP Training Outcomes Framework. The GP Training Outcomes Framework will continue to apply to non-AGPT GP training programs, with the view to moving towards a consistent approach across all government-funded GP training programs.

The Framework should be read in conjunction with the following documents:

- [AGPT Program Guidelines](#), which provide information on the procedural aspects of the AGPT program including eligibility and selection processes, academic posts and education research grants, and the Aboriginal and Torres Strait Islander Salary Support Program.
- [General Practice Fellowship Program Placement Guidelines](#), which provide information about the structure of the GP colleges' fellowship programs, approved placement application processes and information about applying for a Medicare Provider Number (MPN) to access the Medicare Benefit Schedule.
- [NCP framework](#) and supporting documents, which outline the support payments available for eligible AGPT program registrars, supervisors and practices, and the NCP Guidelines, which provide information on the eligibility criteria, the process of determining and delivering support payments, and the process of accessing flexible funds payments.
- [GP Training Incentive Payments Policy](#), which provides information about the incentive payments available for eligible AGPT program registrars including salary, study leave and parental leave payments.

## AGPT program objectives and outcomes

The goal of the AGPT program is to:

- Improve access to safe, culturally responsive and high-quality primary care that meets the needs of Australian communities.

To achieve this, the AGPT program has four core objectives, which underpin the outcomes outlined below:

| Objectives   | Outcomes  |
|--|---|
| Deliver high-quality training of GPs and RGs   | All Australians have greater access to affordable, high-quality, culturally responsive primary care.  |
|  | The level of unmet demand for primary care services is reduced nationally and regionally.   |
| Increase the number of GP and RG trainees working and remaining in high need service settings and communities to reduce workforce maldistribution            | More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services. |
|  | Australia has a well-trained, well-distributed, high-quality GP workforce.  |
| Enhance the cultural responsiveness of the GP and RG workforce   | Australia has a culturally responsive GP and RG workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.   |
|  | An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.  |
| Better align access to advanced skills training to ensure rural communities have access to a healthcare workforce with the right skills where they need them | More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.   |

The success of the AGPT program will be assessed through future evaluation and the achievement of the AGPT program outcomes across each objective, as measured through performance indicators (PIs).

To support progress towards achievement of the outcomes, the AGPT program logic, at Appendix 1, outlines the connections, dependencies and relationships between AGPT program inputs, activities, outputs, objectives and the short and medium/long term outcomes of the AGPT program.

The program logic provides the framework for performance measurement, reporting and evaluation of the AGPT program by identifying the activities and outputs that should be measured to determine if the program is achieving its objectives and outcomes. The program logic also details limitations and assumptions that have been considered in relationship to the achievement of the intended outcomes of the AGPT program.

## Roles and responsibilities

The parties listed below are responsible for the different functions in the delivery of the AGPT program. While the parties have individual roles and responsibilities, collectively, all parties are responsible for the achievement of the AGPT objectives and outcomes. All parties are expected to work collegially and collaboratively.

### Australian Government agencies

#### *Department of Health, Disability and Ageing*

The department's roles and responsibilities include:

- Grant and program management:
  - Manage and fund AGPT grant agreements in accordance with the Commonwealth Grants Rules and Principles 2024 (CGRPs).
  - Monitor grant funding allocated to each party to ensure it is used and managed as required under the *Public Governance, Performance and Accountability Act 2013* and in accordance with the grant agreements.
  - Monitor performance against respective grant agreement activities and measure progress towards the achievement of the AGPT program objectives and outcomes.
  - Review and facilitate an appropriate reallocation of resources to align with the objectives of the program and value-for-money outcomes.
  - Ensure program reporting is received in accordance with the respective grant agreements.
  - Facilitate review and evaluation processes that align with the goal of continuous improvement.
  - Implement and maintain policies, programs and initiatives that support AGPT participants, contribute to strengthening GP training and build a stronger GP workforce.
  - Maintain and manage the NCP framework and associated policies, including the Salary Support Program for Aboriginal and Torres Strait Islander health settings.
  - Facilitate the single employer model (SEM) trials to deliver innovative solutions to attract and grow the future workforce.
  - Oversee the National Registrar Survey and facilitate transparent reporting of survey findings.
- Workforce planning and prioritisation:
  - Identify and assess areas in need of additional general practice services across Australia based on community need and MM classifications.
  - Define distribution targets, levers and mechanisms, in alignment with the provision of quality training.
  - Set allocation requirements in alignment with areas in need.
- Stakeholder engagement and consultation:
  - Engagement with the GP colleges and AGPT sector support agencies, including sharing program data (where appropriate) to facilitate informed and evidence-based discussions.

- Support and facilitate stakeholder meetings and committees, including the General Practice Training Advisory Committee (GPTAC) and First Nations General Practice Training Committee (FNGPTC), for the purposes of feedback, program improvement, information sharing, policy discussions and consultation.

### **Services Australia**

Services Australia's roles and responsibilities include:

- Administer payments under the NCP framework and associated policies in collaboration with the GP colleges to eligible AGPT program participants on behalf of the department.
- Assess MPN applications for AGPT program registrars.

### **Community Grants Hub**

The Community Grants Hub's roles and responsibilities include:

- Manage the process of grant agreement executions and variations.
- Manage the grant payments system and the provision of funds to grantees.
- Monitor the delivery of grant agreement milestones.
- Manage the financial acquittals process.

## **Training delivery organisations**

### **GP colleges**

The GP colleges' roles and responsibilities include:

- Deliver appropriate and safe accredited training:
  - Deliver accredited training for the intent of achieving fellowship/GP specialisation and readiness for independent practice.
  - Deliver culturally safe training and prepare registrars to deliver culturally appropriate care.
  - Deliver training that enables and supports registrars to be retained in areas of community need.
  - Deliver high-quality training that considers the needs of registrars and their future practice.
  - Build accredited training practice and supervisor capacity in areas aligned with distribution targets.
- Support AGPT program participants:
  - Provide sufficient education opportunities, professional, and personal supports for registrars to achieve fellowship.
  - Collaborate with AGPT sector support agencies and JCTS to ensure participants have access to coordinated, timely and appropriate support mechanisms, in person and online.
  - Ensure that registrars have access to culturally appropriate support mechanisms.
  - Determine eligibility for support and incentive payments based on the NCP framework, guidelines, business rules and associated policies.

- Complete selection and allocation of registrars:
  - Make timely selection and placement decisions.
  - Ensure selection processes are guided by evidence to maximise the opportunity for the program to achieve its objectives.
  - Align the allocation of registrars with distribution targets and community workforce needs, while maintaining quality standards for training, supervision and registrar wellbeing.
- Program reporting and efficient use of resources:
  - Ensure the efficient use of program resources, including through collaboration between GP colleges and with AGPT sector support agencies.
  - Ensure accurate and timely reporting in accordance with the grant agreements.
- Promote the AGPT program:
  - Market the AGPT program to medical students, and prevocational doctors.
  - Promote GP specialisation, including in collaboration with GPRA.

### ***Joint Colleges Training Services***

JCTS enables ACRRM and the RACGP to deliver the Aboriginal and Torres Strait Islander Health functions under their respective AGPT grant agreements. JCTS' roles and responsibilities include:

- Develop and deliver the Aboriginal and Torres Strait Islander health strategic plan.
- Deliver cultural education and cultural mentorship for AGPT participants.
- Support cultural educators and cultural mentors.
- Support supervisors to meet cultural education supervision requirements.
- Collaborate with the GP colleges to support and guide ACCHSs and AMSs regarding the AGPT program.
- Work closely with the GP colleges, AGPT sector support agencies and other stakeholders to foster culturally safe and responsive training environments.
- Ensure the efficient use of program resources, including through collaboration with the GP colleges and AGPT sector support agencies.

## **Support for registrars**

### ***General Practice Registrars Australia***

GPRA is the peak national representative body for GP registrars. GPRA's roles and responsibilities include:

- Provide independent advice, mentoring and support services to GP registrars.
- Represent and advocate for the interests of GP registrars to the department, advisory groups, committees and governance organisations.
- Promote GP specialisation and the AGPT program to students, medical students and prevocational doctors.

- Maintain connections with the GP colleges, the other AGPT sector support agencies and other stakeholders to enable collaboration and maximise access to support, peer networking opportunities and feedback mechanisms without creating duplicative services.
- Support industrial and workplace relation activities for GP and RG registrars. This includes the review and negotiation of the National Terms and Conditions for the Employment of Registrars (NTCER), and associated advice, communication, consultation and engagement.
- Work with Aboriginal and Torres Strait Islander stakeholders to improve cultural safety in GP training settings.
- Ensure the efficient use of program resources, including through collaboration with the GP colleges and the other AGPT sector support agencies.

## Support for supervisors

### *GPTA Ltd trading as General Practice Supervision Australia*

GPSA is the peak national representative body for GP supervisors. GPSA's roles and responsibilities include:

- Provide independent advice and support services for GP supervisors and training practices.
- Represent and advocate for the interests of GP supervisors and training practices to the department, advisory groups, committees and governance organisations.
- Promote practice and supervisor participation in general practice training including in regional, rural, remote and high need locations.
- Maintain connections with the GP colleges, the other AGPT sector support agencies and other stakeholders to:
  - Enable collaboration and maximise access to support, peer networking opportunities, professional development and feedback mechanisms without creating duplicative services.
  - Survey, monitor and report GP supervisor satisfaction nationally each year.
- Support industrial and workplace relation activities for supervisors and training practices. This includes the review and negotiation of the NTCER, and associated advice, communication, consultation and engagement.
- Work with Aboriginal and Torres Strait Islander stakeholders to improve cultural safety in GP and RG training settings.
- Ensure the efficient use of program resources, including through collaboration with the GP colleges and the other AGPT sector support agencies.

## Aboriginal and Torres Strait Islander specific AGPT sector support agencies

### *Indigenous General Practice Trainee Network*

IGPTN is the peak national representative body for Aboriginal and Torres Strait Islander GP and RG trainees. IGPTN's roles and responsibilities include:

- Ensure Aboriginal and Torres Strait Islander registrars in all GP training programs have access to support and assistance through culturally appropriate channels.

- Provide continuity and stability for Aboriginal and Torres Strait Islander registrars towards specialist general practice recognition.
- Represent and advocate for the interests of Aboriginal and Torres Strait Islander GP registrars to the department, advisory groups, committees and governance organisations.
- Maintain connections with the GP colleges and other stakeholders to promote GP specialisation to Aboriginal and Torres Strait Islander doctors.
- Work with GPSA to increase supervisory capabilities and interest among Aboriginal and Torres Strait Islander fellows.
- Ensure the efficient use of program resources, including through collaboration with the GP colleges and the other AGPT sector support agencies.

### ***Cultural Educators and Cultural Mentors Network***

The CECMN is the peak national independent community representative group that supports community-based cultural educators and mentors working with GP registrars and supervisors across all GP training programs. CECMN's roles and responsibilities include:

- Build capacity and acknowledge the cultural and professional needs of cultural educators and mentors.
- Support professional development and wellbeing opportunities for cultural educators and mentors, including coordination and administration of the network, face to face capacity building events and other developmental activities.
- Ensure the efficient use of program resources, including through collaboration with the GP colleges and the other AGPT sector support agencies.

## **Governance committees**

### ***General Practice Training Advisory Committee***

The role of GPTAC is to provide advice to government to maintain and improve outcomes of GP training, and to monitor and provide policy and program advice on GP training. GPTAC also provides a forum for GP stakeholders to discuss issues related to the training of doctors to become specialist GPs and RGs.

### ***First Nations General Practice Training Committee***

The role of FNGPTC is to advise the government and GP colleges on all aspects of First Nations GP training, including making recommendations to:

- Attract more GP registrars to train in First Nations health settings.
- Support, attract and retain First Nations doctors in GP training.
- Ensure the national approach for GP training works toward closing the gap in health outcomes and supports a culturally safe health workforce.

# Performance

## Performance measurement

Performance in the delivery of the AGPT program activities is measured against the whole-of-program PIs listed in the tables below. The whole-of-program PIs provide evidence of the success of the AGPT program and the achievement of the program objectives and outcomes. While some parties have more influence over achievement levers, it is the responsibility of all parties to contribute to the achievement of the program objectives and outcomes.

Performance measurement will be informed by both quantitative and qualitative data and evaluation findings from other relevant programs and initiatives, ensuring a comprehensive understanding of the factors influencing GP training outcomes and workforce trends. GPTAC and FNGPTC will review performance indicator data and any evaluation findings at least annually, providing recommendations to the department, GP colleges and AGPT sector support agencies to inform program improvement and policy refinement.

Performance against the whole-of-program PIs will be taken into consideration in future policy decisions about how to best achieve the AGPT program objectives and outcomes, in consultation with GPTAC and FNGPTC.

## Public reporting

The department will publish the results of the performance against the whole-of-program PIs annually on the department's website to show progress towards the achievement of the AGPT program outcomes. Publicly reporting AGPT program outcomes data will increase transparency in the program and demonstrate that the government's investment in the AGPT program is achieving value for money and providing benefit for the Australian community.

Annual outcomes for each calendar year will be published on the department's website in the last quarter of each year, subsequent to the year being reported on. Outcomes from the 2025 training year will be used to set benchmarks for the 2026 training year PIs. These benchmarks will be published on the department's AGPT webpage in the last quarter of 2026. The department will publish the AGPT program outcomes data through a Business Intelligence (BI) dashboard. The BI dashboard will be functional in the last quarter of 2027 for reporting on the outcomes of the 2026 calendar year.

The scope of the data to be included in the annual reporting will comprise data that supports progress against the whole-of-program PIs and targets listed under each AGPT objective in the performance areas section below. This will include data about fellowship rates, distribution of registrars throughout Australia, the cultural responsiveness of the GP workforce and other activities aimed at supporting closing the gap health outcomes, and the training, distribution and retention of GPs and RGs with advanced skills in rural communities.

In addition, the department will undertake a qualitative assessment of the collective performance against the whole-of-program PIs annually. This qualitative assessment will be informed by the annual performance reports each party is required to submit under their respective grant agreements, as well as any available evaluation findings from other relevant programs and initiatives, and consultations with each party, beginning in the third quarter of each calendar year prior to the publication of the outcomes data.

The qualitative assessment will provide context to the outcomes data and a deeper understanding of the factors influencing GP training and the wider GP training environment. This will enable the department to identify where intervention and focus may be required to improve performance. The department will publish results of the qualitative assessment on the AGPT webpage in conjunction with the publication of outcomes data through the BI dashboard. GPTAC will also discuss and consider the AGPT outcomes annually and provide advice to government on improving performance in areas requiring greater focus.

It is the responsibility of all parties to work together to meet each PI target and contribute to achieving the objectives and outcomes.

The annual AGPT outcomes will inform the evaluation of the AGPT program, which is to be completed before the end of the 2026-30 AGPT program grant agreements.

## Performance areas

### 1. Deliver high-quality training of GPs and RGs

The department’s Supply and Demand Study shows that Australia is not generating enough GPs or RGs to meet community need now and into the future, with a predicted 7,700 additional GPs and RGs needed to work in the primary care sector by 2033 and shortages worsening in every jurisdiction. Additional numbers of GPs and RGs will be needed for rural and remote communities to also meet hospital service workforce needs. To help close this gap, the government’s \$662.6 million 2025-26 Budget investment to grow the primary healthcare workforce supports the AGPT program to deliver an increased number of quality-trained GPs and RGs.

Meeting this objective underpins the achievement of the following AGPT outcomes:

- All Australians have greater access to affordable, high-quality, culturally responsive primary care.
- The level of unmet demand for primary care services is reduced nationally and regionally.

The achievement of this objective will be directly supported by the following activities:

|    | Activities   | Responsible party         |
|----|--|---------------------------|
| 1. | Manage selection intakes, including ensuring that selected registrars are appropriate for the AGPT program, and that selection processes are guided by evidence to maximise the opportunity for the program to achieve its objectives. | GP colleges               |
| 2. | Align intake and reporting timeframes.   | GP colleges               |
| 3. | Align registrar allocation regions to improve program cohesion.  | Department<br>GP colleges |
| 4. | Set targets for each allocation region based on indicators of community need.  | Department                |
| 5. | Manage straightforward and easy to understand AGPT program application processes.  | GP colleges               |
| 6. | Deliver high-quality training to registrars with embedded quality assurance structures and consistent with relevant accreditation requirements.  | GP colleges               |

|     | <b>Activities</b>   | <b>Responsible party</b>                                    |
|-----|---|---|
| 7.  | Ensure supervisors are assessing and monitoring registrar progression on the program in alignment with sound education principles.  | GP colleges   |
| 8.  | Provide resources and support, including timely educational, remediation and exam support, to all registrars (particularly those requiring assistance), as they progress towards fellowship.                                    | Department<br>GP colleges<br>JCTS<br>GPRA<br>IGPTN<br>CECMN |
| 9.  | Build and align accredited practice and supervisor capacity with workforce need, supported and enabled by appropriate data and information sharing, and support practices and supervisors to attain and maintain accreditation. | Department<br>GP colleges<br>GPSA                           |
| 10. | Improve dual college accreditation processes to ensure minimal burden on practices and supervisors.   | GP colleges   |
| 11. | Provide appropriate and timely feedback, support and resources to supervisors and training practices to ensure that education and training is safe and effective.   | GP colleges   |
| 12. | Implement and adhere to transparent public reporting of AGPT program outcomes.  | Department<br>GP colleges                                   |
| 13. | Market the AGPT program and promote general practice and rural generalism as a career of choice.  | Department<br>GP colleges<br>GPRA                           |
| 14. | Provide registrars with opportunities to build research and critical thinking skills through Academic Posts.  | GP colleges   |
| 15. | Undertake or commission research through the Education Research Grants program to improve the quality, impact or efficiency of GP education in Australia.   | GP colleges<br>GPTAC  |
| 16. | Support and implement industrial and workplace relations activities for GP and RG registrars, including negotiating the NTCER.  | GPSA<br>GPRA<br>GP colleges                                 |
| 17. | Participate in, and support the evaluation of, SEM trials to assess impact on registrar employment conditions, retention, and workforce distribution.   | Department<br>GP colleges<br>JCTS<br>GPSA<br>GPRA<br>IGPTN  |
| 18. | Represent and advocate for registrars, supervisors and training practices, including through developing collaborative relationships with key stakeholders.  | GPRA<br>GPSA<br>IGPTN                                       |

|     | <b>Activities</b>  | <b>Responsible party</b>                        |
|-----|--|---|
| 19. | Support the provision of financial support to eligible registrars, supervisors and practices, and salary incentive, study and parental leave payments to eligible registrars, through the NCP framework. | Department<br>GP colleges<br>Services Australia |
| 20. | Advise on strategic directions for GP training, including workforce distribution, quality, and outcomes.   | Department<br>GPTAC                             |
| 21. | Monitor and advise on registrar and supervisor support mechanisms.   | Department<br>GPTAC                             |

### *Performance indicators*

| <b>Objective</b>                                    | <b>Outcomes</b>   | <b>Performance indicators</b>  | <b>Targets</b>   |
|---|---|--|--|
| <b>Deliver high-quality training of GPs and RGs</b> | <ul style="list-style-type: none"> <li>All Australians have greater access to affordable, high-quality, culturally responsive primary care.</li> <li>The level of unmet demand for primary care services is reduced nationally and regionally.</li> </ul> | <ul style="list-style-type: none"> <li>Number of filled places per year. <ul style="list-style-type: none"> <li>By Australian medical graduates and international medical graduates.</li> <li>By pathway.</li> </ul> </li> </ul> | 100% of places filled.   |
|   |   | <ul style="list-style-type: none"> <li>Percentage of registrars achieving fellowship.</li> </ul>   | 80% fellowship rate based on total exits from the program (fellows plus withdrawals (voluntary and involuntary)).            |
|   |   | <ul style="list-style-type: none"> <li>Percentage of registrars withdrawing (voluntarily and involuntarily) from the program. <ul style="list-style-type: none"> <li>By pathway.</li> </ul> </li> </ul>                          | <20%.  |
|   |   | <ul style="list-style-type: none"> <li>Number of FTE weeks training in primary care settings. <ul style="list-style-type: none"> <li>By state/territory, MM and pathway.</li> </ul> </li> </ul>                                  | ≥52 FTE weeks per fellowed registrar throughout their training.  |
|   |   | <ul style="list-style-type: none"> <li>Number of academic post positions filled.</li> </ul>  | <ul style="list-style-type: none"> <li>29 places filled in 2026.</li> <li>25 places filled annually from 2027-30.</li> </ul> |

| Objective | Outcomes | Performance indicators   | Targets  |
|-----------|----------|--|--|
|           |          | <ul style="list-style-type: none"> <li>Number of educational research grant (ERG) project findings published.</li> </ul>   | <ul style="list-style-type: none"> <li>6 from ERGs awarded in 2026.</li> <li>5 from ERGs awarded annually from 2027-30.</li> </ul> |
|           |          | <ul style="list-style-type: none"> <li>Percentage of total registrars responding to the NRS that indicated they were satisfied with:               <ol style="list-style-type: none"> <li>The overall training and education quality provided by their college.</li> <li>The support provided by their supervisors.</li> <li>The training/teaching provided by their supervisors.</li> </ol> </li> </ul> | 85% for each measure across each MM classification.  |

## 2. Increase the number of GP and RG trainees working and remaining in high need service settings and communities to reduce workforce maldistribution

The Australian healthcare system operates on the principle that no individual or community group should face disadvantages when seeking healthcare services. However, the health workforce is maldistributed, with a strong preference for metropolitan-based practice. Variances in the number of doctors across geographies has led to unsustainable reliance on locums in lieu of permanent staff and placed pressure on the long-term viability of effected medical practices. Therefore, enhancing the availability, retention and equitable distribution of a skilled GP workforce remains a priority for the government. There is also evidence of a growing and underserved need in outer metropolitan areas.

Meeting this objective underpins the achievement of the following AGPT outcomes:

- More GPs and RGs are training and remaining in regional, rural, remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.
- Australia has a well-trained, well-distributed, high-quality GP workforce.

The achievement of this objective will be directly supported by the following activities:

|    | Activities  | Responsible party      |
|----|---|------------------------|
| 1. | Appropriately allocate registrars to locations that ensure safe, high-quality training and prepare registrars for work in regional, rural, remote and high needs locations. | Department GP colleges |
| 2. | Collaboratively develop and publish a shared, consistent training placement policy.   | GP colleges            |

|     | <b>Activities</b>  | <b>Responsible party</b>  |
|-----|--|---|
| 3.  | Prioritise rural/RG pathway placements and the selection of registrars demonstrating a commitment to rural training and to high priority service settings.   | GP colleges   |
| 4.  | Provide opportunities for registrars with a proven interest in regional, rural or remote practice to continue their training in those regions, including in SEM trial locations, as they progress through the program. | GP colleges   |
| 5.  | Enable registrars to undertake longer term rural placements.   | GP colleges   |
| 6.  | Provide all registrars with the means to understand the health needs of rural communities.   | GP colleges   |
| 7.  | Prioritise placements that provide registrars with exposure to a variety of primary care settings, e.g. aged care facilities.  | GP colleges   |
| 8.  | Prioritise registrar placements in accredited bulk billing medical practices (participating in the BBPIP) and Medicare Urgent Care Clinics.  | GP colleges   |
| 9.  | Ensure registrar placements align with the established distribution priorities and the requirement that at least 50% of training occurs in MM 2-7.   | Department<br>GP colleges   |
| 10. | Build accredited practice and supervision capacity, and support practices and supervisors to attain and maintain accreditation, in regional, rural and remote locations and areas of workforce need.                   | Department<br>GP colleges<br>GPSA                                     |
| 11. | Promote and advertise training placements and provide appropriate supports and incentives to encourage registrars to choose more regional, rural and remote locations.   | Department<br>GP colleges<br>GPRA                                     |
| 12. | Collaborate to identify barriers and solutions to workforce maldistribution.   | Department<br>GP colleges<br>GPSA<br>GPRA<br>IGPTN<br>GPTAC<br>FNGPTC |
| 13. | Ensure that training design and delivery, including marketing, registrar placements, practice and training resources, and support encourages registrars to practice in rural and remote regions post-fellowship.       | Department<br>GP colleges<br>GPSA<br>GPRA                             |

### Performance indicators

| Objective  | Outcomes  | Performance indicators   | Targets   |
|--|---|--|---|
| <b>Increase the number of GP and RG trainees working and remaining in high need service settings and communities to reduce workforce maldistribution</b> | <ul style="list-style-type: none"> <li>• More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.</li> <li>• Australia has a well-trained, well-distributed, high-quality GP workforce.</li> </ul> | <ul style="list-style-type: none"> <li>• GP registrar distribution based on established distribution priorities. <ul style="list-style-type: none"> <li>- By state/territory and MM.</li> </ul> </li> </ul>  | Achieve all annual targets.   |
|  |   | <ul style="list-style-type: none"> <li>• Percentage of FTE training weeks in MM 2-7 regions, excluding hospital units. <ul style="list-style-type: none"> <li>- By state/territory, MM and pathway.</li> </ul> </li> </ul>                               | At least 50% FTE weeks in MM 2-7 regions.   |
|  |   | <ul style="list-style-type: none"> <li>• Workforce retention at 1, 3 and 5-years post-fellowship. <ul style="list-style-type: none"> <li>- By state/territory, MM and established distribution priorities.</li> </ul> </li> </ul>                        | Targets for 1, 3 and 5-year marks to be established for 2028 based on retention results from 2026 and 2027. |
|  |   | <ul style="list-style-type: none"> <li>• The allocation of registrars (headcount) to training places per region, as per annual targets agreed to by the department.</li> </ul>   | Achieve all annual targets.   |
|  |   | <ul style="list-style-type: none"> <li>• Percentage of registrars who have undertaken training in a rural location or education aimed at understanding the health needs of rural communities e.g. online training or activity-based learning.</li> </ul> | 100% of fellowing registrars.   |

### 3. Enhance the cultural responsiveness of the GP and RG workforce

Only one per cent of doctors are Aboriginal and/or Torres Strait Islander. This cohort is most likely to choose to work in First Nations health settings. Aboriginal and Torres Strait Islander peoples only constitute 1.8 per cent of the health workforce, despite making up 3.3 per cent of the population. Growth of the First Nations health workforce is important to addressing cultural safety across the health system and to closing the gap health outcomes. Australia has a target of achieving a First Nations medical workforce consistent with population parity (3 per cent of working age population), which also aims to address health workforce shortages.

Health workforce shortages disproportionately impact Aboriginal and Torres Strait Islander peoples. The accessibility of a health service for Aboriginal and Torres Strait Islander peoples goes beyond its physical availability to also include whether it is culturally safe. Increasing the number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs, and ensuring the cultural responsiveness

of the GP workforce, is critical to increasing cultural safety across the healthcare system and enabling easier access and participation for Aboriginal and Torres Strait Islander peoples. The use of health services by Aboriginal and Torres Strait Islander peoples increases when they receive culturally appropriate care.

Meeting this objective underpins the achievement of the following AGPT outcomes:

- Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.
- An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.

The achievement of this objective will be directly supported by the following activities:

|    | <b>Activities</b>  | <b>Responsible party</b>                              |
|----|--|---|
| 1. | Work with Aboriginal and Torres Strait Islander stakeholders to enhance the cultural safety and wellbeing of the GP and RG workforce, including the cultural responsiveness of the GP and RG workforce in training settings. | GP colleges<br>JCTS<br>GPSA<br>GPRA<br>IGPTN<br>CECMN |
| 2. | Ensure that training design and delivery, including marketing, registrar placements, practice and training resources and support, encourages registrars to practice in First Nations health settings post-fellowship.        | Department<br>GP colleges<br>GPSA<br>GPRA             |
| 3. | Provide both central and local cultural educators and mentors to supervisors and registrars, including to Aboriginal and Torres Strait Islander supervisors and registrars.  | GP colleges<br>JCTS<br>IGPTN<br>CECMN                 |
| 4. | Represent, promote and advocate for Aboriginal and Torres Strait Islander GP and RG registrars, including through developing collaborative relationships with key stakeholders.  | GP colleges<br>JCTS<br>IGPTN<br>CECMN                 |
| 5. | Provide independent advice and professional mentoring to Aboriginal and Torres Strait Islander registrars.   | GP colleges<br>JCTS<br>IGPTN<br>CECMN                 |
| 6. | Prioritise placements in First Nations health settings.  | GP colleges   |
| 7. | Maintain appropriate levels of FTE training in ACCHS/AMS settings in consultation with national peak organisations.  | GP colleges   |
| 8. | Consider Aboriginal and Torres Strait Islander registrar preferences during the selection process to remain close to, or away from, their community.   | GP colleges   |

|     | <b>Activities</b>   | <b>Responsible party</b>                      |
|-----|---|---|
| 9.  | Positively consider, support and facilitate Aboriginal and Torres Strait Islander applicants for the AGPT program.  | GP colleges                                   |
| 10. | Increase the selection intake of Aboriginal and Torres Strait Islander doctors to a level representative of the Aboriginal and Torres Strait Islander population.   | GP colleges<br>JCTS<br>GPRA<br>IGPTN          |
| 11. | Provide support and flexibility to Aboriginal and Torres Strait Islander registrars throughout their training to enable them to fulfil both their training and cultural obligations.  | GP colleges<br>JCTS<br>IGPTN                  |
| 12. | Provide early career support and engagement with Aboriginal and Torres Strait Islander fellows, to increase retention rates in their first year post-fellowship.  | GP colleges<br>IGPTN                          |
| 13. | Provide sufficient and timely remediation to Aboriginal and Torres Strait Islander registrars to assist them to attain fellowship.  | GP colleges                                   |
| 14. | Provide adequate resources and support, including ongoing cultural safety and awareness training, to supervisors to enable them to provide Aboriginal and Torres Strait Islander registrars with additional support that may be required to assist them to attain fellowship. | GP colleges<br>JCTS<br>GPSA<br>IGPTN<br>CECMN |
| 15. | Build accredited training and supervision capacity, and support practices and supervisors to attain and maintain accreditation, in First Nations health settings, including through supporting the provision of salary support payments to eligible training facilities.      | GP colleges<br>GPSA<br>Services Australia     |
| 16. | Increase accredited supervision capability and interest in supervision among Aboriginal and Torres Strait Islander fellows.   | GP colleges<br>GPSA<br>IGPTN                  |
| 17. | Advocate for, and represent, Aboriginal and Torres Strait Islander cultural educators and mentors, including through developing collaborative relationships with key stakeholders.  | GP colleges<br>JCTS<br>GPSA<br>CECMN          |
| 18. | Support professional opportunities and wellbeing for cultural educators and cultural mentors.   | GP colleges<br>JCTS<br>CECMN                  |
| 19. | Educate sector partners around cultural educators and cultural mentors to ensure understanding of their role imparting knowledge and culturally responsive practices for GP and RG registrars and supervisors.  | GP colleges<br>JCTS<br>CECMN                  |
| 20. | Advise on strategic directions for First Nations GP training, including workforce distribution, quality, and outcomes.  | Department<br>FNGPTC                          |

|     | <b>Activities</b>   | <b>Responsible party</b> |
|-----|---|--------------------------|
| 21. | Review and recommend improvements to First Nations GP training and salary support programs. | Department<br>FNGPTC     |
| 22. | Monitor and advise on First Nations registrar and supervisor support mechanisms.            | Department<br>FNGPTC     |

### *Performance indicators*

| <b>Objective</b>  | <b>Outcomes</b>  | <b>Performance indicators</b>   | <b>Targets</b>  |
|---|--|---|---|
| <b>Enhance the cultural responsiveness of the GP and RG workforce</b> | <ul style="list-style-type: none"> <li>• An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.</li> <li>• Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.</li> </ul> | <ul style="list-style-type: none"> <li>• Enrolment intake of Aboriginal and Torres Strait Islander registrars.</li> </ul>   | Average of 3% over a rolling 3-year period.   |
|   |  | <ul style="list-style-type: none"> <li>• Percentage of Aboriginal and Torres Strait Islander registrars achieving fellowship.</li> </ul>  | Average of 80% fellowship rate over a rolling 3-year period based on total Aboriginal and Torres Strait Islander registrar exits from the program.              |
|   |  | <ul style="list-style-type: none"> <li>• Percentage of Aboriginal and Torres Strait Islander registrars withdrawing (voluntary and involuntary) from the program. <ul style="list-style-type: none"> <li>- By pathway.</li> </ul> </li> </ul> | Average of <20% over a rolling 3-year period.   |
|   |  | <ul style="list-style-type: none"> <li>• Percentage of FTE core general practitioner weeks training in ACCHSs and AMSs.</li> </ul>  | <ul style="list-style-type: none"> <li>• 6% in 2026.</li> <li>• 6.5% in 2027.</li> <li>• 7% in 2028.</li> <li>• 7.5% in 2029.</li> <li>• 8% in 2030.</li> </ul> |
|   |  | <ul style="list-style-type: none"> <li>• Percentage of registrars and supervisors that have undertaken cultural education.</li> </ul>   | <ul style="list-style-type: none"> <li>• 100% of following registrars.</li> <li>• 100% of supervisors.</li> </ul>   |

#### 4. Better align access to advanced skills training to ensure rural communities have access to a healthcare workforce with the right skills where they need them

The medical workforce is not well-distributed in Australia, and broader workforce shortages are occurring in a number of specialities, despite continuing growth in the number of medical school graduates and employed practitioners.

In rural and remote communities, RGs can reflect a more sustainable workforce to deliver the high-quality care that communities need, and their ability to work across communities makes them a very cost-effective option in low volume settings.

The main additional disciplines undertaken by RG registrars are in emergency medicine, anaesthetics and obstetrics and gynaecology. While these additional skills are needed in rural and remote communities, particularly emergency medicine and obstetrics and gynaecology, the program review suggested that it would be valuable to attract or incentivise RG registrars to undertake other priority advanced skills disciplines, such as mental health and Aboriginal and Torres Strait Islander health.

Meeting this objective underpins the achievement of the following AGPT outcome:

- More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.

The achievement of this objective will be directly supported by the following activities:

|    | Activities  | Responsible party                                |
|----|---|--|
| 1. | Work collaboratively with jurisdictional coordination units and other government funded organisations to ensure advanced skills/procedural skills training is undertaken in healthcare areas suited to population needs and the broader delivery of regional health services. | GP colleges                                      |
| 2. | Ensure RG training is comprehensive and evidence-based, reflects the full scope of RG practice, including GP practice, and prepares registrars to work in rural and remote areas.   | GP colleges                                      |
| 3. | Ensure RG training includes a focus on primary care training and a minimum amount of training time in community primary care settings.  | GP colleges                                      |
| 4. | Provide support for RG registrars to train in areas that have a high need of their advanced/procedural skills.  | GP colleges<br>GPRA                              |
| 5. | Build accredited training and supervision capacity, and support training facilities and supervisors to attain and maintain accreditation, for advanced skills placements, especially in areas in need.  | GP colleges<br>GPSA                              |
| 6. | Align RG advanced/procedural skills training with the skills most in need in rural and remote areas.  | GP colleges<br>RG Training<br>Coordination Units |

*Performance indicators*

| Objective  | Outcomes  | Performance indicators  | Targets  |
|--|---|---|--|
| <p><b>Better align access to advanced skills training to ensure rural communities have access to a healthcare workforce with the right skills where they need them</b></p> | <ul style="list-style-type: none"> <li>• More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.</li> </ul> | <ul style="list-style-type: none"> <li>• Number of FTE core general practitioner training weeks in community primary care settings, excluding hospital units, for rural generalists.</li> </ul>   | <p>≥52 FTE weeks per fellowed registrar throughout their training.</p>   |
|  |   | <ul style="list-style-type: none"> <li>• Distribution of advanced skills training (AST)/additional rural skills training (ARST) positions.                             <ul style="list-style-type: none"> <li>- By state/territory and MM.</li> </ul> </li> </ul> | <p>Achieve all annual targets.</p>   |
|  |   | <ul style="list-style-type: none"> <li>• Workforce retention at 1, 3 and 5-years post-fellowship.                             <ul style="list-style-type: none"> <li>- By state/territory, MM and advanced skill category.</li> </ul> </li> </ul>                 | <p>Targets for 1, 3 and 5-year marks to be established for 2028 based on retention results from 2026 and 2027.</p> |

## Governance

The implementation and management of this Framework will support the department in governing the AGPT program. This department's role in overseeing the Framework includes providing strategic oversight, maintaining accountability mechanisms, and leading and supporting the coordination of program reporting and performance monitoring. The department will also work with relevant parties on continuous improvement processes.

The department will be supported with advice from key committees. Arrangements are already in place with committees made up of GP training stakeholders, including GPTAC and FNGPTC, that emphasise collaboration, mutual accountability, and transparent decision-making processes. GPTAC is a forum comprised of general practice stakeholders formed to provide advice to government to maintain and improve outcomes of GP training. FNGPTC is a forum led by First Nations voices where general practice stakeholders discuss issues related to First Nations GP training. These committees both seek to ensure that the national approach to GP training is working towards closing the gap health outcomes and supporting a culturally safe health workforce. AGPT sector support agencies are also represented on GPTAC and FNGPTC, ensuring that the perspectives of registrars, supervisors, cultural educators and cultural mentors inform strategic directions, policy, program settings and evaluations. Their participation is essential to maintaining wider GP training sector engagement and accountability.

The scope of GPTAC covers government-funded GP training programs including the AGPT and RVTS programs, and the self-funded GP training pathways to fellowship for non-vocationally registered doctors. It also considers pathways into general practice training. GPTAC meets up to three times a year, or as required. The Framework will be included as a standing item on the GPTAC agenda.

GPTAC and FNGPTC will provide ongoing strategic advice, review performance and evaluation data, and make formal recommendations for program improvement, which can inform policy, program settings, and annual reporting. GPTAC and FNGPTC will also review evaluation findings from other programs and initiatives that impact GP training and the GP workforce and provide recommendations to ensure alignment and continuous improvement across the sector.

Further details on the roles and responsibilities of the committees and their current membership can be found on the department's website at:

- [General Practice Training Advisory Committee](#)
- [First Nations General Practice Training Committee](#)

The Framework will remain a living document and be reviewed annually, including through advice from GPTAC, to ensure it remains relevant and appropriately supports the achievement of the AGPT program objectives and outcomes. Reviews will be finalised mid-year to allow any necessary changes made to be in alignment with the beginning of the next training year. Critical amendments may be made outside of the review period, where necessary.

## Evaluation

A future evaluation of the AGPT program will assess the success of the AGPT program in achieving the short and medium-term outcomes, as described above and in the AGPT program logic. It will also inform more longitudinal factors that drive success in GP training outcomes. A component of the evaluation will involve an assessment of the contributing parties' performance in supporting the achievement of the AGPT program objectives and progress towards the achievement of the outcomes.

The evaluation will consider the contributing parties' performance against the PIs in this Framework and how this has contributed towards the achievement of the AGPT objectives and outcomes. The evaluation will follow a mixed-methods quantitative and qualitative approach to measure progress towards the AGPT program objectives and outcomes. Information provided by organisations through reporting under their grant agreements will be considered, alongside broader NRS results.

Consultations with key stakeholders will also be undertaken to gather further qualitative data to inform the evaluation as required. The GP colleges and AGPT sector support agencies will be invited to participate in evaluation workshops to review progress towards the achievement of the AGPT objectives and outcomes and inform recommendations for program improvements. The evaluation report will include feedback from the GP colleges, AGPT sector support agencies and other key stakeholders.

The evaluation will also be guided by advice from GPTAC and FNGPTC. These committees will provide advice on the relevance, appropriateness and interpretation of performance indicators, targets and outcomes, ensuring that sector priorities and First Nations health objectives are reflected throughout the evaluation process.

The evaluation will also consider findings from other relevant Commonwealth and state/territory programs, pilots, and initiatives that impact GP training and the GP workforce. This includes, but is not limited to, the SEM trials, the RVTS, the NCP framework, and targeted workforce investments to grow the GP training continuum. The evaluation will consider how these initiatives interact with and influence AGPT program objectives and outcomes, including registrar recruitment, workforce distribution, cultural responsiveness and retention post fellowship. This will determine the success of the implementation of these collective measures to reduce the growing GP shortage and increase access to quality, safe primary care services.

The evaluation of the AGPT program will commence in 2028. It is anticipated that the evaluation will be conducted over a 12–18-month period, with a final evaluation report expected to be provided to government to inform the ongoing policy settings of the AGPT program. Appendix 2 lists questions that will be considered by the evaluation, noting that further questions may be added later.

# Appendices

## Appendix 1 – AGPT Program Logic

| Australian General Practice Training (AGPT) Program – Program Logic  |   |  |  |  |
|--|---|--|--|--|
| <b>Goal:</b> Improve access to safe, culturally responsive and high-quality primary care that meets the needs of Australian communities.   |   |  |  |  |
| <b>Objectives:</b> (1) Deliver high-quality training of general practitioners (GPs) and rural generalists (RGs); (2) Increase the number of GP and RG registrars working and remaining in high need service settings and communities to reduce workforce maldistribution; (3) Enhance the cultural responsiveness of the GP and RG workforce; (4) Better align access to advanced skills to ensure rural communities have access to a healthcare workforce with the right skills where they need them.   |   |  |  |  |
| PARTICIPANTS   | ACTIVITIES  | OUTPUTS  | OUTCOMES   |  |
|  |   |  | SHORT-TERM   | MEDIUM/LONG-TERM   |
| <p>Department of Health, Disability and Ageing (DHDA)</p> <p>GP colleges:</p> <ul style="list-style-type: none"> <li>Australian College of Rural and Remote Medicine (ACRRM)</li> <li>Royal Australian College of General Practitioners (RACGP)                             <ul style="list-style-type: none"> <li>Joint College Training Services (JCTS)</li> </ul> </li> </ul> <p>Services Australia</p> <p>GP registrars</p> <p>GP supervisors</p> <p>General practices</p> <p>AGPT sector support agencies:</p> <ul style="list-style-type: none"> <li>General Practice Registrars Australia (GPRA)</li> <li>General Practice Supervision Australia (GPSA)</li> <li>Indigenous General Practice Trainee Network (IGPTN)</li> <li>Cultural Educators and Cultural Mentors Network (CECMN)</li> </ul> <p>National Rural Health Commissioner</p> <p>General Practice Training Advisory Committee (GPTAC)</p> <p>First Nations General Practice Training Committee (FNGPTC)</p> <p>State and Territory Rural Generalist Training Coordination Units</p> <p>Rural Doctors Association of Australia (RDAA)</p> | <p><b>Objective 1: Deliver high-quality training of GPs and RGs</b></p> <ul style="list-style-type: none"> <li>Manage selection intakes, including ensuring that selected registrars are appropriate for the AGPT program, and that selection processes are guided by evidence to maximise the opportunity for the program to achieve its objectives (colleges).</li> <li>Align intake and reporting timeframes (colleges).</li> <li>Align registrar allocation regions to improve program cohesion (DHDA, colleges).</li> <li>Set targets for each allocation region based on indicators of community need (DHDA).</li> <li>Manage straightforward and easy to understand AGPT program application processes (colleges).</li> <li>Deliver high-quality training to registrars with embedded quality assurance structures and consistent with relevant accreditation requirements (colleges).</li> <li>Ensure supervisors are assessing and monitoring registrar progression on the program in alignment with sound education principles (colleges, supervisors).</li> <li>Provide resources and support, including timely educational, remediation and exam support, to all registrars (particularly those requiring assistance), as they progress towards fellowship (DHDA, colleges, JCTS, GPRA, IGPTN, CECMN, supervisors).</li> <li>Build and align accredited practice and supervisor capacity with workforce need, supported and enabled by appropriate data and information sharing, and support practices and supervisors to attain and maintain accreditation (DHDA, colleges, GPSA).</li> <li>Improve dual college accreditation processes to ensure minimal burden on practices and supervisors (colleges).</li> <li>Provide appropriate and timely feedback, support and resources to supervisors and training practices to ensure that education and training is safe and effective (colleges).</li> <li>Implement and adhere to transparent public reporting of AGPT program outcomes (DHDA, colleges).</li> <li>Market the AGPT program and promote General Practice and Rural Generalism as a career of choice (DHDA, colleges, GPRA, universities).</li> <li>Provide registrars with opportunities to build research and critical thinking skills through Academic Posts (colleges, registrars).</li> <li>Undertake or commission research through the Education Research Grants program to improve the quality, impact or efficiency of GP education in Australia (colleges, GPTAC).</li> <li>Support and implement industrial and workplace relations activities for registrars, including negotiating the NTCER (GPSA, GPRA, colleges).</li> <li>Participate in, and support the evaluation of, SEM trials to assess impact on registrar employment conditions, retention, and workforce distribution (DHDA, colleges, JCTS, GPRA, GPSA, IGPTN).</li> <li>Represent and advocate for registrars, supervisors and training practices, including through developing collaborative relationships with key stakeholders (GPRA, GPSA, IGPTN).</li> <li>Support the provision of financial support to eligible registrars, supervisors and practices, and salary incentive, study and parental leave payments to eligible registrars, through the NCP framework (DHDA, colleges, Services Australia).</li> <li>Advise on strategic directions for GP training, including workforce distribution, quality, and outcomes (DHDA, GPTAC).</li> <li>Monitor and advise on registrar and supervisor support mechanisms (DHDA, GPTAC).</li> </ul> | <ul style="list-style-type: none"> <li>Selection intakes are managed, selected registrars are appropriate for the AGPT program, and selection processes are guided by evidence that maximises the opportunity for program objectives to be achieved (colleges).</li> <li>Intake and reporting timeframes are aligned (colleges).</li> <li>Registrar allocation regions are aligned (DHDA, colleges).</li> <li>Allocation regions are set based on community need (DHDA).</li> <li>AGPT program application processes are straightforward and easy to understand (colleges).</li> <li>High-quality training that is consistent with relevant accreditation requirements and with embedded quality assurance structures is provided to registrars (colleges, GPRA, GPSA, supervisors).</li> <li>Registrar progression on the program is assessed and monitored in alignment with sound education principles by appropriately accredited supervisors (colleges, supervisors).</li> <li>Registrars are supported as they progress towards fellowship to become effective GPs (colleges, GPRA, IGPTN, supervisors).</li> <li>Registrars requiring assistance receive timely support (colleges, GPRA, IGPTN, supervisors).</li> <li>Practice and supervisor accreditation capacity is increased and aligned with workforce need (colleges).</li> <li>Dual college coordinated and streamlined accreditation for practices and supervisors is improved (colleges).</li> <li>Supervisors and registrars are supported and resourced (DHDA, colleges, JCTS, GPSA, GPRA, IGPTN, CECMN, supervisors, practices).</li> <li>Supervisors and training practices receive appropriate and timely feedback and support to ensure education and training is safe and effective (colleges, GPSA).</li> <li>AGPT program outcomes are publicly reported (DHDA).</li> <li>The AGPT program is marketed and General Practice and Rural Generalism are promoted (DHDA, colleges, GPRA, universities).</li> <li>Research on GP/RG training is undertaken (colleges, registrars, universities).</li> <li>Industrial and workplace relations activities for registrars are implemented and supported, including through the NTCER (GPSA, GPRA, colleges).</li> <li>Impacts on registrar employment conditions, retention, and workforce distribution are assessed through participation in, and evaluation of, SEM trials (DHDA, colleges, JCTS, GPRA, GPSA, IGPTN).</li> <li>Registrars, supervisors and practices receive representation and advocacy (GPRA, GPSA, IGPTN).</li> <li>Eligible registrars, supervisors and practices receive financial support, and eligible registrars receive salary incentive, study and parental leave payments, in accordance with NCP guidelines and related policy (DHDA, colleges, Services Australia).</li> <li>GP training strategic directions are advised upon, and registrar and supervisor support mechanisms are monitored and advised upon (DHDA, GPTAC).</li> </ul> | <ul style="list-style-type: none"> <li>Increased annual fellowship rates (supervisors, practices, colleges, GPRA).</li> <li>Program cohesion is improved through the alignment of registrar training regions (DHDA, colleges).</li> <li>Reporting compliance by colleges (colleges).</li> <li>AGPT program application barriers are reduced (colleges).</li> <li>General practice is seen as a desirable career path and more doctors are choosing GP and RG as a career (colleges, DHDA, GPRA, supervisors, universities).</li> <li>More registrars are training in areas of high workforce need (colleges).</li> <li>Administrative burden on practices and supervisors for accreditation or reaccreditation is minimised (colleges).</li> <li>Registrars receive high-quality training from supervisors and practices (DHDA, colleges, JCTS, GPSA, GPRA supervisors, practices).</li> <li>Registrars acquire sufficient knowledge and skills in primary care settings and assistance to achieve fellowship (colleges, GPRA, IGPTN, supervisors).</li> <li>Routine, transparent, public reporting on the AGPT program (DHDA).</li> <li>Awareness of the AGPT program among prevocational doctors and medical students increases (DHDA, colleges, GPRA, universities).</li> <li>More registrars are gaining experience in academic research (colleges, registrars).</li> <li>Research derived improvements to GP/RG training are implemented (DHDA, colleges).</li> <li>Registrars have improved employment conditions and entitlements (GPSA, GPRA).</li> <li>Registrar satisfaction and retention rates improve in high need locations due to targeted financial and leave incentives (colleges, DHDA, Services Australia).</li> <li>The employment/training conditions and support mechanisms for registrars, supervisors and training practices are supported (GPRA, GPSA, GPTAC).</li> <li>The strategic direction of GP training is maintained and improved (DHDA, GPTAC).</li> </ul> | <p><b>Objective 1</b></p> <p>All Australians have greater access to affordable, high-quality, culturally responsive primary care.</p> <p><b>Objective 2</b></p> <p>The level of unmet demand for primary care services is reduced nationally and regionally.</p> <p><b>Objective 3</b></p> <p>Australia has a well-trained, well-distributed, high-quality GP workforce.</p> <p><b>Objective 4</b></p> <p>Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.</p> <p><b>Objective 5</b></p> <p>An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.</p> <p><b>Objective 6</b></p> <p>More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.</p> <p><b>Objective 7</b></p> <p>More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.</p> |

**Australian General Practice Training (AGPT) Program – Program Logic**

**Goal:** Improve access to safe, culturally responsive and high-quality primary care that meets the needs of Australian communities.

**Objectives:** (1) Deliver high-quality training of general practitioners (GPs) and rural generalists (RGs); **(2) Increase the number of GP and RG registrars working and remaining in high need service settings and communities to reduce workforce maldistribution;** (3) Enhance the cultural responsiveness of the GP and RG workforce; (4) Better align access to advanced skills to ensure rural communities have access to a healthcare workforce with the right skills where they need them.

| INPUTS   | ACTIVITIES   | OUTPUTS  | OUTCOMES   |  |
|--|--|--|--|--|
|  |  |  | SHORT-TERM   | MEDIUM/LONG-TERM   |
| <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>Commonwealth AGPT appropriation</li> </ul> <p><b>Legislative Framework</b></p> <ul style="list-style-type: none"> <li>Financial Framework (Supplementary Powers) Regulations 1997 – Schedule 1AB</li> </ul> <p><b>Policy Framework</b></p> <ul style="list-style-type: none"> <li>Australian Medical Council (AMC) standards</li> <li>National Medical Workforce Strategy</li> <li>AGPT Program Guidelines</li> <li>General Practice Fellowship Program Placement Guidelines</li> <li>National Consistent Payments (NCP) Framework</li> <li>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031</li> <li>GP Training National Assessment Tool (GPT NAT)</li> <li>Scope of Practice Reviews Taskforce</li> <li>Single Employer Model (SEM) trails guidelines and evaluation reports</li> </ul> | <p><b>Objective 2: Increase the number of GP and RG registrars working and remaining in high need service settings and communities to reduce workforce maldistribution</b></p> <ul style="list-style-type: none"> <li>Appropriately allocate registrars to locations that ensure safe, high-quality training and prepare registrars for work in regional, rural, remote and high needs locations (DHDA, colleges).</li> <li>Collaboratively develop and publish a shared, consistent training placement policy (colleges).</li> <li>Prioritise rural/RG pathway placements and the selection of registrars demonstrating a commitment to rural training and to high priority service settings (colleges).</li> <li>Provide opportunities for registrars with a proven interest in regional, rural or remote practice to continue their training in those regions, including in SEM trial locations, as they progress in the program (colleges).</li> <li>Enable registrars to undertake longer term rural placements (colleges).</li> <li>Provide all registrars with the means to understand the health needs of rural communities (colleges, supervisors).</li> <li>Prioritise placements that provide registrars with exposure to a variety of primary care settings, e.g. aged care facilities (colleges).</li> <li>Prioritise registrar placements in accredited bulk billing medical practices (participating in the BBPIP) and Medicare Urgent Care Clinics (colleges).</li> <li>Ensure registrar placements align with the established distribution priorities and the requirement that at least 50% of training occurs in MM 2-7 (DHDA, colleges).</li> <li>Build accredited practice and supervision capacity, and support practices and supervisors to attain and maintain accreditation, in regional, rural and remote locations and areas of workforce need (DHDA, colleges, GPSA).</li> <li>Promote and advertise training placements, and provide appropriate supports and incentives, to encourage registrars to choose more regional, rural and remote locations (DHDA, colleges, GPRA).</li> <li>Collaborate to identify barriers and solutions to workforce maldistribution (DHDA, colleges, GPSA, GPRA, IGPTN, GPTAC, FNGPTC).</li> <li>Ensure that training design and delivery, including marketing, registrar placements, practice and training resources, and support encourages registrars to practice in rural and remote regions post-fellowship (DHDA, colleges, GPRA, GPSA).</li> </ul> | <ul style="list-style-type: none"> <li>Registrars receive safe, high-quality training that prepare them for work in regional, rural, remote and high needs locations (colleges).</li> <li>Increased collaboration between colleges for AGPT registrar placements (colleges).</li> <li>Registrar placements consider other trainees needing supervision at a location, e.g. students, prevocational doctors, Fellowship Support Program participants and Specialist International Medical Graduates (colleges).</li> <li>Rural/RG pathway placements and the selection of registrars committed to rural training are prioritised (colleges).</li> <li>Registrars undertake long term rural placements, including in SEM trial locations (colleges).</li> <li>Registrars are provided with an understanding of the health needs of rural communities (colleges, supervisors).</li> <li>Registrar placements in regional, rural and remote locations and areas of workforce need are prioritised (colleges).</li> <li>Registrars are placed in a variety of primary care settings, e.g. aged care facilities (colleges).</li> <li>Registrar placements in bulk billing medical practices and Medicare Urgent Care Clinics are prioritised (colleges).</li> <li>Allocation processes align with the established distribution priorities and the requirement that at least 50% of training occurs in MM 2-7 (DHDA, colleges).</li> <li>Barriers and solutions to workforce maldistribution are identified (DHDA, colleges, GPRA, GPSA, IGPTN, GPTAC, FNGPTC).</li> <li>Practice and supervisor accreditation capacity is increased in regional, rural and remote locations and areas of workforce need (colleges).</li> <li>Positive information and messaging about training and practicing in regional, rural and remote locations and areas of workforce need is produced and distributed to medical students, prevocational doctors and registrars (DHDA, colleges, GPRA).</li> <li>Appropriate incentives are provided to encourage registrars to choose more regional, rural and remote training locations (colleges).</li> <li>Training design and delivery, including marketing, registrar placements, practice and training resources and support encourages registrars to practice in rural and remote regions post-fellowship (DHDA, colleges, GPRA, GPSA).</li> </ul> | <ul style="list-style-type: none"> <li>Registrar placements are coordinated between the GP colleges to better address workforce need (colleges).</li> <li>More registrars understand rural health needs and have experience working in regional, rural or remote locations (colleges).</li> <li>Registrar retention and employment stability in high need communities as evidenced by SEM trial outcomes (DHDA, colleges).</li> <li>More registrars have experience working in a variety of primary care settings (colleges).</li> <li>Registrar placements align with workforce need and distribution targets (colleges).</li> <li>Practice and supervision accreditation capacity meets demand for registrars in areas of workforce need (colleges).</li> <li>Registrars are highly trained and prepared for work in regional, rural, remote and high needs locations (colleges).</li> <li>More registrars choosing to work in regional, rural, remote and high needs locations during training and post-fellowship (colleges, GPRA, GPSA).</li> </ul> | <p><b>Objective 1</b></p> <p>All Australians have greater access to affordable, high-quality, culturally responsive primary care.</p> <p>The level of unmet demand for primary care services is reduced nationally and regionally.</p> <p><b>Objective 2</b></p> <p><b>More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.</b></p> <p><b>Australia has a well-trained, well-distributed, high-quality GP workforce.</b></p> <p><b>Objective 3</b></p> <p>Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.</p> <p>An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.</p> <p><b>Objective 4</b></p> <p>More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.</p> |

## Australian General Practice Training (AGPT) Program – Program Logic

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**Objectives:** (1) Deliver high-quality training of general practitioners (GPs) and rural generalists (RGs); (2) Increase the number of GP and RG registrars working and remaining in high need service settings and communities to reduce workforce maldistribution; (3) **Enhance the cultural responsiveness of the GP and RG workforce;** (4) Better align access to advanced skills to ensure rural communities have access to a healthcare workforce with the right skills where they need them.

| INPUTS (cont.)  | ACTIVITIES  | OUTPUTS  | OUTCOMES   |  |
|---|---|--|--|--|
|   |   |  | SHORT-TERM   | MEDIUM/LONG-TERM   |
| <p><b>Skills, knowledge and expertise</b></p> <ul style="list-style-type: none"> <li>College training models, curriculum &amp; standards</li> <li>Workforce planning and program data</li> <li>DHDA supply and demand study</li> <li>Training distribution and capacity needs analysis</li> </ul> <p><b>Infrastructure</b></p> <ul style="list-style-type: none"> <li>College Training Management Systems</li> <li>Services Australia payment system for delivery of NCP support payments</li> </ul> <p><b>Performance and Outcomes Framework</b></p> <ul style="list-style-type: none"> <li>Performance indicators</li> <li>Public reporting of outcomes</li> <li>Governance and strategic oversight by GPTAC and FNGPTC</li> <li>Governance and performance definition, monitoring and oversight by DHDA</li> </ul> | <p><b>Objective 3: Enhance the cultural responsiveness of the GP and RG workforce</b></p> <ul style="list-style-type: none"> <li>Work with Aboriginal and Torres Strait Islander stakeholders to enhance the cultural safety and wellbeing of the GP and RG workforce, including the cultural responsiveness of the GP and RG workforce in training settings (colleges, JCTS, GPRA, GPSA, IGPTN, CECMN).</li> <li>Ensure that training design and delivery, including marketing, registrar placements, practice and training resources and support, encourages registrars to practice in First Nations health settings post-fellowship (DHDA, colleges, GPRA, GPSA).</li> <li>Provide both central and local cultural educators and mentors to supervisors and registrars, including to Aboriginal and Torres Strait Islander supervisors and registrars (colleges, JCTS, IGPTN, CECMN).</li> <li>Represent, promote and advocate for Aboriginal and Torres Strait Islander registrars, including through developing collaborative relationships with key stakeholders. (colleges, JCTS, IGPTN, CECMN).</li> <li>Provide independent advice and professional mentoring to Aboriginal and Torres Strait Islander registrars (colleges, JCTS, IGPTN, CECMN).</li> <li>Prioritise placements in First Nations health settings (colleges).</li> <li>Maintain appropriate levels of FTE training in First Nations health settings, in consultation with national peak organisations (colleges).</li> <li>Consider Aboriginal and Torres Strait Islander registrar preferences during the selection process to remain close to, or away from, their community (colleges).</li> <li>Positively consider, support and facilitate Aboriginal and Torres Strait Islander applicants for the AGPT program (colleges).</li> <li>Increase the selection intake of Aboriginal and Torres Strait Islander doctors to a level representative of the Aboriginal and Torres Strait Islander population (colleges, JCTS, GPRA, IGPTN).</li> <li>Provide support and flexibility to Aboriginal and Torres Strait Islander registrars throughout their training to enable them to fulfil both their training and cultural obligations (colleges, JCTS, IGPTN, supervisors).</li> <li>Provide early career support for, and engagement with, Aboriginal and Torres Strait Islander fellows, to increase retention rates in their first year post fellowship (colleges, IGPTN).</li> <li>Provide sufficient and timely remediation to Aboriginal and Torres Strait Islander registrars to assist them to attain fellowship (colleges, supervisors).</li> <li>Provide adequate resources and support to supervisors to enable them to provide Aboriginal and Torres Strait Islander registrars with additional support that may be required to assist them to attain fellowship (colleges, JCTS, GPSA, IGPTN, CECMN).</li> <li>Build accredited training and supervision capacity, and support practices and supervisors to attain and maintain accreditation, in First Nations health settings, including through supporting the provision of salary support payments to eligible training facilities (colleges, GPSA).</li> <li>Increase accredited supervision capability and interest in supervision among Aboriginal and Torres Strait Islander fellows (colleges, GPSA, IGPTN).</li> <li>Advocate for, and represent, Aboriginal and Torres Strait Islander cultural educators and mentors, including through developing collaborative relationships with key stakeholders (colleges, JCTS, GPSA, CECMN).</li> <li>Support professional and wellbeing opportunities for cultural educators and cultural mentors (JCTS, CECMN).</li> <li>Educate sector partners around cultural educators and cultural mentors to ensure understanding of their role imparting knowledge and culturally responsive practices for registrars and supervisors (JCTS, CECMN).</li> <li>Advise on strategic directions for First Nations GP training, including workforce distribution, quality, and outcomes (DHDA, FNGPTC).</li> <li>Review and recommend improvements to First Nations GP training and salary support programs (DHDA, FNGPTC).</li> <li>Monitor and advise on Aboriginal and Torres Strait Islander registrar and supervisor support mechanisms (DHDA, FNGPTC).</li> </ul> | <ul style="list-style-type: none"> <li>Cultural safety, wellbeing and cultural responsiveness of the GP and RG workforce in training settings is enhanced (colleges, JCTS, GPRA, GPSA, IGPTN, CECMN).</li> <li>More accredited training positions are available, and more registrars are training in, First Nations health settings (colleges, GPSA, IGPTN).</li> <li>AGPT training design, delivery, marketing, registrar placements and training resources and support provided to practices encourage registrars to practice in First Nations health settings post-fellowship (DHDA, colleges, GPRA, GPSA).</li> <li>Cultural educators and mentors are provided to supervisors and registrars, including Aboriginal and Torres Strait Islander supervisors and registrars (colleges, JCTS, IGPTN, CECMN).</li> <li>Aboriginal and Torres Strait Islander registrars receive representation, advocacy, independent advice and professional mentoring (colleges, JCTS, IGPTN, CECMN).</li> <li>Aboriginal and Torres Strait Islander registrar training location preferences are considered (colleges).</li> <li>More Aboriginal and Torres Strait Islander registrars are selected, undertake training, and attain fellowship in the AGPT program (colleges, JCTS, GPRA, IGPTN, CECMN).</li> <li>Aboriginal and Torres Strait Islander registrars receive sufficient and timely remediation, and support and flexibility to fulfil both their training and cultural obligations (colleges, JCTS, IGPTN, supervisors).</li> <li>Supervisors receive adequate resources and support to assist Aboriginal and Torres Strait Islander registrars to attain fellowship (colleges, JCTS, GPSA, IGPTN, CECMN).</li> <li>Aboriginal and Torres Strait Islander fellows receive career support and engagement in their first year post fellowship (colleges, IGPTN).</li> <li>Accredited supervision capability and interest in supervision among Aboriginal and Torres Strait Islander fellows increases (colleges, GPSA, IGPTN).</li> <li>Aboriginal and Torres Strait Islander cultural educators and mentors receive professional support, wellbeing opportunities, advocacy and representation (colleges, JCTS, GPSA, CECMN).</li> <li>Sector partners receive education about the role of cultural educators and mentors and the knowledge and culturally responsive practices they impart (JCTS, CECMN).</li> <li>First Nations GP training strategic directions are advised upon, salary support programs are reviewed and improvements recommended, and Aboriginal and Torres Strait Islander registrar and supervisor support mechanisms are monitored and advised upon (DHDA, FNGPTC).</li> </ul> | <ul style="list-style-type: none"> <li>More registrars are supported to deliver culturally responsive and safe care (colleges, JCTS, GPRA, GPSA, CECMN, supervisors).</li> <li>More registrars have experience delivering culturally responsive and safe care and choose to practice in First Nations health settings post-fellowship (DHDA, colleges, GPRA, GPSA, IGPTN).</li> <li>Supervisors and registrars have improved knowledge and skills in delivering culturally responsive and safe care (colleges, JCTS, IGPTN, CECMN).</li> <li>Increased annual fellowship rates of Aboriginal and Torres Strait Islander registrars (supervisors, colleges, IGPTN, CECMN).</li> <li>Increased retention of Aboriginal and Torres Strait Islander registrars in general practice post-fellowship (colleges, IGPTN).</li> <li>Increased numbers of accredited Aboriginal and Torres Strait Islander supervisors (colleges, GPSA, IGPTN).</li> <li>Increased numbers, and retention, of Aboriginal and Torres Strait Islander cultural educators and mentors within the program (colleges, JCTS, GPSA, CECMN).</li> <li>Sector partners have a greater understanding of the role of cultural educators and mentors to impart knowledge and culturally responsive practices to registrars and supervisors (JCTS, CECMN).</li> <li>The employment/training conditions and support mechanisms for registrars, supervisors and training practices are supported (GPRA, GPSA, GPTAC).</li> <li>The strategic direction of First Nations GP training is maintained and improved (FNGPTC).</li> <li>Improvements are made to the salary support program (DHDA, FNGPTC)</li> <li>Support mechanisms for Aboriginal and Torres Strait Islander registrars and supervisors are maintained and improved (DHDA, FNGPTC, JCTS, CECMN).</li> </ul> | <p><b>Objective 1</b></p> <p>All Australians have greater access to affordable, high-quality, culturally responsive primary care.</p> <p>The level of unmet demand for primary care services is reduced nationally and regionally.</p> <p><b>Objective 2</b></p> <p>More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.</p> <p>Australia has a well-trained, well-distributed, high-quality GP workforce.</p> <p><b>Objective 3</b></p> <p><b>Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.</b></p> <p><b>An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.</b></p> <p><b>Objective 4</b></p> <p>More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.</p> |

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| EXTERNAL FACTORS   | ACTIVITIES   | OUTPUTS   | OUTCOMES  |   |
|--|--|---|---|---|
|  |  |   | SHORT-TERM  | MEDIUM/LONG-TERM  |
| <ul style="list-style-type: none"> <li>Ministerial and departmental funding/change of government and priorities.</li> <li>Public and medical community perception of general practice as a career path.</li> <li>Emergency response and impacts on workforce.</li> <li>Emerging technologies (e.g. artificial intelligence).</li> <li>Changes in related programs.</li> </ul>  | <p><b>Objective 4: Better align access to advanced skills to ensure rural communities have access to a healthcare workforce with the right skills where they need them</b></p> <ul style="list-style-type: none"> <li>Work collaboratively with jurisdictional coordination units and other government funded organisations to ensure advanced skills/procedural skills training is undertaken in healthcare areas suited to population needs and the broader delivery of regional health services (colleges).</li> <li>Ensure RG training is comprehensive and evidence-based, reflects the full scope of RG practice, including GP practice, and prepares registrars to work in rural and remote areas (colleges, supervisors).</li> <li>Ensure RG training includes a focus on primary care training and a minimum amount of training time in community primary care settings (colleges).</li> <li>Provide support for RG registrars to train in areas that have a high need of their advanced skills/procedural skills (colleges, GPRA).</li> <li>Build accredited training and supervision capacity, and support training facilities and supervisors to attain and maintain accreditation, for advanced skills/procedural skills placements, especially in areas in need (colleges, GPSA).</li> <li>Align RG advanced skills/procedural skills training with the skills most in need in rural and remote areas (colleges).</li> </ul> | <ul style="list-style-type: none"> <li>Work is collaboratively undertaken with jurisdictional coordination units and other government funded organisations and advanced skills training/procedural skills training is undertaken in healthcare areas suited to population needs and the broader delivery of regional health services (colleges).</li> <li>RG training is comprehensive and evidence-based, reflects the full scope of RG practice, including GP practice, and prepares registrars to work in rural and remote areas (colleges, supervisors).</li> <li>RG training includes a focus on primary care training and a minimum amount of training time in community primary care settings (colleges).</li> <li>RG registrars are well supported to train in areas that have high need of their advanced skills/procedural skills (colleges, GPRA).</li> <li>Accredited training and supervision capacity for advanced skills/procedural skills placements increases, especially in areas in need (colleges, GPSA).</li> <li>RG advanced skills/procedural skills training aligns with the skills most in need in rural and remote areas (colleges).</li> </ul> | <ul style="list-style-type: none"> <li>More RG registrars are undertaking advanced skills/procedural skills training in healthcare areas suited to population needs and the broader delivery of regional health services (colleges).</li> <li>RG registrars are well-trained and prepared for work in rural and remote locations (colleges).</li> <li>More RG registrars are undertaking advanced skills/procedural skills training in areas in need of their advanced skills/procedural skills (colleges, GPSA, GPRA).</li> <li>More RGs have advanced skills/procedural skills matched to workforce needs and are working in rural and remote areas most in need of their skills (colleges).</li> </ul> | <p><b>Objective 1</b></p> <p>All Australians have greater access to affordable, high-quality, culturally responsive primary care.</p> <p>The level of unmet demand for primary care services is reduced nationally and regionally.</p> <p><b>Objective 2</b></p> <p>More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services.</p> <p>Australia has a well-trained, well-distributed, high-quality GP workforce.</p> <p><b>Objective 3</b></p> <p>Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live.</p> <p>An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.</p> <p><b>Objective 4</b></p> <p><b>More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.</b></p> |
| <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>Commonwealth funding for general practice training continues.</li> <li>Commonwealth funded places increase to meet growing Australian community demand.</li> <li>GP colleges and other stakeholders collaborate effectively.</li> <li>Consistent quality data is provided by the GP colleges.</li> <li>NCP support payments are made to all eligible training participants.</li> <li>First Nations health training is culturally appropriate and improves life expectancy.</li> <li>SEM trials continue to be supported and evaluated by relevant authorities.</li> </ul> |  |   |   |   |

## Appendix 2 – 2026-30 AGPT program evaluation questions

| AGPT program outcomes   | Key question   | Sub-questions  | Indicators  | Data source   |
|---|--|--|---|---|
| All Australians have greater access to affordable, high-quality, culturally responsive primary care.  | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to greater access of affordable, high-quality, culturally responsive primary care for all Australians?</li> </ul>               | <ul style="list-style-type: none"> <li>Is the AGPT program encouraging GPs and RGs to work and remain in areas of workforce need?</li> <li>Are AGPT program distribution policy levers improving the distribution of the GP/RG workforce?</li> </ul>               | <ul style="list-style-type: none"> <li>Registrar distribution by state/territory, MM and established distribution priorities.</li> <li>Workforce retention at 1, 3 and 5-years post-fellowship by state/territory, MM, facility settings and established distribution priorities.</li> </ul>  | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>GP college selection reports</li> <li>Qualitative data</li> </ul> |
| The level of unmet demand for primary care services is reduced nationally and regionally.   | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to reducing unmet demand for primary care services nationally and regionally?</li> </ul>  | <ul style="list-style-type: none"> <li>Are more AGPT registrars achieving fellowship?</li> </ul>   | <ul style="list-style-type: none"> <li>Number and percentage of registrars achieving fellowship per year by GP college and pathway.</li> </ul>  | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>Qualitative data</li> </ul>                                       |
| More GPs and RGs are training and remaining in regional, rural and remote and other high need communities, ensuring these communities have greater access to primary and, where appropriate, advanced care, including culturally safe services. | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to greater numbers of GPs and RGs training and remaining in regional, rural, remote and other high need communities?</li> </ul> | <ul style="list-style-type: none"> <li>Are GPs and RG registrars practicing in regional, rural and remote locations post-fellowship?</li> <li>Are GPs and RG registrars practicing in regional, rural and remote primary care settings post-fellowship?</li> </ul> | <ul style="list-style-type: none"> <li>Registrar distribution by state/territory, MM and established distribution priorities.</li> <li>Workforce retention at 1, 3 and 5-years post-fellowship by state/territory, MM, facility settings and established distribution priorities.</li> </ul>  | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>Qualitative data</li> </ul>                                       |
| Australia has a well-trained, well-distributed, high-quality GP workforce.  | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to Australia having a well-trained, well-distributed, high-quality GP workforce?</li> </ul>                                     | <ul style="list-style-type: none"> <li>Are more AGPT registrars achieving fellowship?</li> <li>Are GPs and RG registrars practicing in regional, rural and remote locations post-fellowship?</li> </ul>  | <ul style="list-style-type: none"> <li>Number and percentage of registrars achieving fellowship per year by GP college and pathway.</li> <li>Registrar distribution by state/territory, MM and established distribution priorities.</li> <li>Workforce retention 1, 3, and 5-years post-fellowship by state/territory, MM and established distribution priorities.</li> </ul> | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>SEM Evaluation</li> <li>Qualitative data</li> </ul>               |

| <b>AGPT program outcomes</b>   | <b>Key question</b>  | <b>Sub-questions</b>  | <b>Indicators</b>   | <b>Data source</b>  |
|--|--|---|---|---|
| Australia has a culturally responsive GP workforce providing all Aboriginal and Torres Strait Islander peoples with greater access to high-quality and safe primary care wherever they live. | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to all Aboriginal and Torres Strait Islander peoples having greater access to high-quality and safe primary care wherever they live?</li> </ul> | <ul style="list-style-type: none"> <li>Are more registrars working in ACCHSs and AMSs?</li> <li>Are all AGPT program registrars and supervisors undertaking cultural education?</li> <li>What is working well for GP training in ACCHSs and AMSs?</li> <li>What are pathways and barriers to GP trainees and supervisors working in ACCHSs and AMSs?</li> </ul> | <ul style="list-style-type: none"> <li>Percentage of FTE weeks training in ACCHSs and AMSs.</li> <li>Quantity of services provided in ACCHS and AMS settings.</li> </ul>  | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>Department data</li> <li>NRS</li> <li>Qualitative data</li> </ul> |
| An increased number of Aboriginal and Torres Strait Islander peoples working as GPs and RGs.   | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to greater numbers of Aboriginal and Torres Strait Islander GPs and RGs?</li> </ul>   | <ul style="list-style-type: none"> <li>Are more Aboriginal and Torres Strait Islander doctors entering GP and RG training?</li> <li>Are more Aboriginal and Torres Strait Islander doctors attaining GP and RG fellowship?</li> </ul>   | <ul style="list-style-type: none"> <li>Number of Aboriginal and Torres Strait Islander peoples selected for, and beginning, training in the AGPT program per year.</li> <li>Percentage of Aboriginal and Torres Strait Islander registrars achieving fellowship.</li> </ul> | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>GP college selection reports</li> <li>Qualitative data</li> </ul> |
| More RGs and GPs are training in advanced skills and choosing to practice post-fellowship in regional, rural and remote locations in need of those advanced skills.                          | <ul style="list-style-type: none"> <li>How well does the AGPT program contribute to greater access to advanced care in regional, rural, remote and other high need communities?</li> </ul>                                       | <ul style="list-style-type: none"> <li>Are RG and GP registrars practicing in regional, rural, remote and other high need locations in need of their advanced skills post-fellowship?</li> <li>Are RG registrars practicing in primary care settings in regional, rural, remote and other high need locations post-fellowship?</li> </ul>                       | <ul style="list-style-type: none"> <li>Distribution of AST positions by state/territory and MM regions.</li> <li>Workforce retention post-fellowship by state/territory, MM and advanced skill category.</li> </ul>   | <ul style="list-style-type: none"> <li>GP college data reporting</li> <li>Qualitative data</li> </ul>                                       |

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All information in this publication is correct as at December 2025

