



# **Australian General Practice Training Program**

## National report on the 2021 National Registrar Survey

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Australian Council *for* Educational Research

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# Acknowledgements

## Acknowledgment of Country

The authors would firstly like to acknowledge the Traditional Owners of the lands on which our offices are located, including the Wurundjeri People, where this report was written. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people who continue to contribute to our research and development to improve Indigenous learning.

## Other Acknowledgments

We would like to acknowledge the support of the Department of Health throughout this project. We also thank the Regional Training Organisations for their assistance and support of the survey, and for promoting the survey to their registrars during fieldwork for the 2021 National Registrar Survey. Last, but definitely not least, we would like to acknowledge and thank all the registrars who participated in the survey for their time, and for sharing their experiences.

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## Acronyms and abbreviations

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

## Executive summary

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

From June 28 until August 6, 2021, the Australian Council for Educational Research (ACER) administered the AGPT NRS to registrars enrolled in active training on the AGPT program across 11 training regions and nine regional training organisations (RTOs) in Australia. Over 4000 registrars were invited to reflect on their recent training experience in Semester One, 2021. 1,105 registrars provided a valid response to the survey, representing an overall response rate of 28 per cent. The response rate for registrars within each training region ranged from 25 to 42 per cent. The national response rate was sufficient to yield reliable results at a national level, with most of the Key Performance Indicators described in the report offering accuracy (at the 95 per cent confidence level) within two per cent of the reported average scores. As this survey went into the field, lockdowns in response to COVID-19 Delta outbreaks were occurring in four states. Over the period of the survey, two of those states came out of lockdown and those in NSW and Victoria slowly moved into harsher restrictions. Furthermore, GPs played a crucial role in providing advice to their patients on available vaccines, further increasing their response to the pandemic in a time that the survey was in the field.

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

Overall levels of satisfaction have slightly increased from 2020 where they suffered a decrease of 4 percentage points from 2019. In 2021:

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

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

- 88 per cent were satisfied with their overall training and education
- 88 per cent were satisfied with the training advice they received
- 90 per cent were satisfied with the induction and orientation they received
- 89 per cent were satisfied with the feedback they received
- 84 per cent were satisfied with the workshops provided
- 87 per cent were satisfied with the training and education resources provided
- 82 per cent were satisfied with the support received for examinations and assessments
- 87 per cent were satisfied with the support they received from their RTO to meet the training requirements of RACGP while fewer (80%) were satisfied with the support they received from their RTO to meet ACRRM training requirements (although this figure continues to trend upwards with a significant increase from only 55% in 2017, 62% in 2019 and 78% in 2020).

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

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

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

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

When registrars were asked to rate how **impacted** they were by the **COVID-19 pandemic** in 2021:

- 19 per cent less registrars reported that their progression towards completion had been negatively impacted by COVID (2021: 27%; 2020: 46%)
- 12 per cent less reported that number of patients or presentations were negatively impacted by COVID (2021: 25%; 2020: 37%)
- 10 per cent less reported that the diversity of patients or presentations were negatively impacted by COVID (2021: 28%; 2020: 38%)
- 9 per cent less reported that the support for examination and assessments were negatively impacted by COVID (2021: 29%; 2020: 38%)
- 5 per cent less reported that the support to meet training requirements were negatively impacted by COVID (2021: 22%; 2020: 27%).

When registrars were asked to rate the **support** and **communication** for the delivery of GP training **throughout the COVID-19 pandemic**:

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

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

While 51 per cent of registrars that responded to the survey were not at all concerned with their current employment arrangements:

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

Over 50 per cent of registrars were paid a fixed salary and a percentage of their billings while:

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

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

- 85 per cent selected exam study
- 81 per cent selected portable leave entitlements
- 71 per cent selected annual leave
- 57 per cent selected personal leave
- 57 per cent selected parental leave
- 36 per cent selected long service leave.

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

- 39 per cent felt they were not at all informed about the transition process
- 45 per cent felt they were not at all impacted by the transition process
- 44 per cent had accessed information about the transition process from their RTO
- 41 per cent of RACGP registrars had accessed information about the transition process from RACGP
- 39 per cent of ACRRM registrars had accessed information about the transition process from ACRRM.

# NATIONAL REGISTRAR SURVEY 2021

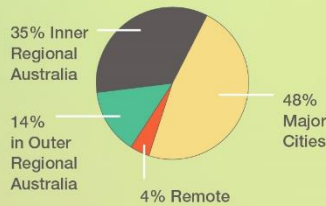
The AGPT NRS is an annual, national survey of GP registrars currently training in the AGPT program that collects information about registrar satisfaction, experience and future career plans. This information can be used to assure the quality of training provision, enable continuous improvement and allow results to be benchmarked nationally. These are the responses from the 1,105 registrars who participated in the 2021 survey.

## TRAINING EXPERIENCE

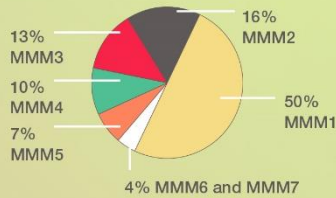
- 88%** were satisfied with their overall training and education from their RTO
- 91%** were satisfied with the overall training and education they received from their training facility
- 90%** were satisfied with the supervisor support
- 96%** were satisfied with the level of workplace responsibility
- 97%** were satisfied with the clinical work
- 85%** of registrars were satisfied with the overall education and training

## LOCATION OF TRAINING FACILITY

### BY REMOTENESS AREA



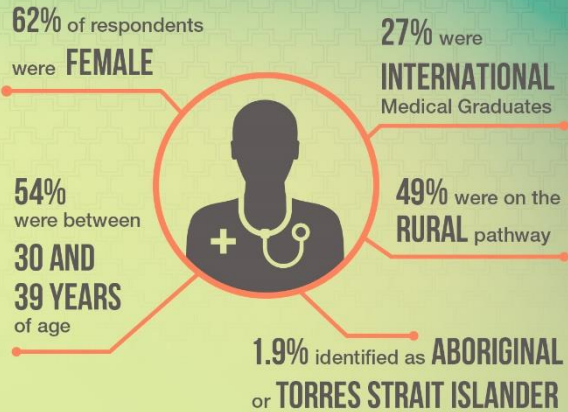
### MODIFIED MONASH MODEL



## OVERALL SATISFACTION WITH RESPONSE TO COVID-19



## REGISTRAR CHARACTERISTICS



## EMPLOYMENT AND SALARY ARRANGEMENTS



51% of registrars were not at all concerned with their current employment arrangements

- 36%** agreed that they should continue to be employed by training facilities
- 42%** agreed that they should be employed by a single employer throughout GP training

52% of registrars were paid a fixed salary and a percentage of their billings while:

- 53%** agreed they would prefer to negotiate their salary
- 55%** agreed they should be paid a fixed rate salary commensurate with the jurisdictional average for at-level hospital doctors throughout GP training



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



# Setting the Scene

## Background and context

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

These definitions underpin the training that each registrar undertakes as part of the Australian General Practice Training (AGPT) program. There are a number of different organisations involved in administering the AGPT program in Australia, including the two colleges and nine regional training organisations (RTOs) that operate across 11 training regions.

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

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

The AGPT National Registrar Survey (AGPT NRS), previously known as the AGPT Registrar Satisfaction Survey (AGPT RSS) is part of the Department of Health's (the Department) monitoring and quality improvement activities. The survey results are used by the Department to monitor registrar satisfaction levels with the vocational training delivered by the RTOs and understand registrars' experience in training. The survey was first introduced by General Practice Education and Training Limited in 2004 and has since been conducted annually.

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<sup>1</sup> RACGP. "What is General Practice?". RACGP. <https://www.racgp.org.au/education/students/a-career-in-general-practice/what-is-general-practice> (accessed August, 2021).

<sup>2</sup> ACRRM. "Becoming a rural general practitioner". ACRRM. <http://www.acrrm.org.au/about-the-college> (accessed August, 2021).

## Project overview

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

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

In April 2021, the Department engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to review and update the AGPT NRS instrument to ensure it continues to collect information that is relevant to and useful for the Department and other stakeholders while maintaining data that tracks changes in registrars' satisfaction and experience over time. ACER had previously administered the AGPT RSS and AGPT NRS from 2013 to 2020.

In 2021, two new sets of research questions were developed and these canvassed registrar's views on employment models, salary and entitlements, as well as awareness of the transition to college-led GP training. The research questions that were developed in 2020 addressing the effect of the COVID-19 pandemic on GP training were reviewed and those that looked at the support and impact the COVID-19 pandemic had on GP training were retained, while questions on telehealth were removed.

The 2021 AGPT NRS instrument included a broad range of questions that asked registrars about their experience and satisfaction in the AGPT program. Respondents were asked to reflect particularly on their experience in Semester One, 2021. The 2021 AGPT NRS instrument included questions relating to registrars':

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

This report details the background to the project, provides a brief overview of the methodologies employed in the survey collection and explores the findings from the 2021 survey. In addition to this National Report, training region reports have been produced for each training region which provide RTOs with more detail on their registrars' survey responses. Two college reports have also been prepared for RACGP and ACRRM that focus on the responses given by registrars completing a fellowship with each of the colleges.

## Methodology

The target population for the 2021 AGPT NRS included all registrars who were enrolled in the AGPT program who were in active training during Semester One, 2021. Registrars who were on extended leave during this time period and not in active training, or who were training as a hospital intern (PGY1) were excluded from the target population.

The Department provided ACER with a population list of all registrars in the target population. This information was extracted from the Department's Registrar Information Data Exchange (RIDE) system. ACER asked RTOs to check the contact details of their registrars, and identify if any registrars had been

included or excluded from the population list. This process identified that the full target population for the 2021 AGPT NRS included 4,366 registrars. During fieldwork, 455 registrars opted out from email and SMS correspondence and a further four registrars' emails bounced. These registrars were removed from the target population. Overall there were 3,907 registrars in the final target population. The survey was conducted as a census of all registrars in the target population.

As in previous administrations of the survey, the 2021 AGPT NRS was administered wholly online. Fieldwork was conducted between June 28 and August 6, 2021 (although we still accepted responses into mid-August). ACER managed the fieldwork operations in-house, including sending out email and SMS invitations and reminders to registrars. RTOs provided invaluable assistance before and during the fieldwork period to promote the survey to their registrars using marketing materials designed by ACER. We also had help from GPRA and ACRRM to promote the survey using their social media channels and newsletters. Survey responses were returned directly to ACER and stored securely and separately from respondents' personal information to ensure the confidentiality of their responses.

## 2021 AGPT NRS findings

This section provides an overview of the findings from the 2021 AGPT NRS and provides a snapshot of registrars' experience and satisfaction with their training in Semester One, 2021. Where appropriate, comparisons have been made with results from previous administrations of the survey.

This section reports on the level of response received and the representativeness of the registrars who responded to the 2021 AGPT NRS as well as providing insights into the training contexts of registrars. It then provides an overview of registrars' overall satisfaction, a summary of the Key Performance Indicators (KPI), and a summary of registrars' satisfaction with their RTO and training facility. The findings also include insights into registrars' satisfaction with the health and wellbeing support they receive, their experience training through the COVID-19 pandemic, their experience of training in Aboriginal and Torres Strait Islander health, their views on employment models, salary and entitlements, their awareness and the impact of the transition to college-led GP training, the choices they have made in their training, their reasons for choosing their current RTO and fellowship, and their future career aspirations.

Response frequencies are given for each item in Appendix C, a copy of the questionnaire that was used in the 2021 AGPT NRS is included in Appendix D, and tabular alternatives for the figures included in the report are included in Appendix E.

### Survey representativeness, respondent characteristics and training contexts

A total of 1,329 registrars commenced the survey. Of these, 130 registrars dropped out before answering any questions in the survey while 94 registrars dropped out of the survey before answering any questions relating to their experience or satisfaction with training. The responses from the remaining 1,105 registrars are the focus of this report (approximately 80 less responses than in 2020).

Overall, a 28 per cent response rate was achieved in the 2021 APGT NRS. This is a further reduction to the proportion of responses received when compared with previous years (2020: 31%; 2019: 38%; 2018: 42%; 2017: 40%), however, the response is still at a rate that ensures valid and reliable results. As this survey went into the field, lockdowns in response to COVID-19 Delta outbreaks were occurring in four states. Over the period of the survey, two of those states came out of lockdown and those in NSW and Victoria slowly moved into harsher restrictions. Furthermore, GPs played a crucial role in providing advice to their patients on available vaccines, further increasing their response to the pandemic in a time that the survey was in the field. The level of response varied by training region from 25 per cent to 42 per cent, a similar range to those seen in 2020.

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

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

**Table 1: 2021 AGPT NRS representativeness of respondents with population for different registrar characteristics**

Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
All registrars		1,105	-	3,907	-
Gender	Female	688	62.3	2311	59.2
	Male	417	37.7	1596	40.8
Indigenous status	Aboriginal or Torres Strait Islander	21	1.9	71	1.8
ADF status	Australian Defence Force	27	2.4	89	2.3
Rural Generalist	Rural Generalist	56	5.1	199	5.1
Pathway	General	568	51.4	2106	53.9
	Rural	537	48.6	1801	46.1
Age	20 to 29	234	21.2	945	24.2
	30 to 39	601	54.4	2202	56.4
	40 to 49	207	18.7	598	15.3
	50 plus	63	5.7	162	4.1
Citizenship	Australian Citizen	867	78.5	3101	79.4
	Australian Permanent Resident	213	19.3	722	18.5
	Australian Temporary Resident	6	0.5	17	0.4
	New Zealand Citizen or Permanent Resident	16	1.5	63	1.6
	Not Specified	<4	-	<4	-
Fellowship	FACRRM	114	10.3	346	8.9
	FRACGP	930	84.2	3374	86.4
	FRACGP & FACRRM	4	0.4	11	0.3
	FRACGP & FACRRM & FARGP	5	0.5	15	0.4
	FRACGP & FARGP	52	4.7	161	4.1
Training Status	Completed Time	0	0.0	0	0.0
	Enrolled	1060	95.9	3515	90.0
	Enrolled (Partially Fellowed)	<4	-	7	0.2
	Fellowed	42	3.8	378	9.7
	Uncertain	0	0.0	0	0.0
	Withdrawn	<4	-	7	0.2

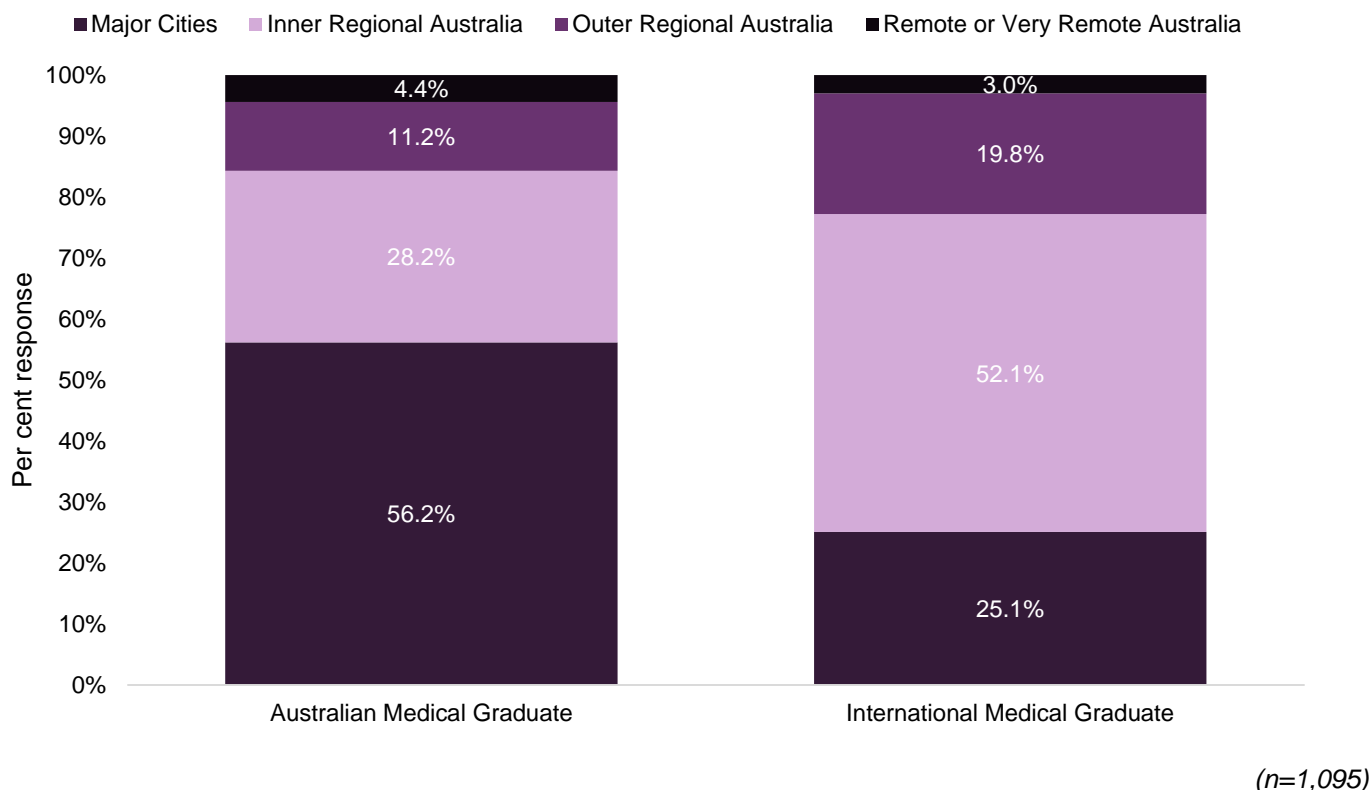
Registrar characteristics		Response (n)	Response (%)	Population (n)	Population (%)
Training region	Eastern Victoria	100	9.0	321	8.2
	South Eastern Queensland	137	12.4	485	12.4
	Tasmania	31	2.8	108	2.8
	North Western Queensland	108	9.8	376	9.6
	North Eastern NSW	167	15.1	663	17.0
	Lower Eastern NSW	117	10.6	424	10.9
	Western NSW	62	5.6	207	5.3
	South Australia	86	7.8	318	8.1
	Western Victoria	141	12.8	454	11.6
	Northern Territory	38	3.4	90	2.3
	Western Australia	118	10.7	461	11.8

(n=3,907)

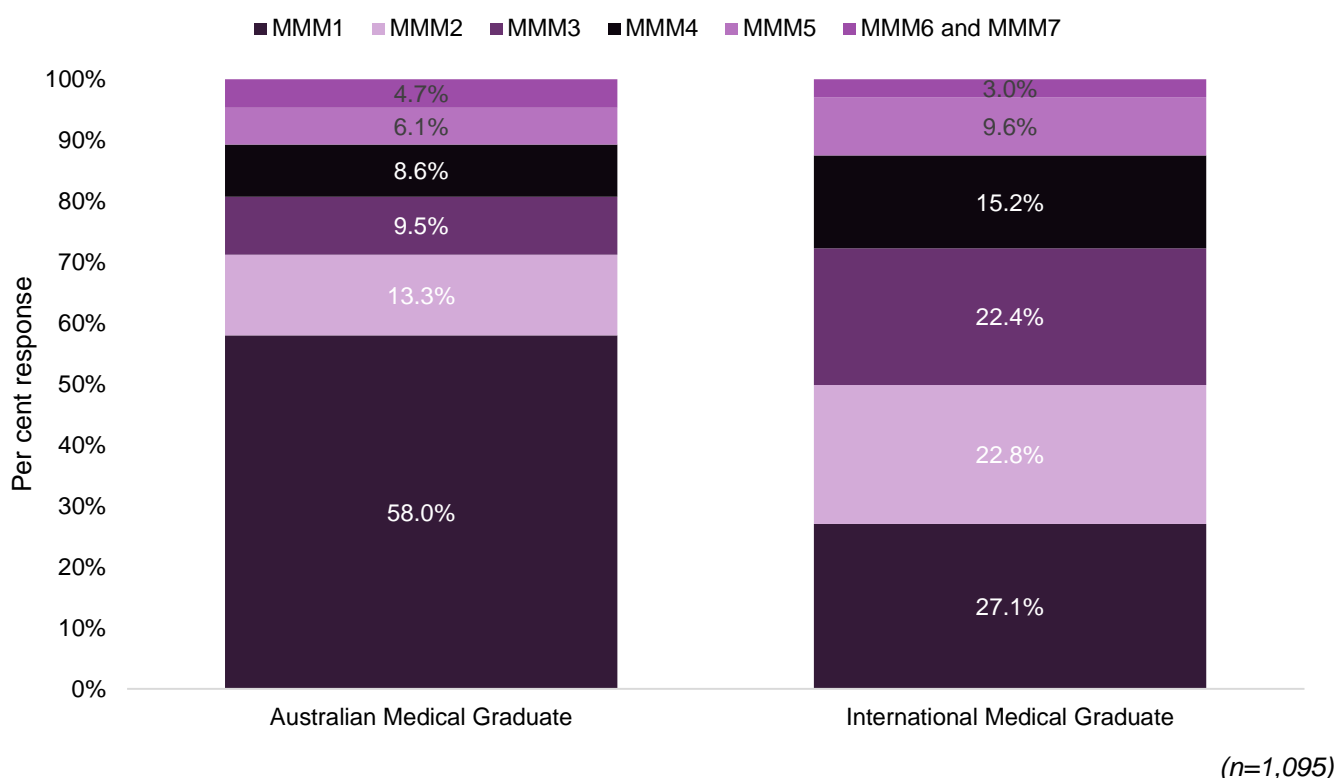
Registrars who responded to the 2021 AGPT NRS came from a range of backgrounds. Just under half of all registrars were born in Australia, with 68 other countries making up the country of birth of respondents. After Australia, the most common countries of birth for registrars who participated in the survey were India (6%), United Kingdom (4%) and Malaysia (3%), Pakistan (3%) and Sri Lanka (3%).

Similar to previous years, 72 per cent of registrars who participated in the survey were graduates from Australian medical schools (AMG). International medical graduates (IMG) – registrars who did not graduate from medical degrees from either Australia or New Zealand – who participated in the survey were far more likely to be older (47% are 40 plus years compared with only 16% of AMG), nearly twice as likely to have dependants (86% of IMG, 45% AMG) and be in the rural pathway (79% of IMG, 36% AMG). Likewise, Figure 1 and Figure 2 show that IMG were half as likely to be in MMM1 (27% IMG, 58% AMG) or working in RA1: Major Cities (25% IMG, 56% AMG) while similar proportions of Australian and international medical graduates were working in remote or very remote areas or in MMM5, MMM6 and MMM7. The difference in the proportions of AMG and IMG working in each area is likely due to the Section 19AB restrictions of the Health Insurance Act 1973. This generally requires doctors who received their training at an international medical school (as well as foreign graduates of Australian medical schools) to work in a Distribution Priority Area, which tend to be concentrated in regional and remote parts of Australia.

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



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



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

Table 2 provides a summary of registrars' training contexts. Most registrars were currently training in General Practice Training (GPT) terms one to three (67%), and five per cent were currently training in Core Generalist Terms (CGT) terms one to four. Twenty-two per cent of registrars indicated that they were training in the areas of Extended Skills, Advanced Rural Skills Training (ARST) or Advanced Specialised

Training (AST) – this is a five per cent increase from 2020. These registrars were asked to indicate the area in which this training occurred. Areas of Extended Skills, ARST or AST that had more than ten registrars undertaking training were in the fields of Emergency Medicine, Aboriginal and Torres Strait Islander Health, Dermatology, Obstetrics and Gynaecology, Anaesthetics, Paediatrics, Mental Health and Skin Cancer Medicine.

Registrars were asked about the training they did during Semester One, 2021. Most registrars (89%) were training in just one training facility, an increase of 4 per cent from last year. The majority of registrars – 67 per cent – were working full-time during Semester One, 2021. As in previous years, a much higher proportion of male registrars (75%) indicated that they were working full time compared with female registrars (57%). More than half of all respondents had dependants (56% of female and 58% of male respondents). Of those registrars who work part-time, three times as many responders had dependants than no dependants (76% dependants, 24% no dependants).

When asked about their experience prior to commencing the AGPT program, 30 per cent had participated in the Rural Clinical School. This experience seems to be linked to registrars' training choices with 53 per cent of registrars who were completing a fellowship with ACRRM having experience training in the Rural Clinical School compared with just 28 per cent of RACGP registrars. Likewise, 51 per cent of registrars who are training to be Rural Generalists having completed a term in a Rural Clinical School while in contrast, 30 per cent of those in both the Rural or General pathways have completed the Rural Clinical School.

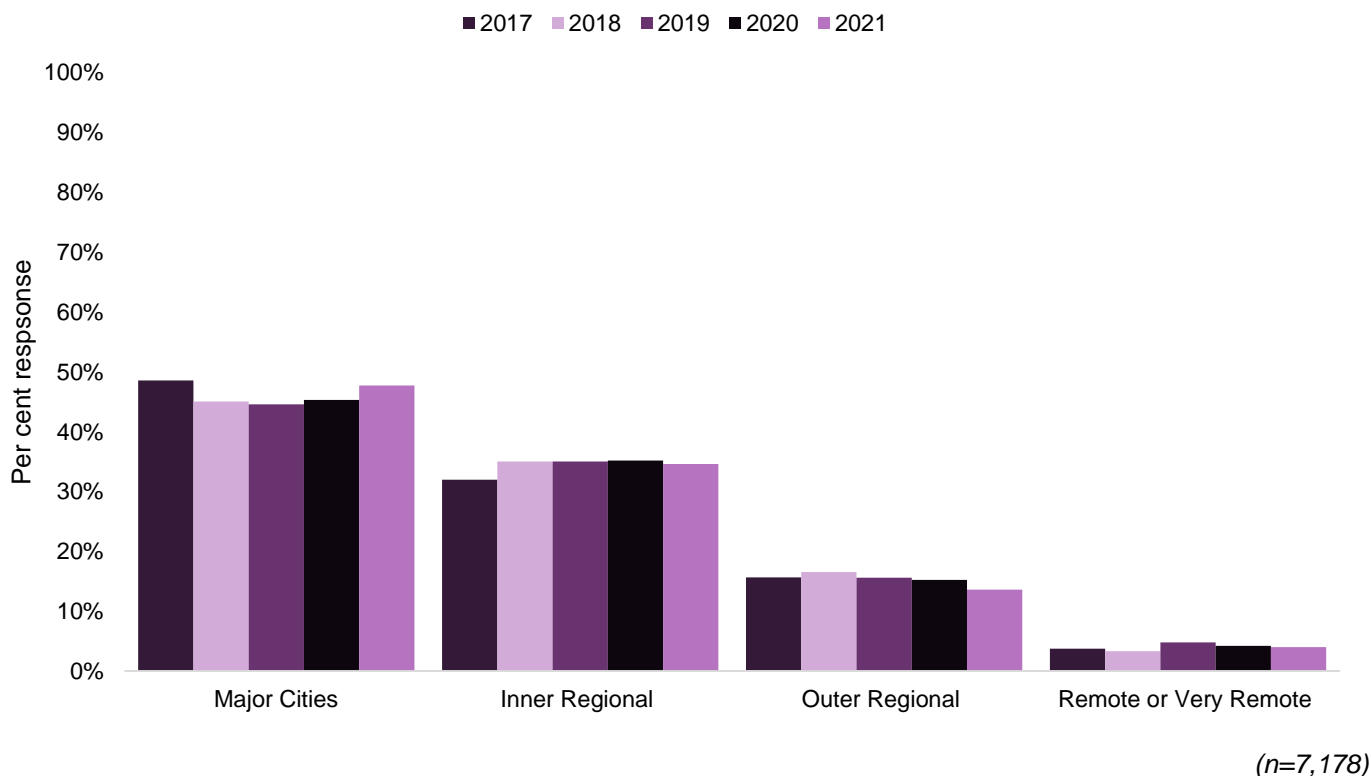
**Table 2: Registrar training contexts**

Training contexts		Response (n)	Response (%)
Full time equivalent load	Less than 0.4	56	5.1
	0.5 to 0.6	174	15.8
	0.7 to 0.8	134	12.1
	0.9 to 1.0	735	66.6
Number of training facilities	One	983	89.0
	Two	118	10.7
	Three	2	0.2
Completed prior to training	Prevocational General Practice Placements Program (PGPPP)	68	6.5
	First Wave Scholarship (GP placement in the undergraduate years)	43	4.2
	Rural Clinical School	314	30.0
	Commonwealth Medical Internships	130	12.6
	Bonded Medical Places (BMP) Scheme	148	14.3
	Medical Rural Bonded Scholarship (MRBS) Scheme	56	5.4
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	56	5.4
	John Flynn Placement program	83	8.1
	State rural generalist programs	67	6.5
	Remote Vocational Training Scheme	8	0.8
	HECS Reimbursement Scheme	197	19.1
	RACGP Practice Experience Program (PEP)	9	0.9
	ACRRM Independent Pathway	4	0.4
	More Doctors for Rural Australia Program	4	0.4
	Community Residency Placement (WA)	27	2.6
	Training towards any other fellowship	123	11.9
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	6	0.6
Current training	GPT1 Term	346	31.8
	GPT2 Term	82	7.5
	GPT3 Term	311	28.6
	CGT1	25	2.3
	CGT2	7	0.6
	CGT3	11	1.0
	CGT4	9	0.8
	Extended Skills	180	16.5
	Advanced Rural Skills Training (ARST)	22	2.0
	Advanced Specialised Training (AST)	41	3.8
	Academic post	12	1.1
	GPT4 / Extension Awaiting Fellowship	77	7.1
	Mandatory Elective	3	0.3
	Extension due to COVID	21	1.9
	Extension awaiting assessment / exams	15	1.4

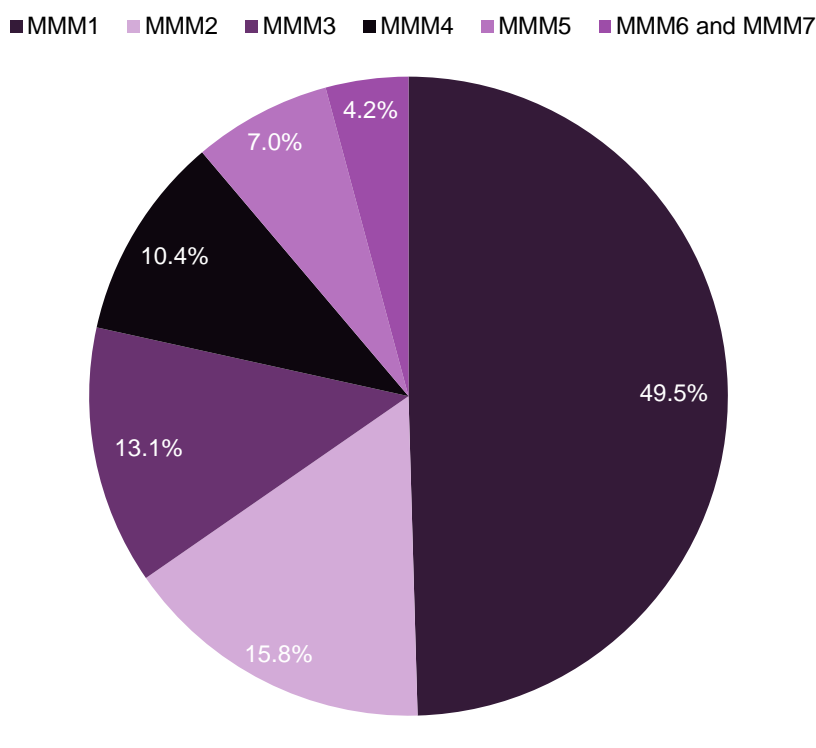
(n=1,105)



As in 2020, three-quarters of all registrars were training in New South Wales, Queensland or Victoria. Fifty-two per cent of the registrars who responded to the survey were training in regional or remote areas of Australia (a reduction by 3% from last year), relatively consistent with registrars who responded to the survey in previous years (Figure 3). In 2021 we have also recorded registrars' MMM location and just under half were training in MMM1 while just over a third were training in MMM3-7 (Figure 4).



**Figure 3: Location of registrars' current training facility in 2017 to 2021 by Remoteness Area**

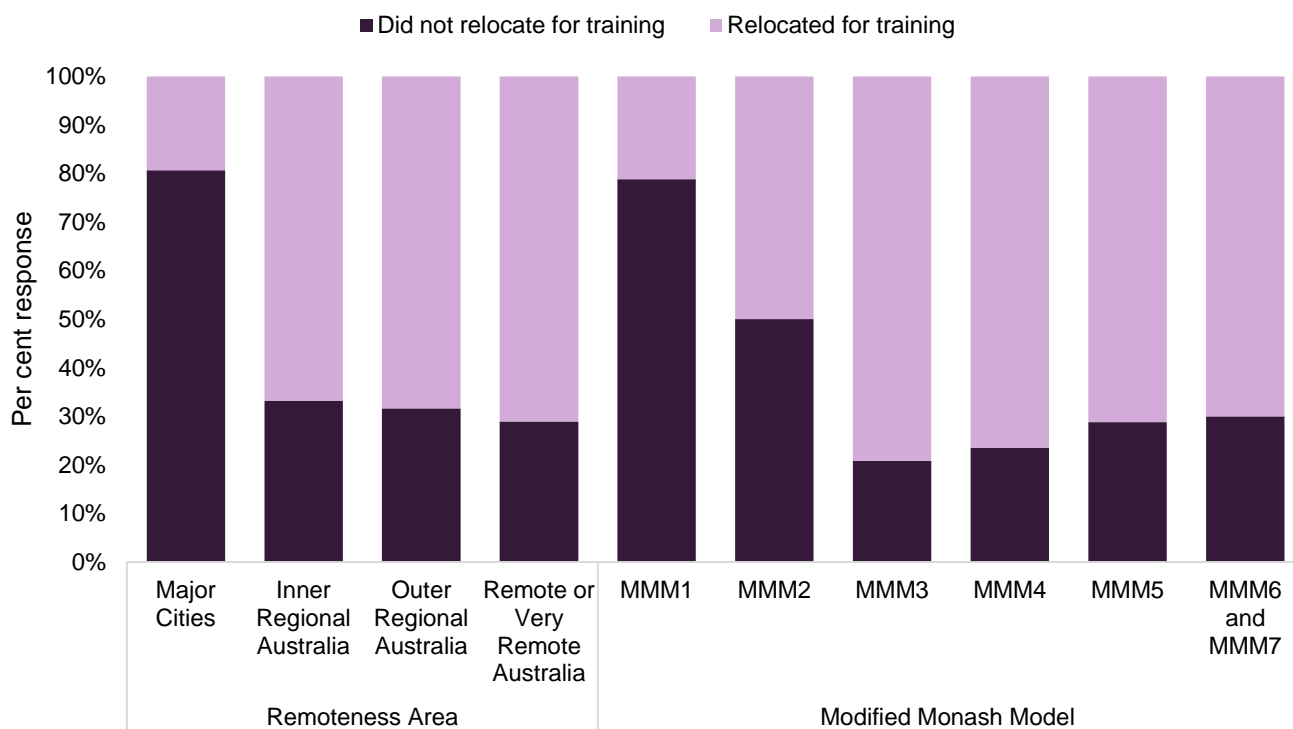


**Figure 4: Location of registrars' current training facility in 2021, Modified Monash Model**

Forty-five per cent of all registrars reported moving to their current region to undertake training, this includes 49 per cent of males compared with 42 per cent of females. Similar to the response from 2019 and

2020, registrars completing a fellowship with ACRRM were more likely to have moved to undertake training (67%) than registrars completing a fellowship with RACGP (42%), and those on the Rural pathway, more than 2.5 times more likely to have moved to complete their training compared with those on the General pathway (Rural: 66%, General: 25%). International medical graduates were also more likely to have moved to undertake training (57%) than Australian medical graduates (40%).

The proportion of registrars within each training region who had moved to undertake training ranged from between 32 and 69 per cent of respondents – a smaller range than in 2020 (in 2020: 29 - 75%). For those registrars working in major cities, only 19 per cent had moved to complete training compared with between 67 and 71 per cent of respondents training in either inner regional, outer regional, or remote locations (Figure 5). Likewise, when looking at the MMM, only 21 per cent of respondents from MMM1 had moved to complete their training compared with between 70 – 79 per cent from MM2-7 (Figure 5).



(n=1,100)

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

### Overall satisfaction

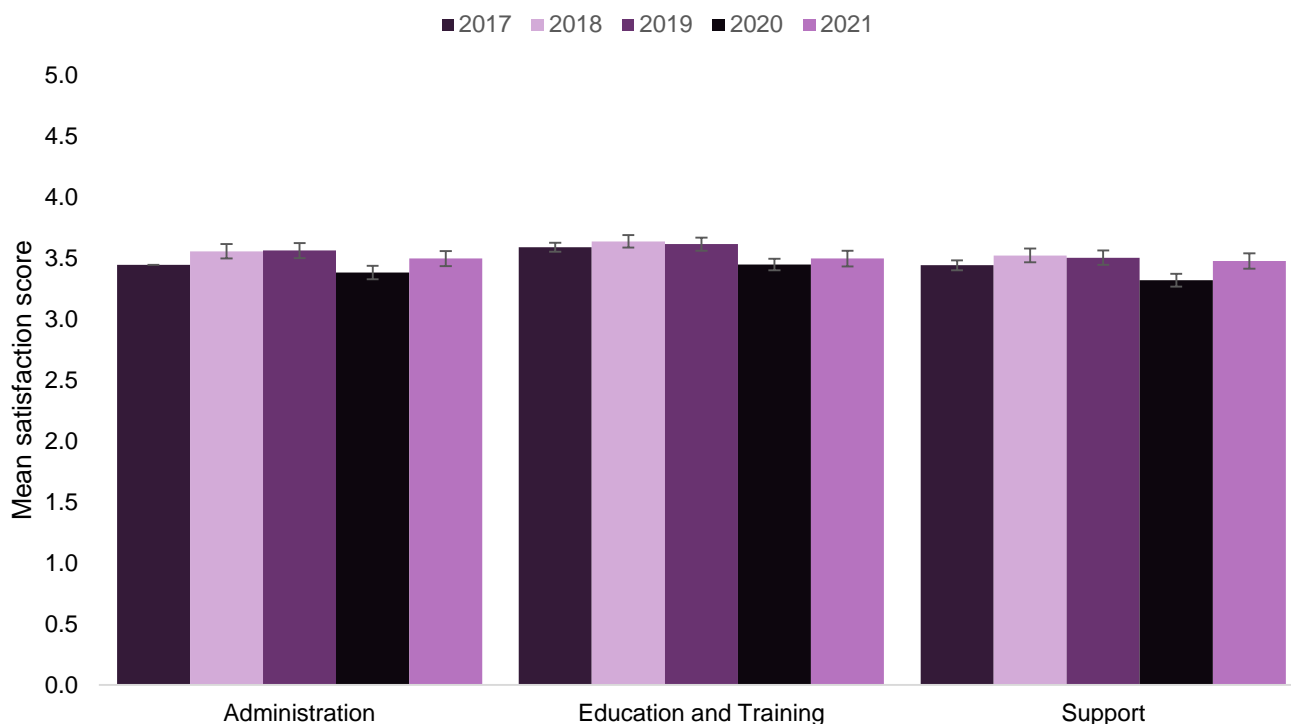
Registrars were asked to reflect on their training to date and to rate their overall satisfaction with the administration of the program, their education and training, and the support they received.

Registrars are relatively satisfied with their overall training experience, with 85 per cent satisfied with the program’s administration, 84 per cent satisfied with their education and training and 83 per cent satisfied with the support they received. The proportion of registrars satisfied increased from 2020 to 2021 for both administration (up 2.1 percentage points) and support (up 2.9 percentage points) while this figure had dropped by only 0.3 percentage points for satisfaction with education.

Figure 6 shows that the overall mean satisfaction scores<sup>3</sup> for administration, education and training, and support have increased after the drop we saw in 2020. In 2021, these increases show no significant difference between the scores of 2019 and 2021 for administration and support, while there was a very

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

small, but significant decrease still evident for overall satisfaction with education. Notably, there was a significant increase from 2020 to 2021 in overall mean satisfaction score for support.



(2017: n=1,684; 2018: n=1,675; 2019: n=1,496, 2020: n=1,179, 2021: n=1,105)

**Figure 6: Mean overall satisfaction of registrars with the AGPT program from 2017 to 2021**

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

As in 2020, there was a difference in overall satisfaction between International medical graduates who reported a small but significantly higher level of satisfaction for each overall area of administration, education and training, and support provided than Australian medical graduates with mean responses 0.4 points higher for each mean response. There was also a small, but significant difference in overall satisfaction with administration between the 30 to 39 and 40 to 49 age group (with the older category being more satisfied), but not between any other age groups or between different age groups for overall satisfaction with education or support.

## Satisfaction by Key Performance Indicators

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

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

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

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

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

A summary of the KPIs calculated with a '3', '4' or '5 – very satisfied' response are shown in Table 3 along with their error margins reported at a 95 per cent confidence interval. The KPIs for 2021 are statistically reliable to within less than 2.4 percentage points, apart from KPI 3 which is statistically reliable to within 6.1 percentage points.

**Table 3: Key Performance Indicators 2021**

Key Performance Indicators	Satisfied (%)	Error margin (%)
KPI 1: Overall satisfaction*	79.3	2.4
KPI 2: Satisfaction with RTO support (no incident)*	84.5	2.4
KPI 3: Satisfaction with RTO support (with incident)*	67.4	6.1
KPI 4: Satisfaction with supervision	90.4	1.7
KPI 5: Satisfaction with practice location	93.9	1.4
KPI 6: Satisfaction with infrastructure / resources*	88.0	1.9

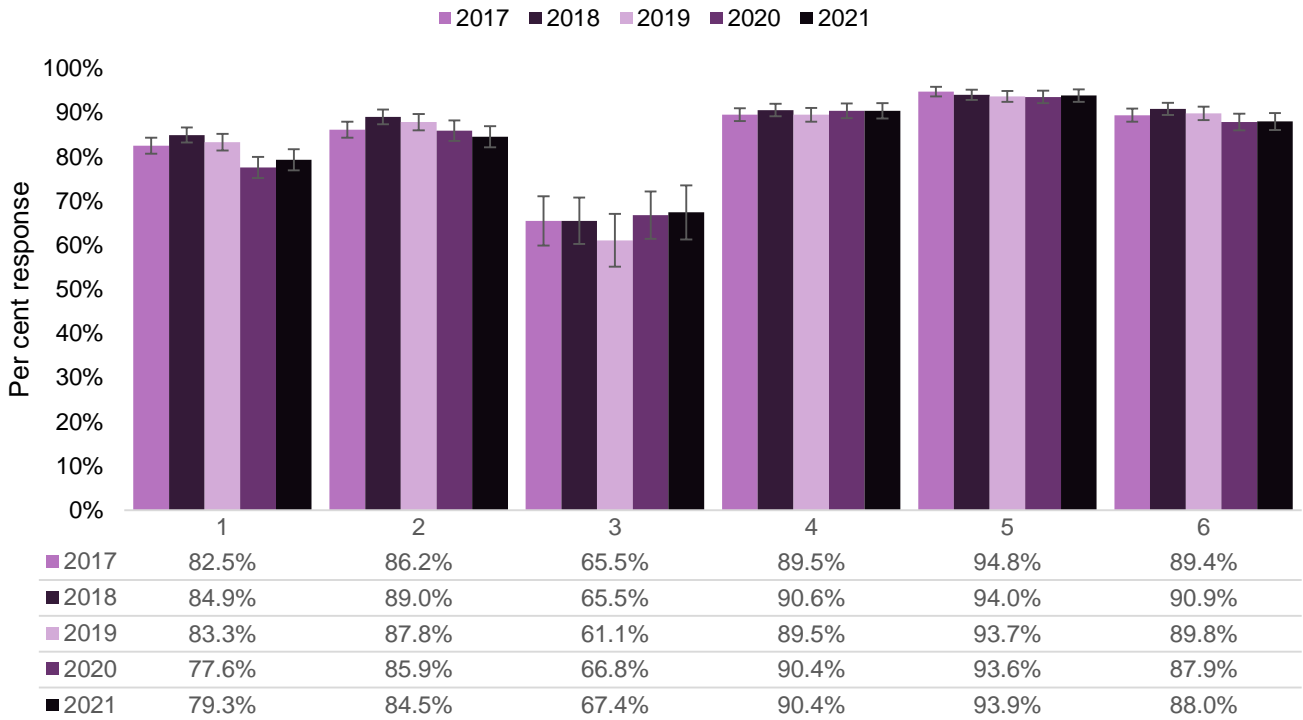
(n=1,105)

Figure 7 shows the KPI results from the 2017 to 2021 AGPT NRS calculated from responses of '3', '4' or '5 – very satisfied'.

### Analysis of KPI results from 2017 to 2021

- After seeing a significant drop in KPI 1: Overall Satisfaction from 2019 to 2020 (nearly 6%), there has been a 2 per cent increase in 2021 from 2020 so that in 2021, KPI 1 is now only significantly lower than the value reported in 2018, but not for 2017, 2019 or 2020.
- KPI 2: Satisfaction with support (no incident) has had another decrease, and is now significantly lower than the result reported in 2018, but not in 2017, 2019 or 2020.
- There was another slight increase in KPI 3: Satisfaction with RTP Support (with incident) from its low in 2019, however, due to larger error margins, these results are not significantly different between 2017 and 2021.

- Differences in KPIs 4, 5 and 6 were all within one or two percentage points of 2019 and 2020 results.



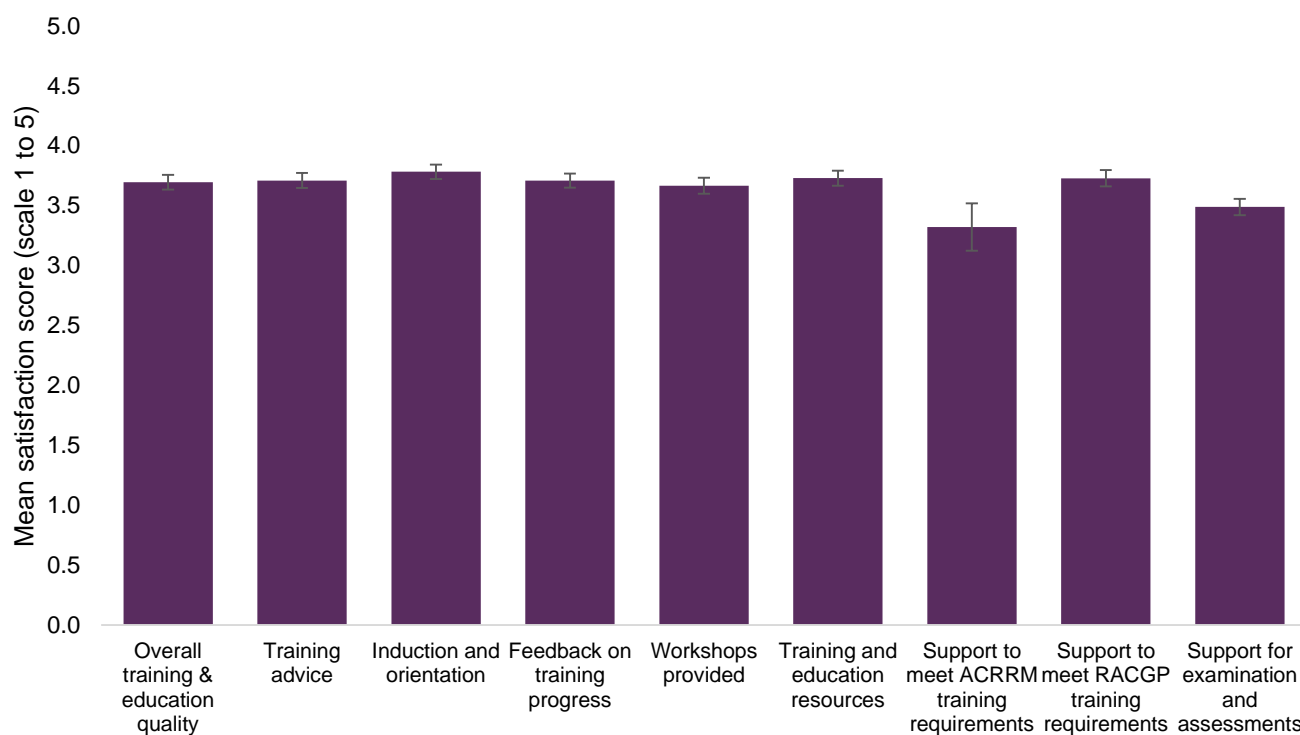
(2017: n=1,700; 2018: n=1,695; 2019: n=1,492; 2020: n=1,188; 2021: n= 1,105)

**Figure 7: Key Performance Indicator results, 2017 to 2021**

## Satisfaction with RTOs

RTOs have various roles in registrars' training, including providing registrars with support and advice, helping registrars plan their training and learning, managing the placement matching of registrars and training facilities, providing registrars with training resources, and organising education and training events and activities, among others. The 2021 AGPT NRS included several questions that asked registrars about their satisfaction with different aspects of their RTO.

The results, as shown in Figure 8, suggest that registrars are satisfied with their experience with their RTOs, reporting average satisfaction scores of between 3.3 and 3.8 on a five point scale. As in 2020, registrars rated the induction and orientation provided by RTOs the most positively. Values for support to meet both ACRRM or RACGPs training requirements were the same as those reported in 2020, therefore once again, registrars completing a FACRRM were less likely to feel supported by their RTO to meet ACRRM's training requirements (holding steady at 3.3 on the five point scale) than registrars who were completing a FRACGP or FARGP were with support from their RTO to meet RACGP's training requirements (3.7).



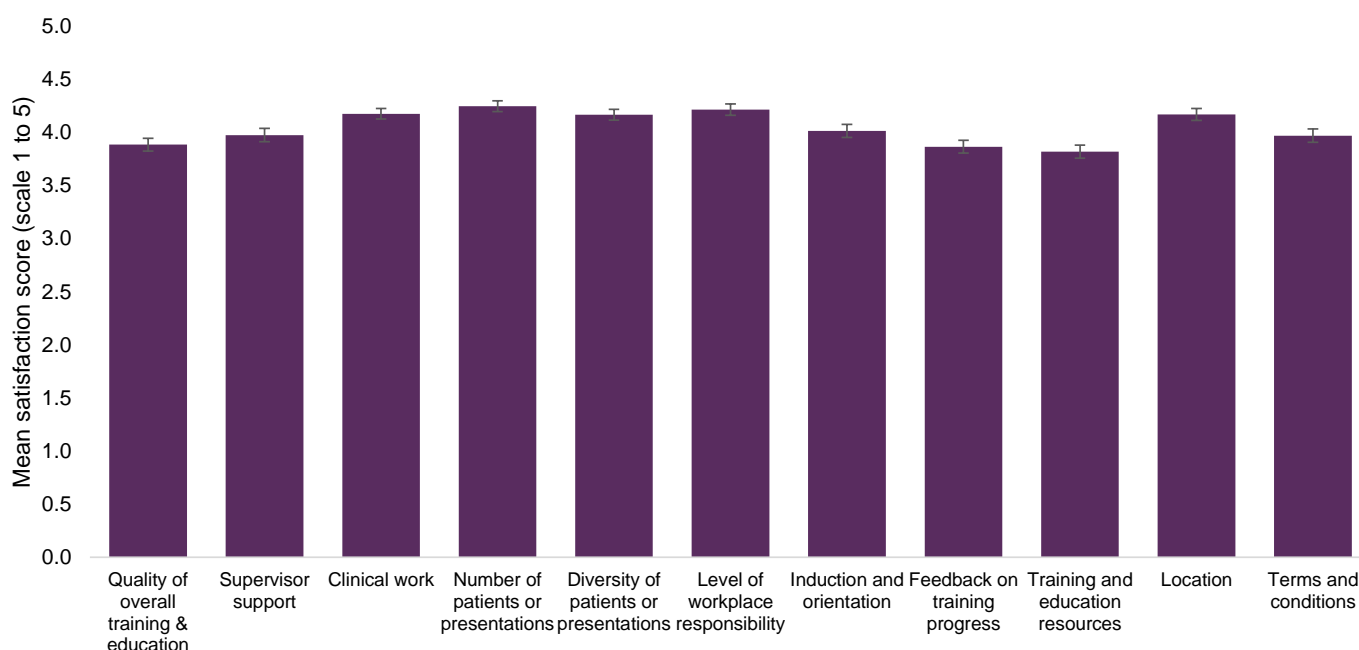
(n=1,096)

Figure 8: Satisfaction with different aspects of RTO

## Satisfaction with training facilities

Registrars undertake much of their training while working in general practices, Aboriginal medical services, and other medical facilities. These training facilities have an important role in registrars' training experience. The 2021 AGPT NRS included several questions that asked registrars about their satisfaction with various aspects of their training facility.

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



(n=1,096)

**Figure 9: Satisfaction with different aspects of training facilities**

## Qualitative findings

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

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

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

When asked about the best aspects of registrars' experience with training, the most frequently cited theme related to registrars' practice workplace and colleagues (19%). These comments related to the level of support provided by supervisors, other clinicians, and administrative staff, as well as the work environment more generally.

*“Both practices I have been at have been amazing, I didn't want to leave my first practice and had to because of the 2 practice rule. In the end I am glad this is a requirement as I have had a very different but equally as good experience at my current practice” Rural Pathway, Female, FRACGP*

*“The level of support is the top positive experience, my focus is on safe practice having transitioned to GP from hospital, and the supervisor, training programme as well as clinic staff provided just that” General Pathway, Male, FRACGP*

The next most commonly cited theme related to supervisors and supervision (18%). Many registrars mentioned that their supervisors had provided them with significant support and mentorship.

*“Best aspects of my experience has been the absolute fantastic training I have received from my supervisor and primary GP at my GP practice. She is the reason my training has been colourful, rich and supported” Rural Pathway, Female, FRACGP & FARGP*

*“Current placement has been very enjoyable with excellent learning opportunities and supervision” Rural Pathway, Female, FACRRM*

Another commonly cited theme included the workshops or education days (14%). The aspects of the workshops and education days that registrars mentioned included both the workshop content, delivery, learning opportunities and also having opportunities to meet with other registrars.

*“training days were packed with information, collaboration, opportunity to communicate with administration, catch up with peers, debrief. I gained so much out of the training days the first year” Rural Pathway, Female, FACRRM*

*“The workshops, when provided by my RTO, were helpful, informative & well run. The educators were excellent, engaged & helpful; definitely the best aspect” General Pathway, Male, FRACGP*

In addition to these themes, registrars also mentioned the level of overall support (12%), the support provided by their RTO (11%), gaining exposure to a range of cases or patients (10%), and the medical educators (7%).

When asked about the aspects of their experience in training that were most in need of improvement, around seven per cent of registrars indicated that nothing in the AGPT program needed improvement. The most commonly mentioned theme was support and preparation for exams (20%). These comments related to having a clear curriculum to study towards, as well as not having to rely on expensive external exam preparation courses. Receiving timely feedback on the exams also featured in registrar responses.

*“Better exam preparation as most of trainees are paying for extra courses to prepare for exams. Mock exams need to be more of a realistic reflection of the actual exams - both written and RCE mocks were not similar to the level of standard expected in the actual exams” General Pathway, Female, FRACGP*

*“Training needs to also focus on examination as well. Need to get all registrars ready for the examination for which they entered this pathway to become fellow of the college. The college should provide some framework to get ready for the exam rather than taking money and ask all high ranked questions to show that the registrar as not trained or ready for the future work-life.” Rural Pathway, Male, FRACGP*

*“There has been no overall curriculum document provided to us to ensure we are staying on track with our studies- this is provided routinely in the UK and can be very helpful when studying for exams. Feedback from exams (especially KFP) can be completely conflicting which makes studying for these exams even harder as you may be guessing what the examiner wants” General Pathway, Female, FRACGP*



Other areas of the AGPT program that registrars indicated needed improvement related to the amount and quality of communication registrars received (12%), a lack of support (9%), this included general support from RTOs, the colleges and training practices, and registrars' terms and conditions or pay (7%).

## Rural and General Pathway

A brief analysis was undertaken to look at whether differences occurred in satisfaction between registrars enrolled in the rural and general pathways. Table 4 indicates that the overall satisfaction does not differ significantly between registrars on the general or rural pathway in either administration, education and training or support. Notably, in 2020 there was a not significant difference of 4.7 percentage points between the general and rural pathways in response to overall satisfaction in education and training, this gap has narrowed in 2021 to 0.6 percentage points.

**Table 4: Overall Satisfaction of registrars on the general and rural pathways**

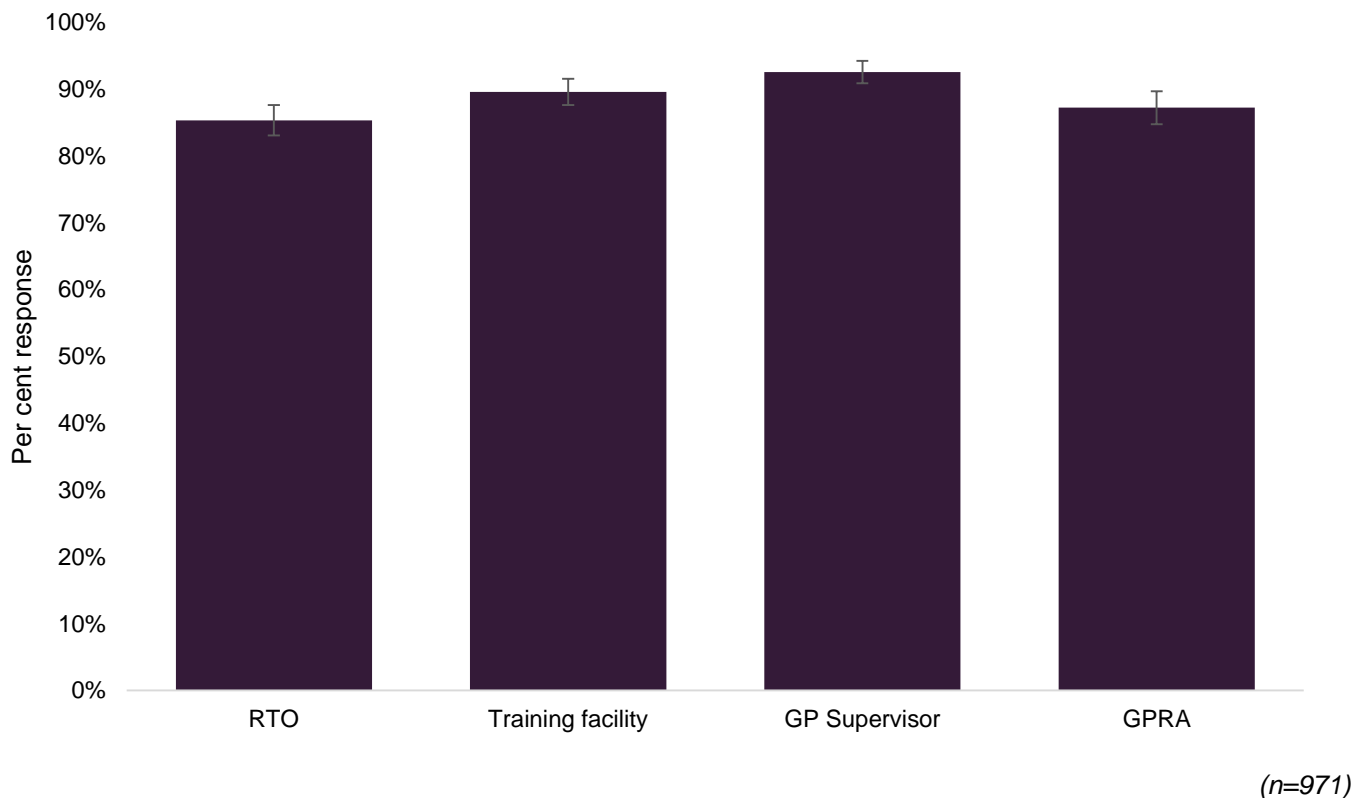
Overall Satisfaction	General (%)	Rural (%)
Administration	84.5	84.4
Education and training	83.8	84.4
Support	82.0	83.5

(n=1,096)

Exposure to a range of cases or patients (39%), being part of a community / community feeling (16%), clinical or procedural experience (13%), autonomy / level of responsibility (9%), practice location (8%), practice workplace or colleagues (8%) and being rural or regional (8%) were most cited as the best reasons for being on the Rural Pathway. Alternatively, lack of support (11%), terms and conditions or pay (10%), nothing (10%), expensive or cost (need of financial support) (10%), amount of training or training availability (9%), supervision or supervisor (7%), and training requirements (5%) were mentioned as areas of the rural pathway that needed most improvement.

## Health and wellbeing

As in the previous few years, registrars were asked a series of questions regarding their health and wellbeing (Figure 10). When these figures were compared with those from 2019 and 2020, satisfaction with the health and wellbeing support from all of RTOs, training facilities, GP Supervisors and GPRA remained stable.



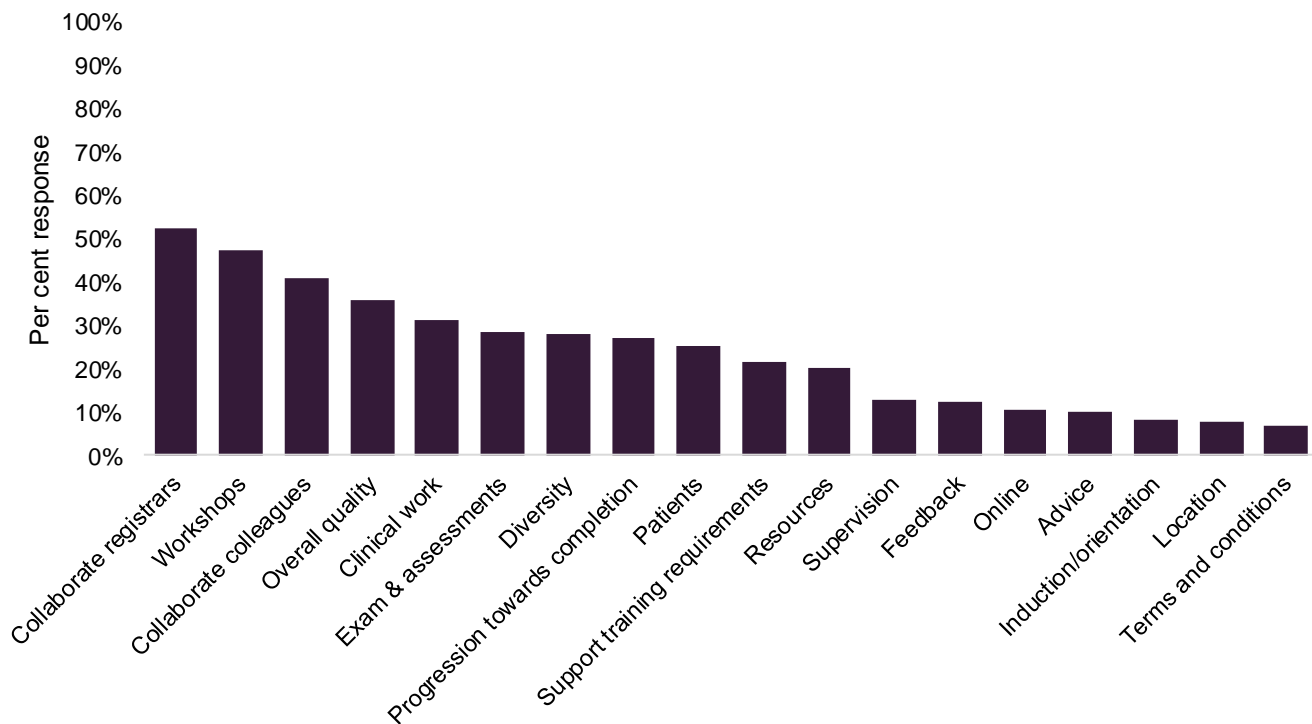
**Figure 10: Satisfaction with health and wellbeing support by source of support**

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

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

Registrars were invited to respond to a series of questions rating the impact that COVID-19 had on different aspects of their training. Figure 11 shows the proportion of registrars who selected either '5 - Very negative impact' or '4' on a 5 point scale, effectively ranking those aspects of their training that were most affected by the COVID-19 pandemic. Once again, the ability of registrars to collaborate with other registrars, workshops, and collaborating with colleagues were found by over 40 per cent of all registrars to have been negatively impacted by COVID-19 and more than one-third of all registrars reported that the overall quality of their training and education experience was also negatively impacted (36%). Interestingly, compared with 2020, in 2021

- 19 per cent less registrars reported that their progression towards completion had been negatively impacted by COVID (2021: 27%; 2020: 46%)
- 12 per cent less reported that number of patients or presentations were negatively impacted by COVID (2021: 25%; 2020: 37%)
- 10 per cent less reported that the diversity of patients or presentations were negatively impacted by COVID (2021: 28%; 2020: 38%)
- 9 per cent less reported that the support for examination and assessments were negatively impacted by COVID (2021: 29%; 2020: 38%)
- 5 per cent less reported that the support to meet training requirements were negatively impacted by COVID (2021: 22%; 2020: 27%).



(n=1,016)

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

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

An open response question asking registrars what could have been improved about the program's response to the COVID-19 pandemic and the change in how the program was delivered was also asked in this section of questions. The most common responses referred to the desire to return to face to face training, consultations and workshops (13%). Registrars in regions that were less affected by COVID-19 (and at the time of the survey other regions who were not in lockdown yet) felt the need to remain fully online was not necessary.

*"Face to face education and workshop really could have returned when the state is out of lockdown. Seems ridiculous to still do zoom education when there were 0 cases of COVID"*  
Rural Pathway, Male, FRACGP

*"Face to face workshops with registrars are sorely missed as neither friendship or study groups have been formulated"* General Pathway, Female, FRACGP

*"Hopefully more face to face workshops done via the local node as the practical workshops face to face seems to be more effective than the online ones. Most of our face to face workshops were delayed and most were done online."* Rural Pathway, Female, FRACGP

Other areas around the COVID-19 response that registrars indicated needed improvement related to the delivery of and communication around exams (12%), opportunities to network and interact with other registrars (7%), more training in general but also around guidelines surrounding COVID-19 (7%), and more frequent and better quality online training (6%).

## Aboriginal and Torres Strait Islander Health

Registrars were asked a number of questions relating to their experience, future plans and their support in working in Aboriginal and Torres Strait Islander Health. As in 2020, twenty-one per cent of registrars were either currently training or had already completed a training post in an Aboriginal health training post (for example an Aboriginal Medical Service or Aboriginal Community Controlled Health Service). A further quarter of all registrars who were not currently training, or who had not yet completed training were considering undertaking training in an Aboriginal health training post – figures once again identical to 2020. In addition, there were 21 respondents who were undertaking Extended Skills, ARST or AST in Aboriginal or Torres Strait Islander Health, the second most common area behind Emergency Medicine.

The vast majority of registrars had received an orientation to Aboriginal and Torres Strait Islander health (91%) and training in Aboriginal and Torres Strait Islander cultural safety (90%). Of those registrars currently undertaking training in an Aboriginal health training post (11% of registrars who responded to the survey), 71 per cent had access to a formal cultural mentor, and 93 per cent were satisfied with this support.

## Employment Models and Salary

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

Half of all registrars who responded to the survey replied that they had no concerns about the current employment arrangements. A further 28 per cent replied that they were somewhat concerned while 19 per cent were quite a bit or very much concerned by the current employment arrangements.

Currently GP registrars are employed directly by their current training facility and as a result have several different employers through GP training. An alternate employment model would be for GP registrars to be employed by a 'single employer', potentially being employed by government, their College, or another organisation, while training in multiple training facilities. When asked which model of employment they agreed with most, 36 per cent agreed or strongly agreed that they'd prefer to continue with the current employment arrangements - being employed by their training facility. A slightly larger proportion, 42 per cent, agreed or strongly agreed they'd prefer to be employed by a single employer. Interestingly, five per cent agreed or strongly agreed with both statements which may indicate a mix of the two models.

RACGP registrars were more likely than ACRRM registrars to want to maintain the status quo and continue employment with individual training facilities (ACRRM: 33%; RACGP: 36%). This also means that ACRRM registrars were slightly more likely to want to be employed by a single employer (ACRRM: 44%; RACGP: 42%). In each training term, registrars also agreed or strongly agreed that they'd prefer to be employed by a single employer more frequently than they agreed or strongly agreed with being employed by their training facility (Figure 12). This was most notable with the small number completing an academic post who replied to this question where 64 per cent agreed or strongly agreed that they preferred to be employed by a single employer compared with only 18 per cent who agreed or strongly agreed that they wanted to be employed by their training facility.



**Figure 12: Preference for mode of employment by training term**

To give context to these results, registrars were asked how they were paid. More than half were on a fixed salary with a percentage of billings (52%), one-fifth were on a fixed salary (21%), a smaller proportion were on a percentage of billings (12%) or a fixed salary and percentage of receipts (11%) and a very small number were on a percentage of receipts (3%)<sup>4</sup>. These figures show a similar trend to those found in the 2019 GPRA Benchmarking report where they found 62 per cent paid by fixed salary or percentage of billings, 20 per cent by fixed salary or percentage of receipts, six per cent percentage of billings, 5 per cent for both fixed salary as well as percentage of receipts<sup>5</sup>.

Currently GP registrar salaries are paid through Medicare Benefits Schedule (MBS) billings and registrars are able to negotiate with their employers. An alternative salary arrangement would be for GP registrars to have a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors. When asked if they agreed with statements around these questions, 22 per cent of responders agreed or strongly agreed with both statements, which may indicate they support either salary option or a combination of these two salary methods. Similar proportions of registrars agreed or strongly agreed that they would prefer a fixed rate salary (55%) with those that would prefer to be able to negotiate their salary with their employer (53%).

Just over 300 registrars left comments about GP registrars' employment arrangements, salaries or leave. Of these, more than one-quarter suggested the current base for salaries was too low (28%), while 21 per cent also mentioned that their pay should be in-line with other specialities, such as hospital registrars.

*"I still can't comprehend that an intern in a hospital with provisional medical registration and very little overall responsibility can earn more than a training GP seeing patients independently and making actual health decisions that matter to people. The negotiation of percentage Billings and takings is a nonsense concept for registrars as it allows employers to exploit the working conditions of registrars. An appropriate base salary and universal*

<sup>4</sup> In this context, billings represents totalled amount billed by the registrar, with receipts the total amount received. Billings can be calculated immediately whereas there will be some delay calculating receipts.

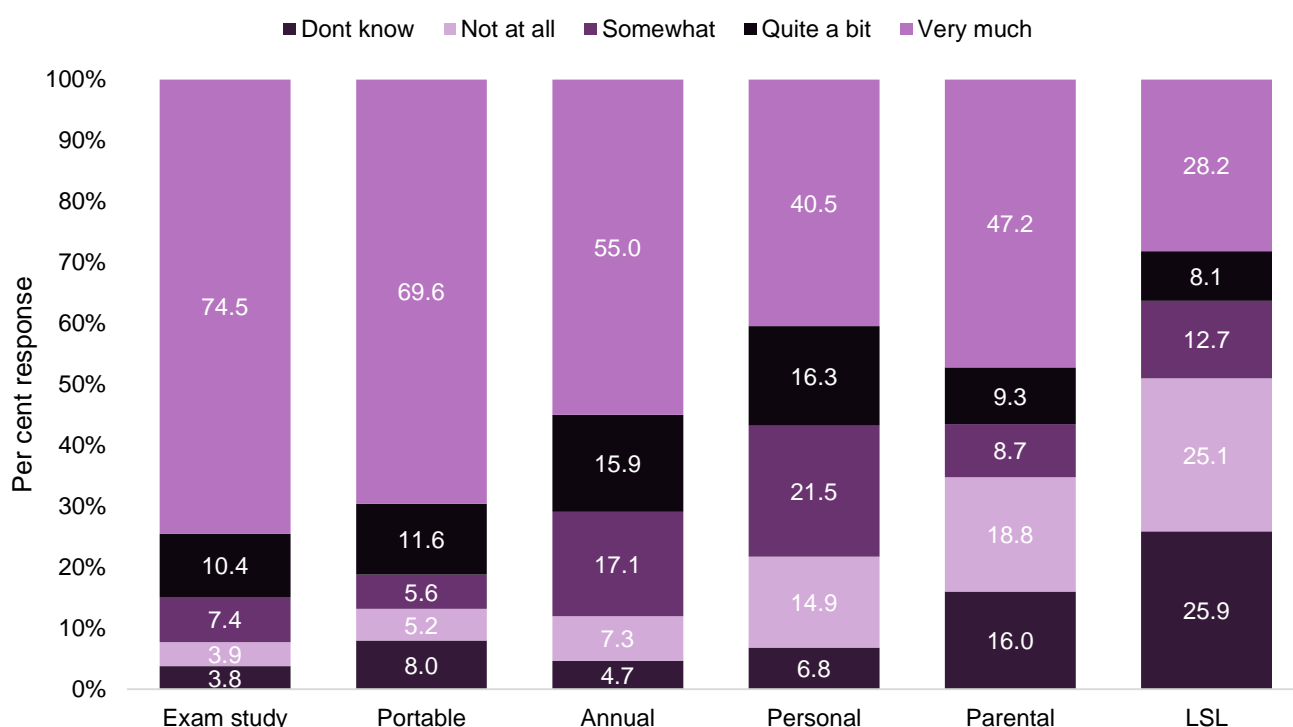
<sup>5</sup> *Benchmarking report: Insights on employment conditions and overall wellbeing of GP registrars (2019)* for General Practice Registrars Australia Ltd.

*scaled percentage Billings based on training level would be a more appropriate and fair system for all.” General Pathway, Male, RACGP*

## Leave and Entitlements

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

During the AGPT program, of those that it was applicable to, most registrars had taken annual leave (91%) and personal leave (81%), while 39 per cent had taken exam or study leave, 22 per cent had taken parental leave and only one per cent had taken long service leave. When asked how beneficial having additional leave entitlements would be during training, exam and study leave, portable leave entitlements and annual leave were selected by most registrars to be quite a bit or very much beneficial (85%, 81% and 71% respectively). More than half of all responding registrars also selected personal and parental leave to be quite a bit or very much beneficial (57% for both) while long service leave was only selected by a third of all responding registrars to be quite a bit or very much beneficial (Figure 13).



(n=946)

**Figure 13: Benefit of extra leave entitlements**

Registrars were then asked which of the following additional leave entitlements they would forgo some of their salary to include in their employment package. More than half of all registrars who responded indicated that they would like more exam and study leave (56%), while annual leave (39%) and portable leave (36%) were selected by more than a third of all registrars. Parental leave (26%) and personal leave (22%) were the next most popular forms of leave while long service leave was only selected by 13 per cent of responding registrars.

Of the 300 registrars who left comments about GP registrars' employment arrangements, salaries or leave, 24 per cent requested study and exam leave with comments such as these:

*“Exam and study leave should absolutely be included in a training program that mandates exams. Registrars should not be forced to use their annual leave or take leave without pay for exams, and there should be a week at least of study leave. Most registrars have financial*

*commitments and it is unfair to have to choose between leave to spend time with family or preparing for exams.” General Pathway, Female, RACGP*

While 21 per cent of those who left comments about GP registrars’ employment arrangements, salaries or leave also mentioned paid parental leave.

*“Paid parental leave is the most important change that a single employer model could bring. It is unconscionable that employees in most industries have access to paid parental leave (including hospital doctors) but GP registrars do not. It is no wonder that fewer junior doctors are signing up to the training program when not only is there a large pay cut when entering training but it is also not family friendly.” Rural Pathway, Female, ACRRM*

## Transition to college-led GP training

The transition from training managed by the Department of Health to that directed by the Colleges is currently underway. We asked registrars how informed they felt about this process, what the impact of this process was to their training and where they had accessed information about this transition.

When registrars were asked about how informed they felt they were about the transition to college-led GP training 39 per cent said that they were not at all informed while a further 42 per cent replied that they were somewhat informed. Only 14 per cent replied that they were quite a bit or very much informed about the transition process.

Registrars were also asked whether the transition to college-led GP training had an impact on their training. Only 6 per cent replied that it had quite a bit or very much impact, while 56 per cent responded that it had either somewhat or no impact and 38 per cent replied that they didn’t know what impact it had on their GP training.

Registrars identified that they had gained information about the transition to college-led GP training most frequently from either their RTO (44% of responders) or from their own College (41% of RACGP registrars from RACGP, 39% ACRRM registrars from ACRRM). A smaller proportion had received information from GPRA (16%), their supervisors or training facility (8-9%) or the Department of Health (4%).

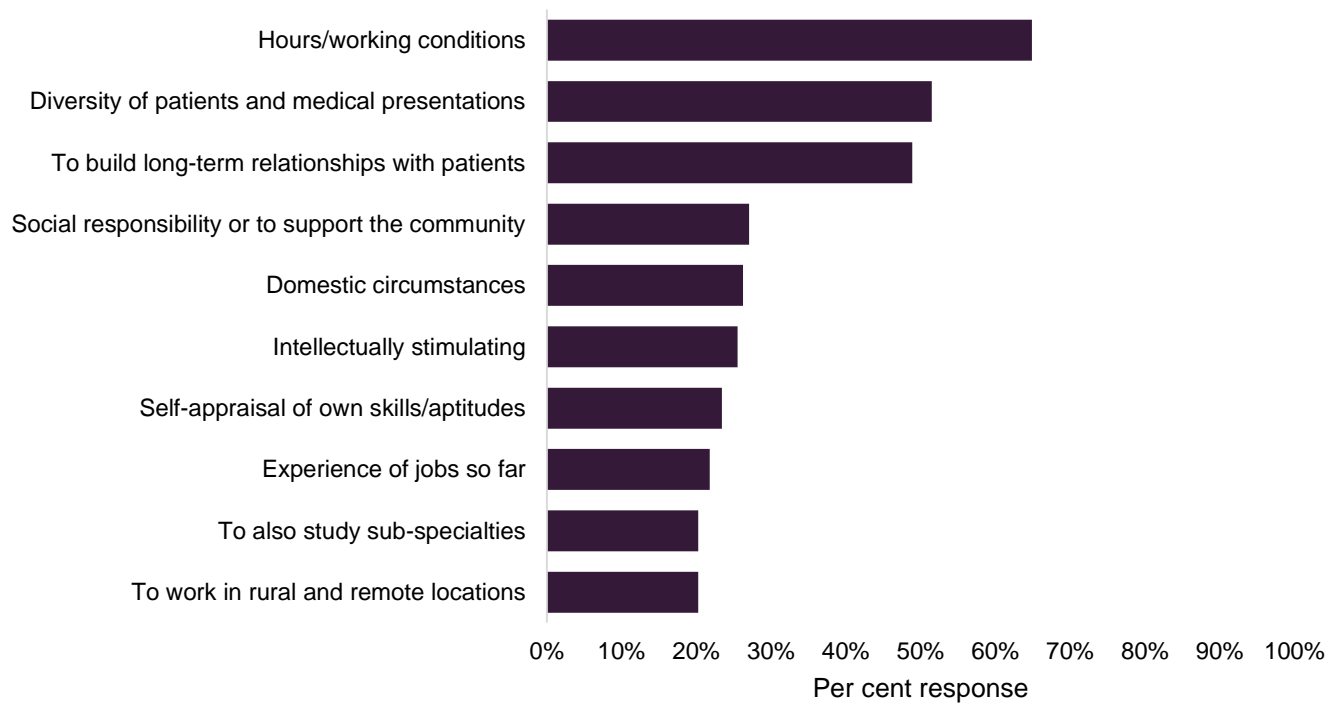
## Registrars’ training choices

As in previous years, in the 2021 AGPT NRS, registrars were asked a series of questions about when and why they decided to become GP specialists, whether GP specialisation was their first choice, and which other speciality programs they applied to before joining the program.

Most registrars indicated that they decided to become GP specialists after they had completed their medical degree (68%) and GP specialisation was reported as the first choice of medical specialisation for 59 per cent of registrars (a decrease of 3% from 2020). Twenty-four per cent of registrars indicated that they had applied to other speciality programs prior to starting the AGPT program (an increase of 3% from 2020), these included Basic Physician Training, Paediatrics, Emergency Medicine, Surgical Training, Anaesthesia, Obstetrics and Gynaecology, and Psychiatry.

The top three responses for why registrars decided to become GP specialists given in 2020 were the same as those given in 2020, 2019, 2018 and 2017. These reasons included the hours and working conditions for this speciality (65% - a drop from 76% in 2020), the diversity of patients and medical presentations (52% - a drop from 59% in 2020), as well as the ability to build long-term relationships with patients (50% - a drop from 59% in 2020). Figure 14 lists the top responses given by at least 20 per cent of registrars for choosing a GP specialisation.

Registrars were also asked about their reasons for selecting their RTO. As in previous years, the most common reason given was the location of the RTO (78%) followed by family or partner support (26%) and the available training opportunities (22%).



(n=937)

**Figure 14: Why registrars decided to become GP specialists (top reasons given)**

### Registrars' future plans

Registrars were asked about their career plans five years into the future and were asked to select all options that relate to their future plans (Table 5). The responses indicate that most registrars plan to be working as a GP. A total of 85 per cent of registrars plan to work as a private GP with 36 per cent of registrars indicating they plan to be working full time and 54 per cent working part-time. Consistent with the results found in previous years, female registrars planning to work as a private GP are much more likely to be planning to work part-time (64%) than male registrars (38%) while just over half of all male registrars want to be working full-time compared with just over one-quarter of all female registrars. Eleven per cent more male registrars want to own their own practice or purchase or buy into an existing practice compared with female registrars (31% male, 20% females).

Just under one-quarter of all registrars suggested they would like to be working in a rural or remote location in the next five years. When looking at the responses given by registrars in the rural or general pathway streams, 37 per cent of those on the rural pathway intend to work in a rural or remote location in five years' time while only 12 per cent of those in the general pathway have this same intention. Of registrars on the rural pathway 31 per cent would like to be working as a Rural Generalist, compared with only four per cent of registrars in the general pathway. Of those on the rural pathway 19 per cent intend to be working in Aboriginal Health in five years' time compared with only 11 per cent of those in the general pathway.

The majority of registrars indicated that within five years they would like to be involved in medical education (82%), either supervising medical students or registrars, or becoming a medical educator. Encouragingly, only a small proportion of registrars indicated that they do not plan to be working as a GP in five years. Many registrars who plan to be doing something else are instead planning to be working in hospital-based specialty training, medical education, public health or academic research.



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

Career plans	Per cent (%)
Working full-time as a private GP	36.3
Working part-time as a private GP	54.2
To own their own practice	14.8
To purchase or buy into an existing practice	17.2
Working in Aboriginal and Torres Strait Islander Health	15.0
Working as a GP in another setting (e.g. aged, palliative, home care)	18.5
Working in a rural or remote location	24.4
Working as a Rural Generalist	17.6
Not working as a GP	6.6
Other	4.6

(n=937)

The 45 per cent of registrars who moved to their current location to undertake training were asked about their plans to remain in or relocate from their current location after completing the AGPT program. When asked about their current plans, 38 per cent of these registrars said they plan to stay in their current location, 20 per cent plan to relocate after completing their training and 42 per cent are unsure.

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## Appendix C: 2021 AGPT NRS item frequencies

Table 6 to Table 20 include the item frequencies for the closed items included in the 2021 AGPT NRS.

**Table 6: 2021 AGPT NRS item frequencies – demographic and contextual items**

Item	Response options	N	%
In which training region was your GP training delivered in Semester One, 2021?	Eastern Victoria	100	9.0
	South Eastern Queensland	137	12.4
	Tasmania	31	2.8
	North Western Queensland	108	9.8
	North Eastern NSW	167	15.1
	Lower Eastern NSW	117	10.6
	Western NSW	62	5.6
	South Australia	86	7.8
	Western Victoria	141	12.8
	Northern Territory	38	3.4
	Western Australia	118	10.7
At what full time equivalent (FTE) load were you employed during Semester One, 2021?	0.0 to 0.4	56	5.1
	0.5 to 0.6	174	15.8
	0.7 to 0.8	134	12.1
	0.9 to 1.0	735	66.6
What training were you undertaking during Semester One, 2021?	GPT1 Term	346	31.8
	GPT2 Term	82	7.5
	GPT3 Term	311	28.6
	CGT1	25	2.3
	CGT2	7	0.6
	CGT3	11	1.0
	CGT4	9	0.8
	Extended Skills	180	16.5
	Advanced Rural Skills Training (ARST)	22	2.0
	Advanced Specialised Training (AST)	41	3.8
	Academic post	12	1.1
	GPT4 / Extension Awaiting Fellowship	77	7.1
	Mandatory Elective	<4	-
	Extension due to COVID	21	1.9
	Extension awaiting assessment / exam	15	1.4
Did you complete any of the following terms prior to commencing the Australian General Practice Training (AGPT) program?	Prevocational General Practice Placements Program (PGPPP)	68	6.5
	First Wave Scholarship (GP placement in the undergraduate years)	43	4.2
	Rural Clinical School	314	30.0
	Commonwealth Medical Internships	130	12.6
	Bonded Medical Placements (BMP) Scheme	148	14.3
	Medical Rural Bonded Scholarship (MRBS) Scheme	56	5.4
	Rural Australia Medical Undergraduate Scholarship (RAMUS)	56	5.4
	John Flynn Placement program	83	8.1
	State rural generalist programs	67	6.5
	Remote Vocational Training Scheme	8	0.8

Item	Response options	N	%
	HECS Reimbursement Scheme	197	19.1
	RACGP Practice Experience Program (PEP)	9	0.9
	ACRRM Independent Pathway	4	0.4
	More Doctors for Rural Australia Program	4	0.4
	Community Residency Placement (WA)	27	2.6
	Training towards any other fellowship	123	11.9
	Rural Junior Doctor Training Innovation Fund (RJDTIF)	6	0.6
<IF YES TO AST, EXTENDED SKILLS, OR ARST> Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FARGP) during Semester One, 2021?	Aboriginal and Torres Strait Islander Health	21	1.9
	Academic practice	8	0.7
	Adult Internal Medicine	4	0.4
	Anaesthetics	12	1.1
	Dermatology	15	1.4
	Emergency Medicine	30	2.7
	Medical Education	6	0.5
	Men's Health	<4	-
	Mental Health	11	1.0
	Obstetrics and Gynaecology	13	1.2
	Paediatrics	12	1.1
	Palliative Care	4	0.4
	Population Health	<4	-
	Remote Medicine	<4	-
	Skin Cancer Medicine	10	0.9
	Small Town Rural General Practice (STRGP)	9	0.8
	Surgery	0	0.0
Women's Health	9	0.8	
Sexual Health	8	0.7	
Other	11	1.0	

(n=1,105)

**Table 7: 2021 AGPT NRS item frequencies – satisfaction with RTO**

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your RTO in Semester One, 2021?			
Overall training & education quality	Very dissatisfied	46	4.2
	2	81	7.4
	3	286	26.1
	4	429	39.2
	Very satisfied	252	23.0
Training advice	Very dissatisfied	46	4.2
	2	88	8.0
	3	271	24.7
	4	424	38.7
	Very satisfied	267	24.4
Induction and orientation	Very dissatisfied	32	3.0
	2	76	7.0
	3	274	25.4
	4	411	38.1
	Very satisfied	287	26.6

Item	Response options	N	%
Feedback on training progress	Very dissatisfied	30	2.7
	2	89	8.1
	3	299	27.3
	4	430	39.3
	Very satisfied	247	22.6
Workshops provided	Very dissatisfied	50	4.6
	2	118	10.9
	3	242	22.4
	4	404	37.4
	Very satisfied	267	24.7
Training and education resources	Very dissatisfied	34	3.1
	2	113	10.4
	3	247	22.7
	4	414	38.0
	Very satisfied	281	25.8
Support to meet ACRRM training requirements	Very dissatisfied	9	7.6
	2	15	12.7
	3	38	32.2
	4	41	34.7
	Very satisfied	15	12.7
Support to meet RACGP training requirements	Very dissatisfied	49	5.0
	2	78	8.0
	3	222	22.7
	4	367	37.6
	Very satisfied	260	26.6
Support for examination and assessments	Very dissatisfied	74	6.8
	2	116	10.7
	3	318	29.3
	4	358	33.0
	Very satisfied	218	20.1

(n=1,096)

**Table 8: 2021 AGPT NRS item frequencies – satisfaction with training facility**

Item	Response options	N	%
How would you rate your satisfaction with the following aspects of your training facility (e.g. your practice, your hospital) in Semester One, 2021?			
Quality of overall training and education	Very dissatisfied	33	3.0
	2	67	6.1
	3	244	22.3
	4	401	36.7
	Very satisfied	348	31.8
Supervisor support	Very dissatisfied	41	3.8
	2	64	5.9
	3	204	18.7
	4	360	32.9
	Very satisfied	424	38.8
Clinical work	Very dissatisfied	9	0.8
	2	28	2.6
	3	172	15.7
	4	441	40.3
	Very satisfied	443	40.5

Item	Response options	N	%
Number of patients or presentations	Very dissatisfied	12	1.1
	2	28	2.6
	3	132	12.1
	4	431	39.4
	Very satisfied	490	44.8
Diversity of patients or presentations	Very dissatisfied	10	0.9
	2	31	2.8
	3	162	14.8
	4	458	41.9
	Very satisfied	432	39.5
Level of workplace responsibility	Very dissatisfied	21	1.9
	2	26	2.4
	3	144	13.2
	4	412	37.7
	Very satisfied	490	44.8
Induction and orientation	Very dissatisfied	33	3.0
	2	54	5.0
	3	204	18.8
	4	370	34.1
	Very satisfied	423	39.0
Feedback on training progress	Very dissatisfied	31	2.8
	2	73	6.7
	3	257	23.6
	4	382	35.1
	Very satisfied	346	31.8
Training and education resources	Very dissatisfied	32	2.9
	2	79	7.3
	3	270	24.8
	4	384	35.3
	Very satisfied	324	29.8
Location	Very dissatisfied	17	1.6
	2	50	4.6
	3	160	14.7
	4	373	34.2
	Very satisfied	492	45.1
Terms and conditions	Very dissatisfied	34	3.1
	2	76	7.0
	3	195	17.8
	4	376	34.4
	Very satisfied	412	37.7

(n=1,093)

**Table 9: 2021 AGPT NRS item frequencies – overall satisfaction**

Item	Response options	N	%
Thinking about all of your AGPT training to date, overall how satisfied are you with each of the following?			
Administration	Very dissatisfied	56	5.1
	2	114	10.4
	3	341	31.1
	4	400	36.5
	Very satisfied	185	16.9
Education and training	Very dissatisfied	66	6.0
	2	108	9.9
	3	322	29.5
	4	410	37.5
	Very satisfied	186	17.0
Support provided	Very dissatisfied	57	5.2
	2	132	12.1
	3	331	30.3
	4	380	34.8
	Very satisfied	193	17.7

(n=1,096)

**Table 10: 2021 AGPT NRS item frequencies – complaints and/or grievance process**

Item	Response options	N	%
Are you familiar with your RTO's formal complaints and/or grievance process?	No	435	40.2
	Yes	424	39.2
	Unaware process existed	224	20.7
Could you readily access your RTO's formal complaints and/or grievance process if needed?	No	339	32.0
	Yes	722	68.0
Have you ever made a formal written complaint relating to your training on the AGPT program?	No	1035	95.6
	Yes	48	4.4

(n=1,083)

**Table 11: 2021 AGPT NRS item frequencies – adverse event or incidence**

Item	Response options	N	%
Thinking about all of your AGPT training to date, have you experienced an adverse event or incident?	No	861	79.3
	Yes	225	20.7
<IF YES> From which of the following sources did you seek assistance or support to cope with the adverse event or incident?	RTO	125	55.6
	Your training facility	101	44.9
	General Practice Registrars Australia (GPRA)	37	16.4
	Did not seek assistance or support	29	12.9
	Other eg. AMA, MDO, Insurance Provider, College, Personal GP, Psychologist	48	21.3
<IF RTO> How would you rate your satisfaction with the assistance or support your RTO provided during or after an adverse event or incident?	Very dissatisfied	18	14.9
	2	13	10.7
	3	24	19.8
	4	37	30.6
	Very satisfied	29	24.0



Table 12: 2021 AGPT NRS item frequencies – registrars' health and wellbeing

Item	Response options	N	%
How would you rate your satisfaction with the health and wellbeing support provided to you by			
RTO	Very dissatisfied	53	5.5
	2	82	8.5
	3	265	27.3
	4	296	30.5
	Very satisfied	225	23.2
	Not applicable	49	5.1
training facility	Very dissatisfied	36	3.7
	2	62	6.4
	3	233	24.0
	4	287	29.6
	Very satisfied	323	33.3
	Not applicable	29	3.0
GP supervisor	Very dissatisfied	29	3.0
	2	40	4.1
	3	188	19.4
	4	283	29.1
	Very satisfied	389	40.1
	Not applicable	42	4.3
General Practice Registrars Australia (GPRA)	Very dissatisfied	23	2.4
	2	67	6.9
	3	304	31.4
	4	199	20.6
	Very satisfied	112	11.6
	Not applicable	263	27.2
Do you have your own independent GP?	No	253	26.1
	Yes	716	73.9
Are you living away from your immediate family?	No	573	59.2
	Yes	395	40.8
How many dependants do you have? (e.g. children, parents)?	0	384	43.5
	1 or 2	375	42.5
	3 or 4	111	12.6
	5 or more	12	1.4

(n=971)

Table 13: 2021 AGPT NRS item frequencies – impact of COVID-19

Item	Response options	N	%
The following questions ask about the impact the COVID-19 pandemic has had on your GP training.			
How would you rate the impact of COVID-19 on each of these aspects of your GP training...			
Overall quality	Very negative impact	93	9.2
	2	270	26.6
	3	443	43.6
	4	109	10.7
	Very positive impact	36	3.5
	Unsure	64	6.3

Item	Response options	N	%
Supervision	Very negative impact	35	3.4
	2	96	9.4
	3	596	58.7
	4	135	13.3
	Very positive impact	65	6.4
	Unsure	89	8.8
Clinical work	Very negative impact	48	4.7
	2	270	26.7
	3	461	45.5
	4	141	13.9
	Very positive impact	49	4.8
	Unsure	44	4.3
Patients	Very negative impact	52	5.1
	2	204	20.1
	3	500	49.2
	4	147	14.5
	Very positive impact	58	5.7
	Unsure	55	5.4
Diversity	Very negative impact	56	5.5
	2	229	22.6
	3	485	47.9
	4	132	13.0
	Very positive impact	54	5.3
	Unsure	56	5.5
Induction/orientation	Very negative impact	20	2.0
	2	64	6.4
	3	605	60.1
	4	144	14.3
	Very positive impact	51	5.1
	Unsure	122	12.1
Feedback	Very negative impact	38	3.8
	2	89	8.8
	3	599	59.1
	4	145	14.3
	Very positive impact	48	4.7
	Unsure	94	9.3
Resources	Very negative impact	54	5.3
	2	148	14.6
	3	511	50.5
	4	161	15.9
	Very positive impact	68	6.7
	Unsure	70	6.9
Location	Very negative impact	25	2.5
	2	52	5.2
	3	608	60.3
	4	147	14.6
	Very positive impact	74	7.3

Item	Response options	N	%
	Unsure	102	10.1
Terms and conditions	Very negative impact	25	2.5
	2	43	4.3
	3	648	64.2
	4	125	12.4
	Very positive impact	52	5.1
	Unsure	117	11.6
Advice	Very negative impact	35	3.5
	2	67	6.6
	3	629	62.2
	4	136	13.5
	Very positive impact	52	5.1
	Unsure	92	9.1
Workshops	Very negative impact	201	19.9
	2	278	27.5
	3	314	31.1
	4	121	12.0
	Very positive impact	51	5.0
	Unsure	46	4.5
Support training requirements	Very negative impact	75	7.4
	2	145	14.3
	3	520	51.3
	4	155	15.3
	Very positive impact	49	4.8
	Unsure	69	6.8
Exam & assessments	Very negative impact	109	10.8
	2	180	17.8
	3	464	46.0
	4	119	11.8
	Very positive impact	43	4.3
	Unsure	94	9.3
Progression towards completion	Very negative impact	105	10.4
	2	167	16.5
	3	513	50.8
	4	108	10.7
	Very positive impact	44	4.4
	Unsure	73	7.2
Online	Very negative impact	37	3.7
	2	68	6.7
	3	370	36.6
	4	323	32.0
	Very positive impact	161	15.9
	Unsure	51	5.0
Collaborate colleagues	Very negative impact	160	15.8
	2	254	25.1
	3	391	38.7
	4	114	11.3

Item	Response options	N	%
	Very positive impact	48	4.7
	Unsure	44	4.4
Collaborate registrars	Very negative impact	249	24.6
	2	280	27.6
	3	299	29.5
	4	100	9.9
	Very positive impact	36	3.6
	Unsure	49	4.8

(n=1,016)

**Table 14: 2021 AGPT NRS item frequencies – support and communication through COVID-19**

Item	Response options	N	%
Overall, how would you rate the support for the delivery of GP training throughout the COVID-19 pandemic from your			
RTO	Very dissatisfied	53	5.2
	2	108	10.7
	3	318	31.4
	4	357	35.2
	Very satisfied	177	17.5
Training facility	Very dissatisfied	30	3.0
	2	58	5.7
	3	312	30.9
	4	347	34.3
	Very satisfied	264	26.1
Overall, how would you rate the communication about your GP training throughout the COVID-19 pandemic from			
RTO	Very dissatisfied	46	4.5
	2	105	10.4
	3	306	30.2
	4	363	35.8
	Very satisfied	194	19.1
Training facility	Very dissatisfied	28	2.8
	2	57	5.6
	3	298	29.4
	4	371	36.6
	Very satisfied	261	25.7

(n=1,015)

**Table 15: 2021 AGPT NRS item frequencies – Aboriginal and Torres Strait Islander health training**

Item	Response options	N	%
In Semester One, 2021, were you training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	No	862	89.1
	Yes	105	10.9
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or	I have already completed training	93	10.8
	I am considering undertaking training	241	28.0
	None of the above	526	61.2

Item	Response options	N	%
Aboriginal Community Controlled Health Service)?			
Since commencing the AGPT program, have you had an orientation to Aboriginal and Torres Strait Islander health?	No	84	8.7
	Yes	883	91.3
Since commencing the AGPT program, have you had training in Aboriginal and Torres Strait Islander cultural safety?	No	100	10.3
	Yes	867	89.7
<IF CURRENTLY WORKING IN AN ABORIGINAL TRAINING POST> Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?	No	31	29.5
	Yes	74	70.5
<IF YES> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?	Very dissatisfied	2	2.7
	2	3	4.1
	3	18	24.3
	4	20	27.0
	Very satisfied	31	41.9

(n=967)

**Table 16: 2021 AGPT NRS item frequencies – employment, salary and leave**

Item	Response options	N	%
To what extent are you concerned with your current employment arrangements?	Not at all	480	50.7
	Somewhat	260	27.5
	Quite a bit	85	9.0
	Very much	93	9.8
	Don't know	29	3.1
To what extent do you agree with the following statements?			
GP registrars should continue to be employed directly by training facilities (more than one employer throughout GP training)	Strongly disagree	149	15.7
	2	152	16.0
	3	307	32.3
	4	194	20.4
	Strongly agree	147	15.5
GP registrars should be employed by a 'single employer' (one employer throughout GP training)	Strongly disagree	128	13.5
	2	158	16.7
	3	265	28.0
	4	175	18.5
	Strongly agree	221	23.3
Which of the following best describes your salary during Semester One, 2021?	Fixed salary	204	21.4
	Fixed salary and a percentage of billings	497	52.1
	Fixed salary and a percentage of receipts	109	11.4
	A percentage of billings	114	11.9
	A percentage of receipts	30	3.1
	Other	0	0.0
To what extent do you agree with the following statements?			
GP registrars should continue to be able to negotiate their salary with their employer throughout GP training	Strongly disagree	98	10.3
	2	98	10.3
	3	254	26.7

	4	214	22.5
	Strongly agree	287	30.2
GP registrars should be paid a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors throughout GP training	Strongly disagree	102	10.7
	2	94	9.9
	3	236	24.8
	4	216	22.7
	Strongly agree	302	31.8
Which of the following types of leave (paid or unpaid) have you taken while training on the AGPT program?			
Annual leave	Yes	856	90.0
	No	80	8.4
	Not applicable	15	1.6
Personal leave (includes sick leave and carer's leave)	Yes	749	79.2
	No	182	19.2
	Not applicable	15	1.6
Exam or study leave	Yes	327	34.9
	No	502	53.5
	Not applicable	109	11.6
Parental leave	Yes	161	17.3
	No	566	61.0
	Not applicable	201	21.7
Long service leave	Yes	7	0.8
	No	637	69.3
	Not applicable	275	29.9
Thinking about your current leave entitlements, how beneficial would each of the following additional leave entitlements be to you while training?			
Additional paid annual leave	Not at all	69	7.3
	Somewhat	161	17.1
	Quite a bit	150	15.9
	Very much	518	55.0
	Don't know	44	4.7
Additional paid personal leave	Not at all	140	14.9
	Somewhat	202	21.5
	Quite a bit	153	16.3
	Very much	380	40.5
	Don't know	64	6.8
Paid exam or study leave	Not at all	37	3.9
	Somewhat	70	7.4
	Quite a bit	98	10.4
	Very much	705	74.5
	Don't know	36	3.8
Paid parental leave	Not at all	176	18.8
	Somewhat	82	8.7
	Quite a bit	87	9.3
	Very much	443	47.2
	Don't know	150	16.0
Paid long service leave	Not at all	234	25.1
	Somewhat	119	12.7
	Quite a bit	76	8.1

	Very much	263	28.2
	Don't know	242	25.9
Having portable leave entitlements that move with you during training and post-fellowship	Not at all	49	5.2
	Somewhat	53	5.6
	Quite a bit	109	11.6
	Very much	655	69.6
	Don't know	75	8.0
Thinking about your overall employment package, which of the following additional leave entitlements would you forgo some of your salary to include in your employment package?	Additional paid annual leave	371	38.8
	Additional paid personal leave	207	21.6
	Paid exam or study leave	536	56.0
	Paid parental leave	246	25.7
	Paid long service leave	124	13.0
	Having portable leave entitlements that move with you during training and post-fellowship	344	35.9

(n=957)

**Table 17: 2021 AGPT NRS item frequencies – transition to College-led GP training**

Item	Response options	N	%
To what extent do you feel you are informed about the transition to college-led GP training?	Not at all	371	39.2
	Somewhat	399	42.2
	Quite a bit	98	10.4
	Very much	31	3.3
	Don't know	47	5.0
Has the transition to college-led GP training had an impact on your training?	Not at all	429	45.2
	Somewhat	110	10.8
	Quite a bit	40	4.1
	Very much	19	2.0
	Don't know	374	37.8
From which of the following sources have you accessed information about the transition to college-led GP training?	Your RTO?	420	44.1
	Your training facility?	80	8.4
	<IF COLLEGE=ACRRM> ACRRM?	41	39.0
	<IF COLLEGE=RACGP> RACGP?	351	41.3
	Your GP Supervisor?	83	8.7
	General Practice Registrars Australia (GPRA)?	154	16.2
	The Department of Health?	37	3.9

(n=953)

**Table 18: 2021 AGPT NRS item frequencies – registrars' training choices**

Item	Response options	N	%
When did you decide to become a specialist GP?	While I was at school	56	6.0
	Early in my medical degree	168	18.1
	Late in my medical degree	141	15.2
	In my first year out of medical school	92	9.9
	More than one year out of medical school	344	37.1
	After trying another specialty	233	25.1

Item	Response options	N	%
	While in the Australian Defence Force	<4	-
	When working in another career	0	0.0
	When I moved to Australia	7	0.8
	After completing another degree, prior to medical degree	7	0.8
	Whilst working in a hospital	0	0.0
	Other	11	1.2
Why did you decide to become a specialist GP?	To build long-term relationships with patients	540	48.9
	To also study sub-specialties	224	20.3
	The training program is fully funded by the Commonwealth Government	51	4.6
	To work in rural and remote locations	224	20.3
	Intellectually stimulating	282	25.5
	Diversity of patients and medical presentations	569	51.5
	Domestic circumstances	290	26.2
	Hours/working conditions	717	64.9
	Eventual financial prospects	99	9.0
	Promotion/career prospects	87	7.9
	Self-appraisal of own skills/aptitudes	259	23.4
	Advice from others	152	13.8
	Student experience of subject	134	12.1
	Particular teacher, department or role model	106	9.6
	Inclinations before medical school	111	10.0
	Experience of jobs so far	241	21.8
	Enthusiasm/commitment	179	16.2
	Social responsibility or to support the community	299	27.1
	Requirement of ADF	7	0.6
	Wants to work in Aboriginal and Torres Strait Islander health	<4	-
Does not like hospital setting	7	0.6	
Other	10	100.0	
Was GP specialisation your first choice of specialty?	No	385	41.4
	Yes	544	58.6
Did you apply to any other specialty programs at the same time or before you applied to become a GP specialist?	No	707	76.1
	Yes	222	23.9

(n=1,105)

**Table 19: 2021 AGPT NRS item frequencies – choice of RTO**

Item	Response options	N	%
What were the main reasons you chose your RTO as your training provider?	Family/partner support	250	27.0
	Location	742	80.1
	Lifestyle	136	14.7
	Training opportunities	211	22.8
	Career links with region	56	6.0



Item	Response options	N	%
	Reputation of the RTO	151	16.3
	Recommended by peers	79	8.5
	Did not have a choice over RTO	48	5.2
	ADF	5	0.5
	Other	11	1.2

(n=926)

**Table 20: 2021 AGPT NRS item frequencies – registrars' future plans**

Item	Response options	N	%
Within the next five years, you would like to be...	Would like to be supervising medical students.	594	63.4
	Would like to be supervising registrars.	504	53.8
	Would like to be a medical educator.	288	30.7
	Would not like to be involved in doctor training.	165	17.6
In five years, you would like	to be working full time as a private GP.	340	36.3
	to be working part-time as a private GP.	508	54.2
	to own your own practice	139	14.8
	to purchase or buy into an existing practice	161	17.2
	to be working in Aboriginal Health	141	15.0
	to be working as a GP in another setting	173	18.5
	to be working in a rural or remote location	229	24.4
	to be working as a Rural Generalist	165	17.6
	to be not working as a GP	62	6.6
	other	51	5.4
Did you move to the current region to undertake the AGPT program?	No	534	55.2
	Yes	433	44.8
Do you intend to stay in this region after completing the AGPT program?	No	133	13.8
	Yes	546	56.5
	Unsure	288	29.8

(n=937)

## Appendix D: 2021 AGPT NRS Instrument

### Introductory text

The Department of Health has engaged the Australian Council for Educational Research (ACER), an independent and not-for-profit research organisation, to conduct the 2021 Australian General Practice Training National Registrar Survey. The survey results enable the Department of Health to monitor the performance of the program and to help bring emerging issues to the attention of the Department of Health and other GP training stakeholders.

Please take 10 minutes to tell us about your experience as a general practice registrar in Semester One, 2021 by clicking on the 'Next' button below. Your responses help the Department of Health, RTOs and Colleges improve your and other registrars' experience in the Australian General Practice Training (AGPT) program.

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

We encourage you to participate in the 2021 Australian General Practice Training National Registrar Survey.

Question	Item	Response options
Which regional training organisation (RTO) delivered your GP training in <b>Semester One, 2021</b> ?	-	Eastern Victoria GP Training General Practice Training Queensland General Practice Training Tasmania GP Synergy GPEx JCU General Practice Training Murray City Country Coast GP Training Northern Territory General Practice Education Western Australian General Practice Education Training
<IF RTO=GP Synergy>In which training region was your GP training delivered in <b>Semester One, 2021</b> ?	-	North Eastern NSW Lower Eastern NSW Western NSW
Which fellowship are you currently working towards?  <i>If you are undertaking a dual or triple fellowship, please select all that apply.</i>	_____ FRACGP _____ FACRRM _____ FARGP _____ Other (please specify)	Not selected Selected  OPEN RESPONSE

Question	Item	Response options
At what full time equivalent (FTE) load were you employed during <b>Semester One, 2021</b> ?	-	0.0 to 0.2 0.3 to 0.4 0.5 to 0.6 0.7 to 0.8 0.9 to 1.0 I was on extended leave from the training program (e.g. parental, sabbatical, long service) for the whole semester
<i>1.0 FTE is equivalent to 38 hours per week, i.e. 0.2 = 1 day.</i>	-	
<IF ON EXTENDED LEAVE FOR WHOLE SEMESTER>Thank you for taking the time to participate in the Australian General Practice Training National Registrar Survey (AGPT NRS). You are not required to respond this year.	-	<i>Note that the survey will be terminated here.</i>
Please press <i>Next</i> to finalise your input.		
If you were training in a hospital during <b>Semester One, 2021</b> , which of the following terms were you undertaking?	-	Hospital intern (PGY1) Hospital resident (PGY2+) Hospital based extended skills training I was not undertaking training in a hospital
<IF PGY1>Thank you for taking the time to participate in the Australian General Practice Training National Registrar Survey (AGPT NRS). You are not required to respond this year.	-	<i>Note that the survey will be terminated here.</i>
Please press <i>Next</i> to finalise your input.		
What training were you undertaking during <b>Semester One, 2021</b> ?	GPT1 Term GPT2 Term GPT3 Term CGT1 CGT2 CGT3 CGT4	Not selected Selected
<i>Please select all that apply.</i>		

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

Question	Item	Response options
<p>Were you training in any of the following areas of Extended Skills (FRACGP), Advanced Specialised Training (FACRRM) or Advanced Rural Skills Training (FARGP) during <b>Semester One, 2021</b>?</p> <p><i>Please select all that apply.</i></p>	<p>Adult Internal Medicine</p> <hr/> <p>Anaesthetics</p> <hr/> <p>Dermatology</p> <hr/> <p>Emergency Medicine</p> <hr/> <p>Medical Education</p> <hr/> <p>Men's Health</p> <hr/> <p>Mental Health</p> <hr/> <p>Obstetrics and Gynaecology</p> <hr/> <p>Paediatrics</p> <hr/> <p>Palliative Care</p> <hr/> <p>Population Health</p> <hr/> <p>Remote Medicine</p> <hr/> <p>Skin Cancer Medicine</p> <hr/> <p>Small Town Rural General Practice (STRGP)</p> <hr/> <p>Surgery</p> <hr/> <p>Women's Health</p> <hr/> <p>Other (please specify)</p>	<p>OPEN RESPONSE</p>
<p>Please note that unless otherwise stated, all questions referring to 'your RTO' relate to &lt;INSERT RTO NAME&gt;.</p> <p>All questions referring to 'your training facility' relate to the <u>main</u> practice, hospital or academic post where you were assigned in <u>Semester One, 2021</u>.</p> <p>The following questions ask about your satisfaction with your RTO, training facility and College, and your overall satisfaction.</p>		
<p>How would you rate your satisfaction with the following aspects of <b>your RTO</b> in <b>Semester One, 2021</b>?</p> <p><i>If any of the following statements do not apply, please leave blank.</i></p>	<p>Quality of overall training and education experience</p> <hr/> <p>Quality of training advice</p> <hr/> <p>Induction/orientation provided</p> <hr/> <p>Feedback on your training progress</p> <hr/> <p>Workshops provided</p> <hr/> <p>Training and education resources available</p>	<p>1 Very dissatisfied</p> <p>2</p> <p>3</p> <p>4</p> <p>5 Very satisfied</p>

Question	Item	Response options
	<IF COLLEGE=ACRRM> Support to meet ACRRM training requirements	
	<IF COLLEGE=RACGP> Support to meet RACGP training requirements	
	Support for examination and assessments	
How would you rate your satisfaction with the following aspects of <b>your training facility</b> (e.g. your practice, your hospital) in <b>Semester One, 2021</b> ?	Quality of overall training and education experience	1 Very dissatisfied
	Quality of supervision	2
	Clinical work	3
	Number of patients or presentations	4
	Diversity of patients or presentations	5 Very satisfied
	Level of workplace responsibility	
	Induction/orientation provided	
	Feedback on your training progress	
	Training and education resources available	
	Location	
	Terms and conditions of employment at your training facility	
<IF COLLEGE=ACRRM> Thinking about your experience with <b>ACRRM</b> , how would you rate your satisfaction with:	assessment?	1 Very dissatisfied
	curriculum?	2
	communication?	3
		4
	the support they provide to you?	5 Very satisfied
		Not applicable
<IF COLLEGE= RACGP> Thinking about your experience with <b>RACGP</b> , how would you rate your satisfaction with:	assessment?	1 Very dissatisfied
	curriculum?	2
	communication?	3
		4
	the support they provide to you?	5 Very satisfied
		Not applicable
	Administration	1 Very dissatisfied

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

Question	Item	Response options
<IF RTO> How would you rate your satisfaction with the assistance or support your RTO provided during or after an adverse event or incident?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
<IF DISSATISFIED (1, 2 OR 3)> How could your RTO have supported you better during or after an adverse event or incident?	-	OPEN RESPONSE
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <your RTO>		
All questions referring to 'your training facility' relate to the main practice, hospital or academic post where you were assigned in Semester One, 2021.		
The following questions ask about the support and impact the COVID-19 pandemic has had on your GP training.		
How would you rate the impact of COVID-19 on each of these aspects of your GP training...	Quality of overall training and education experience Quality of supervision Clinical work Number of patients or presentations Diversity of patients or presentations Induction/orientation provided Feedback on your training progress Training and education resources available Location Terms and conditions of employment Quality of training advice Workshops provided Support to meet training requirements Support for examination and assessments Progression towards completing training requirements Online learning	1 Very negative impact 2 3 4 5 Very positive impact Unsure



Question	Item	Response options
	Ability to collaborate with colleagues	
	Ability to collaborate with other registrars	
Overall, how would you rate the <b>support</b> for the delivery of GP training throughout the COVID-19 pandemic from your:	RTO?	1 Very dissatisfied
	training facility?	2
	<IF COLLEGE=ACRRM> ACRRM?	3
	<IF COLLEGE=RACGP> RACGP?	4
		5 Very satisfied
Overall, how would you rate the <b>communication</b> about your GP training throughout the COVID-19 pandemic from:	your RTO?	1 Very dissatisfied
	your training facility?	2
	<IF COLLEGE=ACRRM> ACRRM	3
	<IF COLLEGE=RACGP> RACGP	4
		5 Very satisfied
Thinking about your experience this year during the COVID-19 pandemic, how could your GP training have been improved?	-	OPEN RESPONSE
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <YOUR RTO>.		
All questions referring to 'your training facility' relate to the <u>main</u> practice, hospital or academic post where you were assigned in <u>Semester One, 2021</u> .		
How would you rate your satisfaction with the health and wellbeing support provided to you by	your RTO?	1 Very dissatisfied
	your training facility?	2
	<IF COLLEGE=ACRRM> ACRRM?	3
	<IF COLLEGE=RACGP> RACGP?	4
	your GP Supervisor?	5 Very satisfied
	the General Practice Registrars Australia (GPRA)?	Not applicable
Do you have your own independent GP?		No
		Yes
Are you living away from your immediate family?		No
		Yes
How many dependants do you have (e.g. children, parents)?		NUMERICAL RESPONSE

Question	Item	Response options
Did you move to the current region to undertake the AGPT program?	-	No Yes
Do you intend to stay in this region after completing the AGPT program?	-	No Yes Unsure
The following questions ask about the training related to Aboriginal and Torres Strait Islander culture that you have received.		
In <b>Semester One, 2021</b> , were you training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	No Yes
<IF NO> Have you completed or are you considering undertaking training in an Aboriginal health training post (e.g. an Aboriginal Medical Service or Aboriginal Community Controlled Health Service)?	-	I have already completed training I am considering undertaking training None of the above
Since commencing the AGPT program, have you had an orientation to Aboriginal and Torres Strait Islander health?	-	No Yes
Since commencing the AGPT program, have you had training in Aboriginal and Torres Strait Islander cultural safety?	-	No Yes
<IF CURRENTLY WORKING IN AN ABORIGINAL TRAINING POST> Do you have access to a formal cultural mentor for support with issues relevant to Aboriginal and Torres Strait Islander people?	-	No Yes
<IF YES> How satisfied are you with the guidance from this cultural mentor on Aboriginal and Torres Strait Islander cultural safety questions?	-	1 Very dissatisfied 2 3 4 5 Very satisfied
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <YOUR RTO>.		
All questions referring to 'your training facility' relate to the main practice, hospital or academic post where you were assigned in Semester One, 2021.		
The Department of Health is interested in your views on GP training employment arrangements. The following questions relate to your views on employment models, salary and entitlements.		

Question	Item	Response options
To what extent are you concerned with your current employment arrangements?		Not at all Somewhat Quite a bit Very much Don't know
Currently GP registrars are employed directly by their current training facility and as a result have several different employers through GP training. An alternate employment model would be for GP registrars to be employed by a 'single employer', potentially being employed by government, their College, or another organisation, while training in multiple training facilities.	GP registrars should continue to be employed directly by training facilities (more than one employer throughout GP training) GP registrars should be employed by a 'single employer' (one employer throughout GP training)	1 Strongly disagree 2 3 4 5 Strongly agree
To what extent do you agree with the following statements?		
Which of the following best describes your salary during Semester One, 2021?	-	Fixed salary Fixed salary and a percentage of billings Fixed salary and a percentage of receipts A percentage of billings A percentage of receipts Other
Currently GP registrar salaries are paid through Medicare Benefits Schedule (MBS) billings and registrars are able to negotiate with their employers. An alternative salary arrangement would be for GP registrars to have a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors.	GP registrars should continue to be able to negotiate their salary with their employer throughout GP training GP registrars should be paid a fixed salary rate commensurate with the jurisdictional average for at-level hospital doctors throughout GP training	1 Strongly disagree 2 3 4 5 Strongly agree
To what extent do you agree with the following statements?		
Which of the following types of leave (paid or unpaid) have you taken while training on the AGPT program?	Annual leave Personal leave (includes sick leave and carer's leave) Exam or study leave Parental leave Long service leave	Yes No Not applicable
	Additional paid annual leave	Not at all

Question	Item	Response options
Thinking about your current leave entitlements, how beneficial would each of the following additional leave entitlements be to you while training?	Additional paid personal leave	Somewhat
	Paid exam or study leave	Quite a bit
	Paid parental leave	Very much
	Paid long service leave	Don't know
	Having portable leave entitlements that move with you during training and post-fellowship	
Thinking about your overall employment package, which of the following additional leave entitlements would you forgo some of your salary to include in your employment package?	Additional paid annual leave	Not selected
	Additional paid personal leave	Selected
	Paid exam or study leave	
	Paid parental leave	
	Paid long service leave	
Having portable leave entitlements that move with you during training and post-fellowship		
Please let us know any comments you have about GP registrar employment arrangements, salaries or leave entitlements.	-	OPEN ENDED RESPONSE
The following questions relate to the transition to college-led GP training.		
To what extent do you feel you are informed about the transition to college-led GP training?	-	Not at all Somewhat Quite a bit Very much Don't know
Has the transition to college-led GP training had an impact on your training?	-	Not at all Somewhat Quite a bit Very much Don't know
From which of the following sources have you accessed information about the transition to college-led GP training?  <i>Please select all that apply.</i>	Your RTO Your training facility <IF COLLEGE=ACRRM> ACRRM <IF COLLEGE=RACGP> RACGP Your GP Supervisor	Not selected Selected

Question	Item	Response options
	The General Practice Registrars Australia (GPRA)	
	The Department of Health	
	Other (please describe)	OPEN RESPONSE
<IF RURAL> What have been the best aspects of training on the rural pathway?	-	OPEN RESPONSE
<IF RURAL> What aspects of your experience training on the rural pathway are most in need of improvement?	-	OPEN RESPONSE
Please note that unless otherwise stated, all questions referring to 'your RTO' relate to <YOUR RTO>.		
All questions referring to 'your training facility' relate to the main practice, hospital or academic post where you were assigned in <b>Semester One, 2021</b> .		
The following questions ask about your choice of specialisation, fellowship and RTO, and your future plans.		
When did you decide to become a specialist GP?  <i>Please select all that apply.</i>	While I was at school	Not selected
	Early in my medical degree	Selected
	Late in my medical degree	
	In my first year out of medical school	
	More than one year out of medical school	
	After trying another specialty	
	Other (please specify)	OPEN RESPONSE
Why did you decide to become a specialist GP?  <i>Please select all that apply.</i>	To build long-term relationships with patients	Not selected
	To also study sub-specialities such as anaesthesia, emergency medicine, paediatrics, obstetrics and gynaecology	Selected
	The training program is fully funded by the Commonwealth Government	
	To work in rural and remote locations	
	Intellectually stimulating	
	Diversity of patients and medical presentations	
	Domestic circumstances	

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

Question	Item	Response options
	Career links with region (e.g. earlier placement, Prevocational General Practice Placements Program (PGPPP))	
	Reputation of the RTO	
	Recommended by peers	
	Other (please specify)	OPEN RESPONSE
Within the next five years, you would like to be... <i>Please select all that apply.</i>	teaching or supervising medical students.	Not selected
	supervising registrars.	Selected
	a medical educator.	
	not involved in doctor training.	
In five years, you would like... <i>Please select all that apply.</i>	to be working full time as a private GP.	Not selected
	to be working part-time as a private GP.	Selected
	to own your own practice.	
	to purchase or buy into an existing practice.	
	to be working in Aboriginal Health.	
	to be working as a GP in another setting (e.g. aged, palliative, home care).	
	to be working in a rural or remote location.	
	to be working as a Rural Generalist.	
	to be not working as a GP.	
	to be doing something else (please specify).	

### Closing text

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

Your responses help the Department of Health, RTOs and Colleges improve registrars' experience and learning in Australia.

If this survey has raised any concerns about your experience in the AGPT program, please get in touch with your Registrar Liaison Officer (RLO). A directory of RLOs is provided by General Practice Registrars Australia (GPRA): <https://gprra.org.au/rlo-directory/>.

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

### **PRIVACY STATEMENT**

Any Personal Information you provide to ACER is private, confidential and will be treated according to any applicable law. Such Personal Information will only be used for the purposes of this research specified above.

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

The policy sets out your rights and processes to: complain about a breach of privacy, and access and have amended your personal information held by ACER. Your involvement is voluntary and you are free to withdraw consent at any time. Should you have any queries please contact the Project Manager, Rebecca Taylor, ACER, 19 Prospect Hill Road, Camberwell, Victoria 3124, [nrs@acer.org](mailto:nrs@acer.org).



## Appendix E: Accessible text alternatives for figures

### Infographic text alternative

#### National Registrar Survey 2021

The AGPT NRS is an annual, national survey of GP registrars currently training in the AGPT program that collects information about registrar satisfaction, experience and future career plans. This information can be used to assure the quality of training provision, enable continuous improvement and allow results to be benchmarked nationally. These are the responses from the 1,105 registrars who participated in the 2021 survey.

#### Training experience

- 88% were satisfied with their overall training and education from their RTO
- 91% were satisfied with the overall training and education they received from their training facility
- 90% were satisfied with the supervisor support
- 96% were satisfied with the level of workplace responsibility
- 97% were satisfied with the clinical work
- 85% of registrars were satisfied with the overall education and training

#### Registrar characteristics

- 62% of respondents were female
- 1.9% identified as Aboriginal or Torres Strait Islander
- 54% were between 30 to 39 years of age
- 27% were International Medical Graduates
- 49% were on the rural pathway

#### Location of training facility [two pie charts]

##### By Remoteness Area

- 48% Major Cities
- 35% Inner Regional Australia
- 14% Outer Regional Australia
- 4% Remote

##### Modified Monash Model

- 50% MMM1
- 16% MMM2
- 13% MMM3
- 10% MMM4
- 7% MMM5
- 4% MMM6 and MMM7

#### Overall satisfaction with response to COVID-19 [bar chart]

- 84% were satisfied with the support from their RTO
- 91% were satisfied with the support from their training facility
- 85% were satisfied with the communication from their RTO
- 92% were satisfied with the communication from their training facility

#### Employment and salary arrangements

- 51% of registrars were not at all concerned with their current employment arrangements
- 36% agreed that they should continue to be employed by training facilities

- 42% agreed that they should be employed by a single employer throughout GP training
- 52% of registrars were paid a fixed salary and a percentage of their billings while:
- 53% agreed they would prefer to negotiate their salary
- 55% agreed they should be paid a fixed rate salary commensurate with the jurisdictional average for at-level hospital doctors throughout GP training

## Text alternative for Figures

**Table 21: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Remoteness classification (alternative for Figure 1)**

Training facility location	Australian Medical Graduate (%)	International Medical Graduate (%)
Major cities	56.2	25.1
Inner regional	28.2	52.1
Outer regional	11.2	19.8
Remote or very remote	4.4	3.0

**Table 22: Proportion of Australian Medical Graduate and International Medical Graduate registrars working in different regions, Modified Monash Model (alternative for Figure 2)**

Training facility location	Australian Medical Graduate (%)	International Medical Graduate (%)
MMM1	58.0	27.1
MMM2	13.3	22.8
MMM3	9.5	22.4
MMM4	8.6	15.2
MMM5	6.1	9.6
MMM6 and MMM7	4.7	3.0

**Table 23: Location of registrars' current training facility in 2017 to 2021 (alternative for Figure 3)**

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

**Table 24: Location of registrars' current training facility in 2021, Modified Monash Model (alternative for Figure 4)**

Training facility location	2021 (%)
MMM1	49.5
MMM2	15.8
MMM3	13.1
MMM4	10.4
MMM5	7.0
MMM6 and MMM7	4.2

**Table 25: Proportion of registrars who relocated for training by training location (alternative for Figure 5)**

Region		Did not relocate for training (%)	Relocated for training (%)
Remoteness Area	Major Cities	80.7%	19.3%
	Inner Regional Australia	33.2%	66.8%
	Outer Regional Australia	31.6%	68.4%
	Remote or Very Remote Australia	28.9%	71.1%
Modified Monash Model	MMM1	78.9%	21.1%
	MMM2	50.0%	50.0%
	MMM3	20.8%	79.2%
	MMM4	23.5%	76.5%
	MMM5	28.8%	71.2%
	MMM6 and MMM7	30.0%	70.0%

**Table 26: Mean overall satisfaction score of registrars with the AGPT program from 2017 to 2021 (alternative for Figure 6)**

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

**Table 27: Key Performance Indicators from the years 2017 to 2021 (alternative for Figure 7)**

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

**Table 28: Satisfaction with different aspects of RTO (alternative for Figure 8)**

Area of RTO satisfaction	Average satisfaction score
Overall training & education quality	3.7
Training advice	3.7
Induction and orientation	3.8
Feedback on training progress	3.7
Workshops provided	3.7
Training and education resources	3.7
Support to meet ACRRM training requirements	3.3
Support to meet RACGP training requirements	3.7
Support for examination and assessments	3.5

**Table 29: Satisfaction with different aspects of training facilities (alternative for Figure 9)**

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

**Table 30: Satisfaction with health and wellbeing support by source of support (alternative for Figure 10)**

Source of support	Per cent (%)
RTO	85.3
Training facility	89.6
GP supervisor	92.6
GPRA	87.2

**Table 31: Negative impact of COVID-19 on aspects of training (alternative for Figure 11)**

Aspect of training	Per cent (%)
Advice	10.1
Clinical work	31.4
Collaborate colleagues	40.9
Collaborate registrars	52.2
Diversity	28.2
Exam & assessments	28.6
Feedback	12.5
Induction/orientation	8.3
Location	7.6
Online	10.4
Overall quality	35.8
Patients	25.2
Progression towards completion	26.9
Resources	20.0
Supervision	12.9
Support training requirements	21.7
Terms and conditions	6.7
Workshops	47.4

**Table 32: Preference for mode of employment by training term (alternative for Figure 12)**

Training Term	Training facility (%)	Single employer (%)
GPT Term 1 or CGT1	33.4%	43.2%
GPT Term 2 or CGT2	36.4%	39.5%
GPT Term 3 or CGT3 or CGT4	33.6%	41.8%
Extended Skills or ARST or AST	37.7%	46.6%
Academic Post	18.2%	63.6%

**Table 33: Benefit of extra leave entitlements (alternative for Figure 13)**

Benefit	Exam study (%)	Portable (%)	Annual (%)	Personal (%)	Parental (%)	LSL (%)
Not at all	3.9	5.2	7.3	14.9	18.8	25.1
Somewhat	7.4	5.6	17.1	21.5	8.7	12.7
Quite a bit	10.4	11.6	15.9	16.3	9.3	8.1
Very much	74.5	69.6	55.0	40.5	47.2	28.2
Don't know	3.8	8.0	4.7	6.8	16.0	25.9

**Table 34: Why registrars decided to become GP specialists (top reasons given) (alternative for Figure 14)**

Reasons	Per cent (%)
Hours/working conditions	64.9
Diversity of patients and medical presentations	51.5
To build long-term relationships with patients	48.9
Social responsibility or to support the community	27.1
Domestic circumstances	26.2
Intellectually stimulating	25.5
Self-appraisal of own skills/aptitudes	23.4
Experience of jobs so far	21.8
To also study sub-specialties	20.3
To work in rural and remote locations	20.3
Hours/working conditions	64.9