
MEDIA RELEASE

Wednesday 20 November 2024

Interviews: ☎ 03 8699 0992 ✉ media@racgp.org.au

RACGP fills GP training places, but warns more funding needed

The Royal Australian College of GPs (RACGP) has filled all its Australian GP Training (AGPT) Program places for the first time in years, and is calling on the Government to commit additional funding to address Australia's GP shortage.

For 2025, 1504 junior doctors have accepted specialist training through the College's AGPT program. This is an increase of 19.8%, or 249 future GPs, on 2024.

Of the 1504 domestic medicine graduates joining the Federal Government-funded [AGPT program](#), 844 accepted a general training pathway, 583 a rural pathway, and 77 composite rural placements.

The RACGP trains around 90% of Australia's GPs, including those practising in regional, rural, remote, and Aboriginal and Torres Strait Islander communities.

RACGP President Dr Nicole Higgins said it is clear Australia can train enough GPs but warned the Government must make lasting investments to tackle Australia's GP shortage and ensure Australians can see a GP regularly.

"This is a record to be proud of, and the growth in training numbers reflects not just that the Government has given us the flexibility we need to accommodate prospective trainees and the [funding to enable them to take placements](#), but the great experience [junior doctors have had in GP training](#)," she said.

"It's a wonderful career. The trust and relationship we form with patients gives our work meaning, and the depth and breadth of what we know as GPs makes it a really satisfying career. That breadth and depth, and those relationships, makes serving as a GP different to other specialists and other health workers.

"It's why there's no substitute for a GP who knows you and your medical history.

"This 20% growth in GPs in training is a sign the GP workforce is recovering. But it can't be taken as a sign the job is done. The story we've been told, and that we've often told each other as GPs, is one of general practice in decline. These training results show us we can turn that around with the right investments, because funding general practice [gets results](#).

"We've shown we can train more GPs, and we've shown we can get GPs to the communities who need them most, including rural and regional communities. We just need the funding to sustain this growth."

The strong result for GP training was enabled by close coordination between the RACGP and Department of Health and Aged Care and the flexibility of the Government's training contract with the RACGP. Dr Higgins also praised the Government's rapid support for College requests to enable more junior doctors to take up training places, including funding for accommodation, travel, and childcare that allowed the RACGP to [place 177 general GPs in training](#) in rural communities that had not had a registrar in years.

"The Government has listened to what GPs need to ensure more Australians can see a GP in the future, and that's allowed us to deliver a fantastic result," Dr Higgins said.

"Where we've presented them with a solution, they've heard us, and they have acted to cut through bureaucratic processes that could have otherwise left a community a GP short. We have shown we can deliver results, and so have they. We need the Government to continue to focus on solutions, with major investments in general practice and incentives for universities to play their part in getting GPs into communities, especially outside the capitals."

She emphasised the RACGP's calls for the Government to invest in a significant boost to Medicare rebates, and:

- Link the allocation of Government-subsidised medical places to a target of 50% of graduates training as GPs
- Fund 500 more AGPT Program places for the RACGP over the next five years

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- Ensure GPs in training have equal pay and work entitlements to other medical specialists in training.

“I called the 2023 Federal Budget [a game changer](#). But change must be lasting. The [2024 Budget](#) failed to support patients, with [no increase to their Medicare rebates](#) when they needed cost of living relief. When our patients can see a GP when they need to, they stay healthy.

“Everyone has a right to see a GP who knows their medical history when they need to. The cost of delivering care has gone up, now funding for patients to see a GP must too, or we risk going the way of the US with its two-tiered health system.

“Our patients deserve healthy lives. This and future governments must commit to funding so patients don’t delay care until they end up in hospital – or find themselves left waiting in ambulances outside over-capacity hospitals.

“To tackle our current and future GP shortage, junior doctors need to see general practice as a top career pick. That means funding it like patients being able to see their GP is a top priority. We’ve seen funding for patients to see a GP fall, relative to inflation and wages, [for decades](#).

“General practice spending fell from 7% of Australia’s total health spending in 2012, to [5.7% in 2022](#) as spending on hospitals surged. This makes it harder for patients to see a GP, and it tells junior doctors they won’t be as valued in the community as they will in a hospital. The Government’s tripled bulk billing incentive may have [added more bulk billed](#) appointments, especially for children and in rural areas, but patients are [showing they need more support](#).

“Universities must also align their priorities with what our communities need. Our universities, especially many of our most prestigious universities, just aren’t producing doctors who practise as GPs where patients need them. They are funded by our whole community, and their funding should reflect our urban, regional, and rural communities’ expectations. Universities’ allocation of Commonwealth Supported Places should be linked to a target of 50% of their graduates training in general practice, and practising where they are most needed.

“GPs in training and those in hospital-based specialisations should also have equal pay and work entitlements. This is a major barrier, especially for women and those with young families. But this can be easily addressed by funding work entitlements and incentive payments so GPs in training are on an equal footing with their hospital-based colleagues.”

Along with its [AGPT program](#) for domestic medical graduates, the RACGP also trains medical graduates who gained their medical degree overseas as specialist GPs through its [Fellowship Support Program \(FSP\)](#) and provides a pathway to practise in Australia through its [Practice Experience Program – Specialist \(PEP Specialist\)](#) stream.

Of the GPs in training joining the AGPT program in 2025:

- 844 who accepted a general training pathway train for at least a year outside a major metropolitan area
- 583 rural pathway trainees will complete all training in regional, rural, or remote areas
- 77 composite pathway trainees will complete a placement in a specific area of need that potentially otherwise would not have accessed registrars

~ENDS

The RACGP will release detailed geographic information on where registrars will be training as GPs and adding to the medical workforce shortly.

RACGP spokespeople are available for interviews: [03 8699 0992](tel:0386990992) / media@racgp.org.au.

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Media contacts

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About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the peak representative organisation for general practice, the backbone of Australia's health system. We set the standards for general practice, facilitate lifelong learning for GPs, connect the general practice community, and advocate for better health and wellbeing for all Australians.

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