

**27th January 2023**

Please find following General Practice Registrars Australia's Federal Budget Submission.

This funding submission requests funding to help address the base rate salary gap for GP registrars in order to retain and attract more doctors to the GP Speciality. This proposal outlines:

- Who is GPRA?
- Background - General Practice workforce in decline
- Key barriers to attracting doctors to the GP speciality
- Solution - the action required NOW
- Funding request
- Conclusion

GPRA was notified of the opportunity to submit a proposal by the Office of Senator White. If you require any further information, please do not hesitate to contact me ([president@gpra.org.au](mailto:president@gpra.org.au)) or GPRA's CEO; Ms Jo-anne Chapman at [ceo@gpra.org.au](mailto:ceo@gpra.org.au) or mobile 0447 039 716.

I look forward to your response.

Kind regards



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## Who is GPRA?

Established in 1974 and existing as an autonomous organisation since 2001, GPRA has a long history as an organisation focused on supporting General Practice (GP) registrars and advocating for their rights.

Our members are the **future GP workforce**.

General Practice Registrars Australia (GPRA) is the peak organisation representing the future general practice workforce. GPRA has over 20,000 members who are medical students and junior doctors interested in general practice, GP registrars, and newly-Fellowed GPs. GPRA administers Australia's largest medical student network in Australia - the General Practice Students Network (GPSN) as well as the Future General Practice Network (FGP) which promotes the GP Specialty to junior doctors completing their hospital training.

GPRA receives some source funding from the Federal Department of Health and Ageing.

We are proud to be the only independent organisation solely advocating for GP registrars, informed by registrar advisory groups and new fellows. We provide the next generation of general practitioners with support, advice and resources. We represent and advocate for our members via various medical and health sector advisory groups and committees to ensure government and sector policy makers and funders are informed by our members' voices.

We support our members by:

- Negotiating the National Terms and Conditions for the Employment of Registrars (NTCER for GP registrars under the Australian General Practice Training Program AGPT funded by the Federal Department of Health and Ageing)
- Advocating on educational, employment and policy issues in general practice
- Providing advice on employment negotiations and training issues
- Events, including networking, educational, wellbeing and professional development
- Assisting with exam preparation and education support and
- Providing special member-only services and discounts with partner organisations such as medical equipment suppliers.

This proposal is based on evidence and feedback from our members - GP registrars and newly Fellowed GPs employed under the National Terms and Conditions for the Employment of Registrars, which is administered by GPRA and our sister organisation GP Supervision Australia (GPSA).

The NTCER is the agreement developed between the two peak GP industry Associations (GPRA and GPSA) that is the instrument for setting the minimum national employment terms and conditions for GPs in training.

The NTCER ensures the Australian General Practice Program (AGPT) is sustainable for both GP registrars and practices and underpins quality general practice training.

GPRA with GPSA, completed a review of the NTCER in 2022. Its findings have informed this request for funding to increase the base rate of pay for GP registrars.

## ***Background – General Practice workforce in decline***

General practice in Australia is currently facing multiple crises. Much has been written about it, many reports, many media reports.

At the front end of the GP workforce pipeline, figures from the Medical Deans of Australia and New Zealand tell us that less than 15 percent of medical graduates are choosing general practice as their preferred career.<sup>1</sup> Members from GPRAs 21 GP university clubs tell us that less and less of their peers identify general practice as their future specialty.

Further, GPRAs Junior doctor members tell us that general practice is undervalued and underfunded so, increasingly, many junior doctors are choosing to work in other specialties.

Our analysis shows that on average, GP registrars take a 12 percent pay cut when they finish their in-hospital training and begin their first year as a GP registrar.

In our view, GP registrars have fallen foul of the systemic underfunding of successive governments resulting in an erosion of base salary and thus a loss of attractiveness for the GP Specialty has followed.

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<sup>1</sup> Medical Students Outcome Survey Results 2021 - Medical Deans of Australia and New Zealand website

## *Key barriers to attracting doctors to the GP speciality*

There are key systemic barriers that have contributed to the declining interest of the future workforce in general practice specialty over many years. These barriers include:

### **1) GP Registrar base rate of salary**

GP registrars are a critical part of community-based health care. They complete compulsory placements as part of their training; after four to six years of medical school they train in the hospital system for two years or more, gaining experience in general medicine and other specialties such as emergency medicine.

When they arrive at a GP practice as a registrar, they are ready to see patients. They are an asset, bolstering practices' consulting capacity and as part of their training, relocate to different communities so they are experienced working with Australia's diverse communities.

**However, GP Registrar base rate and access to leave entitlements once commencing in GP training,** declines significantly. Our members tell us that base rate and access to parental and study leave are the most identified deficits of the GP training program.

GP registrars consistently tell us that pay and employment conditions during their training years are their biggest concern. GPRA's recent 2022/23 NTCER survey confirmed:

- that increasing the base rate remains a clear priority for GP registrars employment reform;
- The NTCER is still the supported vehicle under which GP registrars should be employed and
- Despite private GP practices offering quality and diverse training/education placements, the legacy of underfunding of the Medicare system over the past decade, has had a downstream impact on GPs in training employment terms and conditions including their base rate.

The base rate and employment conditions such as access to parental and study leave clearly **remain a central issue for attracting doctors to general practice.**

### **2) Limited access to leave entitlements**

GP registrars do not have consistent access to portable benefits such as paid parental and sick leave, accrued annual leave or long service leave, and if they do are usually partly or wholly unpaid.

The stark impact of this on the GP registrar pipeline can be illustrated by some of the results from GPRA's 2022 NTCER benchmarking survey where our members advised:

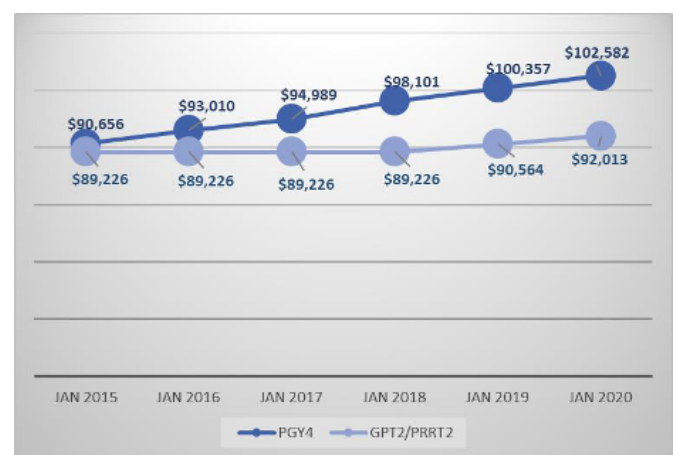
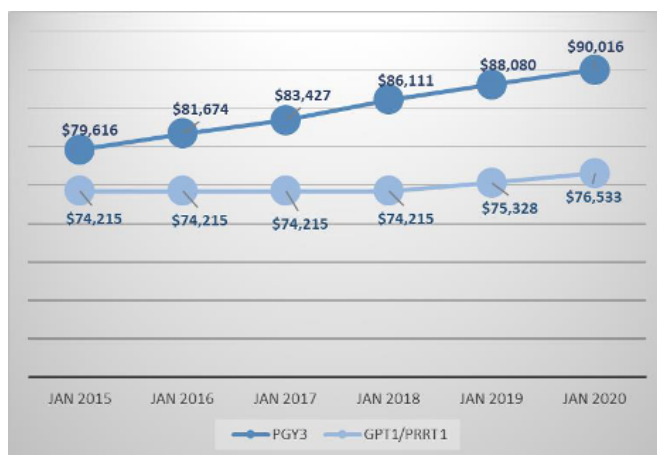
- 4/10 registrars have made a change to speciality training career or family planning due to the lack of parental leave
- Only 54% of registrars are satisfied with their access to leave
- Other than base pay, study leave and parental leave are the 2 highest priorities for registrars in employment reform

A profession that recognises work-family balance and remunerates their trainees well, will attract more doctors.

### 3) Impact of Medicare freeze on GPs in training base rate

Compounding the decline in the number of doctors applying to be a GP, has been the impact of the ongoing Medicare freeze having had a direct impact on GPs in training "base rate" of pay. There has been a relative decline in AGPT registrar salaries since 2013 and the introduction of the Medicare freeze, which led to 5 years without wage rises **given the link between AGPT registrar base rate and MBS item 23**.

This has led to an increasing disparity between Australian General Practice Training (AGPT) registrars and hospital doctors-in-training, whose salaries have increased 3-10 times faster on average during this similar period. The below tables demonstrate the current disparity between GPs in training earnings with hospital based trainees.



The failure of AGPT GP registrar base pay to keep up with hospital doctors-in-training base pay has highlighted the other inequalities that are present in the current GP registrar system - the lack of access to paid parental leave and study leave for GPs in training due to the requirements of their training as well as the need to locate to different placements as part of their mandatory training requirements.

## 4) General Practice Speciality Reputation

Systemic pressures have caused undesirable working conditions that have resulted in less attractiveness of the speciality of GP.

The 2022 Australian Medical Association Research Report titled “*The General Practitioner Workforce: Why the neglect must end*” cited several factors for the decline in Australia’s GP Workforce supply including the lack of interest by medical graduates in general practice and thus GP registrar places remaining unfilled.

These findings align with what our members tell us the GP Speciality is undervalued from the time students enter medical school and GP registrars are underpaid compared to other medical specialty registrars.

## 5) Declining application numbers to the AGPT

The Commonwealth Government funds the Australian General Practice Training (AGPT) Program. It funds 1500 training places per year. Approximately, more than 5,000 Registrars are training towards fellowship at any given time.<sup>2</sup>

According to the AMA’s 2022 research report titled “*The GP workforce: Why the neglect should end*”, while demand for GP services has increased, the supply of services has not kept pace. The AMA’s research report estimates that there will be an undersupply of around 10,600 GP FTEs by 2031–32, if GP training places continue to remain unfilled, and the rate of retirement and attrition from the profession escalates - not an unlikely scenario post pandemic.

The AMA’s research report also highlighted that further modelling will be required to estimate the number of Australian and overseas trained GPs required to meet the projected GP FTE shortfall over the next decade, to account for the increasing trend towards GPs working reduced hours due to socio-cultural and demographic changes among general practitioners.

GPRA supports many international medical doctors undertaking their GP training here in Australia and their contributions to Australia’s primary health care system should not be underestimated.

The AGPT is the key general practice speciality training pathway in Australia, While the figures presented below illustrate the decline in numbers of GPs joining the AGPT, with just a slight uptake in 2021, the critical point remains - not enough junior doctors are applying to be GPs.

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<sup>2</sup> *The GP workforce: Why the neglect should end* (2022) AMA Research Report

**Table (1) Decline in GP training places filled – AGPT 2015 –2021<sup>3</sup>**

<i>GP Registrar Training Year</i>	<i>Available Places</i>	<i>Eligible Applicants</i>	<i>Training Positions Filled</i>
<b>2021</b>	1500	2100 (approx)	1434
<b>2020</b>	1500	1908	1329
<b>2019</b>	1500	2015	1437
<b>2018</b>	1500	2018	1460
<b>2017</b>	1500	2384	1538
<b>2016</b>	1500	2318	1578
<b>2015</b>	1500	2458	1534

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<sup>3</sup> *The GP workforce: Why the neglect should end* (2022) AMA Research Report

## ***Solution – The action required NOW.***

While GPRA respects that over the past two to three years, Government has received a range of policy options for alternative employment models for GPs in training to consider, GPRA advocates as the peak body representing junior doctors and GP registrars, that the Federal Government needs to make an immediate funding injection to increase the **current base rate of pay for GP registrars** - otherwise the nation risks further decline in the attraction and retention of doctors in the GP speciality.

We need to start turning this crisis of GP workforce supply around now. Funding action to address GP registrar base rate and cost of living allowances under the Government's AGPT program must happen.

There is precedent for the Government to consider. It has previously taken action to address medical specialist workforce training supply and distribution by funding other initiatives such as the Specialist Training Program (STP). The STP supports non-GP specialist training positions, in regional areas and private facilities. The program includes salary support for up to 920 non-GP specialist training posts and up to 100 posts under the integrated rural training pipeline (up to \$109 000 per FTE trainee.<sup>4</sup>)

While the STP has a different administrative structure, its objective, aligns with GPRA's funding request - to fund the training of specialist General Practitioners. It is not too much of a stretch that the Government considers funding extra salary support for specialist GP registrars under its largest medical specialist training program - the AGPT.

Our position is that GP registrars should receive a **base-rate salary** that is at a comparable level to their hospital-based colleagues and their access to leave entitlements; such as **parental and study leave** must be put in place as a matter of priority.

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<sup>4</sup> Department of Health and Ageing website - Speciality Training Program



## *Funding request*

We acknowledge that DOHA has funded from 2022 a research feasibility study to look at 'options' for GP registrars' access to parental and study leave, and that it has been considering other alternative employment models.

However, GPRA advocates that the government **must start now** to address the GP workforce decline by **firstly funding the gap between current GP registrar wages under the current system to increase it to at least that of the average wage of hospital based registrar trainees across Australia.**

This supplementation for AGPT GP registrar salaries would help retain the current GP registrar workforce as well as attract and sustain a future GP workforce over the next three years.

GPRA has made a start on improving GP registrar employment terms and conditions under the recent review of the NTCER 2022 with GPSA. Both organisations have agreed, as a first step, to deliver some supplementation increase for GP registrars base rate from Term 2 2023 to Term 2 2024 (re 4% increase over 2 years from Term 2 2023).

GPRA advocates that it is critical that additional funding be allocated by the Government to help uplift AGPT GP registrars base rates. An uplift would bring the pay base rate of these registrars in line with the average hospital based trainees and would also assist GP registrars with their costs of living.

GPRA estimates from data we have compiled on the estimated average hospital based registrar salary that the shortfall between achieving parity and current base pay rates is between \$50,000-\$60,000 per registrar over the three years of their training.

Multiplied by 1500 AGPT training places that concurrently require base rate supplement funding across the three years of training for the next five years, we calculate a funding request of between **\$75-90 M per year** to attract the required number of registrars into the GP specialty training program. *(NB At the time of writing, GPRA was unable to locate data which presented the AGPT figures across training year categories re deferral, employment status (re FT/PT))*

GPRA would welcome the opportunity to continue to work with the relevant Federal Government agencies to finalize the funding amount required over the coming quarter to inform the 2023 May Federal Budget.

This request for funding provides equity to every corner of Australia by growing specialist General Practitioners. The whole of the nation stands to benefit from an investment to attract and retain specialist GPs by growing them in communities and outside of the hospital based system. It is an investment in the health of the Nation to keep Australians out of hospital and keep them well. This investment comes to less than \$3.00 per person per year for the next five years.<sup>5</sup>

## ***Conclusion***

GPRA acknowledges there are GP registrars on alternative general practice training pathways and our broad position is all GP registrars need a salary base rate increase.

Base Rate supplementation would serve to top-up GP registrar salaries to achieve parity with their hospital trainee colleagues, attracting more medical graduates into the specialty as well as help GP practices support quality training placements.

There is already precedence for specialist supplementary funding (the Specialist Training Program) to attract and retain specialists in other medical specialities. The specialty of General Practice requires that support as well.

As a start, GPRA requests the Federal Government consider a funding request of between **\$75-90 M per year** to attract the required number of registrars into the AGPT GP specialty training program from 1 July 2023 for the next five years. We would welcome the opportunity to continue working with the Government to finalise these figures.

Under the current NTCER system administered by GPRA and GPSA, and through Services Australia, there is already a system in place for practices to pay GP registrar base rates directly.

**GPRA's solution is a practical one and one that can be actioned now** - increasing the base rate levels for AGPT GP registrars will immediately help retain GP registrars as well as improve the future attractiveness of the GP Speciality.

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<sup>5</sup> Australian Bureau of Statistics - Australian population as at June 2022