

# Media Release

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## **New research suggests that the cost of training GP registrars is largely paid for by general practice**

Recent research suggests that GP Training is largely paid for by general practice, well in excess of the Australian Government's \$220 million contribution.

Given recent suggestions by Federal Senator Holly Hughes' that GPs and related agencies present a "woe is me" attitude and calls to close general practice in rural locations, the Australian Government would be well advised to support GP training practices in any way they can.

The cost of training study, which interviewed and surveyed practice managers and GP supervisors nationally, included a cost-revenue analysis. The analysis included income, expenditure and potential revenue foregone, informed by the lived experience of stakeholders involved in GP training.

Practice managers and supervisors involved in the delivery of Australian GP training (AGPT) were asked to define and quantify all the tasks involved in the delivery of training in their practice by all members of the GP training practice team. Interviews found that supporting registrars required input from the whole practice team. The time invested in registrar training by GP supervisors, practice managers and practice nurses, was also recorded.

GPSA CEO Glen Wallace observed "This research reflects what we previously suspected, that GP Supervision and training in general practice is underfunded and GP Supervisors are largely working on a voluntary basis to support registrars in training practices."

The cost-revenue analysis created from this research provides a snapshot of the average cost of GP in-practice training for 1 full time GP registrar in Australia. Whilst researchers found there was variation between practices and their net financial investment in training, there was consensus among research participants that the cost-revenue analysis accurately reflected the lived experience of practice managers, supervisors, and training practices with regard to time, inputs, cost, and revenue.

### **Key findings:**

- The net financial effect of the cost-revenue analysis showed that practices operated on average at a substantial loss across all GP training terms.
- Practices generated income from having a registrar, however, the income gains in more advanced GP trainees were mostly offset by the loss of government subsidies.
- The costs and revenue foregone associated with training AGPT registrars well exceeded all income generated across all terms of training, even after factoring in government practice subsidies and teaching payments in the modelling.

- Over a 2 year period for a 1.0 FTE registrar, the net financial losses sustained by rural practices involved in AGPT training (Rural -up to \$231, 351 per trainee) were almost double those of urban training practices across all training terms (Urban – up to \$129,566 per trainee). This includes costs and revenue forgone.
- The net financial loss sustained by practices involved in AGPT training were highest in Term 2 of GP training in rural practices (up to - \$80,202) and Term 1 in urban practices (up to - \$64,784).
- Rural practices also sustained a substantial net financial loss across all GPT training terms, whereas urban based practices tended to only show a small loss by GPT4.

These figures suggest that general practice invests heavily in AGPT training, well in excess of the \$220 million (p.a) invested by the government. The research also indicates that there are a number of factors which can reduce practice financial and emotional investment in GP training, which need to be considered in the future of GP training. These include:

- Training practices and registrars having a choice of placements to maximize the opportunity of a good practice-registrar fit,
- Continuity of registrar placements for practices
- Maximizing opportunities for practices to be able to retain registrars after Fellowship.

These factors are important for consideration in the future AGPT training system and associated funding models.

Full findings and recommendations can be found in the [Research Executive Summary](#) and [Full Report](#).

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