



### **Rural Health West**

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### Limitations

Rural Health West acknowledges there are limitations with data collection for various reasons. Data specific to doctors who provide primary care services to country hospitals may be underrepresented.

The information in this report was current at the census date of 30 November 2024.

#### Website

www.ruralhealthwest.com.au

### Compiled by

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## **Acknowledgments**

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# **Table of contents**

1	Introduction	9
2	Executive summary	10
3	Data collection and analysis strategies	15
4	Demographics of the overall workforce as at 30 November 2024  Models of service provision in rural WA  Rural GPs by age and gender  Rural GP numbers by location/region	16 17 18 21
5	Changes in the permanent workforce Overall permanent workforce turnover Permanent workforce changes by gender Permanent workforce changes by region	22 22 25 26
6	Clinical workloads  Average clinical hours worked per week  Average clinical hours worked by gender and age group  Full-time and part-time workloads  Average clinical hours worked per week by region and MMM location	27 28 29 30 31
7	Length of employment in current principal practice  Average length of employment  Average length of employment by region and MMM location	33 33 34
8	Practice type	36
9	Rural GP proceduralists  Number of rural GP proceduralists  Rural GP proceduralists by type and gender	38 38 41
10	Country of training Residency status Fellowship status	43 44 44
11	Rural GP registrars	46
12	Rural Aboriginal Community Controlled Health Services	50

# List of tables

Table 1	Rural GP numbers by primary model of service provision 2023 v 2024	17
Table 2	Rural GP numbers by region 2023 v 2024	21
Table 3	Rural GP turnover 2023 to 2024	22
Table 4	Destination of departing GPs 2023 v 2024	23
Table 5	Origins of GPs joining the permanent workforce 2023 v 2024	24
Table 6	Changes in the permanent workforce by gender 2023 v 2024	25
Table 7	Changes in the permanent workforce by region 2023 v 2024	26
Table 8	Comparison between full-time and part-time workloads by gender	30
Table 9	Part-time workforce by gender 2023 v 2024	30
Table 10	Number of rural GPs by practice type and region	36
Table 11	Number and type of practices per region	37
Table 12	Number and proportion of rural GPs practising procedures 2023 v 2024	38
Table 13	Residency status of the IMG workforce	44
Table 14	Fellowship status of the IMG workforce	44
Table 15	University of basic medical training of Australian-trained GP registrars working in rural WA in 2024	49

# List of figures

Figure 1	Workforce 2014 to 2024	16
Figure 2	Average age of the workforce 2014 to 2024 and proportion over 55 years	18
Figure 3	Composition of the workforce by ten-year age group and gender	19
Figure 4	Number of rural GPs by gender and percentage of female GPs 2014 to 2024	20
Figure 5	Average clinical hours worked per week from 2014 to 2024	28
Figure 6	Average clinical hours worked per week by gender and ten-year age groups	29
Figure 7	Average clinical hours worked per week by region	31
Figure 8	Average clinical hours worked per week by MMM location	32
Figure 9	Length of employment in current principal practice	33
Figure 10	Length of employment in current principal practice by region	34
Figure 11	Length of employment in current principal practice by MMM location	35
Figure 12	Number of rural GPs undertaking procedural work	39
Figure 13	Number and proportion of rural GP proceduralists 2014 to 2024	40
Figure 14	Number of rural GP proceduralists by type and gender 2023 v 2024	41
Figure 15	Number of rural female GP proceduralists 2014 to 2024	42
Figure 16	Number and percentage of rural IMGs 2014 to 2024	43
Figure 17	Total number of rural GP registrars 2014 to 2024	46
Figure 18	Average age of rural GP registrars v rural GP non-registrars 2014 to 2024	47
Figure 19	Number and proportion of rural IMG v AMG GP registrars 2014 to 2024	48
Figure 20	Number of GPs in rural ACCHS v non-ACCHS 2014 to 2024	50
Figure 21	Average age of GPs in rural ACCHS v non-ACCHS 2014 to 2024	51
Figure 22	Percentage of IMGs in rural ACCHS v non-ACCHS 2014 to 2024	52
Figure 23	GP turnover in rural ACCHS v non-ACCHS 2014 to 2024	53
Figure 24	Percentage of female GPs in rural ACCHS v non-ACCHS 2014 to 2024	54

## **Acronyms**

ACCHS Aboriginal Community Controlled Health Services

ACRRM Australian College of Rural and Remote Medicine

AGPT Australian General Practice Training

AMG Australian medical graduate

ASGC-RA Australian Statistical Geographical Classification – Remoteness Area

DMO District Medical Officer

FSP Fellowship Support Program

GP General practitioner

IMG International medical graduate

MDRAP More Doctors for Rural Australia Program

MMM Modified Monash Model

PEP Practice Experience Program

PFP Pre-Fellowship Program

RACGP The Royal Australian College of General Practitioners

RFDS The Royal Flying Doctor Service Western Operations

RGTS Rural Generalist Training Scheme

RRMA Rural, Remote and Metropolitan Area

RVTS Remote Vocational Training Scheme

SMO Senior Medical Officer

WA Western Australia

WACHS WA Country Health Service

WAPHA WA Primary Health Alliance

## **Glossary of terms**

**Fellowship Ad Eundem Gradum**: In the same rank or standing: pertaining to an Australian College recognising the IMG's Fellowship from a College with equivalent standing.

**GP proceduralist**: GP practising general anaesthetics, obstetrics or general surgery (or combinations thereof).

**IMG**: GP who has received their basic medical qualification in a country other than Australia.

**Outer Metropolitan health region**: For the purpose of this report, the Outer Metropolitan health region is defined by the locations of Alkimos, Bullsbrook, Gidgegannup, Pinjarra, Serpentine and Yanchep. These locations fall within the boundaries of a metropolitan health service.

**Rural**: Rural Health West uses 'rural' in place of 'rural, regional and remote' for brevity. All references to 'rural' should be taken as the broader definition and relate to all locations classified as MMM 2 to 7.

**Workforce**: Rural Health West uses 'workforce' in place of 'rural general practice workforce' for brevity. All references to 'workforce' should be taken as the broader definition and relate to the Western Australian rural general practice workforce.

### 1 Introduction

Rural Health West has been operating since 1989. We believe that everyone, everywhere is entitled to good health and that distance should be no obstacle to accessing healthcare.

We are an independent non-government organisation committed to ensuring that rural communities in WA have ready access to qualified and experienced health professionals.

We work towards this vision by attracting, recruiting and retaining health professionals to rural locations through a range of programs and services. Over 30 years, we have developed strong relationships with rural health professionals, practices and rural communities.

Rural Health West maintains a robust database of GPs who provide primary care services across rural WA. It is the most comprehensive database of rural GPs working in WA.

The database is updated through ongoing contact with rural GPs and practices, and through annual GP and bi-annual practice surveys. Of the 1009 GPs in the Western Australian rural general practice workforce (workforce), 444 (44.0%) returned their survey. Of the 206 general practices, 159 (77.2%) returned at least 1 of their bi-annual surveys. Doctor age-range, commencement date and proceduralist details of the non-responding GPs were confirmed with the practice or doctor over the telephone or email. This response rate and coverage provides a high level of confidence in the validity of the information.

Each year, the information Rural Health West maintains is collated, de-identified and compiled into a detailed annual report titled *Rural General Practice in Western Australia: Annual Workforce Update*.

The Rural General Practice in Western Australia: Annual Workforce Update provides an overview of findings, changes and trends in the workforce. This overview informs workforce planning and policy decisions.

The information in this *Rural General Practice in Western Australia: Annual Workforce Update* was current at the census date of 30 November 2024.

### Please note:

- The MMM defines whether a location is a city, or is rural, remote or very remote. The model measures remoteness and population size on a scale of MMM 1 to 7. MMM 1 is a major population centre and MMM 7 is a very remote location.
- The change from Australian Statistical Geographical Classification Remoteness Area (ASGC-RA) to MMM in 2015 saw towns in the greater Mandurah area re-classified from rural to metropolitan locations. To enable valid comparisons with previous years, all historical data relating to these towns has been removed.
- Additionally, the Outer Metropolitan region locations of Alkimos, Pinjarra and Yanchep, which were classified as MMM 2 locations in the 2015 MMM, were re-classified to MMM 1 locations in the 2019 MMM. To enable valid comparisons to previous years, this report uses the 2015 MMM classifications, therefore data relating to these towns has been retained in this report.

The Rural General Practice in Western Australia: Annual Workforce Update includes AGPT registrars except where their exclusion is noted throughout the document.

## 2 Executive summary

This section sets out brief comparisons and trends for the workforce in MMM 2 to 7 locations in WA at the most recent census date of 30 November 2024.

### Number of overall rural general practitioners

(Includes AGPT GP registrars)

- As at 30 November 2024, there were 1009 GPs known to be practising in MMM 2 to 7 locations, an increase of 55 GPs from 954 in 2023 (growth of 5.8%) and the first time the workforce has exceeded 1000 GPs.
- The most significant increase was observed among resident GPs with an additional 38 doctors and GP registrars with an additional 13 doctors (7.7% and 9.2% growth respectively) between November 2023 and November 2024.

### Age and gender

- The average age of rural GPs at 30 November 2024 was 47.1 years, 0.3 years lower than November 2023 (47.4 years).
- At November 2024 there were 485 female GPs in the workforce (representing 48.1% of the total), an increase of 36 GPs from 2023 (8.0% proportionally) and a continuation of the upward trend since Rural Health West started reporting annually in 2001.

## Location/region

- The South West region was the most populous region with 348 GPs, representing 34.5% of the workforce.
- An increase in GP numbers occurred in 5 regions between November 2023 and November 2024:
  - the South West region gained 25 GPs (growth of 7.7%)
  - the Great Southern gained 12 GPs (11.8%)
  - the Outer Metropolitan region gained 8 GPs (11.8% growth)
  - the Pilbara region gained 8 GPs (11.6% growth)
  - the Midwest region gained 8 GPs (8.2% growth)
- A contraction in GP numbers occurred in the Kimberley region which lost 10 GPs (8.1% contraction) between November 2023 and November 2024.
- The Goldfields and Wheatbelt regions maintained the same number of GPs between November 2023 and November 2024.

### **Turnover**

(Excludes AGPT GP registrars, but includes RVTS and GP registrars on other pathways)

- Turnover in the permanent workforce between November 2023 and November 2024 was 12.5%, 2.2% less than the previous period.
- There was a growth of 55 GPs (6.7%) in the permanent workforce between November 2023 and November 2024.
- 102 rural GPs departed the workforce during this period (12 fewer than in the previous period), of which the most common destination was Perth (43 GPs, 42.2%).
- 19 GPs retired in this period, which, combined with the 37 retirements in the previous 2 periods, means a loss of 56 long-term, experienced GPs in the past 3 years.
- 157 GPs joined the permanent workforce in rural WA, 2 greater than the previous period.
- 106 (67.5%) of the 157 GPs who commenced in the reporting period were IMGs from a variety of origins (including overseas, interstate and Perth), indicating that IMGs continue to be integral to the workforce.
- 23 GPs (14.6% of arrivals) joined the permanent workforce from the AGPT GP training program following Fellowship, 3 fewer than the previous period.
- The male workforce experienced more departures (57 GPs) and fewer arrivals (78 GPs) in 2024 than the female workforce (45 GPs and 79 GPs). This is the third consecutive year where there have been more female arrivals than males.
- The Pilbara region experienced the highest proportional movements out of the region for the third consecutive year losing 15 GPs (23.4% of its workforce). The Outer Metropolitan region experienced the lowest proportional departures (6 GPs or 10.7%).
- The Pilbara also had the highest proportional inward movement (22 new GPs or 31.0%). The region with the least inward movement was the Kimberley, with 13 new GPs (12.9%).

## **Working hours**

- The average reported hours worked in 2024 was 35.9 hours per week, compared to 37.7 hours in 2023, a decrease of 1.8 hours.
- Male GPs in all age groups continued to work longer clinical hours per week than their female counterparts.
- The proportion of GPs working part-time increased from 37.9% in 2023 to 40.0% in 2024.
- GPs in the Pilbara and Goldfields regions reported working longer hours on average than
  the rest of the workforce and GPs in the Outer Metropolitan locations reported the shortest
  hours.
- The highest reported working hours were recorded in MMM 6 and MMM 7 locations and the lowest were recorded in MMM 2.

### Length of employment

(Excludes AGPT GP registrars, but includes all other GP registrars)

- The average length of employment for rural GPs in their current principal practice was 6.9 years, 0.4 years shorter than in November 2023.
- Similar to 2023, the Great Southern region had the highest proportion of long-stay GPs (55.4% of its workforce).
- The Pilbara region contained the highest proportion of new GPs (25.4%) as was the case in the previous period and the lowest proportion of long-stay GPs (29.6%).
- The majority of long-stay GPs in 2024 were in MMM 3 and 4 locations (48.1% and 57.1% respectively).
- MMM 7 locations had the lowest proportion of long-term GPs (32.2%).

### **Practice type**

- There were 208 community general practices as at 30 November 2024, 4 fewer than in 2023. Of these, 133 were group practices (63.9% of total practices), 52 were solo practices (25.0%) and 23 (11.1%) were ACCHS.
- The Wheatbelt region contained the largest number and proportion of solo practices, with 19 of 37 practices having only 1 GP (51.4%).

### **Proceduralists**

- There were 177 (17.5% of the workforce) rural GP proceduralists recorded as at 30 November 2024, 1 greater than in 2023.
- Over the past 10 years, the proportion of the workforce who were proceduralists has fallen from 23.5% in 2014 to 17.5% in 2024.
- The number of GPs performing anaesthetics has decreased by 9, from 85 (8.9% of the workforce) in 2023 to 76 (7.5%) in 2024, whilst the number of GPs practising obstetrics rose by 9 (from 90, 9.4% to 99, 9.8%).
- The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in recent years. In 2007, there were 14 GPs (7.3% of proceduralists) who practised all 3 procedures and 68 (35.4%) who practised 2 procedures. In 2024, only 1 GP (0.6% of proceduralists) practiced all 3 procedures and 10 (5.6%) practiced 2 procedures.
- The number of female GP proceduralists rose by 7 GPs from 67 in 2023 (38.1% of the proceduralist workforce) to 74 in 2024 (41.8%). This number has almost doubled in the past 10 years from 38 GPs in 2014.
- In 2024, there were no female GP proceduralists engaged in more than 1 procedural service.

### **International Medical Graduates**

- At 30 November 2024, 540 GPs (53.5% of the workforce in WA) had obtained their basic medical qualification overseas, an increase of 43 GPs from 497 in 2023 and the first year the number has been over 500.
- There were 161 (16.0% of the overall workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2024.
- The number of IMGs arriving into rural WA in 2024 was 106 (67.5% of all arrivals). Of these, the largest proportion gained their basic medical qualification in:
  - United Kingdom/Ireland (22 or 20.8% of IMG arrivals)
  - Pakistan (11, 10.4%)
  - India (9, 8.5%)
  - South Africa (9, 8.5%)
  - Iran (7, 6.6%)
  - Nigeria (7, 6.6%)
  - Malaysia (6, 5.7%).
- As at 30 November 2024, 324 IMG GPs (60.0% of the IMG workforce) were Fellowed, an increase of 15 GPs from 2023 (309, 62.2%). In addition:
  - 157 IMG GPs (28.1% of IMGs) were on an accredited training program, an increase from 142 IMG GPs (28.6%) in 2023
  - 17 IMG GPs (3.2%) were on a Rural Health West supported program, an increase from 22 (4.4%) in 2023.
  - 42 IMG GPs (7.8%) were not known to be on any training program, an increase from 24 (4.8%) in 2023.

## **GP** registrars

- The total number of GP registrars in the workforce at the census date of 30 November 2024 was 154 (15.3% of the workforce), 13 greater than 2023 (141, 14.8%).
- 63 (40.9%) GP registrars completed their primary medical qualification overseas, an increase from 58 (41.1%) in 2023. Of these:
  - 10 (6.5%) completed their basic medical qualification in India
  - 10 (6.5%) in the United Kingdom/Ireland
  - 8 (5.2%) in Pakistan
  - 3 (1.9%) in Malaysia
  - 3 (1.9%) in Bangladesh
  - 3 (1.9%) in Samoa
  - 26 (16.9%) completed their basic medical qualification in 1 of 20 other countries.
- Of the 91 GP registrars who completed their primary medical qualification in Australia, 63 (69.2%) graduated from WA universities.

### **Aboriginal Community Controlled Health Services**

(Excludes AGPT GP registrars)

- As at 30 November 2024, there were 72 GPs (8.3% of the total workforce) working in a rural ACCHS, a decrease of 2 GPs from 2023 (74 GPs, 9.1%).
- As at 30 November 2024, 40.3% of the ACCHS workforce were IMGs (29 doctors) compared with 57.5% IMGs in the non-ACCHS workforce (460 doctors).
- GP turnover in rural ACCHS decreased from 24.1% in 2023 to 21.6% in 2024 and remains consistently higher than the turnover among the non-ACCHS workforce (12.2%).
- There were 39 female GPs (54.2%) working in the ACCHS workforce and 33 male GPs (45.8%). ACCHS continued to have a greater proportion of female GPs than the overall non-ACCHS workforce (46.5%).

## 3 Data collection and analysis strategies

Since 2001, Rural Health West has maintained a robust database of the workforce in WA. Rural Health West collects information about the workforce on an ongoing basis from sources including:

- Annual Rural General Practice Workforce Survey
- Bi-annual Practice Survey
- RACGP
- RVTS
- Australian Health Practitioner Regulation Agency
- Personal contact with rural practices and GPs

Originally, the locations from which data was collected and reported on were defined as per the RRMA Classifications 4 to 7.

In July 2010, the ASGC-RA system replaced the RRMA classifications, therefore Rural Health West transitioned to the use of ASGC-RA 2 to 5 locations to report on the workforce. Medicare Local boundaries were used in the 2012 to 2014 reports but were excluded in 2015 due to the cessation of those entities. WACHS regional boundaries were added in 2015.

The Australian Government replaced the ASGC-RA in 2017 with the 2015 MMM. Accordingly, the *Rural General Practice in Western Australia: Annual Workforce Update 2017* reported using ASGC-RA 2 to 5 locations and 2015 MMM 2 to 7 locations.

The change of classification system from ASGC-RA to the MMM resulted in the exclusion of approximately 170 GPs from the dataset (predominantly from the Peel area). Historical workforce totals were subsequently adjusted in the *Rural General Practice in Western Australia: Annual Workforce Update 2018* to enable valid comparisons between years under the new classification system.

In 2019, the locations of Alkimos, Pinjarra and Yanchep, which were classified as rural MMM 2 locations in the 2015 MMM, were re-classified to MMM 1. To enable valid comparisons to previous years, this report uses the 2015 MMM classifications. Therefore, data relating to these towns is grouped together into a health region named the Outer Metropolitan region.

In certain locations, some WACHS DMOs and SMOs provide GP-type services in their communities and are included in this analysis. Those in the larger regional centres of Albany, Bunbury, Geraldton, Kalgoorlie and Northam are excluded as these doctors are not considered to provide general practice services due to the availability of community-based GPs in these locations.

The Rural General Practice Workforce Survey was distributed in September 2024 to all doctors identified as working in rural WA (1009 GPs), of which 444 (44.0%) responded. Rural Health West made personal contact via telephone or email with the 565 (56.0%) GP non-responders and/or their practice to confirm doctor count, ages and proceduralist work. This high response rate and data confirmation enables Rural Health West to offer valid contemporary data about trends in the workforce to support workforce policy and planning.

It is acknowledged that by its nature, the data collated is a census at a particular point in time (30 November 2024) and as such, caution should be taken when drawing inference from the data.

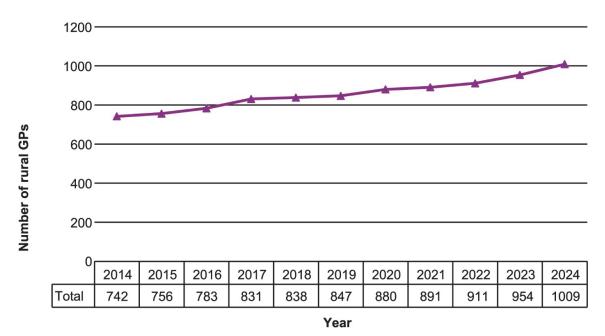
# 4 Demographics of the overall workforce as at 30 November 2024

This section describes the overall workforce by year, service model, age, gender and location, and includes private practice GPs, GP registrars, RFDS GPs, ACCHS-employed GPs and regional hub hospital DMOs and SMOs.

As at 30 November 2024, there were 1009 GPs known to be practising in MMM 2 to 7 locations, an increase of 55 GPs from 954 in 2023 (growth of 5.8%).

Figure 1 shows the number of GPs working in rural WA at the census date of 30 November each year from 2014 to 2024.

Figure 1 Workforce 2014 to 2024



The size of the workforce continued to rise between 2023 and 2024, as it has annually since 2014. The growth of 55 GPs since 2023 is the greatest annual increase in GP numbers in the past 15 years. This is also the first year the workforce is greater than 1000 GPs.

### Models of service provision in rural WA

Table 1 indicates the number of GPs working in each model of service provision as their primary place of work across rural WA, based on the National Minimum Data Set Data Dictionary classifications.

Table 1 Rural GP numbers by primary model of service provision 2023 v 2024

Primary model of service provision	2023	2024	Diffe	rence
Resident GP	492	530	38	7.7%
Fly-in/fly-out and drive-in/drive-out*	171	174	3	1.8%
Member of a primary health care team**	59	56	-3	-5.1%
Hospital-based GP (DMO/SMO)	85	90	5	5.9%
GP registrar	141	154	13	9.2%
Other	6	5	-1	-16.7%
Total	954	1009	55	5.8%

Includes fly-in/fly-out and drive-in/drive-out GPs working for RFDS Western Operations, WACHS (DMOs and SMOs), ACCHS and private GPs

The greatest increase in numbers between November 2023 and November 2024 was observed in resident GPs with an additional 38 doctors and GP registrars with an additional 13 doctors (7.7% and 9.2% growth respectively). The number of GPs working in hospitals also increased, with an additional 5 doctors (5.9% growth).

The number of GPs working in ACCHS decreased by 3 doctors (5.1% fewer GPs).

These figures do not include short-term locums who may be temporarily covering vacancies in the permanent workforce.

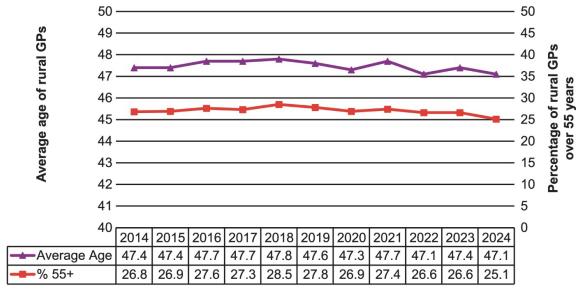
<sup>\*\*</sup> Primarily ACCHS

### Rural GPs by age and gender

### Average age of rural GPs

The average age of rural GPs at 30 November 2024 was 47.1 years, 0.3 years lower than November 2023 (47.4 years) and equal to that of 2022.

Figure 2 Average age of the workforce 2014 to 2024 and proportion over 55 years



Year

The average age of rural GPs has fluctuated slightly over the past 10 years and in 2024, it is 0.3 years lower than in 2014. Overall, however, since Rural Health West began collecting data in 2001, the average age of the overall workforce has increased 2.2 years (from 44.9 years to 47.1 years).

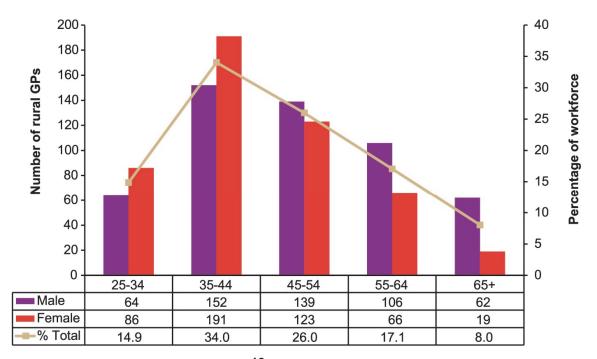
The proportion of GPs aged over 55 years was 25.1%, 1.5% less than 2023, but continuing to show that this group make up more than one quarter of the workforce.

The average age for male GPs remained at 49.3 years in 2024, 0.1 year lower than 2023. The average age for female GPs decreased by 0.3 years, from 45.1 years in 2023 to 44.8 years in 2024.

### Rural GPs by age distribution and gender

Figure 3 below indicates most of the workforce (605 GPs, 60.0%) was aged between 35 and 54 years, slightly higher than 2023.

Figure 3 Composition of the workforce by ten-year age group and gender



10-year age group

As at 30 November 2024, there were more male GPs in the age groups 45 years and over than females (307 and 208 respectively); and more female GPs than male GPs in the younger 25 to 44 year groups (277 and 216 respectively), a similar pattern to 2023.

Figure 4 shows an increasing representation of female GPs in the workforce between 2014 and 2024. At November 2024, there were 485 female GPs in the workforce (representing 48.1% of the total), an increase of 36 GPs from 2023 (8.0% proportionally) and a continuation of the upward trend since Rural Health West started reporting annually in 2001.

Percentage of female GPs Number of rural GPs 2016 2017 2018 | 2019 | 2020 | 2021 Male Female Non-binary % Female 40.4 41.4 40.5 42.6 43.0 43.2 44.7 44.0 46.3 47.1 48.1

Figure 4 Number of rural GPs by gender and percentage of female GPs 2014 to 2024

Year

### **Inclusion of Non-Binary Gender Data**

As at 30 November 2024, one GP was recorded as non-binary. While they are included in aggregated data and analyses throughout this document, we have not presented a separate non-binary category in graphs or tables referring to gender aside from the above. This decision was made to minimise the risk of inadvertent identification, given the small number of individuals in this category.

## Rural GP numbers by location/region

Table 2 Rural GP numbers by location/region 2023 v 2024

Region	2023	2024	Difference	
Goldfields	68	68	0	0.0%
Great Southern	102	114	12	11.8%
Indian Ocean Territories	3	3	0	0.0%
Kimberley	123	113	-10	-8.1%
Metropolitan*	16	20	4	25.0%
Midwest	97	105	8	8.2%
Outer Metropolitan	68	76	8	11.8%
Pilbara	69	77	8	11.6%
South West	323	348	25	7.7%
Wheatbelt	85	85	0	0.0%
Total	954	1009	55	5.8%

<sup>\*</sup> Primarily RFDS Western Operations Jandakot base.

As at 30 November 2024, the South West region contained the highest number of GPs at 348, representing 34.5% of the workforce.

An increase in GP numbers occurred in five regions between 2023 and 2024. The South West region gained 25 doctors (growth of 7.7%) and the Great Southern gained 12 (11.8%). The Outer Metropolitan, Pilbara and Midwest regions each gained 8 doctors (11.8%, 11.6% and 8.2% respectively).

The Goldfields had an equal number to 2023 (68 GPs) and the Wheatbelt also remained the same with 85 doctors.

The Kimberley region contracted by 10 GPs (loss of 8.1% of their workforce).

## 5 Changes in the permanent workforce

The following section describes turnover (GP movement in and out of rural locations) of the permanent workforce.

### Please note:

AGPT GP registrars are not included in this section as the length of their terms of employment generally range from 6 to 12 months and as such, they are not part of the permanent workforce. Their numbers are included in the arrivals section if they have continued working in rural WA on completion of their Fellowship. RVTS and GP registrars on other programs are included in the turnover figures as they spend the entirety of their GP training (often at the same location) in a rural area and are considered to be permanent staff.

## Overall permanent workforce turnover

Turnover in the permanent workforce between November 2023 and November 2024 was 12.5% as per Table 3, 2.2% less than the previous period. The workforce also experienced a growth of 6.7% (55 GPs).

Table 3 Rural GP turnover 2023 to 2024

Number of permanent rural GPs November 2023	817
Number of departures	102
Percentage Turnover	12.5
Number of arrivals	157
Number of permanent rural GPs November 2024	872
Percentage growth	6.7

Table 4 shows the destination of GPs who departed rural WA between November 2023 and November 2024 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2023 v 2024

	20	)23	2024		
Destination	Number %		Number	%	
Perth	48	42.1	43	42.2	
Interstate	13	11.4	15	14.7	
Extended leave	12	10.6	10	9.8	
Retirement	16	14.0	19	18.6	
Overseas	8	7.0	3	2.9	
Locum	4	3.5	1	1.0	
GP training program	3	2.6	3	2.9	
Other	10	8.8	8	7.9	
Total	114	100.0	102	100.0	

102 GPs (12.5% of the workforce) departed rural WA between November 2023 and November 2024, 12 fewer than for the preceding 12 months.

The most common destinations for GPs who left rural WA in 2024 were:

- Perth metropolitan area, 43 GPs (42.2% of total departures)
- Retirement, 19 GPs (18.6%)
- Interstate, 15 GPs (14.7%)

19 GPs retired in this period, which, combined with the 37 retirements in the previous 2 periods, means a loss of 56 long-term, experienced GPs in the past 3 years.

Of the 102 departures, 58 (56.9%) were IMGs.

Table 5 shows the origins of GPs joining or re-joining the permanent workforce between November 2023 and November 2024.

Table 5 Origins of GPs joining the permanent workforce 2023 v 2024

	20	23	2024		
Origin	Number	%	Number	%	
Perth	45	29.0	62	39.5	
Overseas	15	9.7	30	19.1	
Interstate	29	18.7	23	14.6	
GP training program	26	16.8	23	14.6	
Extended leave	19	12.2	13	8.3	
Other	15	9.7	4	2.6	
Locum	6	3.9	2	1.3	
Total	155	100.0	157	100.0	

From November 2023 to November 2024, 157 GPs joined the permanent workforce in rural WA, 2 greater than the previous period, the majority of whom originate from the Perth metropolitan area (62 GPs, 39.5% of arrivals).

AGPT and RGTS GP registrars who stay on as permanent doctors in a rural location after achieving their Fellowship are represented in Table 5 above as doctors originating from 'GP training program'. As at November 2024, 23 (14.6% of arrivals) GP registrars had stayed rural after attaining Fellowship, 3 fewer than the previous period (26, 16.8%).

Rural Health West recruited 18 (11.5%) of the arrivals.

The number of GPs arriving directly from overseas was 30 (19.1%), double that of the previous period (15, 9.7% of arrivals).

Of the 157 GP arrivals who commenced between November 2023 and November 2024, 106 (67.5%) were IMGs arriving from the greater Perth metropolitan area, interstate or a range of countries, indicating that IMG arrivals to the workforce remain significant.

## Permanent workforce changes by gender

Table 6 summarises changes in the permanent workforce by gender between 30 November 2023 and 30 November 2024.

Table 6 Changes in the permanent workforce by gender 2023 v 2024

Gender	Number of GPs Nov 2023	Departures	% departed	Arrivals	Number of GPs Nov 2024	% movement
Male	440	57	13.0	78	461	4.8
Female	377	45	11.9	79	411	9.0
Total	817	102	12.5	157	872	6.7

The male workforce experienced more departures (57 GPs) and fewer arrivals (78 GPs) in 2024 than the female workforce (45 GPs and 79 GPs); however, experienced a net gain of 21 doctors (4.8%).

The female workforce grew by 34 GPs (9.0% increase).

This is the third consecutive year where there have been more female arrivals than males.

### Permanent workforce changes by region

Table 7 illustrates the changes in the permanent workforce by region. This table shows movements in and out of the permanent workforce, as well as movements within the State between different regions.

Table 7 Changes in the permanent workforce by region 2023 v 2024

	Movements OUT of rural WA regions				Movements INTO rural WA regions					
Region	N per region Nov 2023	Left rural WA	Moved to another rural region	Total out	% departed from region	Arrived from outside rural WA	Arrived from another rural region	Total in	N per region Nov 2024	% arrived into region
Goldfields	59	10	1	11	18.6	11	2	13	61	21.3
Great Southern	89	11	1	12	13.5	15	0	15	92	16.3
Kimberley	108	15	5	20	18.5	12	1	13	101	12.9
Midwest	80	6	3	9	11.3	20	5	25	96	26.0
Outer Metropolitan	56	5	1	6	10.7	15	2	17	67	25.4
Pilbara	64	13	2	15	23.4	20	2	22	71	31.0
South West	266	29	3	32	12.0	51	2	53	287	18.5
Wheatbelt	76	11	1	12	15.8	8	3	11	75	14.7
Other*	19	2	2	4	21.1	5	2	7	22	31.8
Overall	817	102	19	121		157	19	176	872	

<sup>\*</sup> RFDS metropolitan base and Indian Ocean Territories.

Between November 2023 and November 2024, 121 GPs (14.8%) departed their region, comprising 102 GPs (12.5%) who left rural WA and 19 GPs (2.3%) who moved from one rural region to another. Over the same period, 176 GPs (20.2%) moved into rural regions, including 157 (18.0%) from outside rural WA and the 19 (2.2%) moving between regions.

The Pilbara region experienced the highest proportional movements out of the region between November 2023 and November 2024 (15 GPs or 23.4% of the region's workforce), like the 2 previous periods. The Outer Metropolitan region experienced the lowest proportional departures (6 GPs or 10.7% of the region's workforce).

The Pilbara region experienced the highest proportional inwards GP movement of all the rural regions with 22 GPs (31.0%). The region with the least inward movement was the Kimberley with 13 GPs (12.9% increase)

### 6 Clinical workloads

Estimates of full-time equivalents, as used by Medicare Australia in calculating GP medical service provision, are based on the number and dollar value of Medicare claims made by a provider over a given reference period (usually 12 months).

While this is a useful measure of overall service provision under Medicare, it does not reflect the number of hours worked by rural GPs in providing medical services that are not claimed or are not claimable through Medicare. Examples of specific services not included are after-hours work in hospital settings and obstetric and anaesthetic services provided to public patients by GPs.

An alternative measure of service provision is the number of clinical hours worked. For the purposes of this report, clinical hours worked include:

- Hours worked in a general practice
- Hours worked in a hospital
- Hours worked on call-outs (not hours available on-call)
- Hours worked in population health
- Hours travelled between principal practice and other places of primary care provision

Hours reported should not be interpreted as total hours worked because non-clinical tasks such as teaching, administration and supervision are not included.

It is important to note that unlike previous sections of this report, where data was available for 100% of rural GPs (via surveys and other strategies); the 'Clinical workloads' section includes only data from the Rural General Practice Workforce Survey. Thus, there is no workload information recorded for the 565 (56.0%) GPs who did not return their surveys.

GPs working for RFDS Western Operations have also not been included in this section because exact clinical hours and on-call hours are difficult to distinguish due to the nature of their service. This section therefore covers 437 GPs, including GP registrars, and encompasses 43.3% of the workforce for this reporting period.

## Average clinical hours worked per week

At November 2024, the average reported clinical workload for rural GPs was 35.9 hours per week, compared to 37.7 hours per week in November 2023, a decrease of 1.8 hours, as displayed in Figure 5 below.

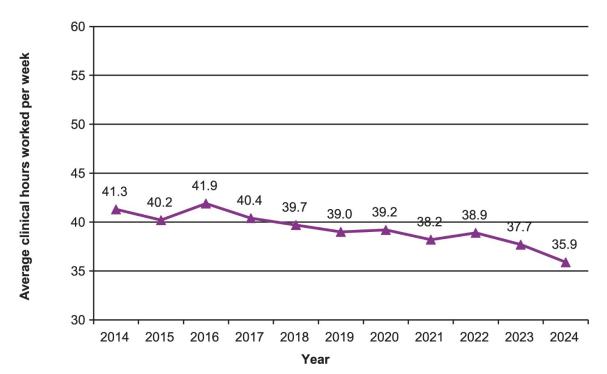
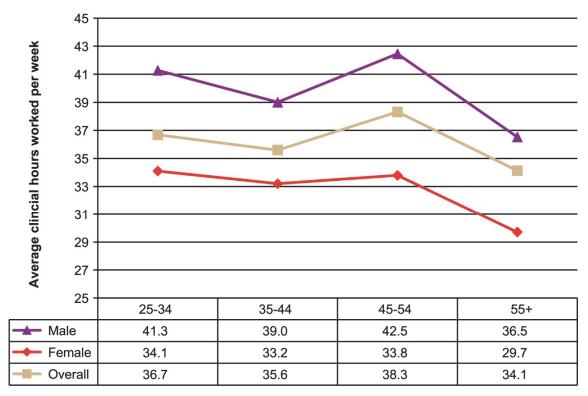


Figure 5 Average clinical hours worked per week from 2014 to 2024

Clinical working hours have generally been trending downwards since 2014, with slight increases experienced in 2016, 2020 and 2022. Fewer survey respondents may have impacted the 2024 figure, so the lower number could be an anomaly. However, this may be due to the high working hours of doctors who retired during this period and the increasing proportion of female GPs who are more likely to work part-time. Future reports will show if the trend continues.

## Average clinical hours worked by gender and age group

Figure 6 Average clinical hours worked per week by gender and ten-year age groups



Age in years

Male GPs in all age groups continued to report working longer clinical hours per week than their female counterparts, with male GPs aged 45-54 working the longest average clinical hours. By contrast, the longest average clinical hours worked by female GPs were reported by those aged 25-34.

### Full-time and part-time workloads

The Australian Bureau of Statistics defines full-time work as being 35 hours per week or more and part-time work as less than 35 hours per week. This measure has been chosen by Rural Health West to differentiate between full-time and part-time service provision. Using this benchmark, Table 8 provides a comparison between full-time and part-time workloads by gender.

Table 8 Comparison between full-time and part-time workloads by gender

Type of workload	Male	Female	Total	% of respondents
Full-time	161	101	262	60.0
Part-time	64	111	175	40.0
Total respondents	225	212	437	100.0

There were 262 rural GPs (60.0% of respondents) who reported working full-time in the provision of routine clinical GP services in 2024. Of these, the majority (161, 61.5%) were male, with 101 (38.5%) female. Conversely, 175 rural GPs (40.0% of respondents) reported working part-time, of whom 111 (63.4%) were female and 64 (36.6%) male.

Table 9 Part-time workforce by gender 2023 v 2024

Year	Total males	Males working part- time	% of total males working part-time	Total females	Females working part- time	% of total females working part-time	Total respondents	% of total respondents working part-time
2023	227	61	26.9	211	105	49.8	438	37.9
2024	225	64	28.4	212	111	52.4	437	40.0

The proportion of male respondents working part-time increased between 2023 (26.9%) and 2024 (28.4%), as did the proportion of female respondents (49.8% in 2023 and 52.4% in 2024).

Overall, the proportion of respondents working part-time increased from 37.9% in 2023 to 40.0% in 2024 and has been increasing annually over the past 7 years.

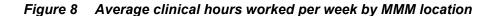
## Average clinical hours worked per week by region and MMM location

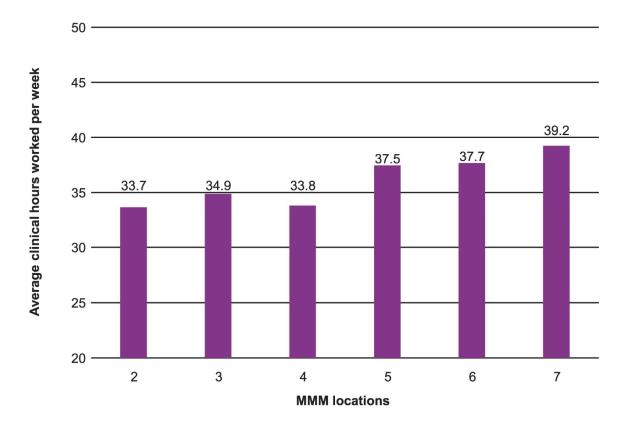
Goldfields 39.1 Great Southern 34.5 Kimberley 35.9 Midwest 37.9 Region Outer Metropolitan 30.3 Pilbara 39.6 South West 35.1 Wheatbelt 35.6 0 5 10 15 20 25 30 35 40 45 Average clinical hours worked per week

Figure 7 Average clinical hours worked per week by region

The highest reported average clinical hours worked is in the Pilbara region (39.6 hours per week) and the Goldfields region (39.1 hours per week), as was the case in the previous report.

Conversely, the lowest reported clinical hours worked per week is in the Outer Metropolitan locations with 30.3 hours per week as per the previous period, followed by the Great Southern with 34.5 hours per week.





There remains a correlation between increasing remoteness and clinical hours worked as shown in Figure 8. The highest average working clinical hours were reported by GPs working in MMM 6 and MMM 7 locations (37.7 hours and 39.2 hours respectively), with the lowest average clinical hours worked reported by GPs working in MMM 2 (33.7 hours) and MMM 4 (33.8 hours).

## 7 Length of employment in current principal practice

## Average length of employment

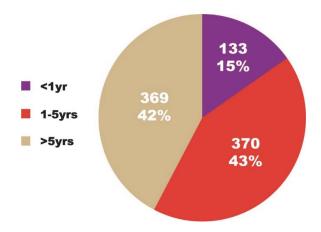
Across rural WA, the average length of employment in current principal practice for GPs was 6.9 years, 0.4 years shorter than in November 2023. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

### Please note:

AGPT GP registrars are not included in this section as the length of employment at a practice generally ranges from 6 to 12 months and as such, they are not part of this permanent workforce. RVTS GP registrars have been included.

Figure 9 shows the proportion of the workforce who have been in their current principal practice in each length of employment category.

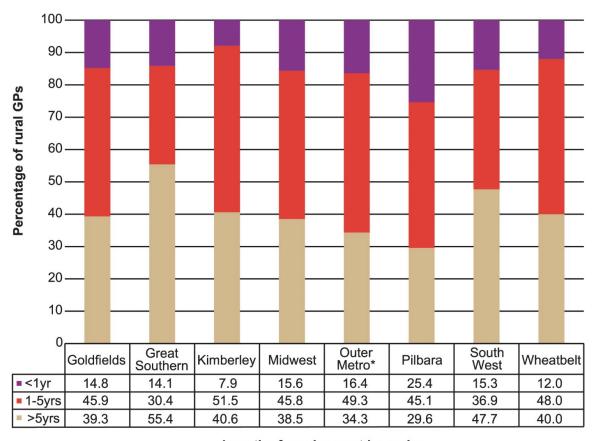
Figure 9 Length of employment in current principal practice



15% of the workforce (133 GPs) had been in their current principal practice for <1yr, 43% (370 GPs) for 1-5yrs and 42% (369 GPs) for >5yrs.

## Average length of employment by region and MMM location

Figure 10 Length of employment in current principal practice by region



Length of employment by region

Similar to 2023, the Great Southern region had the highest proportion of long-stay GPs (55.4% of its workforce).

The Pilbara region contained the highest proportion of new GPs (25.4%) as was the case in the previous period and the lowest proportion of long-stay GPs (29.6%).

<sup>\*</sup> Outer Metropolitan

100 90 80 70 Percentage of rural GPs 60 50 40 30 20 10 0 2 3 4 5 6 7 ■ < 1yr 16.7 12.9 8.9 17.6 15.1 16.1 ■ 1-5yrs 42.0 39.0 33.9 42.6 45.9 51.7 >5yrs 41.4 48.1 57.1 39.7 39.0 32.2

Figure 11 Length of employment in current principal practice by MMM location

Length of employment by MMM location

The majority of long-stay GPs in 2024 (>5 years) were in MMM 3 and 4 locations (48.1% and 57.1% respectively), a similar pattern to 2023. In contrast, MMM 7 locations had the lowest proportion of long-term GPs (32.2%).

The highest proportion of new GPs (<1year) were in MMM 5 locations (17.6%).

# 8 Practice type

Table 10 below shows the number of GPs per region working in all practice types broken down into whether they are group or solo practices.

Table 10 Number of rural GPs by practice type and region

Region	Group	Solo	Total	% Solo
Goldfields	61	7	68	10.3
Great Southern	106	8	114	7.0
Indian Ocean Territories	2	1	3	33.3
Kimberley	111	2	113	1.8
Metropolitan*	20	0	20	0.0
Midwest	97	8	105	7.6
Outer Metropolitan	75	1	76	1.3
Pilbara	73	4	77	5.2
South West	337	11	348	3.2
Wheatbelt	62	23	85	27.1
Total	944	65	1009	6.4

<sup>\*</sup> Primarily RFDS metropolitan base, but not exclusively.

There were 944 (93.6%) rural GPs known to be practising in group practices at 30 November 2024 and 65 (6.4%) rural GPs working in solo practices.

The solo practitioner component of the workforce varies widely across geographical locations. Solo practice GPs are most prevalent in the Wheatbelt region where 23 (27.1%) work as solo practitioners.

Table 11 below delineates the number and type of practices in each region at the census date of November 2024 (excluding WACHS hospitals and services categorised as 'Other').

Table 11 Number and type of practices per region

Region	Group	Solo	ACCHS	Number of practices per region	% Solo
Goldfields	11	4	3	18	22.2
Great Southern	13	7	0	20	35.0
Kimberley	5	0	8	13	0.0
Midwest	16	7	4	27	25.9
Outer Metropolitan	14	1	0	15	6.7
Pilbara	7	3	4	14	21.4
South West	52	11	1	64	17.2
Wheatbelt	15	19	3	37	51.4
Total	133	52	23	208	25.0

There were 208 community general practices as at 30 November 2024, 4 fewer than in 2023. Of these, 133 were group practices (63.9% of total practices), 52 were solo practices (25.0%) and 23 (11.1%) were ACCHS.

Most group practices are located in the South West region (52, 39.1% of group practices). This region also contains the most practices overall (64 or 30.8% of all practices).

The number of solo practices increased from 50 (23.6%) in 2023, to 52 (25.0%) in 2024.

The Wheatbelt region contained the largest number and proportion of solo practices, with 19 out of 37 practices being solo (51.4%).

The discrepancy between the total number of solo practitioners (65, as per Table 10) and the total number of solo practices (52) is due to some solo practices being serviced by more than 1 fly-in/fly-out or drive-in/drive-out GP. These GPs job share, but there is only ever 1 GP at the solo practice and town at any time.

## 9 Rural GP proceduralists

### **Number of rural GP proceduralists**

In the annual census, rural GPs (or their practices) were asked whether they practised in the following clinical areas, or the information was provided by the practice:

- Anaesthetics
- Obstetrics
- General surgery

There were 177 (17.5% of the workforce) rural GP proceduralists recorded as at 30 November 2024, 1 greater than in 2023. A number of these GPs practise in more than 1 procedural area.

The number of rural GPs regularly practising each of these procedures is displayed in Table 12, along with the percentage of the total workforce these GPs represented in 2024.

Table 12 Number and proportion of rural GPs practising procedures 2023 v 2024

Procedure	N 2023	% of total GPs 2023	N 2024	% of total GPs 2024
Anaesthetics	85	8.9	76	7.5
Obstetrics	90	9.4	99	9.8
General surgery	13	1.4	14	1.4

The number of GPs performing anaesthetics has decreased by 9, from 85 (8.9% of total GPs) in 2023 to 76 (7.5%) in 2024. The number of GPs practising obstetrics increased from 90 in 2023 (9.4%) to 99 (9.8%) in 2024. The number of GPs practising general surgery increased by 1 GP from 13 in 2023 (1.4%) to 14 in 2024 (1.4%).

A diagram illustrating rural GPs practising in single or multiple procedural areas is displayed at Figure 12.

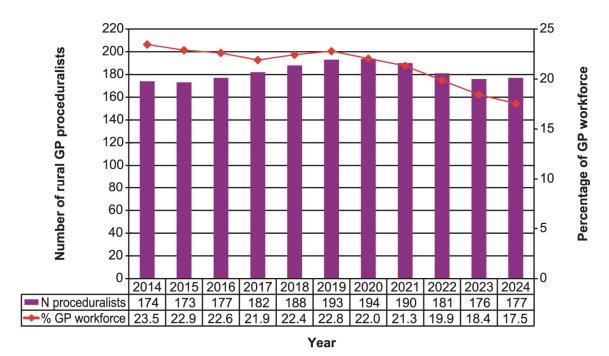
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Figure 12 Number of rural GPs undertaking procedural work

The number of rural GP proceduralists performing more than 1 procedure has decreased markedly in the past two decades. In 2007, there were 14 GPs (7.3% of proceduralists) who practised all 3 procedures and 68 (35.4%) who practised 2 procedures. In 2024, only 1 GP (0.6% of proceduralists) practised all 3 procedures and 10 (5.6%) practised 2 procedures.

A = AnaestheticsO = ObstetricsGS = General Surgery

Figure 13 Number and proportion of rural GP proceduralists 2014 to 2024

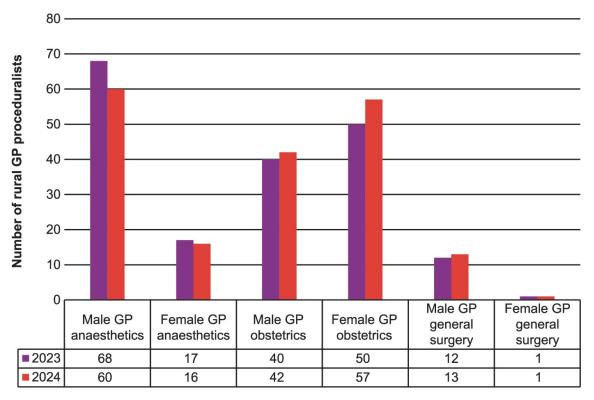


The total number of GP proceduralists increased by 1 GP in 2024, from 176 in 2023 (18.4% of the workforce) to 177 GPs (17.5%), halting a 3-year downward trend since 2021.

However, the proportion of the workforce who were proceduralists continues to fall. Since 2014 this has fallen from 23.5% to 17.5% in 2024.

## Rural GP proceduralists by type and gender

Figure 14 Number of rural GP proceduralists by type and gender 2023 v 2024

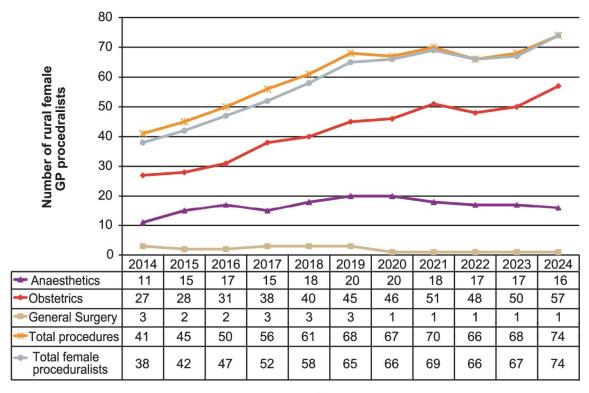


Procedural type and gender

The number of male GPs performing anaesthetics decreased by 8 GPs in 2024 (from 68 to 60 GPs and by 1 for females (from 17 to 16). Male GP obstetrician increased by 2 GPs from 2023 (from 40 to 42) and female GP obstetricians also increased, from 50 to 57 GPs. Male GP general surgeon numbers also increased from 2023 (12 to 13) and female GP general surgeon numbers remained at 1 GP.

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2014 and 2024.

Figure 15 Number of rural female GP proceduralists 2014 to 2024



Year

The number of female GP proceduralists rose by 7 GPs from 67 in 2023 (38.1% of the proceduralist workforce) to 74 in 2024 (41.8%). This number has almost doubled in the past 10 years from 38 GPs in 2014.

In 2024, there were no female GP proceduralists engaged in more than 1 procedural service.

# 10 Country of training

An IMG is defined as a doctor who has received their basic medical qualification in a country other than Australia.

Figure 16 displays the number of rural GPs who obtained their basic medical qualification in Australia compared with overseas and the percentage of the total workforce who were IMGs from 2014 to 2024.

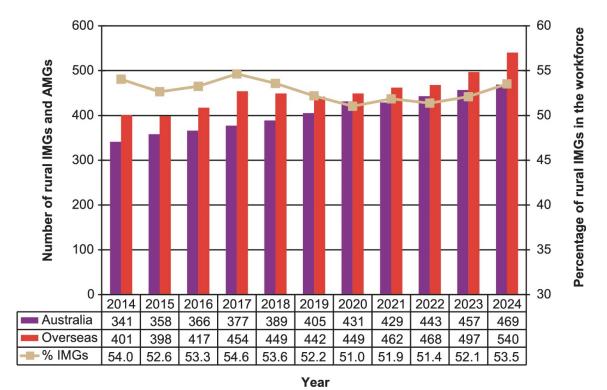


Figure 16 Number and percentage of rural IMGs and AMGs 2014 to 2024

At 30 November 2024, 540 GPs (53.5% of the workforce in WA) had obtained their basic medical qualification overseas, an increase of 43 GPs from 497 in 2023 and the first year the number has been over 500. The proportion of IMGs in the workforce remains over 50.0%, representing a significant and enduring reliance on IMGs to provide primary care in rural WA.

IMGs contribute significantly to the health of rural communities; with many becoming Australian citizens or permanent residents practising medicine in rural WA for numerous years. There were 161 (16.0% of the overall workforce) vocationally registered IMGs who had been in rural WA for 10 years or more at November 2024.

Between 30 November 2023 and 30 November 2024, there were 106 IMG GP arrivals (67.5% of all arrivals) into the workforce compared with 90 IMG GPs (58.1%) in 2023. Of these, the largest cohort gained their basic medical qualification from the United Kingdom/Ireland (22 or 20.8% of IMG arrivals), Pakistan (11, 10.4%), India or South Africa (9 each, 8.5%), Iran or Nigeria (7 each, 6.6%) or Malaysia (6, 5.7%).

## **Residency status**

Table 13 Residency status of the IMG workforce

Residency	Number	%	
Australian citizen	249	46.1	
Permanent resident	204	37.8	
Temporary resident	79	14.6	
New Zealand citizen	8	1.5	
Total	540	100.0	

As at 30 November 2024, 249 IMG GPs (46.1% of the IMG workforce) were Australian citizens (a decrease from 251 GPs, 50.5% in 2023), 204 (37.8%) had permanent residency (increased from 180, 36.2% in 2023), and 79 (14.6%) were temporary residents (increased from 61, 12.3%) in 2023.

## Fellowship status

Table 14 Fellowship status of the IMG workforce

Fellowship status		Number 2023	% 2023	Number 2024	% 2024
Fellowed IMG GPs		309	62.2	324	60.0
Currently on AGPT or Rural Generalist Pathway		60	12.1	60	11.1
Currently on a Rural Health West run program*	5 Year Scheme	2	0.4	1	0.2
	MDRAP	20	4.0	7	1.3
	PFP	0	0.0	9	1.6
Currently on other program**		82	16.5	97	18.0
Not known to be on any program		24	4.8	42	7.8
Total		497	100.0	540	100.0

<sup>\*</sup> GPs on the Five Year International Medical Graduates Recruitment Scheme (5 Year Scheme), More Doctors for Rural Australia Program (MDRAP) and Pre-Fellowship Program (PFP). \*\* GPs on ACRRM Independent Pathway (ACRRM IP), Practice Experience Pathway (PEP) or Fellowship Support Program (FSP).

As at 30 November 2024, 324 IMG GPs were Fellowed, an increase of 15 GPs from 2023 (309, 62.2%), but a decrease in the proportion of the workforce (60.0%). 90 GPs (27.8% of the Fellowed IMG workforce) had Fellowed whilst on a Rural Health West program, 86 (26.5%) Fellowed through an AGPT program, 95 (29.3%) were granted Fellowship Ad Eundem Gradum or similar reciprocal recognition, and the remaining 53 (16.3%) through independent means, grandfathering or during pre-Fellowship programs.

On the same date, there were 216 non-Fellowed IMG GPs (40.0% of the IMG workforce). 60 GPs (27.8% of the non-Fellowed IMG workforce) were known to be on an AGPT or Rural Generalist program and 17 GPs (7.9%) were on a Rural Health West supported program. 97 (44.9%) IMG GPs were on other programs, the majority of whom were on the RACGP PEP (53).

42 IMG GPs (19.4%) were not known to be on any program towards Fellowship at the census date of 30 November 2024.

Rural Health West administers a number of programs on behalf of the Australian Government Department of Health, Disability and Ageing that enable non-vocationally registered GPs to work in rural WA while they gain their GP Fellowship. These are the 5 Year Scheme, MDRAP and PFP programs.

# 11 Rural GP registrars

The following section analyses the GP registrar workforce working in rural WA at the census date. The data includes AGPT, Rural Generalist and ACRRM Independent Pathway registrars.

Figure 17 compares rural GP registrar numbers over the period 2014 to 2024 at the census date of 30 November each year.

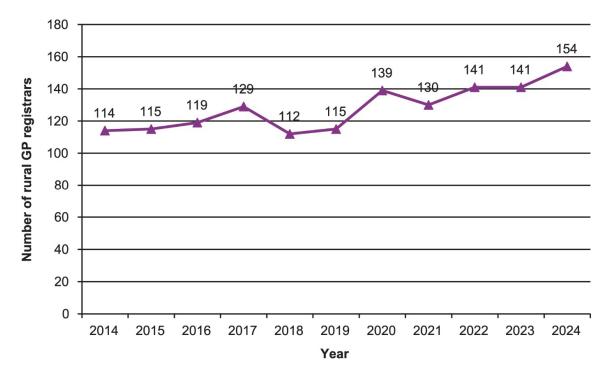


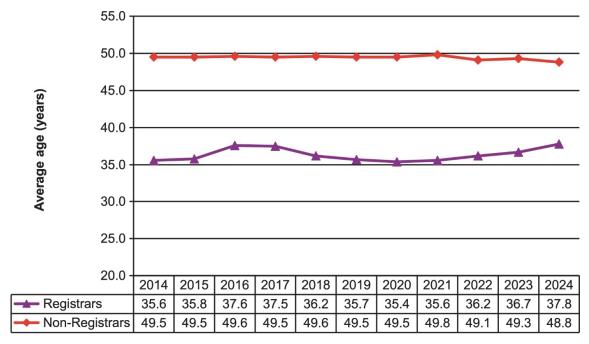
Figure 17 Total number of rural GP registrars 2014 to 2024

The total number of GP registrars in the workforce at the census date of 30 November 2024 was 154 (15.3% of the workforce), 13 greater than 2023 which had 141 GP registrars (14.8%).

In 2024, 108 (70.1%) rural GP registrars were trainees with RACGP, 41 (26.6%) with ACRRM and 5 (3.2 %) were with RVTS.

12 of the 154 GP registrars were on a Rural Generalist pathway.

Figure 18 Average age of rural GP registrars v rural GP non-registrars 2014 to 2024



The average age of rural GP registrars (37.8 years) remains well below that of the rural GP non-registrar workforce (48.8 years) as shown in Figure 18. However, it has been increasing since 2020, whilst the average age of the non-registrar workforce has remained relatively stable.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2014 to 2024, according to where they received their primary medical qualification.

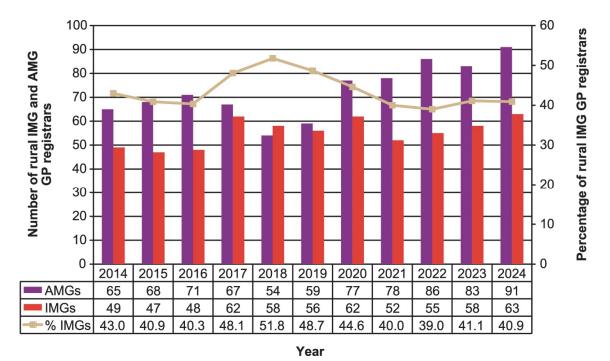


Figure 19 Number and proportion of rural IMG v AMG GP registrars 2014 to 2024

The number of GP registrars who were IMGs increased from 58 (41.1%) in 2023 to 63 (40.9%) in 2024.

Among the IMG GP registrars, 10 (6.5% of registrars) completed their basic medical qualification in India and likewise 10 in the United Kingdom/Ireland, 8 in Pakistan (5.2%), 3 each in Malaysia, Bangladesh and Samoa (1.9%), with the remaining 26 (16.9%) in 20 other countries.

The following table shows the university at which Australian-trained GP registrars working in rural WA obtained their basic medical degree.

Table 15 University of basic medical training of Australian-trained GP registrars working in rural WA in 2024

University of basic medical training	Number	
The University of Western Australia	54	
The University of Notre Dame Australia, Fremantle	9	
Monash University, Melbourne	8	
Flinders University	4	
University of Adelaide	3	
University of Tasmania	3	
University of New South Wales	2	
University of Wollongong	2	
Western Sydney University	2	
Griffith University	1	
James Cook University	1	
University of Melbourne	1	
University of Sydney	1	
Total	91	

54 (59.3%) Australian-trained GP registrars working in rural WA completed their basic medical training at The University of Western Australia and 9 (9.9%) at The University of Notre Dame Australia, Fremantle. Of the 91 Australian-trained GP registrars in the rural WA workforce, 63 (69.2%) completed their basic medical training in WA.

# 12 Rural Aboriginal Community Controlled Health Services

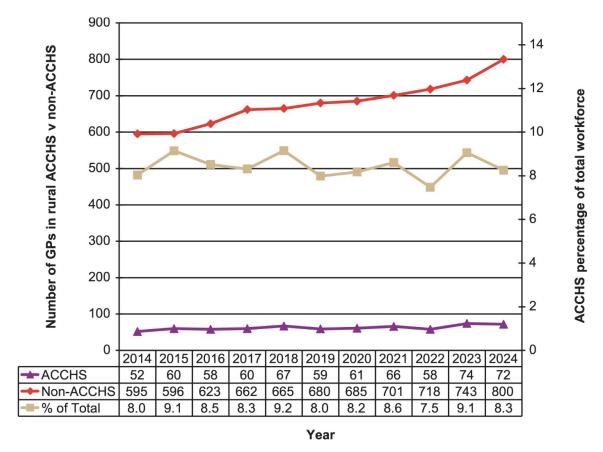
The following is an analysis of the workforce who work in an ACCHS as their primary practice. This workforce comprised a total of 81 GPs as at 30 November 2024 (1 fewer than 2023), of which 56 were resident GPs, 12 were GP registrars and 13 were fly-in/fly-out or drive-in-drive-out GPs.

#### Please note:

9 AGPT GP registrars who identified as working in a rural ACCHS are excluded from the remainder of this analysis as they are not considered permanent staff.

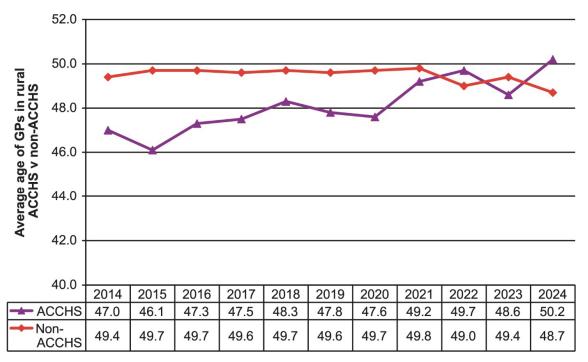
Figure 20 charts the number of GPs who identified a rural ACCHS as their primary practice from 2014 to 2024.

Figure 20 Number of GPs in rural ACCHS v non-ACCHS 2014 to 2024



As at 30 November 2024, there were 72 GPs (8.3% of the non-registrar workforce) working in a rural ACCHS, 2 fewer than 2023 (74 GPs, 9.1%). The ACCHS workforce remains a low proportion of the total workforce.

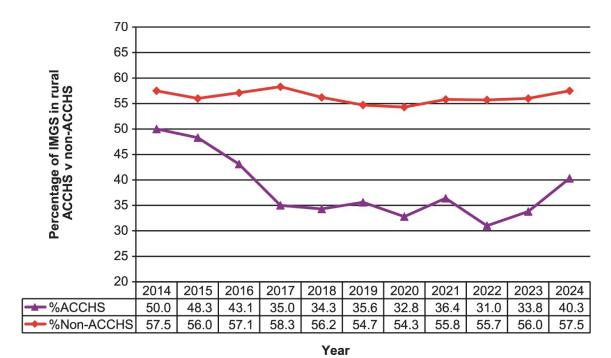
Figure 21 Average age of GPs in rural ACCHS v non-ACCHS 2014 to 2024



In 2024, the average age of ACCHS GPs was older than that of the non-ACCHS workforce as per 2022 but no other year.

The overall average age for each year will differ from that reported in Section 4 at Figure 2 due to the inclusion of AGPT GP registrars in the overall age profile, whereas GP registrars are excluded from the calculations in Figure 21.

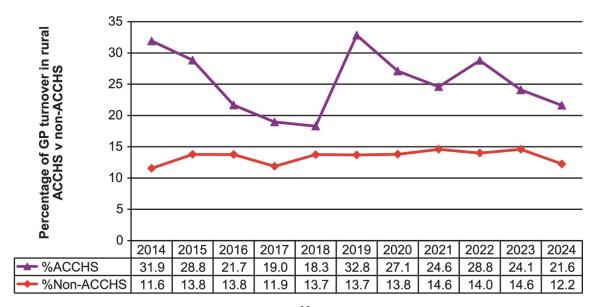
Figure 22 Percentage of IMGs in rural ACCHS v non-ACCHS 2014 to 2024



As at 30 November 2024, 40.3% of the ACCHS workforce were IMGs (29 doctors) compared with 57.5% IMGs in the non-ACCHS workforce (460 doctors).

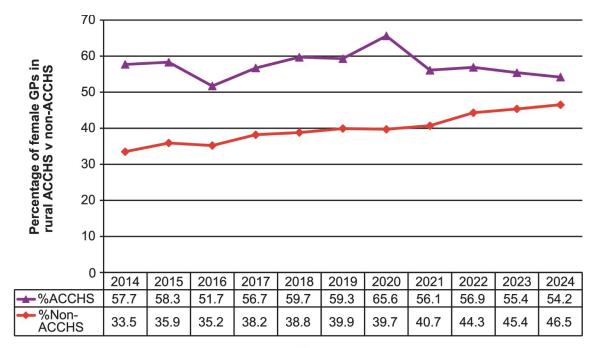
The proportion of IMGs whose primary practice is in an ACCHS generally declined up to 2022 but has increased over the last two periods.

Figure 23 GP turnover in rural ACCHS v non-ACCHS 2014 to 2024



GP turnover in rural ACCHS decreased from 24.1% in 2023 to 21.6% in 2024 and has been trending downward since 2020. However, it remains consistently higher than the turnover among the non-ACCHS workforce (12.2%).

Figure 24 Percentage of female GPs in rural ACCHS v non-ACCHS 2014 to 2024



As at 30 November 2024, there were 39 female GPs (54.2%) working in the ACCHS workforce and 33 male GPs (45.8%). ACCHS continued to have a greater proportion of female GPs than the overall non-ACCHS workforce (46.5%).





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