

RURAL GENERAL PRACTICE
IN WESTERN AUSTRALIA

Annual Workforce Update

NOVEMBER 2025
PUBLISHED JUNE 2026



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Wongan Hills Medical Centre

*GP of the Year Finalist
WA Rural Health
Excellence Awards 2026*

In this report

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RURAL GENERAL PRACTICE IN WESTERN AUSTRALIA

Annual Workforce Update



Cover: Dr Ajit Chaurasia

Wongan Hills Medical Centre

GP of the Year Finalist

WA Rural Health Excellence Awards 2026

Since joining Wongan Hills in 2019, Dr Ajit Chaurasia has transformed rural healthcare across the Wheatbelt through leadership, clinical excellence, and community advocacy. Beginning as a solo practitioner, he has expanded local GP services to three doctors and extended coverage to nearby towns including Wyalkatchem and Koorda, ensuring consistent access to primary care. Dr Chaurasia has improved specialist and allied health access, introduced diagnostic ultrasound services, and strengthened hospital, emergency, aged, and palliative care in the region. During the COVID-19 pandemic, his early vaccination efforts achieved one of WA's highest local uptake rates, reflecting his proactive approach and commitment to public health. A passionate educator and mentor, he supports GP registrars, medical students, and Rural Clinical School placements, fostering high-quality learning and continuity of rural practice. Known for his compassion and innovation, Dr Chaurasia continues to build healthier, more resilient communities across the Wheatbelt and is an inspiring leader in rural medicine.





WONGAN HILLS
WESTERN AUSTRALIA

Wongan Katta

Aerial of Wongan Hills salt lakes

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Suggested citation

Rural Health West (2026). Rural General Practice in Western Australia: Annual Workforce Update November 2025. Perth: Rural Health West.

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 under-represented.

The information in this report was current at the census date of 30 November 2025.

Website

www.ruralhealthwest.com.au

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Acknowledgments

Rural Health West thanks all rural general practitioners (GPs) and general practice staff in WA, WA Country Health Service (WACHS), WA Primary Health Alliance (WAPHA), Aboriginal Community Controlled Health Services (ACCHS) and others for their support and contributions in providing and validating the data used in this report.

Rural Health West's recruitment and retention activities are primarily funded by the Australian Government Department of Health, Disability and Ageing, and WA Country Health Service.

June 2026



Government of **Western Australia**
WA Country Health Service

Rural Health West is proudly funded by the Australian Government Department of Health, Disability and Ageing, and WA Country Health Service.

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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.

Rural Generalist: As defined on the RACGP website: "A rural GP who is working to an extended scope of practice with skill sets informed by the needs of the community they serve."

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 1067 GPs in the Western Australian rural general practice workforce (workforce), 455 (42.6%) returned their survey. Of the 217 general practices, 172 (79.3%) 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 2025.

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 2025.

Number of overall rural general practitioners

(Includes AGPT GP registrars)

- As at 30 November 2025, there were 1067 GPs known to be practising in MMM 2 to 7 locations, an increase of 58 GPs from 1009 in 2024 (growth of 5.7%).
- The most significant increase was observed among resident GPs with an additional 30 doctors and GP registrars with an additional 17 doctors (5.7% and 11.0% growth respectively) between November 2024 and November 2025.

Age and gender

- The average age of rural GPs at 30 November 2025 was 47.1 years equal to that of 2024.
- At November 2024 there were 526 female GPs in the workforce (representing 49.3% of the total), an increase of 41 GPs from 2024 (8.5% 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 369 GPs, representing 34.6% of the workforce.
- An increase in GP numbers occurred in 6 regions between November 2024 and November 2025:
 - the South West region gained 21 GPs (growth of 6.0%)
 - the Great Southern gained 16 GPs (14.0%)
 - the Goldfields gained 12 GPs (17.6%)
 - the Pilbara region gained 11 GPs (14.3% growth)
 - the Wheatbelt region gained 5 GPs (5.9% growth)
 - the Midwest region gained 4 GPs (3.8% growth)

Turnover

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

- Turnover in the permanent workforce between November 2024 and November 2025 was 13.2%, 0.7% greater than the previous period.
- There was a growth of 37 GPs (4.2%) in the permanent workforce between November 2024 and November 2025.
- 115 rural GPs departed the workforce during this period (13 greater than in the previous period), of which the most common destination was Perth (42 GPs, 36.5%).
- 17 GPs retired in this period, which, combined with the 56 retirements in the previous 3 periods, means a loss of 73 long-term, experienced GPs in the past 4 years.
- 152 GPs joined the permanent workforce in rural WA, 5 fewer than the previous period.
- 91 (59.9%) of the 152 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.
- 30 GPs (19.7% of arrivals) joined the permanent workforce from the AGPT GP training program following Fellowship, 7 greater than the previous period.
- The male workforce experienced more departures (64 GPs) and fewer arrivals (72 GPs) in 2025 than the female workforce (51 GPs and 80 GPs). This is the fourth consecutive year where there have been more female arrivals than males.
- The Outer Metropolitan region experienced the highest proportional departures losing 17 GPs (25.4% of its workforce). The South West region experienced the lowest proportional departures (24 GPs or 8.4%).
- The Pilbara had the highest proportional inward movement as per the previous year (24 new GPs (28.6%). The region with the least inward movement was the Kimberley, with 11 new GPs (11.8%) as per the previous period.

Working hours

- The average reported hours worked in 2025 was 35.7 hours per week, compared to 35.9 hours in 2024, a decrease of 0.2 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 40.0% in 2024 to 40.3% in 2025 and has been increasing annually over the past 8 years.
- GPs in the Pilbara and Goldfields regions reported working longer hours on average than the rest of the workforce as per the previous period.
- The highest reported working hours were recorded in MMM 6 and MMM 5 locations and the lowest were recorded in MMM 4.

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 7.1 years, 0.2 years longer than in November 2024.
- The Great Southern region again had the highest proportion of long-stay GPs (53.5% of its workforce) as has been reported since 2015.
- The Pilbara region contained the highest proportion of new GPs (20.2%) as has been the case since 2020 and the lowest proportion of long-stay GPs (26.2%).
- The majority of long-stay GPs in 2024 were in MMM 3 and 4 locations (45.1% and 52.5% respectively).
- MMM 7 locations had the lowest proportion of long-term GPs (37.7%).

Practice type

- There were 217 community general practices as at 30 November 2025, 9 greater than in 2024. Of these, 140 were group practices (64.5% of total practices), 50 were solo practices (23.0%) and 27 (12.4%) were ACCHS.
- The Wheatbelt region contained the largest number and proportion of solo practices, with 17 of 39 practices having only 1 GP (43.6%).

Proceduralists

- There were 176 (16.5% of the workforce) rural GP proceduralists recorded as at 30 November 2025, 1 fewer than in 2024.
- Over the past 10 years, the proportion of the workforce who were proceduralists has fallen from 22.9% in 2015 to 16.5% in 2025.
- There were 3 fewer GP obstetricians in the workforce in 2025 (96) than 2024 (99). GP anaesthetics gained 1 doctor (76 to 77), as did GP surgery (14 to 15).
- 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 2025, only 1 GP (0.6% of proceduralists) practised all 3 procedures and 10 (5.7%) practised 2 procedures.
- The number of female GP proceduralists in 2025 remained equal to that of 2024.
- In 2025, there were no female GP proceduralists engaged in more than 1 procedural service.

International Medical Graduates

- At 30 November 2025, 585 GPs (54.8% of the workforce in WA) obtained their basic medical qualification overseas, an increase of 45 GPs from 540 in 2024. The number and proportion have been increasing each year since 2022.
- There were 158 (14.8% of the overall workforce) vocationally registered IMGs who have been in rural WA for 10 years or more at November 2025.
- The number of IMGs (non-registrar) arriving into rural WA in 2025 was 91 (59.9% of all arrivals). Of these, the largest proportion gained their basic medical qualification in:
 - United Kingdom/Ireland (11 or 12.1% of IMG arrivals)
 - Nigeria (10, 11.0%)
 - South Africa (7, 7.7%)
 - India (6, 6.6%)
 - Philippines (6, 6.6%)
 - Iran (5, 5.5%)
- As at 30 November 2025, 337 IMG GPs (57.6% of the IMG workforce) were Felloved, an increase of 13 GPs from 2024 (324, 60.0%). In addition:
 - 112 IMG GPs (19.1% of IMGs) were on a non-AGPT training program, an increase from 97 (18.0%) in 2024.
 - 76 IMG GPs (13.0%) were on an AGPT training program, an increase from 60 (11.1%) in 2024.
 - 23 IMG GPs (3.9%) were on a Rural Health West supported program, an increase from 17 (3.2%) in 2024.
 - 37 IMG GPs (6.3%) were not known to be on any training program, a decrease from 42 (7.8%) in 2024.

GP registrars

- There were 171 GP registrars (16.0% of the workforce) practising in rural WA at 30 November 2025, 17 greater than 2024 (154, 15.3%).
- 90 GP registrars completed their primary medical qualification in Australia, of which 64 (71.1%) graduated from WA universities.
- 2025 is the first year in which Curtin graduates are noted in the dataset.
- 81 (47.4%) GP registrars completed their primary medical qualification overseas, an increase from 63 (40.9%) in 2024. Of these:
 - 16 (9.4%) completed their basic medical qualification in the United Kingdom/Ireland
 - 12 (7.0%) in India
 - 10 (5.8%) in Pakistan
 - 6 (13.5%) in Egypt
 - 4 (2.3%) in Sri Lanka
 - 33 (19.3%) completed their basic medical qualification in 1 of 21 other countries.

Aboriginal Community Controlled Health Services

(Excludes AGPT GP registrars)

- As at 30 November 2025, there were 71 GPs (7.8% of the total workforce) working in a rural ACCHS, a decrease of 1 GP from 2024 (72 GPs, 8.3%).
- 26 (36.6%) of the 71 ACCHS GPs were IMGs in 2025, a lower proportion than in the non-ACCCHS workforce (58.1%).
- GP turnover in rural ACCCHS increased from 21.6% in 2024 to 27.8% in 2025 and remains consistently higher than the turnover among the non-ACCCHS workforce (12.4%).
- There were 41 female GPs (57.7%) working in the ACCCHS workforce and 30 male GPs (42.3%). ACCCHS continued to have a greater proportion of female GPs than the overall non-ACCCHS workforce (47.7%).

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 between September and December 2025 to all doctors identified as working in rural WA (1067 GPs), of which 455 (42.6%) responded. Rural Health West made personal contact with the 612 (57.4%) 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 2025) and as such, caution should be taken when drawing inference from the data.

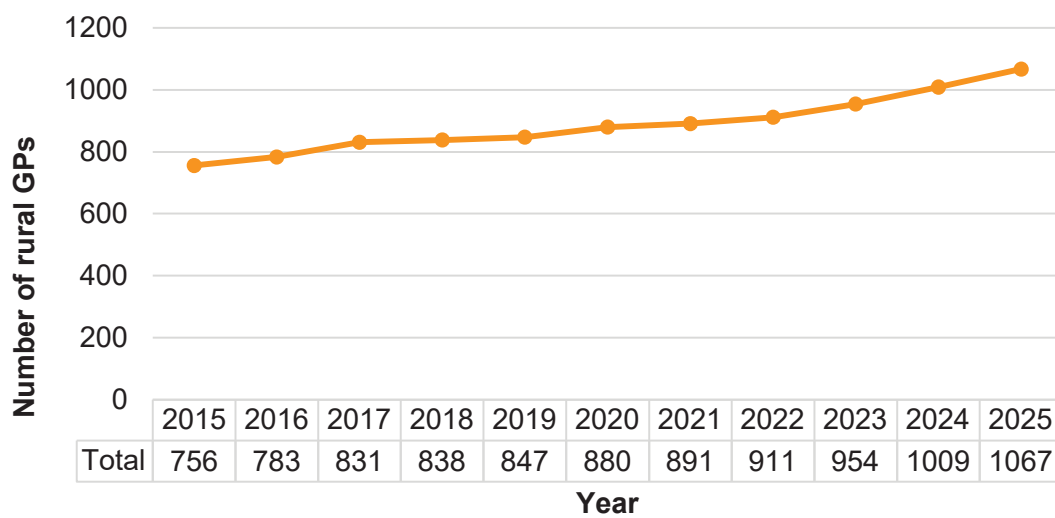
4 Demographics of the overall workforce as at 30 November 2025

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 hospital DMOs and SMOs.

As at 30 November 2025, there were 1067 GPs known to be practising in MMM 2 to 7 locations, an increase of 58 GPs from 1009 in 2024 (growth of 5.7%).

Figure 1 shows the number of GPs working in rural WA at the census date of 30 November each year from 2015 to 2025.

Figure 1 Workforce 2015 to 2025



The size of the workforce increased between 2024 and 2025, as it has annually since 2015. The growth of 58 GPs since 2024 is the greatest annual increase in GP numbers in the past 15 years.

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 2024 v 2025

Primary model of service provision	2024	2025	Difference %	
Resident GP	530	560	30	5.7
Fly-in/fly-out and drive-in/drive-out*	174	176	2	1.1
Member of a primary health care team**	56	57	1	1.8
Hospital-based GP (DMO/SMO)	90	101	11	12.2
GP registrar	154	171	17	11.0
Other	5	2	-3	-60.0
Total	1009	1067	58	5.7

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

** Primarily ACCHS

The greatest increase in numbers between November 2024 and November 2025 was observed in resident GPs with an additional 30 doctors and GP registrars with an additional 17 doctors (5.7% and 11.0% growth respectively). The number of GPs working in hospitals also increased, with an additional 11 doctors (12.2% growth).

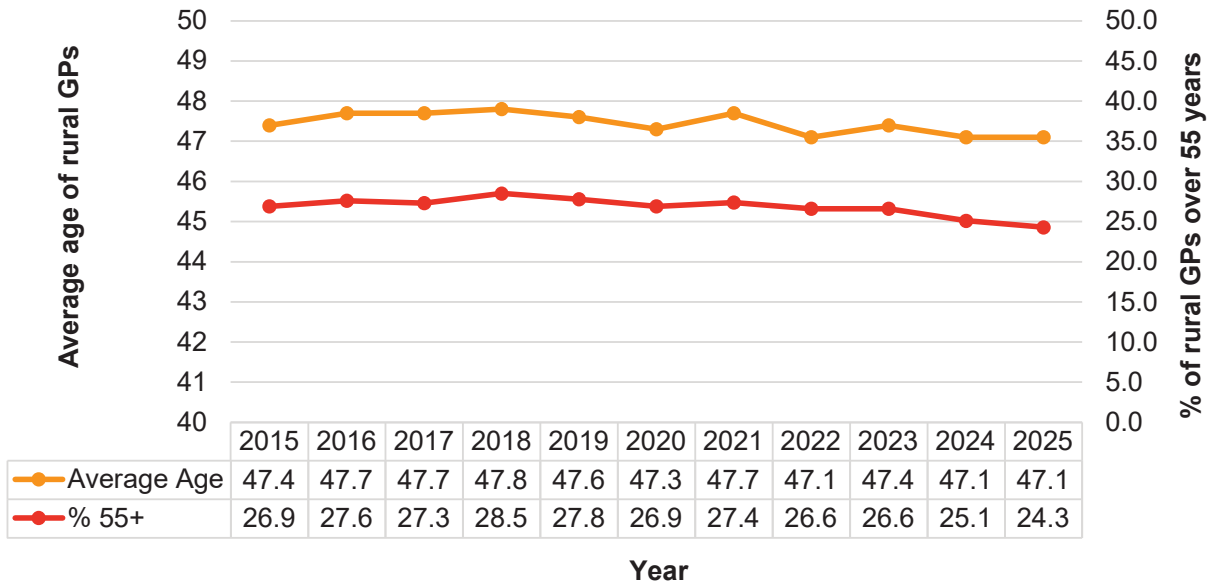
These figures do not include short-term locums who may be temporarily covering vacancies in the permanent workforce.

Rural GPs by age and gender

Average age of rural GPs

The average age of rural GPs at 30 November 2025 was 47.1 years, equal to that of 2024.

Figure 2 Average age of the workforce 2015 to 2025 and proportion over 55 years



The average age of rural GPs has fluctuated only slightly over the past 10 years and in 2025, it is 0.3 years lower than in 2015. 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).

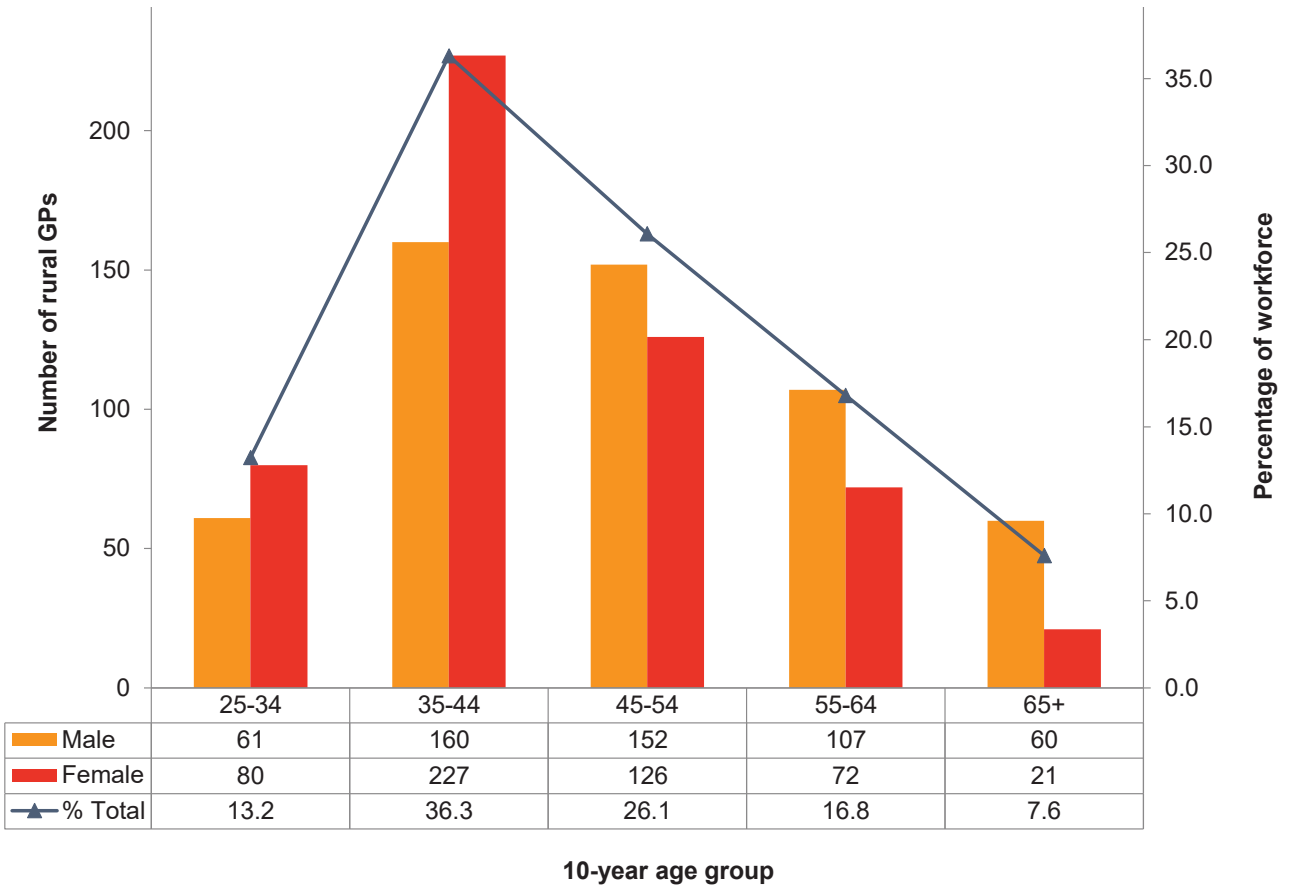
The proportion of GPs aged over 55 years was 24.3%, 0.8% less than 2024, but continuing to show that this group make up approximately one quarter of the workforce.

The average age for male GPs was 49.1 years in 2025, 0.2 years lower than 2024. The average age for female GPs increased by 0.2 years, from 44.8 years in 2024 to 45.0 years in 2025.

Rural GPs by age distribution and gender

Figure 3 below indicates most of the workforce (665 GPs, 62.4%) was aged between 35 and 54 years, slightly higher than 2024.

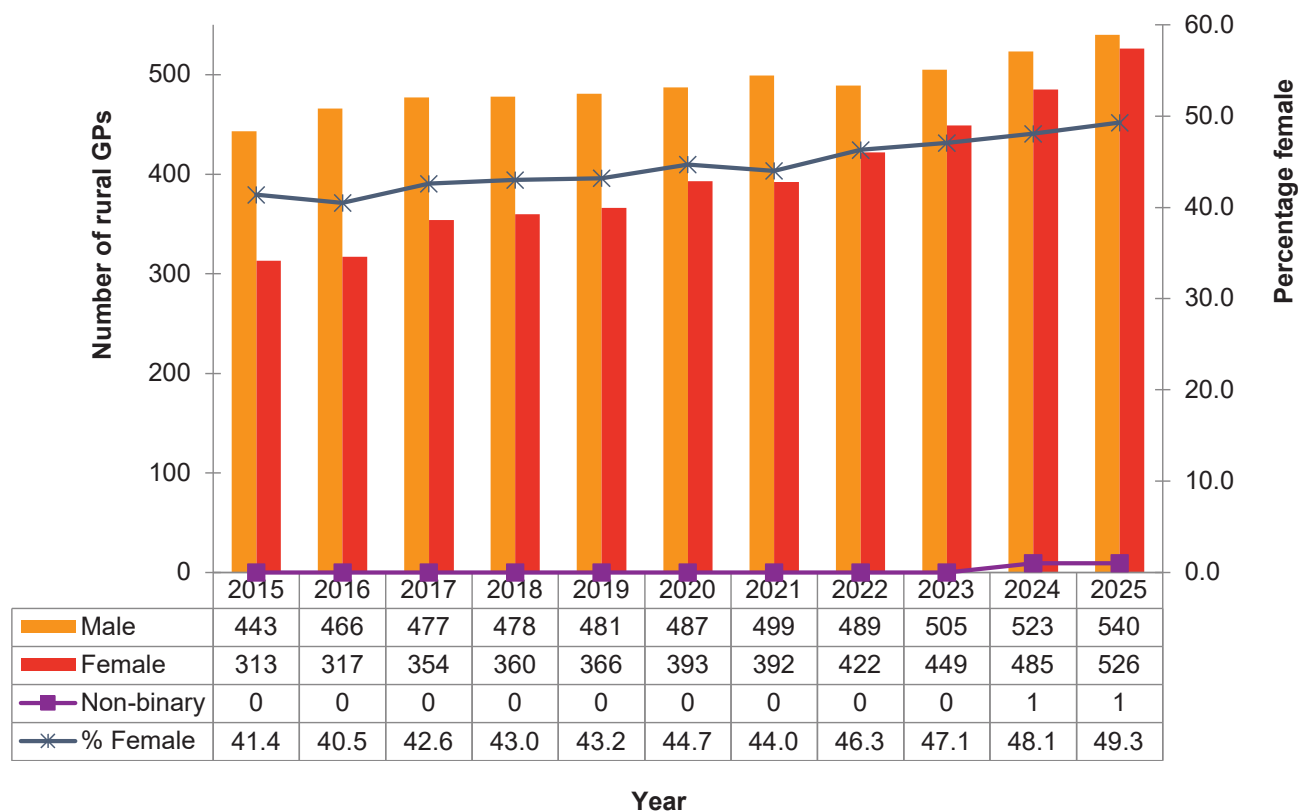
Figure 3 Composition of the workforce by ten-year age group and gender



As at 30 November 2025, there were more male GPs in the age groups 45 years and over than females (319 and 219 respectively); and more female GPs than male GPs in the younger 25 to 44 year groups (307 and 221 respectively), a similar pattern to 2024.

Figure 4 shows an increasing representation of female GPs in the workforce between 2015 and 2025. At November 2025, there were 526 female GPs in the workforce (representing 49.3% of the total), an increase of 41 GPs from 2024 (8.5% proportionally) and a continuation of the upward trend since Rural Health West started reporting annually in 2001.

Figure 4 Number of rural GPs by gender and percentage of female GPs 2015 to 2025



Inclusion of Non-Binary Gender Data

As at 30 November 2025, 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 2024 v 2025

Region	2024	2025	Difference %	
Goldfields	68	80	12	17.6
Great Southern	114	130	16	14.0
Indian Ocean Territories	3	0	-3	-100.0
Kimberley	113	112	-1	-0.9
Metropolitan*	20	15	-5	-25.0
Midwest	105	109	4	3.8
Outer Metropolitan	76	74	-2	-2.6
Pilbara	77	88	11	14.3
South West	348	369	21	6.0
Wheatbelt	85	90	5	5.9
Total	1009	1067	58	5.7

* Primarily RFDS Western Operations Jandakot base.

As at 30 November 2025, the South West region contained the highest number of GPs at 369, representing 34.6% of the workforce.

An increase in GP numbers occurred in six regions between 2024 and 2025. The South West region gained 21 doctors (growth of 6.0%), the Great Southern gained 16 (14.0%), the Goldfields gained 12 (17.6%), the Pilbara gained 11 (14.3%), the Wheatbelt gained 5 (5.9%) and the Midwest gained 4 (3.8%).

The Kimberley region had 1 fewer doctor than in 2024 (112 GPs).

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 2024 and November 2025 was 13.2% as per Table 3, 0.7% greater than the previous period. The workforce also experienced a growth of 4.2% (37 GPs).

Table 3 Rural GP turnover 2024 to 2025

Number of permanent rural GPs November 2024	872
Number of departures	115
Percentage turnover	13.2
Number of arrivals	152
Number of permanent rural GPs November 2025	909
Percentage growth	4.2

Table 4 shows the destination of GPs who departed rural WA between November 2024 and November 2025 and compares this with the departure destinations for the previous period.

Table 4 Destination of departing GPs 2024 v 2025

Destination	2024		2025	
	Number	%	Number	%
Perth	43	42.2	42	36.5
Interstate	15	14.7	22	19.1
Extended leave	10	9.8	16	13.9
Retirement	19	18.6	17	14.8
Overseas	3	2.9	5	4.4
Locum	1	1.0	3	2.6
GP training program	3	2.9	4	3.5
Other	8	7.9	6	5.2
Total	102	100.0	115	100.0

115 GPs (13.2% of the workforce) departed rural WA between November 2024 and November 2025, 13 greater than for the preceding 12 months.

The most common destinations for GPs who left rural WA in 2025 were:

- Perth metropolitan area, 42 GPs (36.5% of total departures)
- Interstate, 22 GPs (19.1%)
- Retirement, 17 GPs (14.8%)

17 GPs retired in this period, which, combined with the 56 retirements in the previous 3 periods, means a loss of 73 long-term, experienced GPs over the past 4 years.

Of the 115 departures, 67 (58.3%) were IMGs.

Table 5 shows the origins of GPs joining or re-joining the permanent workforce between November 2024 and November 2025.

Table 5 *Origins of GPs joining the permanent workforce 2024 v 2025*

Origin	2024		2025	
	Number	%	Number	%
Perth	62	39.5	41	27.0
Overseas	30	19.1	40	26.3
Interstate	23	14.6	21	13.8
GP training program	23	14.6	30	19.7
Extended leave	13	8.3	13	8.6
Other	4	2.6	5	3.3
Locum	2	1.3	2	1.3
Total	157	100.0	152	100.0

From November 2024 to November 2025, 152 GPs joined the permanent workforce in rural WA, 5 fewer than the previous period, the majority of whom originate from the Perth metropolitan area (41 GPs, 27.0% of arrivals) or overseas (40, 26.3%).

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 2025, 30 (19.7% of arrivals) GP registrars had stayed rural after attaining Fellowship, 7 greater than the previous period (23, 14.6%).

Rural Health West recruited 22 (14.5%) of the arrivals.

The number of GPs arriving directly from overseas increased by 10 doctors from the previous period (30, 19.1% of arrivals and 40, 26.3% respectively).

Of the 152 GP arrivals who commenced between November 2024 and November 2025, 91 (59.9%) 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 2024 and 30 November 2025.

Table 6 Changes in the permanent workforce by gender 2024 v 2025

Gender	Number of GPs Nov 2024	Departures	% departed	Arrivals	Number of GPs Nov 2025	% movement
Male	461	64	13.9	72	469	1.7
Female	411	51	12.4	80	440	7.1
Total	872	115	13.2	152	909	4.2

The male workforce experienced more departures (64 GPs) and fewer arrivals (72 GPs) in 2025 than the female workforce (51 GPs and 80 GPs) and experienced a net gain of 8 doctors (1.7%).

The female workforce grew by 29 GPs (7.1% increase).

This is the fourth 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.

Region	N per region Nov 2024	Movements OUT of rural WA regions				Movements INTO rural WA regions			N per region Nov 2025	% arrived into region
		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		
Goldfields	61	5	1	6	9.8	17	3	20	75	26.7
Great Southern	92	10	2	12	13.0	21	0	21	101	20.8
Kimberley	101	16	3	19	18.8	10	1	11	93	11.8
Midwest	96	17	2	19	19.8	14	1	15	92	16.3
Outer Metropolitan	67	16	1	17	25.4	10	3	13	63	20.6
Pilbara	71	11	0	11	15.5	22	2	24	84	28.6
South West	287	21	3	24	8.4	46	2	48	311	15.4
Wheatbelt	75	11	1	12	16.0	12	1	13	76	17.1
Other*	22	8	1	9	40.9	0	1	1	14	7.1
Overall	872	115	14	129		152	14	166	909	

* RFDS metropolitan base and Indian Ocean Territories.

Between November 2024 and November 2025, 129 GPs (14.8%) departed their region, comprising 115 GPs (13.2%) who left rural WA and 14 GPs (1.6%) who moved from one rural region to another. Over the same period, 166 GPs (18.3%) moved into rural regions, including 152 (16.7%) from outside rural WA and the 14 (1.5%) moving between regions.

The Outer Metropolitan region experienced the highest proportional movements out of the region between November 2024 and November 2025 (17 GPs or 25.4% of the region's workforce). The South West region experienced the lowest proportional departures (24 GPs or 8.4% of the region's workforce).

The Pilbara region experienced the highest proportional inwards movement of all the rural regions with 24 new GPs (28.6%) as per the previous period. The region with the least inward movement was the Kimberley with 11 new GPs (11.8% increase) as per the previous period.

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.

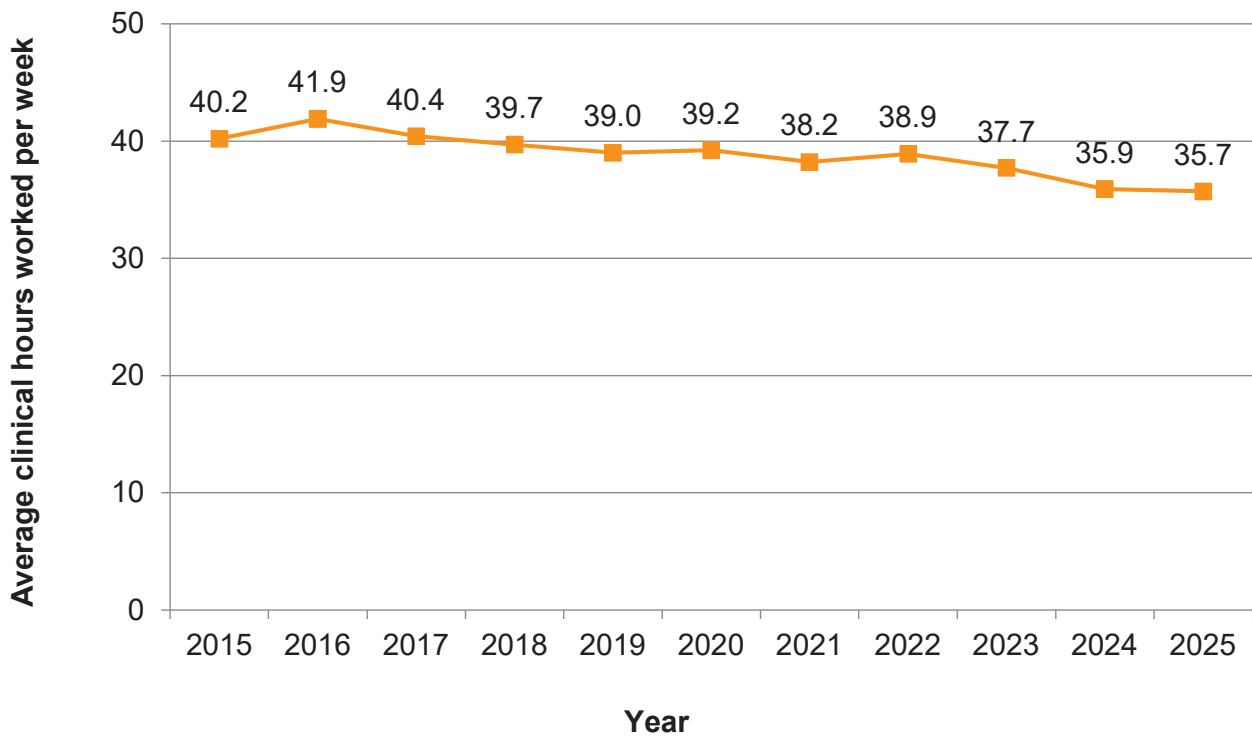
It is important to note that unlike previous sections of this report, where data was available for 100% of rural GPs (via surveys and other strategies); the 'Clinical workloads' section includes only data from the Rural General Practice Workforce Survey. Thus, there is no workload information recorded for the 612 (57.4%) GPs who did not return their surveys.

GPs working for RFDS Western Operations as retrieval doctors 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 445 GPs, including GP registrars, and encompasses 41.7% of the workforce for this reporting period.

Average clinical hours worked per week

At November 2025, the average reported clinical workload for rural GPs was 35.7 hours per week, compared to 35.9 hours per week in November 2024, a decrease of 0.2 hours, as displayed in Figure 5 below.

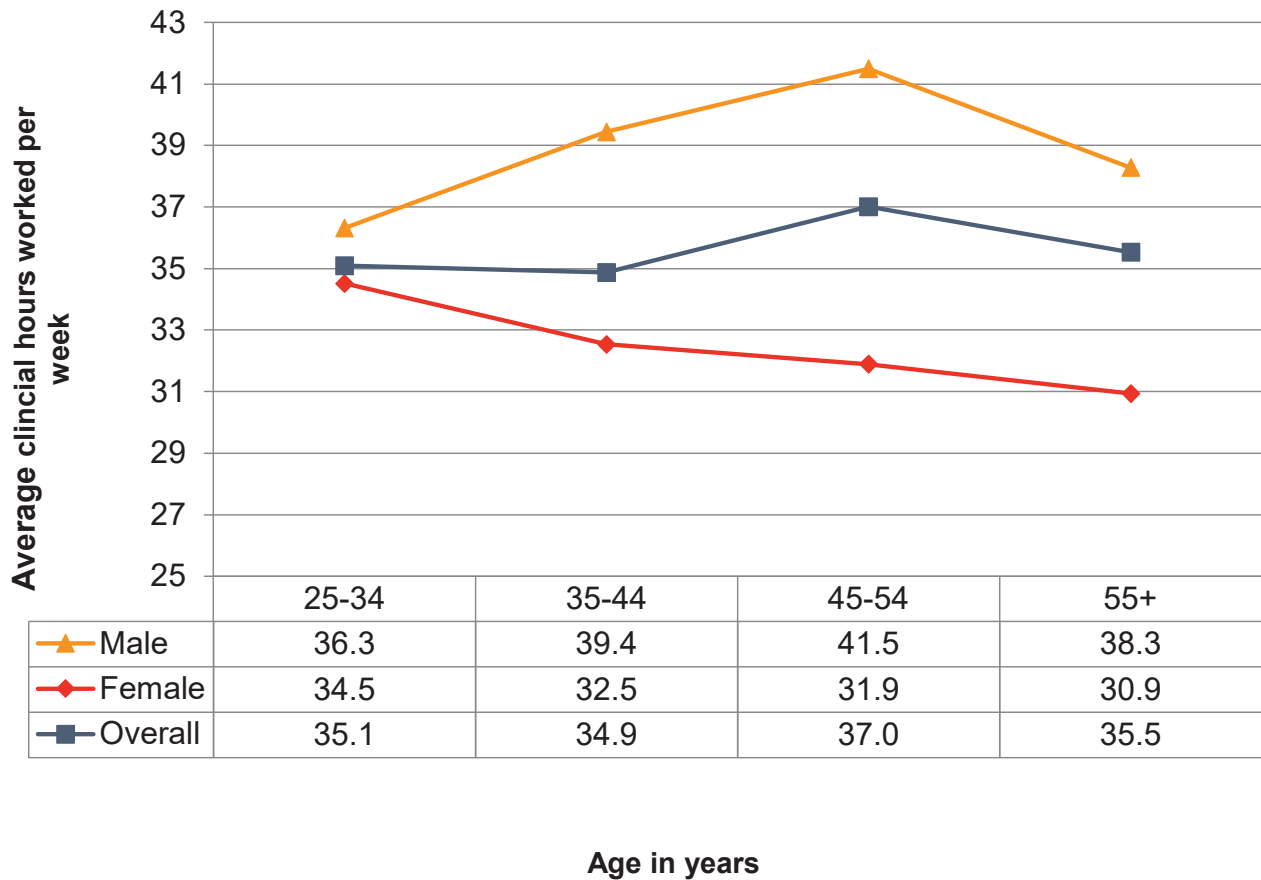
Figure 5 Average clinical hours worked per week from 2015 to 2025



Clinical working hours have generally been trending downwards since 2016, with slight increases experienced in 2020 and 2022. Fewer survey respondents may have impacted these figures, so the lower number could be an anomaly. However, this may also be due to the high working hours of doctors who retired during this period and the increasing proportion of female GPs in the workforce 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



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 fewer 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	159	106	265	59.7
Part-time	59	120	179	40.3
Total respondents	218	226	444	100.0

There were 265 rural GPs (59.7% of respondents) who reported working full-time in the provision of routine clinical GP services in 2025. Of these, the majority (159, 60.0%) were male, with 106 (40.0%) female. Conversely, 179 rural GPs (40.3% of respondents) reported working part-time, of whom 120 (67.0%) were female and 59 (33.0%) male.

Table 9 Part-time workforce by gender 2024 v 2025

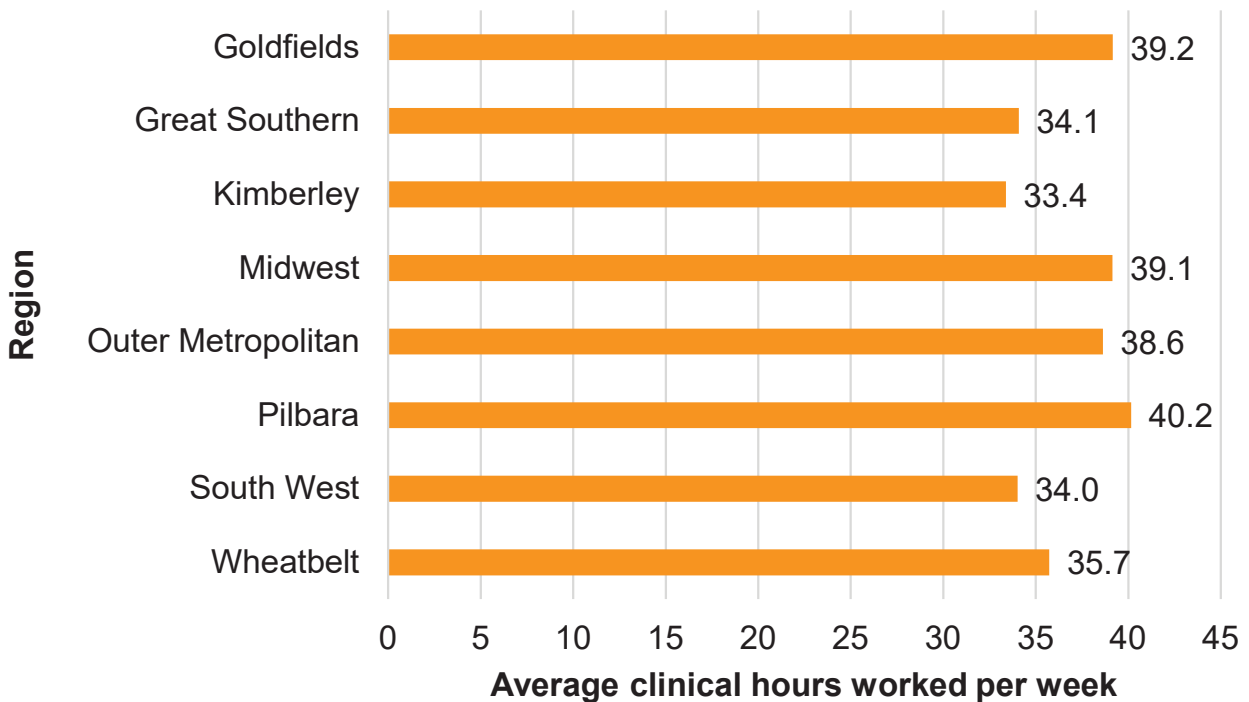
Year	Total males	Males working part-time	% of total males working part-time	Total females	Females working part-time	% of total females working part-time	Total respondents	% of total respondents working part-time
2024	225	64	28.4	212	111	52.4	437	40.0
2025	218	59	27.1	226	120	53.1	444	40.3

The proportion of male respondents working part-time decreased between 2024 (28.4%) and 2025 (27.1%), while the proportion of female respondents increased (52.4% in 2024 and 53.1% in 2025).

Overall, the proportion of respondents working part-time increased from 40.0% in 2024 to 40.3% in 2025 and has been increasing annually over the past 8 years.

Average clinical hours worked per week by region and MMM location

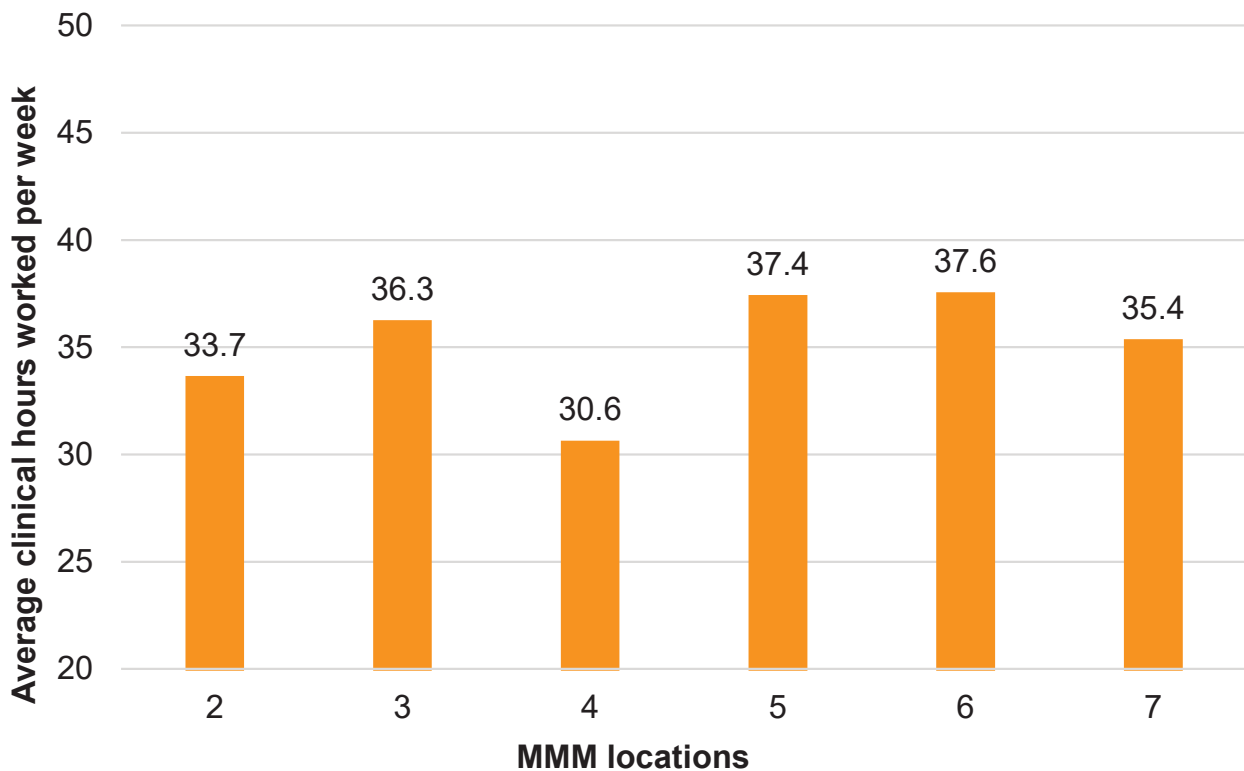
Figure 7 Average clinical hours worked per week by region



The highest reported average clinical hours worked is in the Pilbara region (40.2 hours per week) and the Goldfields region (39.2 hours per week), as was the case in the previous report.

Conversely, the lowest reported clinical hours worked per week was in the Kimberley locations with 33.4 hours per week, followed by the South West with 34.0 hours per week.

Figure 8 Average clinical hours worked per week by MMM location



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 5 locations (37.6 hours and 37.4 hours respectively), with the lowest average clinical hours worked reported by GPs working in MMM 4 (30.6 hours) and MMM 2 (33.7 hours).

7 Length of employment in current principal practice

Average length of employment

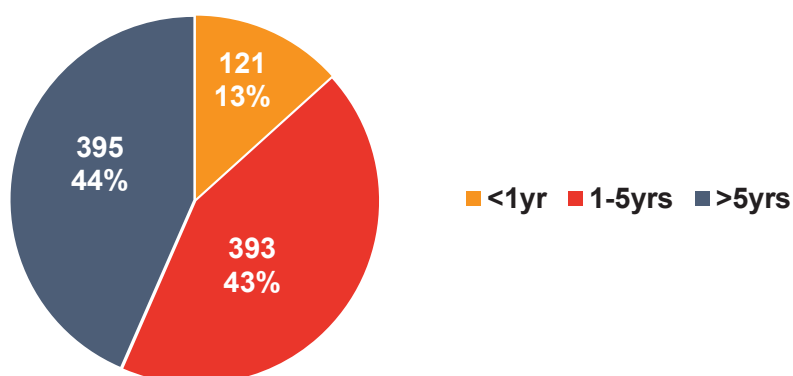
Across rural WA, the average length of employment in current principal practice for GPs was 7.1 years, 0.2 years longer than in November 2024. These figures are calculated on time worked in the current principal practice and do not include time spent in other rural practices.

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.

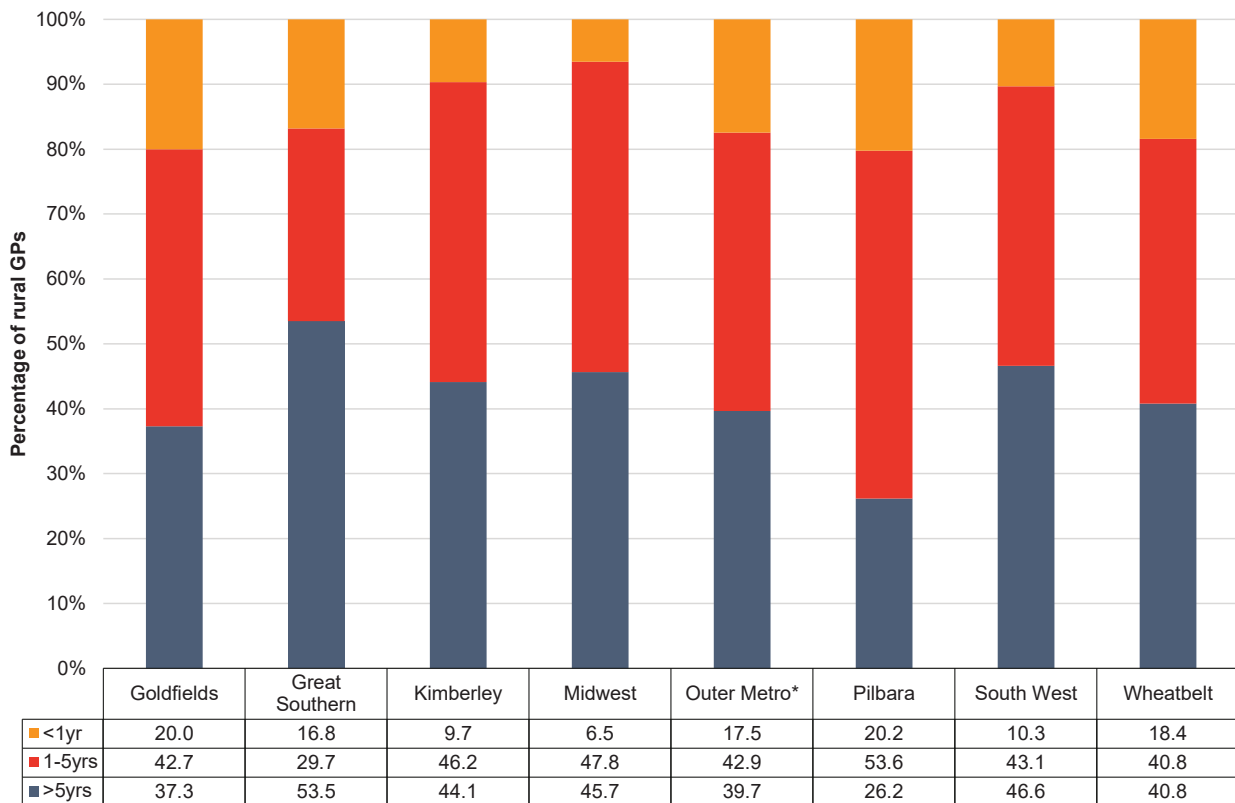
Figure 9 Length of employment in current principal practice



13.3% of the workforce (121 GPs) had been in their current principal practice for <1yr, 43.2% (393 GPs) for 1-5yrs and 43.5% (395 GPs) for >5yrs.

Average length of employment by region and MMM location

Figure 10 Length of employment in current principal practice by region



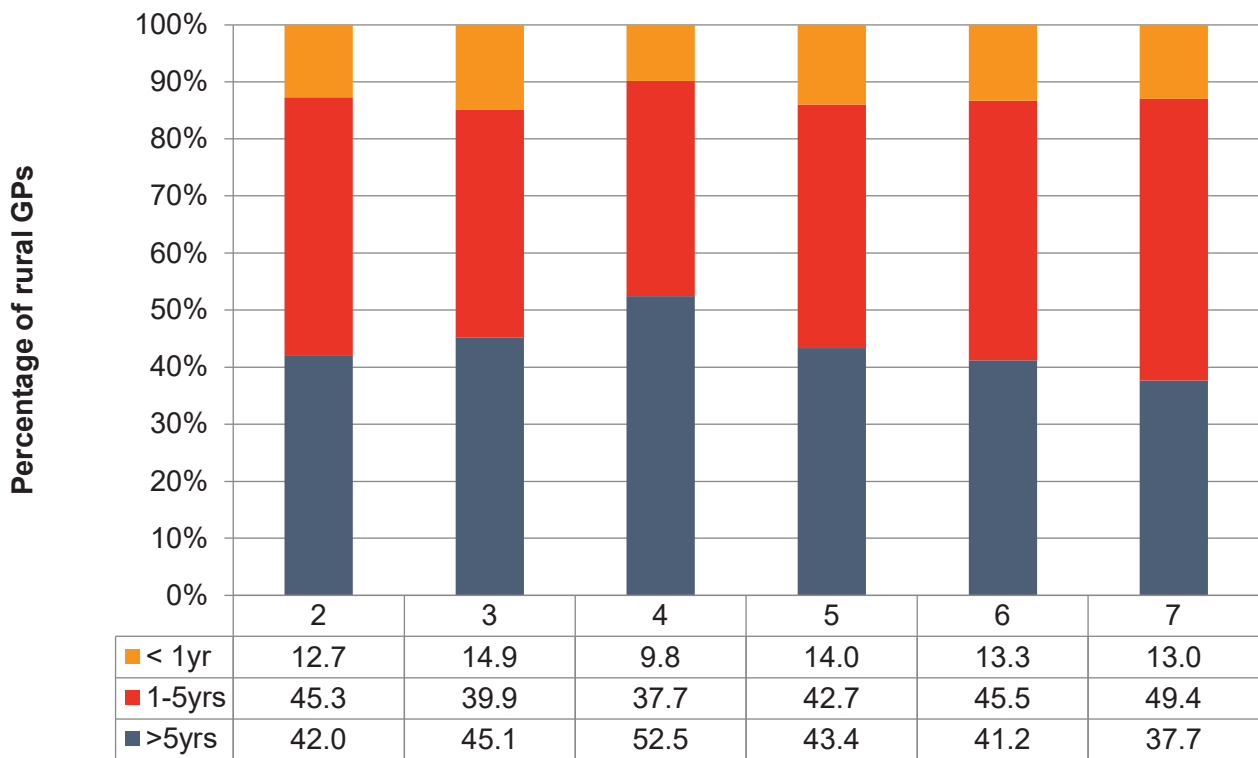
Length of employment by region

* Outer Metropolitan

The Great Southern again region had the highest proportion of long-stay GPs (53.5% of its workforce) as it has since 2015 when Rural Health West first began reporting on Length of Stay per region.

The Pilbara region contained the highest proportion of new GPs (20.2%) as has been the case since 2020 and the lowest proportion of long-stay GPs (26.2%).

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 2025 (>5 years) were in MMM 3 and 4 locations (45.1% and 52.5% respectively), a similar pattern to the past two periods. In contrast, and per the previous period, MMM 7 locations had the lowest proportion of long-term GPs (37.7%).

The highest proportion of new GPs (<1year) were in MMM 3 locations (14.9%).

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	75	5	80	6.3
Great Southern	123	7	130	5.4
Indian Ocean Territories	0	0	0	0
Kimberley	109	3	112	2.7
Metropolitan*	15	0	15	0.0
Midwest	98	11	109	10.1
Outer Metropolitan	73	1	74	1.4
Pilbara	81	7	88	8.0
South West	357	12	369	3.3
Wheatbelt	71	19	90	21.1
Total	1002	65	1067	6.1

* Primarily RFDS metropolitan base, but not exclusively.

There were 1002 (93.9%) rural GPs known to be practising in group practices at 30 November 2025 and 65 (6.1%) 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 19 (21.1%) work as solo practitioners.

Table 11 below delineates the number and type of practices in each region at the census date of November 2025 (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	6	1	20	30.0
Kimberley	5	0	11	16	0.0
Midwest	15	9	4	28	32.1
Outer Metropolitan	14	1	0	15	6.7
Pilbara	10	3	4	17	17.6
South West	53	10	1	64	15.6
Wheatbelt	19	17	3	39	43.6
Total	140	50	27	217	23.0

There were 217 community general practices as at 30 November 2025, 9 greater than in 2024. Of these, 140 were group practices (64.5% of total practices), 50 were solo practices (23.0%) and 27 (12.4%) were ACCHS.

Most group practices are located in the South West region (53, 37.9% of group practices). This region also contains the most practices overall (64 or 29.5% of all practices).

The number of solo practices decreased from 52 (25.0%) in 2024, to 50 (23.0%) in 2025.

The Wheatbelt region contained the largest number and proportion of solo practices, with 17 out of 39 practices being solo (43.6%).

The discrepancy between the total number of solo practitioners (65, as per Table 10) and the total number of solo practices (50) 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. Practices where there is one Felloed GP with a registrar are also counted as solo practices.

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 176 (16.5% of the workforce) rural GP proceduralists recorded as at 30 November 2025, 1 fewer than in 2024. 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 2025.

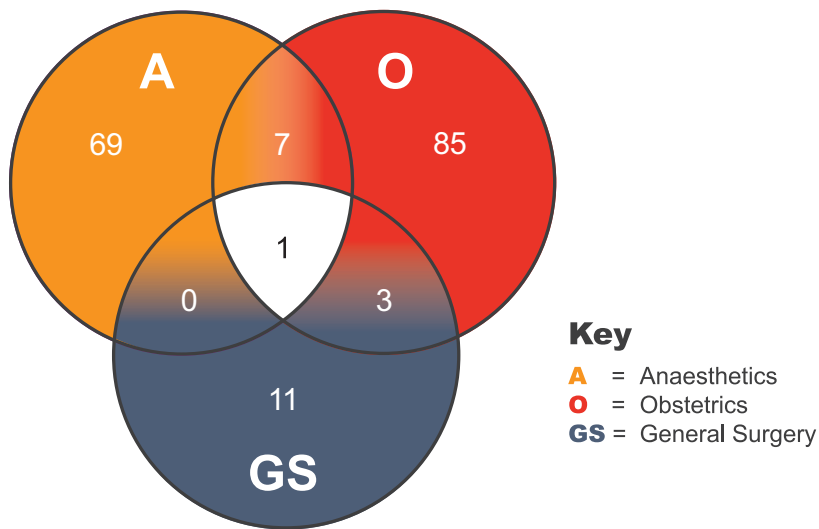
Table 12 *Number and proportion of rural GPs practising procedures 2024 v 2025*

Procedure	N 2024	% of total GPs 2024	N 2025	% of total GPs 2025
Anaesthetics	76	7.5	77	7.2
Obstetrics	99	9.8	96	9.0
General surgery	14	1.4	15	1.4

The number of GPs performing anaesthetics increased by 1, from 76 (7.5% of total GPs) in 2024 to 77 (7.2%) in 2025. The number of GPs practising obstetrics decreased from 99 in 2024 (9.8%) to 96 (9.0%) in 2025. The number of GPs practising general surgery increased by 1 GP from 14 in 2024 (1.4%) to 15 in 2025 (1.4%).

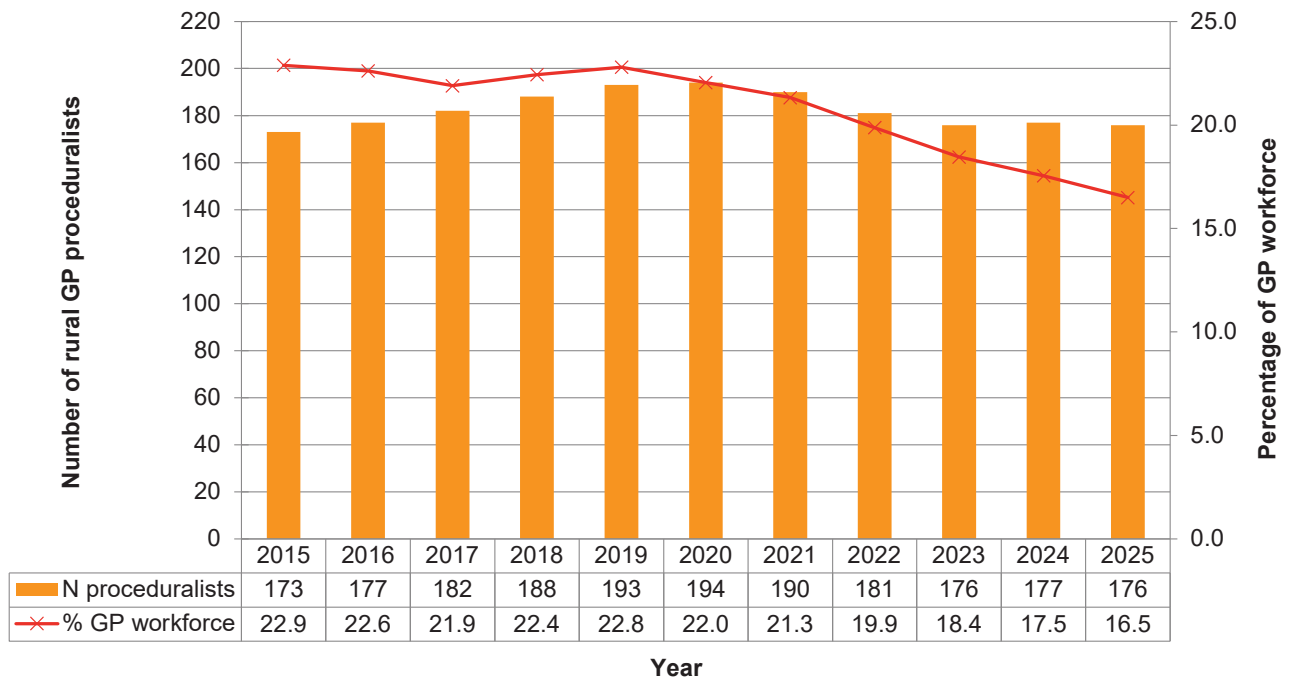
A diagram illustrating rural GPs practising in single or multiple procedural areas is displayed at Figure 12.

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 2025, only 1 GP (0.6% of proceduralists) practised all 3 procedures and 10 (5.7%) practised 2 procedures.

Figure 13 Number and proportion of rural GP proceduralists 2015 to 2025

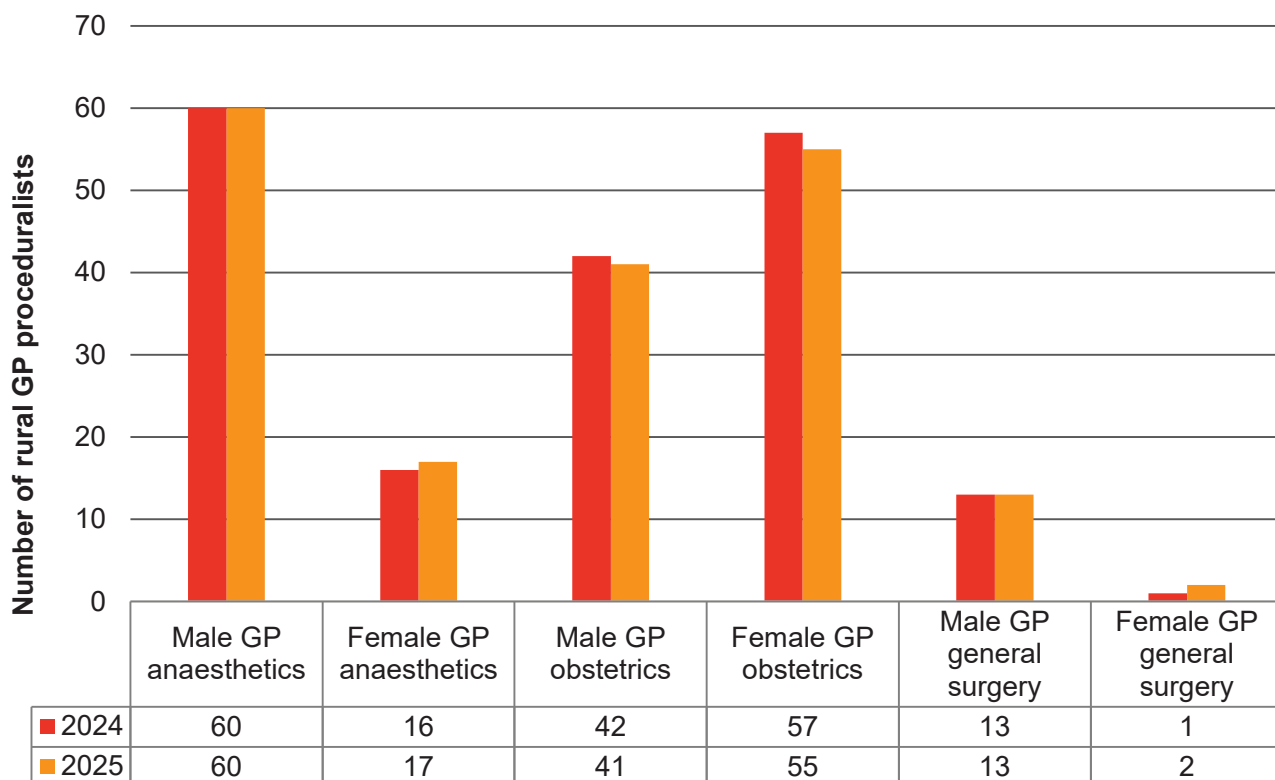


The total number of GP proceduralists decreased by 1 GP in 2025, from 177 in 2024 (17.5% of the workforce) to 176 GPs (16.5%).

The proportion of the workforce who were proceduralists has also reduced, falling from 22.9% in 2015 to 16.5% in 2025.

Rural GP proceduralists by type and gender

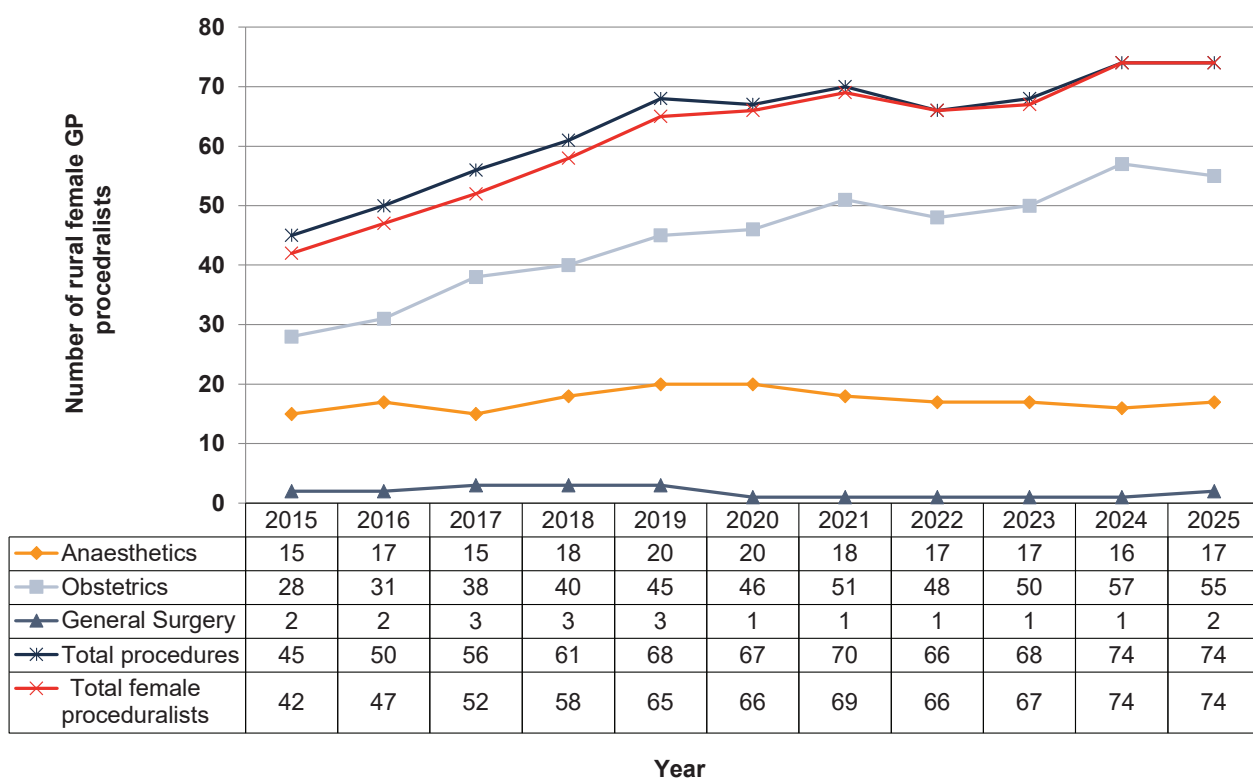
Figure 14 Number of rural GP proceduralists by type and gender 2024 v 2025



There has been little change in the gender breakdown of proceduralists between 2024 and 2025.

Figure 15 compares the total number of rural female GP proceduralists and the range of procedures they practised between 2015 and 2025.

Figure 15 Number of rural female GP proceduralists 2015 to 2025



The number of female GP proceduralists in 2025 remained equal to that of 2024.

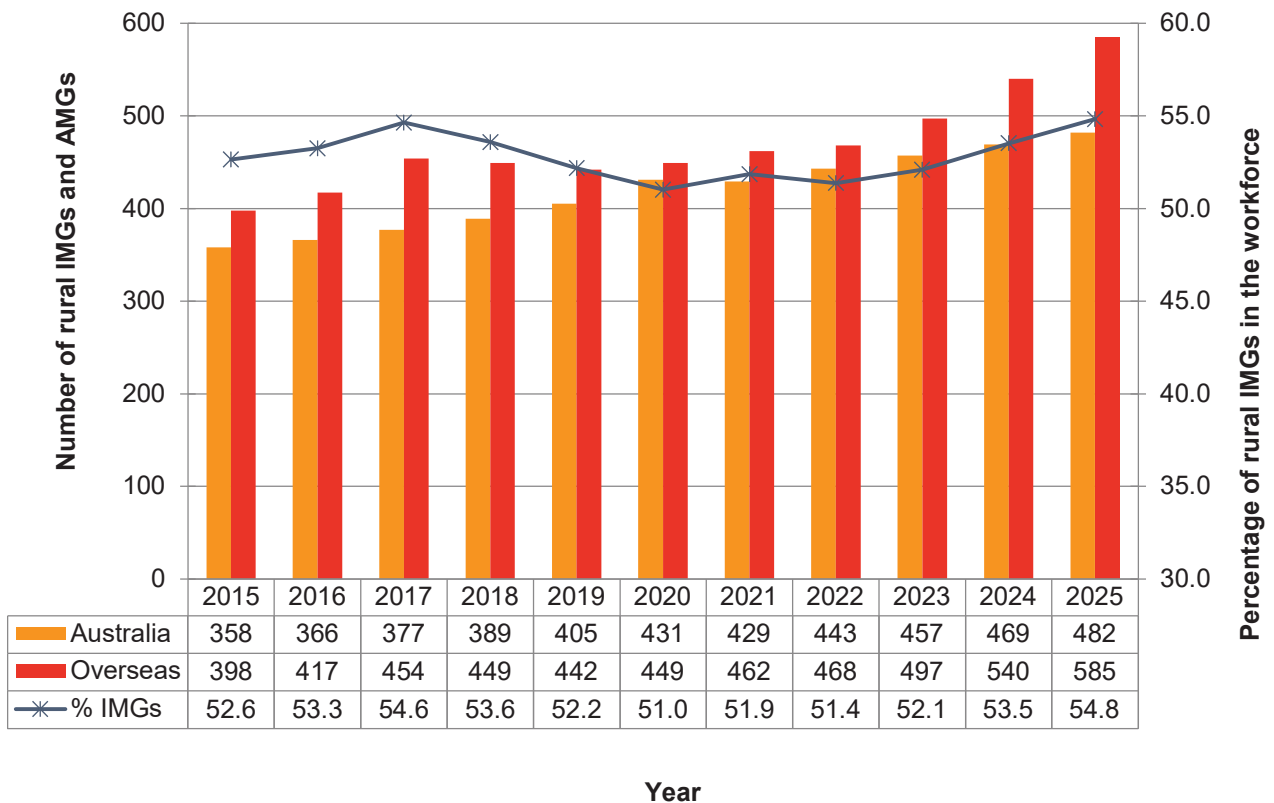
In 2025, there were no female GP proceduralists engaged in more than 1 procedural service as has been the case since 2022.

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 2015 to 2025.

Figure 16 Number and percentage of rural IMGs and AMGs 2015 to 2025



At 30 November 2025, 585 GPs (54.8% of the workforce in WA) had obtained their basic medical qualification overseas, an increase of 45 GPs from 540 in 2024 and a continuation of an upward trend. The proportion of IMGs in the workforce has long remained 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 158 (14.8% of the overall workforce) vocationally registered IMGs who had been in rural WA for 10 years or more at November 2025.

Between 30 November 2024 and 30 November 2025, there were 91 IMG non-registrar GP arrivals (59.9% of all arrivals) into the workforce compared with 106 IMG GPs (67.5%) in 2024. Of these, the largest cohort gained their basic medical qualification from the United Kingdom/Ireland (11 or 12.1% of IMG arrivals), Nigeria (10, 11.0%), South Africa (7, 7.7%), India or Philippines (6 each, 6.6%) or Iran (5, 5.5%).

Residency status

Table 13 Residency status of the IMG workforce

Residency	Number	%
Australian citizen	253	43.2
Permanent resident	209	35.7
Temporary resident	114	19.5
New Zealand citizen	9	1.6
Total	585	100.0

As at 30 November 2025, 253 IMG GPs (43.2% of the IMG workforce) were Australian citizens (an increase from 249 GPs in 2024), 209 (35.7%) had permanent residency (increased from 204 in 2024), and 114 (19.5%) were temporary residents (increased from 79) in 2024. Temporary resident GP numbers and proportion experienced the greatest growth from 2024, reflecting the increased number of overseas arrivals in 2025.

Fellowship status

Table 14 Fellowship status of the IMG workforce

Fellowship status		Number 2024	% 2024	Number 2025	% 2025
Fellowed IMG GPs		324	60.0	337	57.6
Currently on AGPT or Rural Generalist Pathway		60	11.1	76	13.0
Currently on a Rural Health West run program*	5 Year Scheme	1	0.2	1	0.2
	MDRAP	7	1.3	0	0.0
	PFP	9	1.6	22	3.8
Currently on other program**		97	18.0	112	19.1
Not known to be on any program		42	7.8	37	6.3
Total		540	100.0	585	100.0

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

As at 30 November 2025, 337 IMG GPs were Fellowed, an increase of 13 GPs from 2024 (324). 87 GPs had Fellowed whilst on a Rural Health West program, 99 Fellowed through an AGPT program, 86 were granted Fellowship Ad Eundem Gradum or specialist recognition, and the remaining 65 through independent means, grandfathering or via non-AGPT pathway programs.

On the same date, there were 248 non-Fellowed IMG GPs (42.4% of the IMG workforce). 76 GPs were known to be on an AGPT or Rural Generalist program and 23 GPs were on a Rural Health West supported program. 112 IMG GPs were on other programs, the majority of whom were on the RACGP Fellowship Support Pathway (45).

37 IMG GPs were not known to be on any program towards Fellowship at the census date of 30 November 2025.

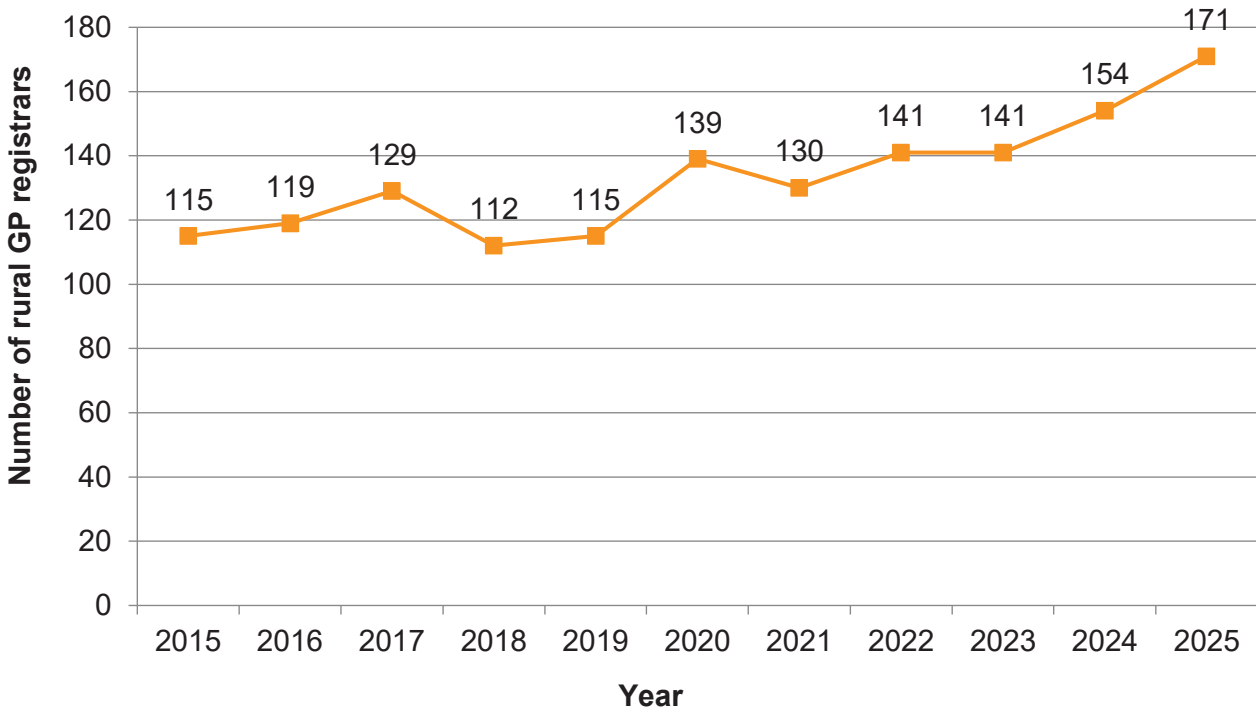
Rural Health West administers a number of programs on behalf of the Australian Government Department of Health, Disability and Ageing that enable non-vocationally registered GPs to work in rural WA while they gain their GP Fellowship. These are the 5 Year Scheme, MDRAP and PFP programs. MDRAP has now ceased, but is still mentioned in this report because it is listed in the 2024 figures in Table 14.

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 2015 to 2025 at the census date of 30 November each year.

Figure 17 Total number of rural GP registrars 2015 to 2025

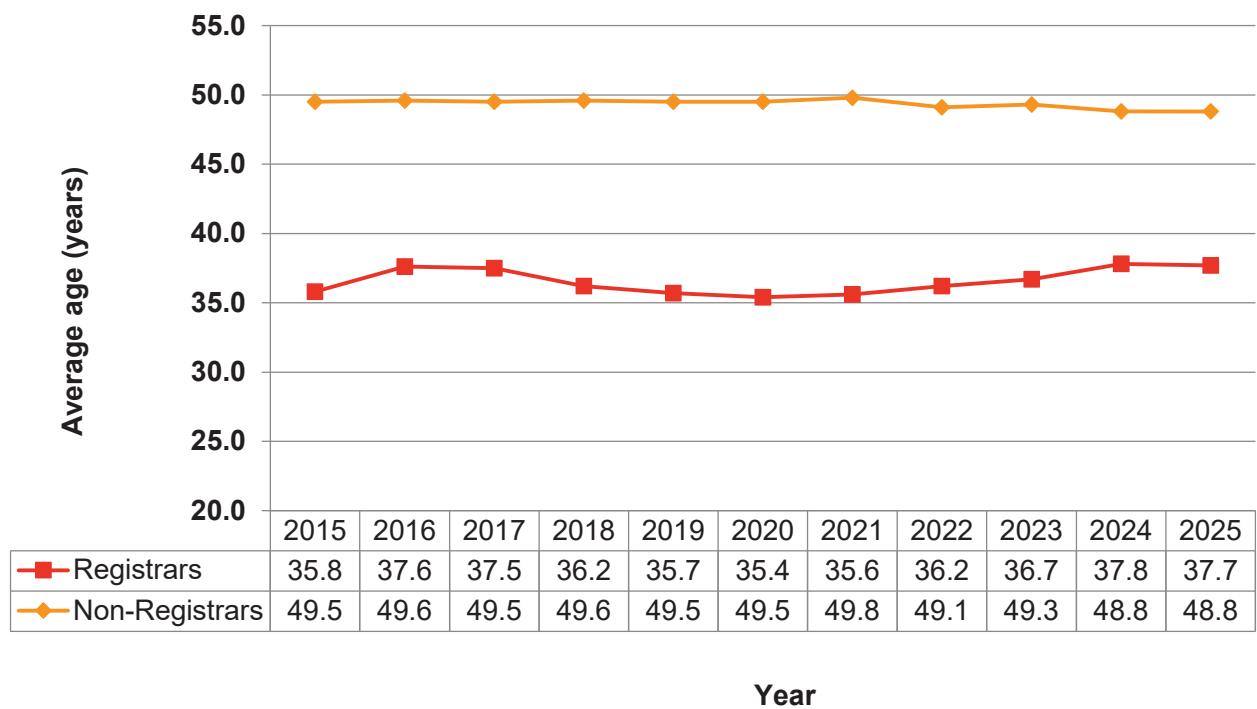


The total number of GP registrars in the workforce at the census date of 30 November 2025 was 171 (16.0% of the workforce), 17 greater than 2024 which had 154 GP registrars (15.3%).

In 2025, 124 (72.5%) rural GP registrars were trainees with RACGP, 42 (24.6%) with ACRRM and 5 (2.9%) were with RVTS.

27 (15.8%) of the 171 GP registrars were on a Rural Generalist pathway, 15 greater than in 2024 (12, 7.8%).

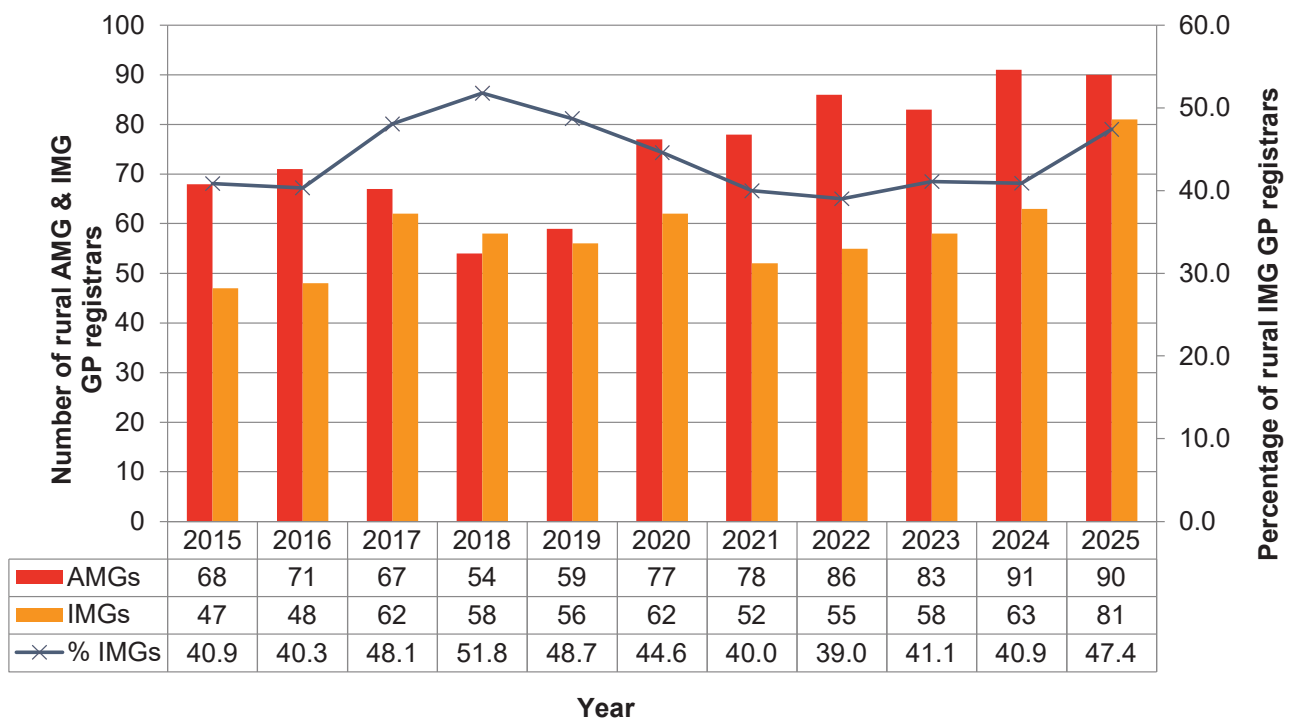
Figure 18 Average age of rural GP registrars v rural GP non-registrars 2015 to 2025



The average age of rural GP registrars (37.7 years) remains well below that of the rural GP non-registrar workforce (48.8 years) as shown in Figure 18. Although a slight decrease of 0.1 year between 2024 and 2025, the registrar average age has been increasing since 2020, whilst the average age of the non-registrar workforce has been decreasing.

Figure 19 provides a comparative breakdown of rural GP registrar figures from 2015 to 2025, according to where they received their primary medical qualification.

Figure 19 Number and proportion of rural IMG v AMG GP registrars 2015 to 2025



The number of GP registrars who were IMGs increased from 63 (40.9%) in 2024 to 81 (47.4%) in 2025, whilst the number of AMG registrars decreased by 1 (90).

Among the IMG GP registrars, 16 (9.4% of registrars) completed their basic medical qualification in the United Kingdom/Ireland, 12 (7.0%) in India, 10 (5.8%) in Pakistan, 6 (3.5%) in Egypt and 4 (2.3%) in Sri Lanka, with the remaining 33 (19.3%) in 21 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 2025*

University of basic medical training	Number
The University of Western Australia	47
The University of Notre Dame Australia, Fremantle	14
University of Tasmania	6
Monash University, Melbourne	4
Curtin University	3
University of Adelaide	3
University of Wollongong	3
Flinders University	2
Western Sydney University	2
Bond University	1
James Cook University	1
University of Melbourne	1
University of New South Wales	1
University of Newcastle	1
University of Queensland	1
Total	90

Of the 90 Australian-trained GP registrars in the rural WA workforce, 64 (71.1%) completed their basic medical training in WA:

- 47 (52.2%) completed their basic medical training at The University of Western Australia
- 14 (15.6%) at The University of Notre Dame Australia, Fremantle
- 3 (3.3%) at Curtin University.

This is the first year that GP registrars who graduated from Curtin University have been noted in the rural WA workforce dataset.

12 Rural Aboriginal Community Controlled Health Services

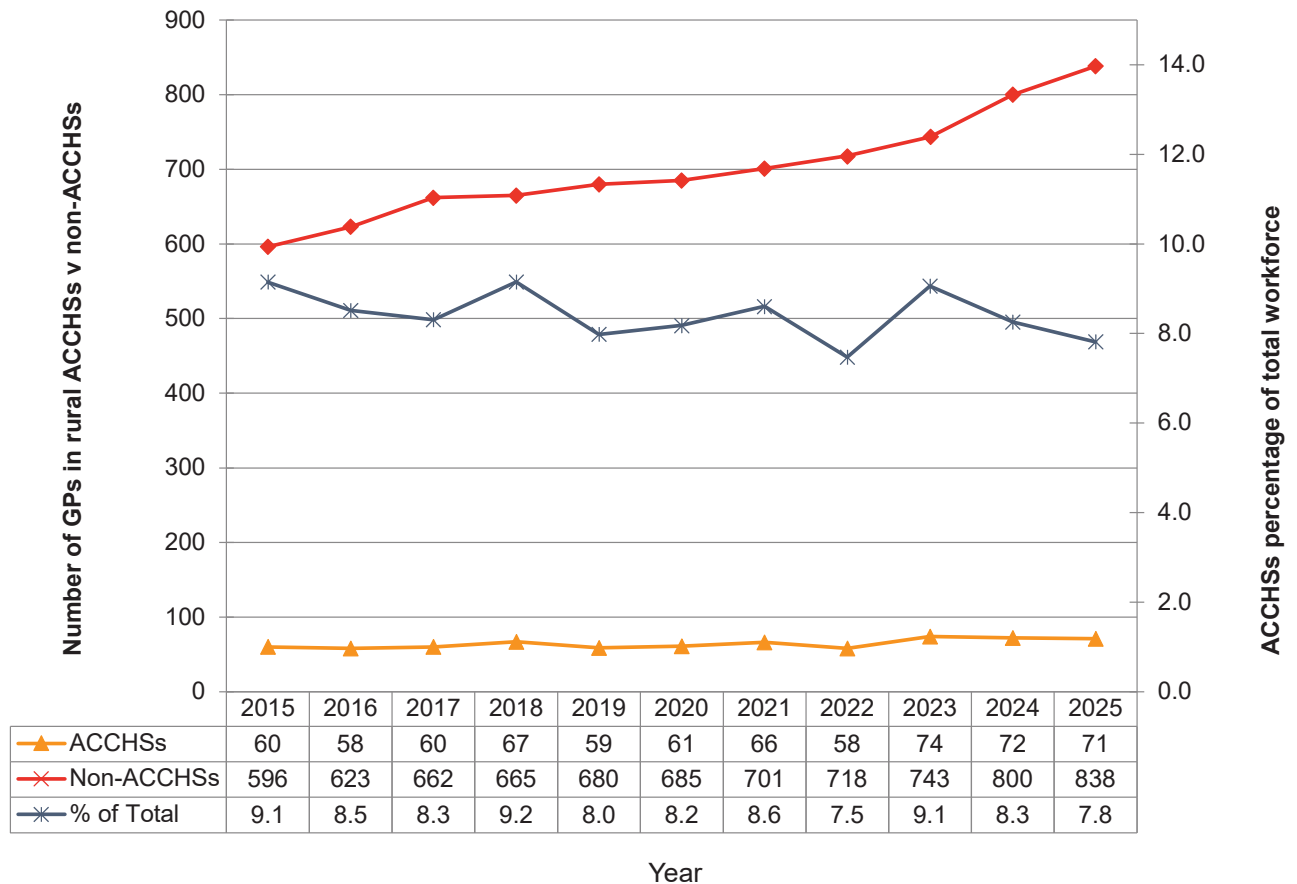
The following is an analysis of the workforce who work in an ACCHS as their primary practice. This workforce comprised a total of 85 GPs as at 30 November 2025 (4 greater than 2024), of which 56 were resident GPs, 16 were GP registrars and 13 were fly-in/fly-out or drive-in-drive-out GPs.

Please note:

14 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.

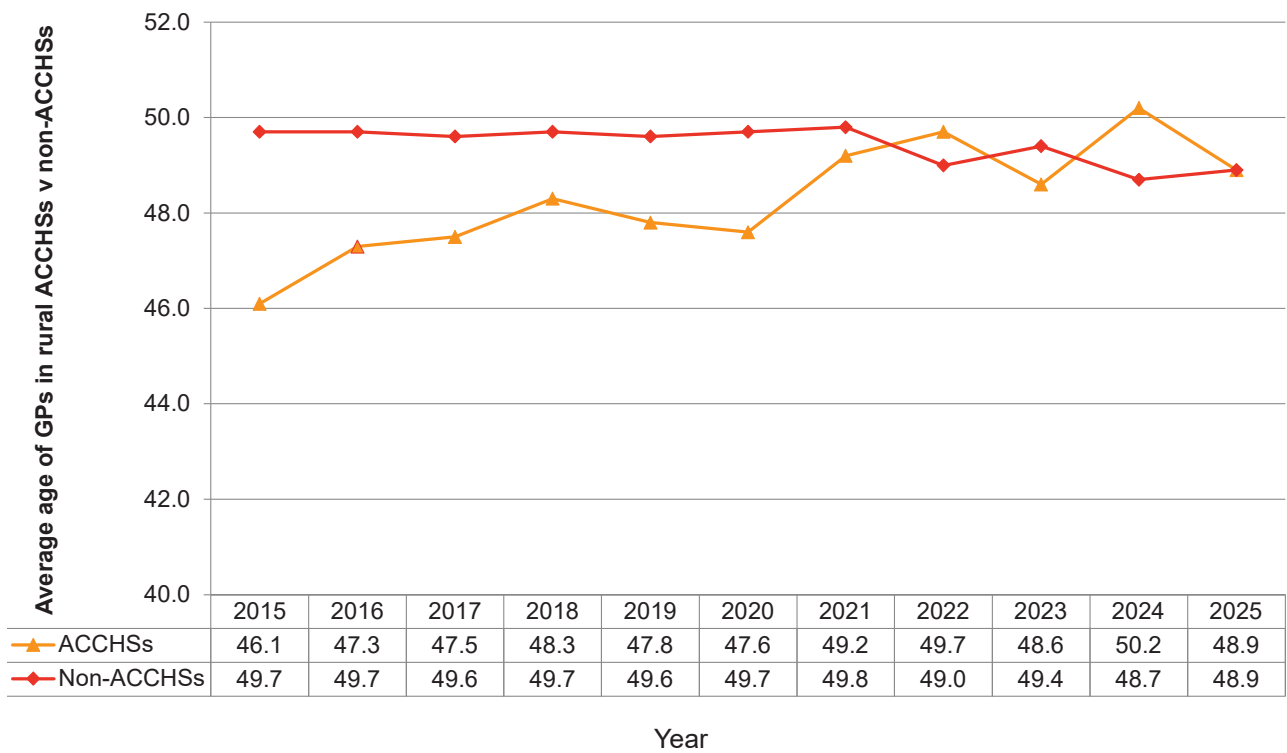
Figure 20 charts the number of GPs who identified a rural ACCHS as their primary practice from 2015 to 2025.

Figure 20 Number of GPs in rural ACCHS v non-ACCHS 2015 to 2025



As at 30 November 2025, there were 71 GPs (7.8% of the non-registrar workforce) working in a rural ACCHS, 1 fewer than 2024 (72 GPs, 8.3%). The ACCHS workforce remains a low proportion of the total workforce.

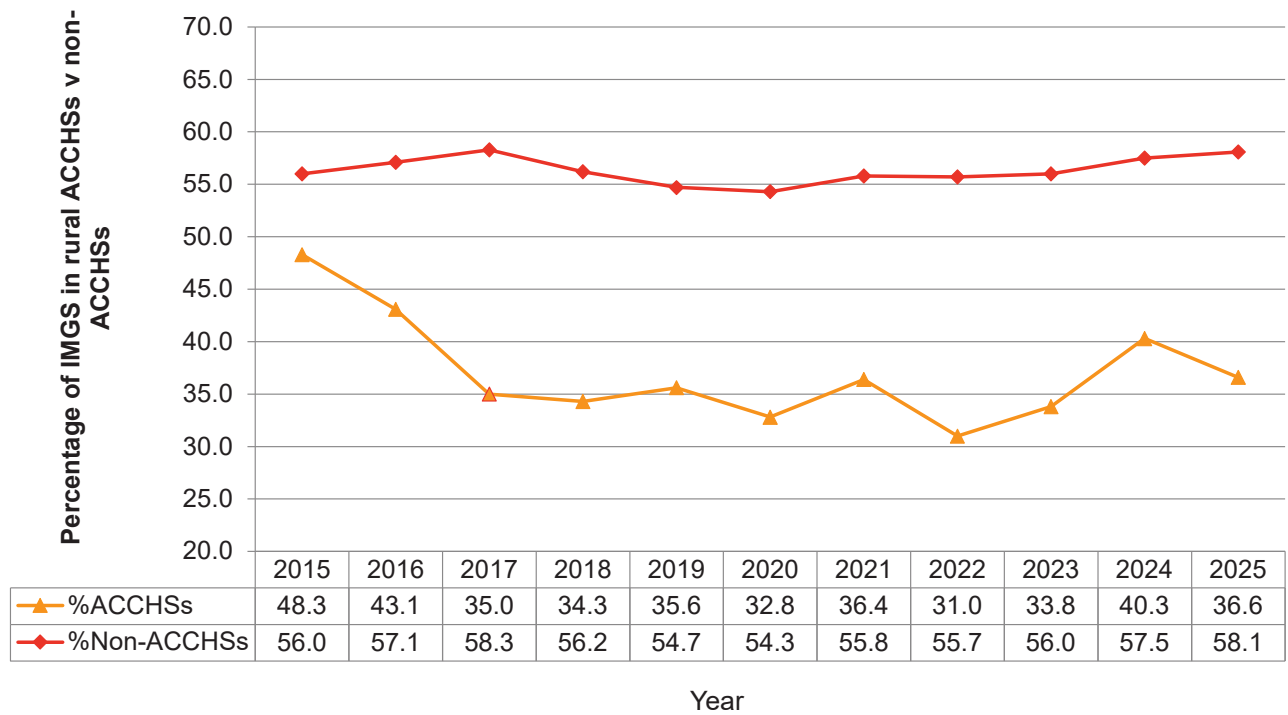
Figure 21 Average age of GPs in rural ACCHS v non-ACCHS 2015 to 2025



In 2025, the average age of ACCHS GPs was the same as that of the non-ACCHS workforce.

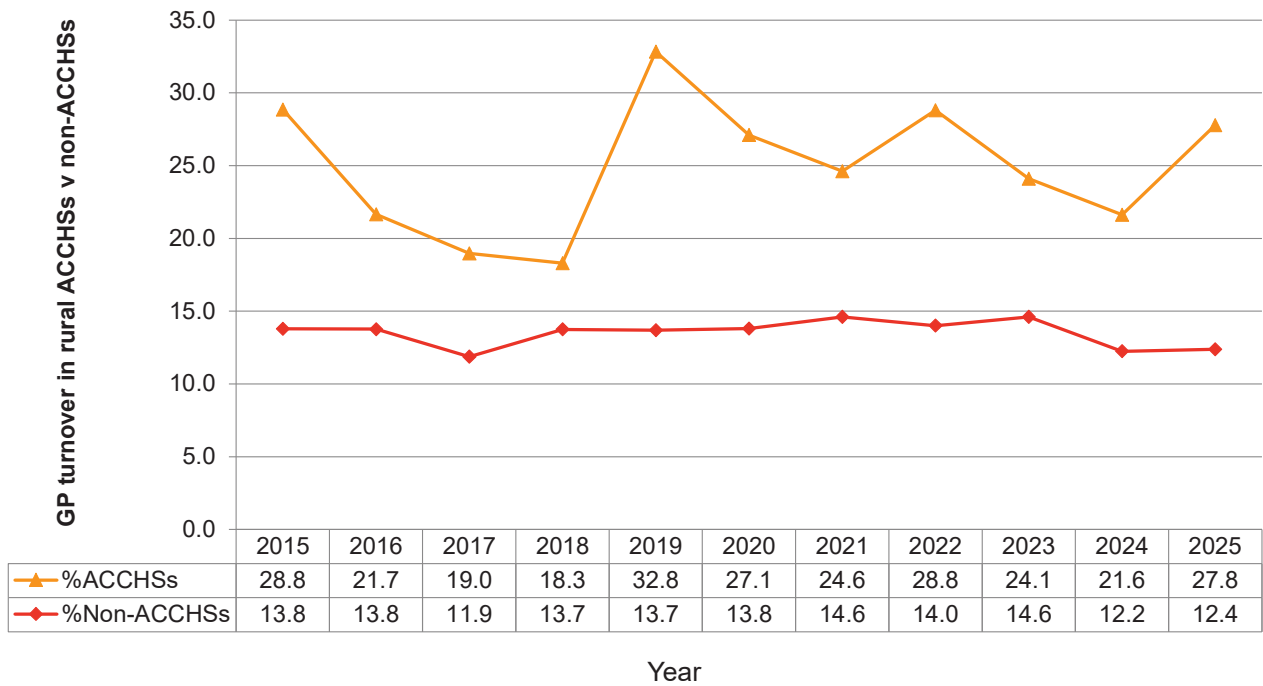
The overall average age for each year will differ from that reported in Section 4 at Figure 2 due to the inclusion of AGPT GP registrars in the overall age profile, whereas GP registrars are excluded from the calculations in Figure 21.

Figure 22 Percentage of IMGs in rural ACCHS v non-ACCHS 2015 to 2025



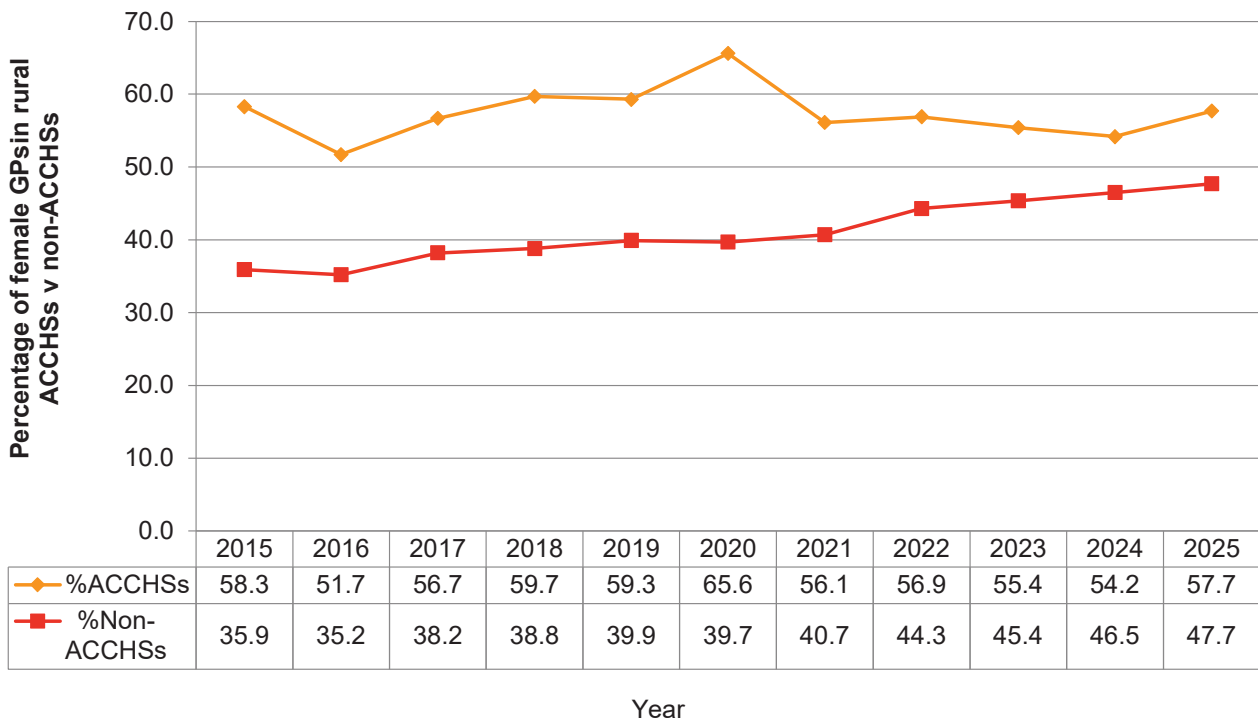
As at 30 November 2025, 36.6% of the ACCHS workforce were IMGs (26 doctors) compared with 58.1% IMGs in the non-ACCHS workforce (487 doctors).

Figure 23 GP turnover in rural ACCHS v non-ACCHS 2015 to 2025



GP turnover in rural ACCHS increased from 21.6% in 2024 to 27.8% in 2025, reversing a downward trend since 2020. Turnover in ACCHS remains consistently higher and less stable than the turnover among the non-ACCHS workforce (12.4%).

Figure 24 Percentage of female GPs in rural ACCHS v non-ACCHS 2015 to 2025



As at 30 November 2025, there were 41 female GPs (57.7%) working in the ACCHS workforce and 30 male GPs (42.3%). ACCHS continued to have a greater proportion of female GPs than the overall non-ACCHS workforce (47.7%).



RURAL HEALTH WEST

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