

HEALTH WORKFORCE NEEDS ASSESSMENT 2025

› GP WORKFORCE

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT





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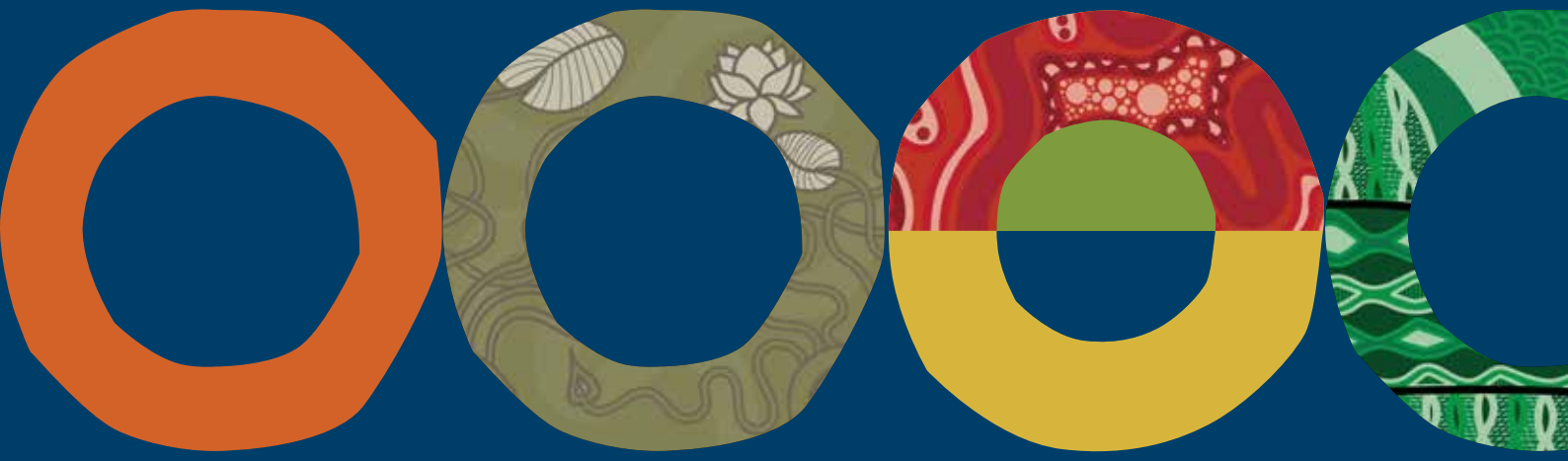
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ACKNOWLEDGEMENT OF COUNTRY

Northern Territory Primary Health Network (Northern Territory PHN) acknowledges the First Nations people of the Country on which we work and live, and we recognise their continuing connection to land, waters and skies. We pay our deepest respects to Elders present, emerging and across time.



CEO MESSAGE

It is a great privilege to introduce the Northern Territory PHN's Health Workforce Needs Assessment (HWNA) for 2025—my first in the role as Chief Executive Officer. Having worked in primary healthcare workforce development for several years, I have long been passionate about creating strong, connected systems that support the people at the heart of primary healthcare—our workforce.



This year's HWNA is grounded in that same commitment. It provides a clear view of the challenges we continue to face across the Northern Territory (NT), particularly in building and sustaining a primary healthcare workforce that is skilled, supported and reflective of the communities it serves. The needs are urgent, and the stakes are high—but the opportunities for real, lasting change are also within our reach.

At the centre of this work is a shared ambition: to grow our own workforce and ensure that health professionals not only come to the Territory, but stay, thrive and build their futures here. We know that workforce solutions must be grounded in place, shaped in partnership and driven by community. This includes strengthening local training and career pathways, supporting the development of Aboriginal and Torres Strait Islander GPs and making sure that the unique strengths and stories of the NT are visible to those considering a future here.

The HWNA 2025 focuses on four strategic priorities: developing the Aboriginal and Torres Strait Islander GP workforce; enhancing pathways into and through primary healthcare careers; building our capacity to attract, retain and support the existing workforce; and developing locally responsive, sustainable models of care. Each of these priorities is interconnected and each requires the active involvement of our health services, education and training partners, communities and governments.

The path forward is not without its challenges. But what gives me confidence is the dedication and resilience of the people across our sector—those already doing the hard work on the ground, and those ready to collaborate in new and innovative ways. This HWNA is not just a snapshot of where we are—it is a call to action for where we need to go, and how we get there together.

I want to thank all the individuals and organisations who contributed to this year's assessment. Your insights, honesty and commitment are deeply appreciated. I look forward to working alongside you as we continue to build a stronger, more sustainable and more locally driven primary healthcare workforce for the NT.

Paul Connolly
Chief Executive Officer

EXECUTIVE SUMMARY

The HWNA 2025 focuses on addressing critical challenges in attracting, maintaining and retaining the primary healthcare workforce across the NT, with a particular emphasis on the General Practitioner (GP) workforce. Access to quality primary care is essential, especially for Aboriginal and Torres Strait Islander peoples who experience significantly higher rates of chronic disease and poorer health outcomes. However, the NT continues to face persistent workforce shortages that are exacerbated by geographic isolation, limited social infrastructure and professional challenges unique to remote practice.

These shortages have been further intensified by the COVID-19 pandemic, which disrupted workforce supply due to international and interstate border closures. The reduced availability of international medical graduates and locum support during this period has had lasting impacts on workforce capacity across the NT. While Rural Workforce Agency Northern Territory (Rural Workforce Agency NT) has undertaken a range of workforce needs assessments focused on broader primary healthcare and specific regional issues, a GP-specific deep dive has not been conducted since before the pandemic. There is now a clear need for a more detailed and focused analysis to understand the current landscape of the GP workforce in the Territory—including distribution, availability, employment conditions and sustainability—so that future planning can be better informed and locally responsive.

Recruitment of GPs remains a priority, hindered by factors such as demanding workloads, competition from other sectors and difficulties in securing adequate housing. Retention is also impacted by high turnover and burnout driven by professional isolation, administrative burdens, and cultural complexities. Efforts to build capacity focus on targeted recruitment campaigns, expanding financial and non-financial incentives, streamlined pathways for international medical graduates, and strengthened partnerships with medical schools and training programs. Additionally, maintaining the existing workforce requires continuous professional development, cultural competency training, locum support, flexible work arrangements, and community integration initiatives to reduce isolation.

The report also highlights the need for developing locally responsive, sustainable models of care that reflect the NT's unique demographic and geographic context. Community-centred approaches, multidisciplinary teams, and flexible workforce models—such as job sharing and single employer models—offer promising pathways to enhance workforce stability and improve patient outcomes. Digital health capabilities are identified as a key enabler to expand access and support remote care, yet infrastructure and training gaps remain significant barriers.

Workforce challenges are compounded by a high proportion of part-time and ageing GPs, loss of benefits when transitioning to private practice, and the complexity of delivering culturally appropriate, trauma-informed care. As such, sustaining primary healthcare services in remote communities requires innovative and place-based strategies that balance workforce mobility with job security and career progression.

Overall, this assessment underscores the importance of coordinated, evidence-based workforce strategies that prioritise the recruitment, development and retention of GPs in the NT. It calls for ongoing collaboration among government, health services and Aboriginal Community Controlled Health Organisations (ACCHOs) to create an environment that supports health professionals and delivers equitable, culturally safe care for all Territorians.



INTRODUCTION

ABOUT US

Northern Territory PHN, through Rural Workforce Agency NT, supports the rural and remote primary healthcare workforce in the NT via the Rural Health Workforce Support Activity (RHWSA). The RHWSA is designed to tackle issues related to the uneven distribution, quality and shortages of primary healthcare professionals in rural and remote areas of Australia.

RWA NT is dedicated to enhancing equity and access to primary healthcare for rural and remote communities by implementing evidence-based programs aimed at attracting, retaining, supporting and building the capacity of the primary healthcare workforce.



BACKGROUND

The NT faces significant health challenges, with numerous reports documenting high rates of morbidity and mortality. Disturbingly, life expectancy at birth in the NT is the lowest in Australia for both males and females—nearly five years lower than the national average[1]. This gap is even more pronounced for Aboriginal and Torres Strait Islander populations. As such, access to primary healthcare services is crucial for all Territorians, but it is especially vital for Aboriginal and Torres Strait Islander peoples living in remote areas, where they experience higher rates of chronic health conditions, hospitalisations and poorer health outcomes compared to non-Indigenous residents[2].

Despite covering nearly one-sixth of Australia's land area, the NT has the smallest population of any state or territory, making up just under 1% of the nation's total population[3]. Additionally, a significant portion of the NT population lives in remote or very remote areas, with 40% residing in regions classified under Monash Modified Model (MM) classification 6 and 7[3,4]. Over 30% of the NT's population identifies as Aboriginal and/or Torres Strait Islander and 75% of this group resides in remote or very remote locations[3]. Hence, the health disparities in the NT are driven by a combination of factors, including geographic isolation, limited infrastructure and resources, the complex needs of a large Indigenous population and the challenges of recruiting and retaining healthcare workers[5].

POLICY AND REFORM

In recent years, several reviews and reports have been conducted regarding the rural health workforce and the systems and regulations that support them.

These national policy positions are approached with careful consideration, as they do not always accurately reflect the unique context of the NT. On behalf of the NT, Northern Territory PHN and Rural Workforce Agency NT will continue to collaborate with the Department and key stakeholders to ensure that the specific needs of the NT are understood and addressed in the ongoing health reform agenda.

Key reports include:

1. Strengthening Medicare – Support for Health, Care, and Support Services in Thin Markets

This policy focuses on improving access to health and care services in rural, remote and underserved areas—referred to as 'thin markets'. It aims to enhance service availability where market-based delivery is insufficient by funding collaborative, community-driven models that integrate health, aged care and disability services to meet local needs more effectively[6].

2. Review of General Practice Incentives

This review evaluates the effectiveness of current general practice incentive programs, including the Practice Incentives Program (PIP) and Workforce Incentive Program (WIP). It aims to ensure these incentives are aligned with contemporary service delivery models, support multidisciplinary team care, and improve the sustainability and equity of general practice across Australia[7].

3. Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners (Kruk Report)

Led by Robyn Kruk, this review examines Australia's regulatory frameworks for assessing and registering overseas-trained health practitioners. It recommends streamlining processes, improving transparency and reducing unnecessary barriers to enable faster integration of qualified overseas practitioners into the workforce, particularly in high-need areas[8].

4. Working Better for Medicare Review

This review explores how the Medicare system can be modernised to better support patient outcomes, primary care teams and integrated care delivery. It seeks to align funding models with team-based, person-centred care, and improve system navigation and accountability, especially for people with complex and chronic conditions[9].

5. Review of After-Hours Primary Care Programs and Policy

This review assesses the accessibility, effectiveness and funding of after-hours primary care services. It aims to ensure that after-hours care is well-integrated with daytime services, meets community needs and reduces reliance on emergency departments, especially in rural and underserved regions[10].



STRATEGIC PRIORITIES

The annual HWNA report aims to enhance access, quality and sustainability in our priority areas. The HWNA provides valuable insights and guidance for addressing the current needs of the NT's primary healthcare workforce by identifying key areas of focus:



PRIORITY 1:

Develop the Aboriginal and Torres Strait Islander health General Practitioner workforce



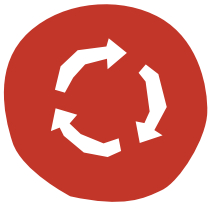
PRIORITY 3:

Build capacity to attract, retain and support the existing primary healthcare workforce within the NT



PRIORITY 2:

Enhance career pathways to and through primary healthcare in the NT



PRIORITY 4:

Develop locally responsive, sustainable models of care

In recent years, Rural Workforce Agency NT trialled a place-based approach to needs assessments to better understand regional nuances, focusing on the Barkly region in 2023 and East Arnhem in 2024. However, it became clear that the needs are consistent across all remote areas, making it impossible to prioritise one region over another. As a result, the 2025 HWNA will focus on GP workforce trends across all regions of the Territory.

The HWNA report is informed by surveys and tailored consultations with health services and stakeholders. It serves as a critical tool for designing and executing projects and activities at Rural Workforce Agency NT, aimed at ensuring sustainable access to essential primary healthcare in rural and remote communities.

Rural Workforce Agency NT is committed to achieving outcomes and implementing interventions based on the following principles:

- Culturally responsive care
- A multi-disciplinary workforce model
- Improved health outcomes
- A sustainable and capable workforce.

The HWNA combines feedback from consultations with service providers and stakeholders, along with comprehensive evidence-based research, to determine workforce needs across our four priority areas while adhering to these principles.

RESEARCH METHODS

The Rural Workforce Agency NT HWNA 2025 employed the following mixed methods approach:

1. Online survey

- Targeted NT GP workforce, including GP registrars and participants of the Rural Workforce Agency GP locum program
- Targeted GP employers, including private practice and ACCHOs
- Gathered data on workforce and training needs, as well as capacity gaps
- Gathered data on drivers and levers for recruitment and retention of primary healthcare workforce
- Conducted between Nov 2024 – Jan 2025.

2. Review secondary data sources

- Analysis of findings from previous Rural Workforce Agency NT needs assessments
- Reviewed rural workforce strategies, frameworks and relevant policy documents
- Reviewed key policy documents, evaluation reports and health workforce context documents
- Referenced territory and federal sector reports, reviews and policy documents.

3. Data Analysis

- Utilised data from Rural Workforce Agency NT's workforce database and the National Health Workforce (NHW) data set to provide additional insights into the primary healthcare workforce.

4. Stakeholder engagement

- In-person consultations with peak bodies of GP registrar training programs, ACCHOs, NT Health and education providers
- Gathered information through consultations with key stakeholders, communities and health professionals throughout 2024/2025.

Workforce planning in the NT is shaped by unique challenges and opportunities, stemming from its vast geographical layout and transient population. Nevertheless, through a comprehensive approach, the 2025 HWNA has collected detailed, contextual and insightful data that will guide future interventions and strategies in primary healthcare workforce planning.



GENERAL PRACTITIONER WORKFORCE



Despite ongoing efforts to support general practice and its GP workforce, the viability and sustainability of the sector remains fragile across Australia, particularly in rural and remote areas. A 2024 report from the Royal Australian College of General Practitioners (RACGP) highlights ongoing concerns among GPs about their workloads, burnout and the significant administrative burden they face[11]. The report also revealed that nearly one-third of the current GP workforce plans to stop practicing within the next five years, and only 44% of doctors would recommend general practice as a career[11].

The ACCHOs sector is facing growing difficulties in recruiting and retaining GPs, particularly in rural and remote regions. Key challenges reported by stakeholders include intensified competition for GPs and the recent weakening of distribution policies that previously ensured a more equitable workforce distribution. ACCHOs highlighted that the expansion of Distribution Priority Area (DPA) status to outer metropolitan areas has notably reduced the number of GPs interested in remote NT positions. Additionally, within current funding frameworks, there are widespread concerns over the inability to offer competitive salary and benefits packages. As national competition for medical staff intensifies, various jurisdictions are offering substantial salary packages, making it increasingly difficult for NT health services to compete. As a result, there is a growing reliance on locum staff across the NT, further straining budgets due to inflated private agency fees and price gouging. Furthermore, regulatory restrictions on supervising GP Registrars and junior doctors severely limit access to this workforce, underscoring the urgent need for improved remote supervision models.

There continues to be a decrease in medical student's preferences to specialise in general practice with only 10.5% of medical students reporting general practice as their preferred speciality, compared to 13% in 2022 and 13.6% in 2021[11]. However, specialising as a rural generalist has seen an increase with 7% of students identifying it as their preference in 2023, compared to 5.8% in 2022[11].

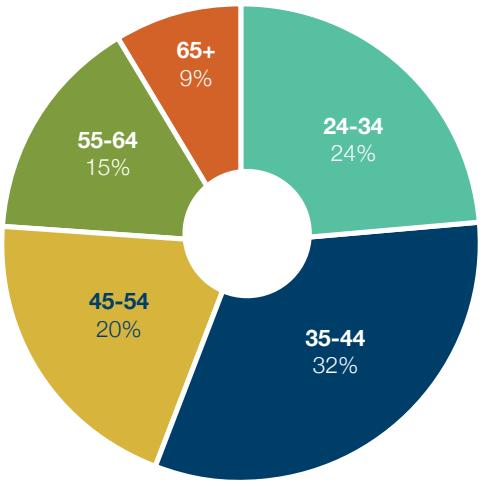
Northern Territory PHN and Rural Workforce Agency NT's jurisdiction includes one local university, Charles Darwin University (CDU), with campuses in Darwin, Katherine, and Alice Springs and facilities in Nhulunbuy and other parts of the NT. Flinders University also has a strong presence in the NT and provides access to a medical degree. As of 2021, the NT Government, in partnership with Flinders, offers up to 30 scholarship places per annum for the NT Medical Program. Students receiving funded places are bonded to the NT Government with a return of service obligation of four years[12,13]. In 2021, CDU also announced a new Medical School for the NT in partnership with Menzies School of Health Research. The course is currently going through accreditation by the Australian Medical Council and expected to commence with 40 Commonwealth supported medical places in 2026[13,14].

The crisis in general practice for the NT and its workforce has been worsening over the years. In 2023, the NT had the lowest preference as a future practice state, with only 1.4% of domestic students and 0.4% of international students indicating it as their top choice. Additionally, only 1.2% of students accepted an internship in the NT during the same year[16].

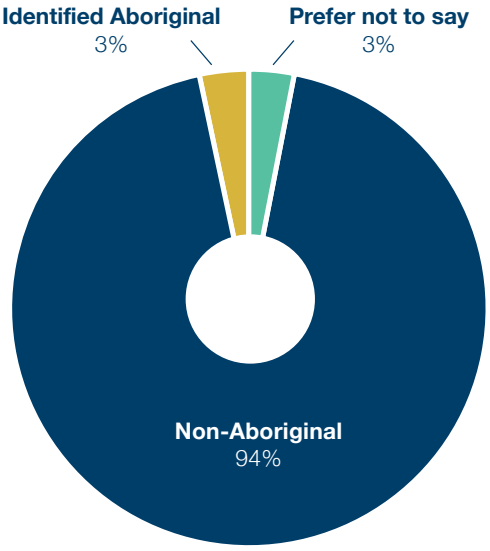
HWNA 2025 SURVEY RESULTS

An online survey was conducted targeting GPs working throughout the NT, including those in organisations such as ACCHOs, NT Government and private practices. Survey items were developed to gauge general practitioners' beliefs about the primary healthcare workforce and observed gaps in their communities or organisations. The survey items were categorised into key themes to select from, with an option to add free text and other input.

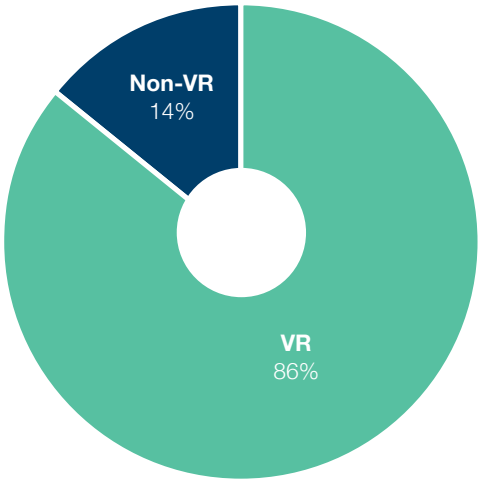
Demographics of General Practitioner Workforce



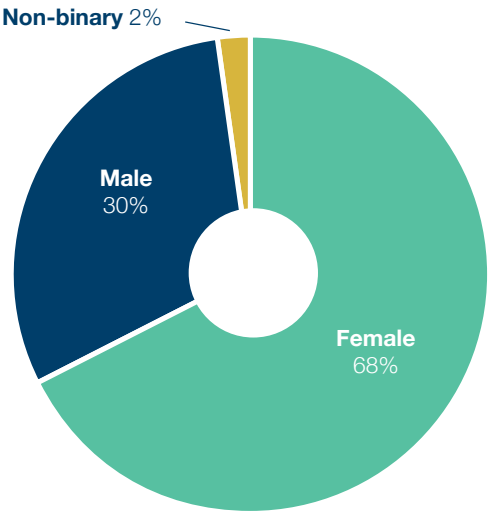
Age



Aboriginal and/or Torres Strait Islander



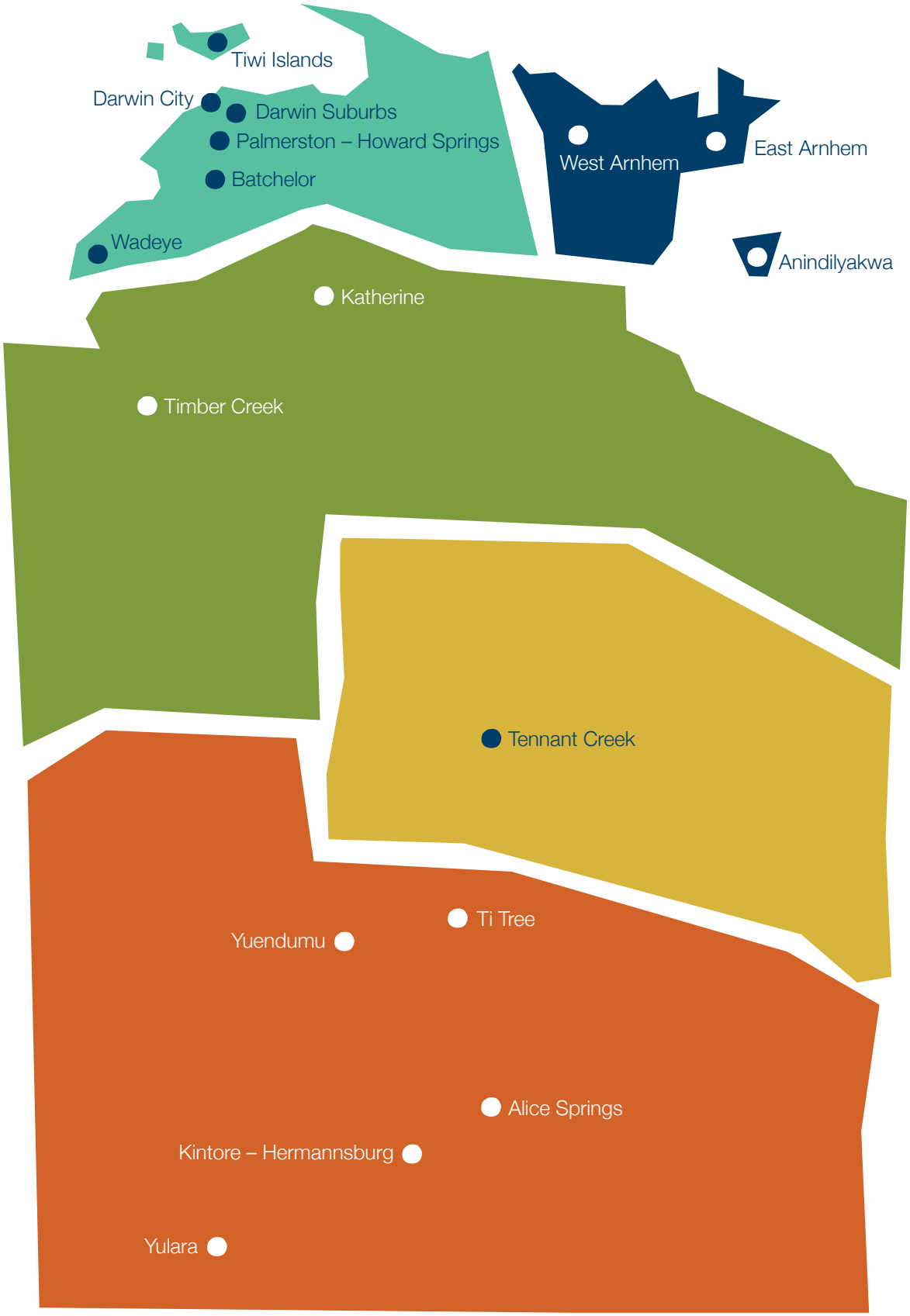
Vocationally Registered GP (VR) or Non-Vocationally Registered GP (Non-VR)



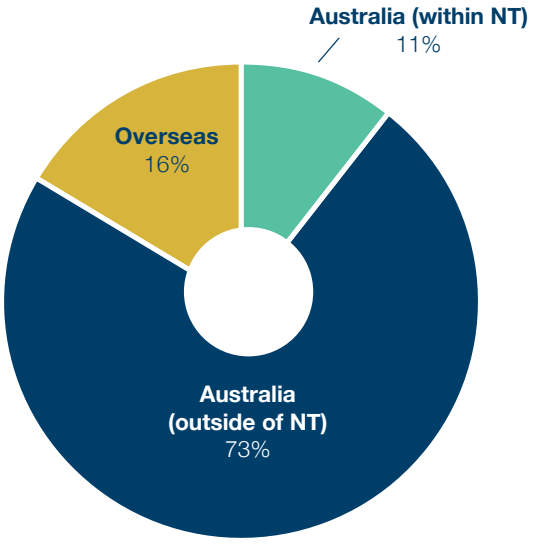
Gender breakdown

"I feel genuinely privileged to work with and learn from these communities."

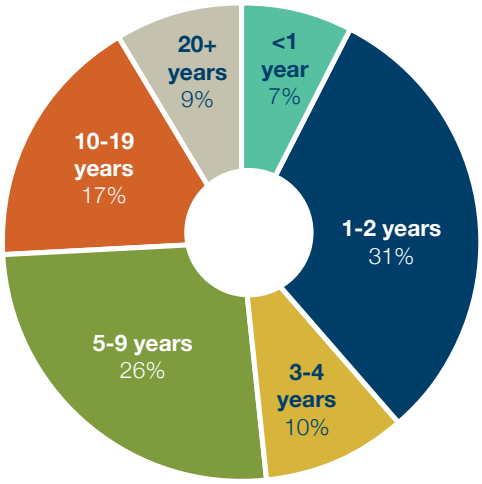
Survey Respondents by GP Catchment



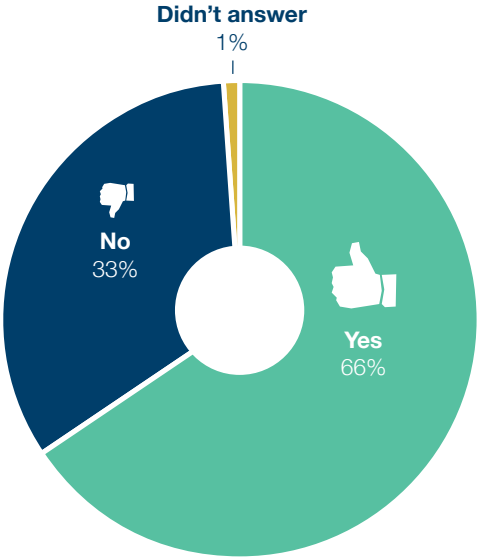
Professional Development



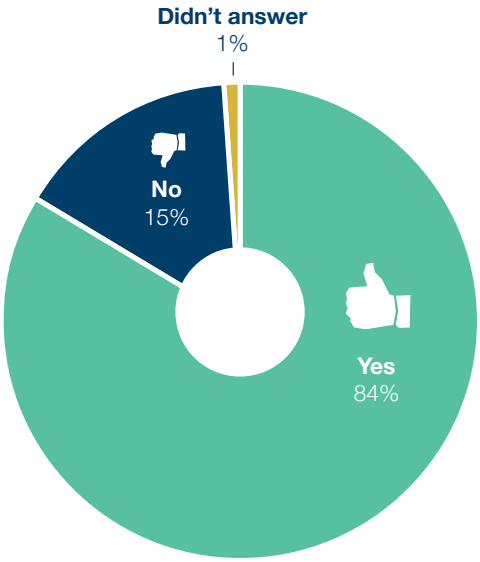
Country in which medical degree was completed



Years worked in NT



Completed training for rural and remote practice



Received cultural responsiveness training



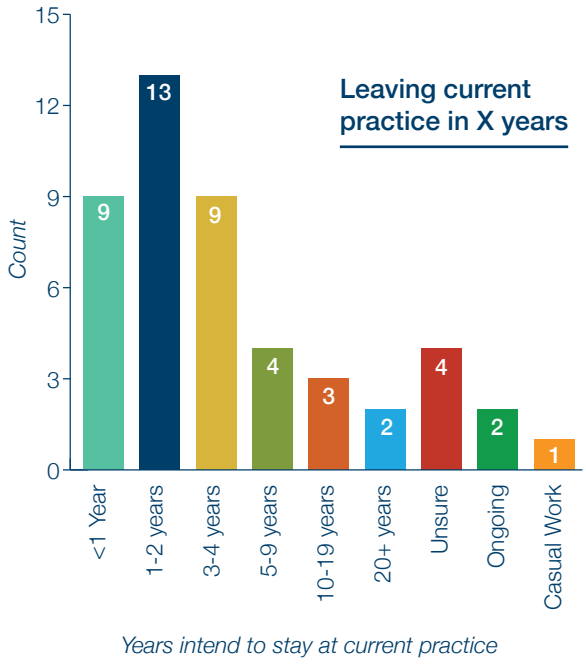


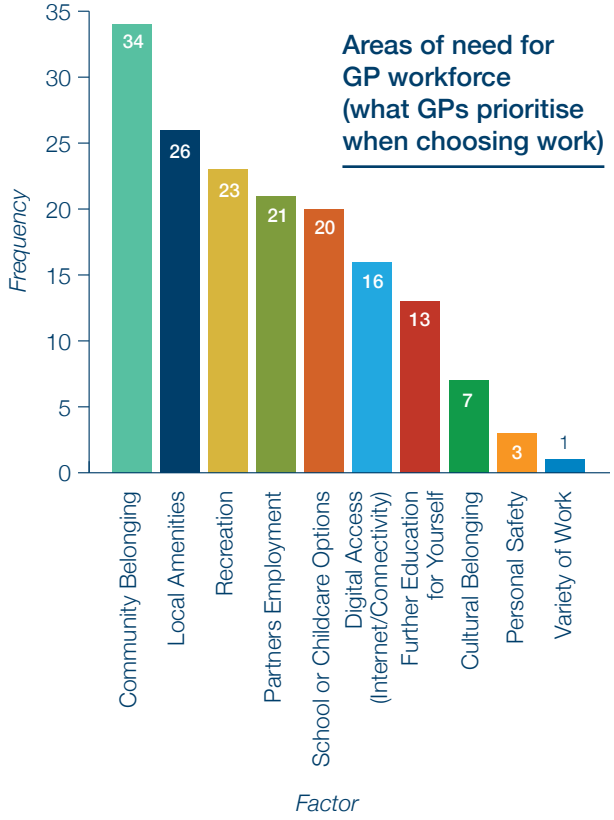
Supervisor Status

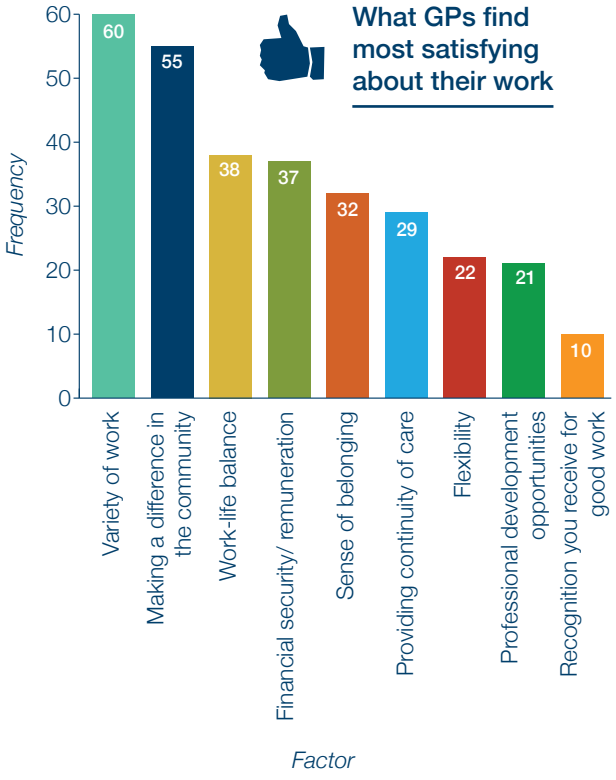
"The regular PHN events in Big Rivers are really pivotal in supporting the medical community, by bringing hospital, AMS, community GP together."

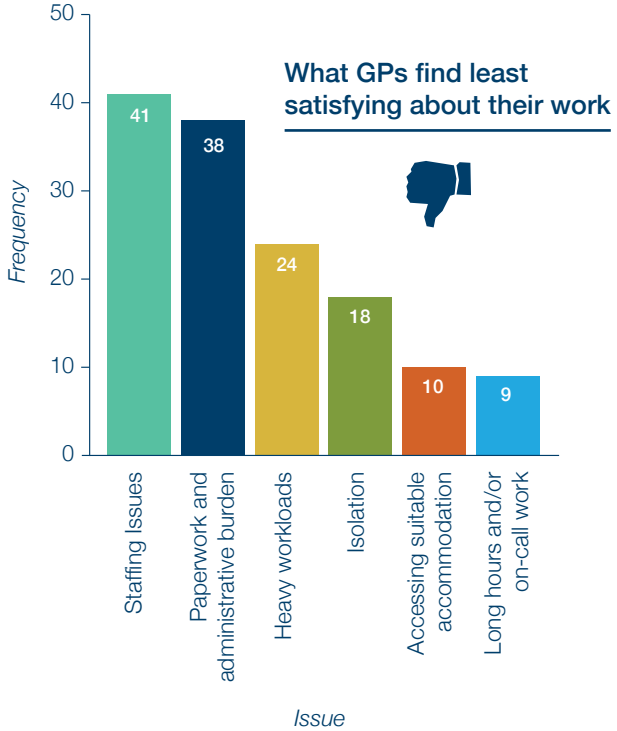
GP Workforce Intentions and Priorities Snapshot

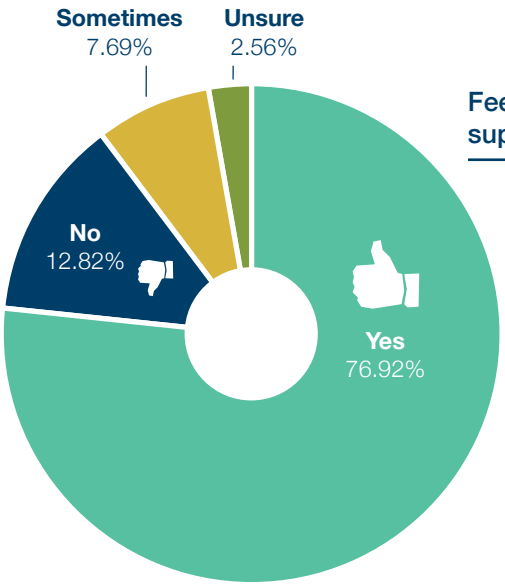
A snapshot of what GPs value, what affects retention, and future intentions to stay or leave



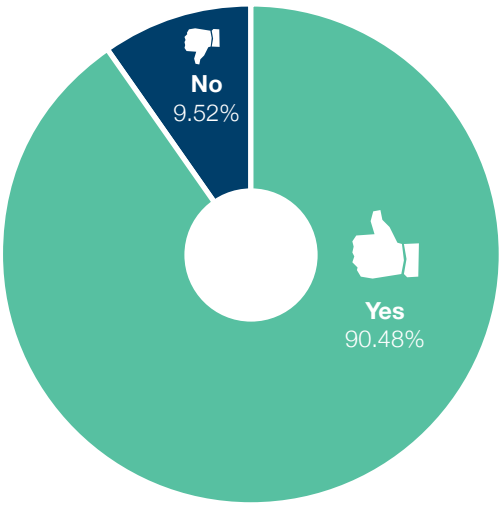








Feel adequately supported



Part of the community

GP perspectives on areas requiring additional support and development

Area of Further Education	Key Points
Emergency & Acute Care	Ongoing training in Advanced Resuscitation, Advanced Paediatric Life Support, Advanced Life Support, and emergency procedures. Ultrasound and Echocardiogram skills for Rheumatic Heart Disease and pregnancy care.
Specialised Medical Training	Focus on Obstetrics, Women's Health (e.g. Mirena, Implanon insertion), and Tropical Medicine. Training in Chronic Disease Management and Mental Health.
Cultural & Contextual Education	Need for Aboriginal Health and Domestic Violence (DV) training, especially for female GPs in Darwin.
Training Accessibility & Support	Challenges with financial support for training in NT and scheduling conflicts (e.g. working in theatre, rigid training schedules).
Professional Development & CPD	Ongoing requirements for RACGP, Australian College of Rural and Remote Medicine (ACCRM), and specialist updates in fields like Rural Generalist and Tropical Medicine.

"When you move somewhere new, especially to a rural area, joining local activities or groups really helps – these communities are usually very warm and welcoming."

HWNA EMPLOYER SURVEY SNAPSHOT

The survey was sent out to NT primary healthcare organisations that employ GPs across ACCHOs and private practice

Vacancy rate

Average GP vacancy rate
of organisations that responded was

1.64 FTE

Some have as many as 5 GP FTE vacant

A comparable survey conducted by the RACGP in mid-2024, which also included NT Government-run clinics, reported

100.5

FTE GP vacancies across the NT

36%

GP vacancy rate
for Aboriginal community controlled health services

"While the NT offers GPs a truly unique and rewarding practice environment, the transient nature of the region means many GPs tend to move on after two to five years."

Supervision

72%

of surveyed practices are accredited to train registrars, yet 36% of these have no current registrars in training, showing a gap in the training-to-practice pipeline.

68%

have an accredited supervisor employed; 32% do not

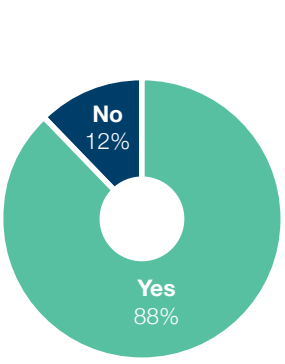
Average FTE employed at each organisation:

1.9 FTE

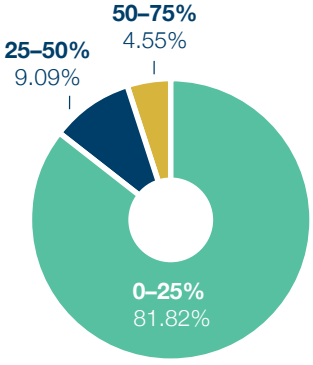
A couple of outliers bring the average up due to larger organisations with multiple clinics, so actual FTE is much lower

"The perception that remote practice requires specialised qualifications discourages many GPs from considering it—despite the fact that their general practice training equips them well for the role."

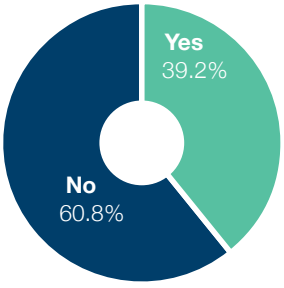
Use of telehealth and locum services



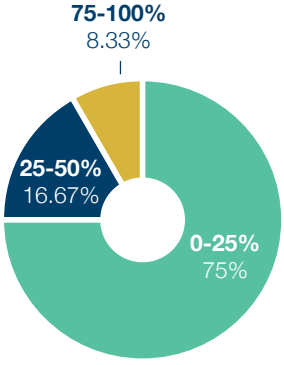
Using telehealth



Percentage of use

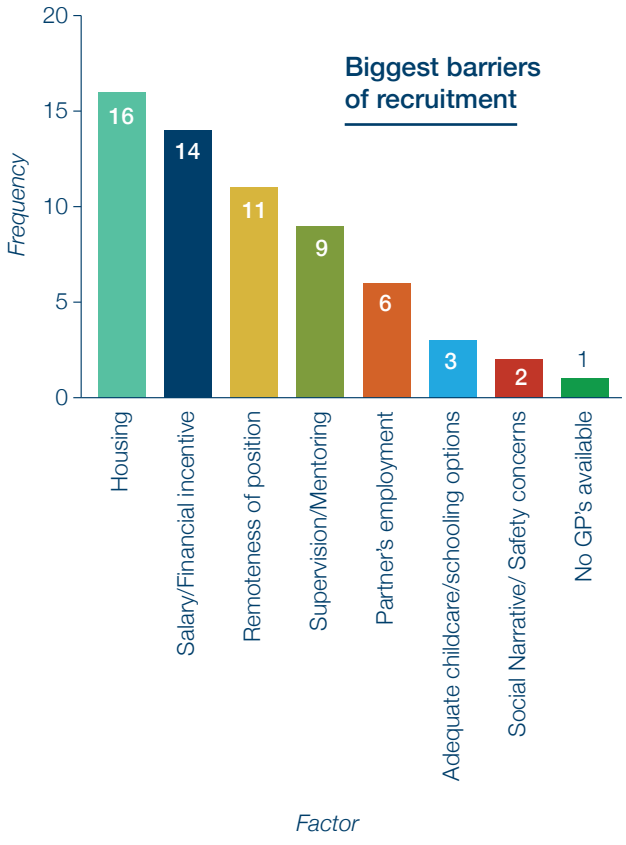


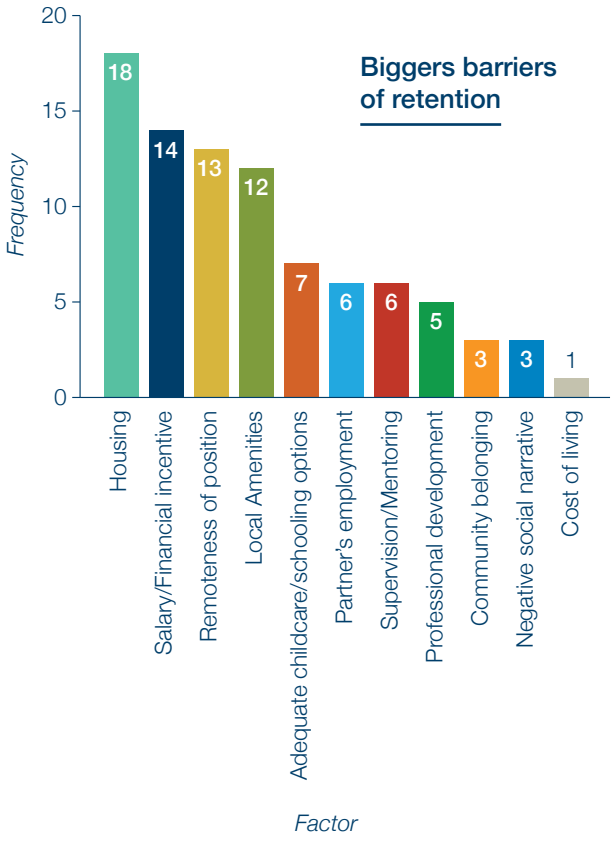
Using locum services



Percentages of use




Biggest barriers of recruitment
Frequency
20
15
10
5
0
16
14
11
9
6
3
2
1
Housing
Salary/Financial incentive
Remoteness of position
Supervision/Mentoring
Partner's employment
Adequate childcare/schooling options
Social Narrative/ Safety concerns
No GP's available
Factor


Biggers barriers of retention
Frequency
20
15
10
5
0
18
14
13
12
7
6
6
5
3
3
1
Housing
Salary/Financial incentive
Remoteness of position
Local Amenities
Adequate childcare/schooling options
Partner's employment
Supervision/Mentoring
Professional development
Community belonging
Negative social narrative
Cost of living
Factor

Initiatives to improve recruitment and retention identified by service providers

Theme	Details
Financial Incentives	Housing support (funding, long-term stays)
	Salary/financial incentives for rural/remote areas
	Repayment of HECS debt for GPs in remote areas
	Higher wages to compete with urban practices
	Tax breaks, financial support for relocation costs
	Specific relocation assistance for the NT
Support for Recruitment and Retention	Ongoing recruitment incentives (relocation, repatriation)
	Support to access existing incentives
	Recruitment of international GPs
	Assistance in securing VR doctors and recruiting registrars
	Financial incentives for longer-term commitments
	Better publicity of rural/remote areas to universities and training institutions
Professional Development and Training	Upskilling local GPs to supervise and support registrars
	Access to training and professional development
	Establishing supervision and mentoring programs
	Support for continuing education and skills upgrading
Work-life Balance and Well-being	Reducing workload, administrative tasks, burnout prevention
	Creating a healthy work environment with access to resources and peer networks
	More positive media coverage of rural areas
Community and Social Support	Creating community and belonging through networking, peer support, and social events
	Promoting positive aspects of living in rural areas (cultural diversity, nature, community support)
	Encouraging better social and professional networking for GPs and families
Infrastructure and Resources	Increased funding for ACCHOs for flexible employment models
	Housing, financial incentives for GPs staying for 2-3 years
	Improved facilities and resources for remote work (housing, transport for FIFO or locum contracts)
Advocacy and Policy Change	Advocacy for changes in funding and policies for rural/remote health services
	Addressing workforce shortages through systemic changes in funding and underinvestment in rural health workforce development

HEALTH WORKFORCE NEEDS:

PRIORITIES



PRIORITY 1: DEVELOP THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH GENERAL PRACTITIONER WORKFORCE

The health disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians remain significant, driven by historical, socioeconomic, and workforce underrepresentation factors. As a result, the 2025 HWNA places urgent emphasis on building a strong Aboriginal and Torres Strait Islander primary healthcare workforce. This includes focusing on education, training and leadership development to improve primary healthcare outcomes and achieve health equity for all Territorians.

While over 30% of the NT population identifies as Aboriginal and/or Torres Strait Islander, only 10 GPs (2.9%), 26 primary care nurses/midwives (5.9%), and 33 AHPRA-registered allied health professionals (2.6%) in the NT identified as Australian-born Indigenous in 2023[17]. This significant underrepresentation highlights the need to invest in expanding supported career pathways for Aboriginal and Torres Strait Islander people.

The challenges to building this workforce are considerable. Barriers include limited access to education and training opportunities, particularly in remote communities, and difficulties balancing cultural obligations with study and work demands. Cultural safety issues and gaps in understanding within the broader healthcare system also impact recruitment, retention and effective service delivery.

STRATEGIC INITIATIVES

1. Expand Education and Training Pathways

Opportunities exist to increase access to education for Aboriginal and Torres Strait Islander students, enabling more to pursue careers in primary healthcare and general practice. Enhancing local medical training within the NT will foster a workforce with strong community ties and understanding of regional needs. Scholarships, mentorship programs and recruitment initiatives tailored to Aboriginal learners can further improve participation. Culturally safe curricula that incorporate Indigenous knowledge and perspectives are essential to support relevant and effective healthcare training.

2. Strengthen Cultural Safety and Competency

There is a pressing need to improve cultural safety within healthcare environments. Training non-Indigenous health professionals to better understand Aboriginal cultural practices and health perspectives can enhance respectful care. Embedding cultural competency into healthcare policies, programs and organisational frameworks ensures that cultural safety is an ongoing priority. Creating healthcare spaces where Aboriginal and Torres Strait Islander patients feel respected and valued will lead to better health outcomes.

3. Improve Recruitment, Retention and Workforce Support

Creating supportive work environments that nurture Aboriginal and Torres Strait Islander health workers is vital for workforce growth and retention. Expanding career development and leadership opportunities will empower health professionals to thrive and sustain long-term contributions. Recognising and addressing the unique challenges Aboriginal health workers face—including balancing cultural obligations—is critical for retention.

4. Foster Collaborative and Community-Driven Approaches

Engaging Aboriginal and Torres Strait Islander communities in the planning and delivery of primary healthcare services ensures local priorities and needs are met. Strengthening partnerships between communities, healthcare organisations and educational institutions will help build sustainable career pathways. Empowering Aboriginal and Torres Strait Islander health workers to take leadership roles promotes community-driven advocacy and culturally informed primary healthcare delivery.

OPPORTUNITIES FOR SUSTAINABLE GROWTH

There is a clear opportunity to coordinate pathways into a wide range of health and human services roles for Aboriginal and Torres Strait Islander people in regional communities. This will enhance the capacity to deliver tailored training programs that meet local cultural and educational needs. Stakeholders have emphasised the need for education and training programs to incorporate community engagement, resilience, leadership, self-care and advocacy to prepare learners for the unique challenges they will face.

Supporting Aboriginal and Torres Strait Islander students throughout their education and career journey is essential. This includes mentoring, regional-based training options and culturally appropriate leave provisions. Addressing cultural understanding gaps within the primary healthcare system will improve recognition of Indigenous medical knowledge and community perspectives, fostering a more inclusive workforce.

Many remote NT communities have limited educational infrastructure, often only offering primary schooling locally. Students seeking further education must leave their communities, which poses cultural challenges due to strong connections to land and family obligations. Increasing access to education and training within remote communities offers a sustainable solution, alongside tertiary education entry pathways that accommodate cultural needs, such as Indigenous Entry Streams. High drop-out rates in intense fields like medicine highlight the need for culturally informed and supportive education delivery.



PRIORITY 2: ENHANCE CAREER PATHWAYS TO AND THROUGH PRIMARY HEALTHCARE IN THE NT

The shortage of primary healthcare professionals in rural and remote Australia continues to restrict access to essential services and contributes to poorer health outcomes—particularly for Aboriginal and Torres Strait Islander communities. In the NT, GPs are critical to primary healthcare delivery, yet there remains a significant undersupply. Persistent recruitment and retention challenges, alongside a shrinking pipeline of GP registrars, highlight the need for strengthened pathways into and through general practice to support a sustainable primary healthcare system.

Workforce pressures were further compounded by the COVID-19 pandemic, which disrupted international recruitment and reduced access to interstate locum doctors[18]. Over recent years, the NT has remained one of the least preferred destinations for medical students and junior doctors[16]. Contributing challenges include geographic isolation, limited infrastructure for placements, supervision constraints and a lack of targeted incentives to support rural training.

STRATEGIC INITIATIVES

1. Expand and Support International Medical Graduate (IMG) Recruitment

International medical graduates are vital to supporting the NT's workforce, yet the region received just 60 newly registered IMGs between July 2023 and April 2024—compared to over 1,000 in larger states[19]. National reports, including the Kruk Review, recommend streamlining registration and accreditation processes to remove delays and reduce barriers[8]. To attract IMGs, the NT must offer competitive relocation packages, housing support and financial incentives. Tailored cultural safety training is essential to equip IMGs to work effectively in Aboriginal and Torres Strait Islander communities. Mentorship programs can also support smoother professional and social integration.

2. Rebuild the GP Registrar Pipeline

Historically, the NT received over 50 new GP registrars annually, but the number of new enrolees in the AGPT program has been steadily declining[20]. The number of new enrolees in the AGPT program in the NT declined by 80% between 2016 and 2023, threatening future service capacity[20]. Although 2024 saw a modest increase, the registrar shortfall remains critical. Addressing this requires targeted incentives, greater access to rural placements and improved professional development opportunities. Strengthening supervision and remote learning networks will boost trainee confidence and ensure safety. Whilst integrating cultural and remote practice training into registrar programs will further equip GPs for NT-specific contexts. Promoting the breadth and career potential of rural generalist roles may also help attract more junior doctors into general practice.

3. Improve Access to Early Primary Care Experience

Interns and junior doctors in the NT currently have no formal requirement to undertake general practice placements. Those wishing to do so must leave NT Health employment and benefits, creating a significant disincentive. Aligning contracts across hospital and primary healthcare settings would allow early-career doctors to gain experience in general practice without forfeiting support. Advocating for GP rotations as part of postgraduate training would facilitate smoother transitions and strengthen the primary healthcare pipeline.

4. Strengthen Supervision, Infrastructure, and Clinical Training Pathways

Supervision capacity—particularly in remote areas—remains a key constraint on clinical placements and training. Expanding supervision frameworks and investing in local clinical educators is vital for quality training and workforce confidence. Stakeholders report that registrars can receive more in financial incentives than supervisors, undermining the attractiveness of supervisory roles. Addressing this imbalance through better remuneration, recognition and development opportunities is essential to sustaining a strong training system.

Improving infrastructure and wraparound support for rural placements will enable more students to experience the full scope of general practice. Stronger partnerships between NT Health, universities and training providers will help align education with local workforce needs. Embedding cultural safety, remote health delivery and professional resilience into training will ensure learners are well-prepared for the NT context.

OPPORTUNITIES FOR SUSTAINABLE GROWTH

There is a clear opportunity to grow a locally based primary healthcare workforce by supporting NT-based students and early-career professionals. Research consistently highlights that rural origin and exposure to remote placements significantly influence doctors' long-term career decisions[21]. Expanding scholarships and prioritising Aboriginal and NT-resident students—particularly those studying interstate—can help build a workforce that is more likely to remain in or return to the Territory. Sector consultations reflect growing enthusiasm for remote medical practice and strong stakeholder support for a locally focused pipeline model that includes school outreach, priority admissions, guaranteed internships and mandatory rural placements.

Research into general practice training pathways also underscores the impact of medical school curricula on career decisions. Curricula that promote general practice and offer tailored exposure to rural and remote health significantly increase the likelihood of graduates choosing these pathways[21]. Early and repeated placements in remote communities prepare students for generalist roles and increase their confidence in working in complex, resource-constrained environments[21,22]. Hence, strengthening infrastructure to support such training pathways will ensure students receive high-quality supervision and experience, equipping them for work in NT communities. However, there are persistent challenges in transitioning medical graduates into general practice roles. Despite efforts to promote primary healthcare, the current training structure requires all medical graduates to complete their internship in hospital-based rotations, with no formal requirement for exposure to general practice.

In the NT, junior doctors who wish to pursue primary care experience must leave NT Health, forfeit their public employment benefits and sign separate contracts with private or ACCHOs. Similarly, rural hospital registrars must step outside the public system to undertake primary healthcare placements. These structural disincentives deter early-career doctors from gaining valuable primary care experience and contribute to the ongoing shortfall in the GP pipeline.

Addressing these barriers requires a more integrated approach to postgraduate training that allows for flexible movement between hospital and primary healthcare settings without financial or contractual penalties. Aligning contracts and benefits across the system would enable junior doctors to pursue general practice rotations without sacrificing job security or conditions.

Stakeholders have also raised concerns about the limited support available for early-career health professionals. The NT's stretched workforce means that experienced clinicians often lack the capacity to provide consistent supervision, mentorship and clinical governance. This lack of support can leave early-career professionals feeling isolated and underprepared, contributing to higher turnover. Strengthening support systems—including structured peer networks, dedicated supervision roles and culturally responsive mentorship programs—will improve retention and professional development outcomes.

Embedding primary healthcare exposure throughout the medical training continuum—from undergraduate placements to postgraduate rotations—is essential to building a resilient, long-term GP workforce[21]. A well-supported pathway, reinforced by strong supervision, adequate infrastructure, and cultural and clinical relevance, will help prepare early-career professionals for success in rural and remote settings.

PRIORITY 3: BUILD CAPACITY TO ATTRACT, MAINTAIN AND RETAIN EXISTING PRIMARY HEALTHCARE WORKFORCE WITHIN THE NT

Access to primary healthcare is critical for all Australians, particularly for Aboriginal and Torres Strait Islander peoples, who experience disproportionately high rates of chronic conditions, hospitalisations and poorer health outcomes[23]. These inequities are further compounded in remote regions of the NT, where access to GP services is limited by persistent workforce shortages and geographic remoteness. While attracting new health professionals is essential, it is equally important to invest in and retain the existing workforce through improved support structures, better infrastructure and long-term career opportunities.

The NT continues to experience high workforce turnover, with a heavy reliance on temporary and agency staff, especially in remote areas. This instability not only disrupts continuity of care but also increases pressure on remaining staff and undermines the delivery of culturally safe, high-quality services. Contributing factors include inadequate housing, limited access to childcare and education, insufficient orientation and mentoring, and high levels of professional and social isolation.

STRATEGIC INITIATIVES

1. Attract GPs to the NT

To attract GPs to the NT, there is a need for coordinated and targeted recruitment campaigns that promote the region as a unique and rewarding place to live and work. These campaigns should focus on the Territory's strengths in Aboriginal health, public health and multidisciplinary models of care, highlighting opportunities for professional development, lifestyle benefits and the richness of practising in culturally diverse settings. Recruitment should also be informed by population and workforce data, allowing efforts to be tailored to specific priority groups and future workforce needs.

Incentives play a vital role in attracting GPs to remote and underserved regions. Expanding both financial and non-financial supports—such as relocation subsidies, housing assistance, retention bonuses and access to continuing education—can help overcome common barriers to recruitment. In parallel, reforming the process for IMGs, including streamlining registration and providing structured support, would help address critical workforce gaps, particularly in remote and underserved communities.

Strengthened collaboration with medical schools and GP training programs is another cornerstone of attraction. Increasing the number of rural clinical placements, supported internships and NT-based generalist pathways will foster positive early experiences and increase the likelihood of future return. Evidence consistently shows that practitioners with previous exposure to rural and remote practice—especially those with NT ties—are significantly more likely to commit long term. These findings were reinforced by the 2019 Northern Territory PHN market research, which identified previous experience and personal connections to the NT as key factors in recruitment success[24].

2. Maintain and Retain the Existing GP Workforce

Retention of the existing workforce must be underpinned by structured professional support and opportunities for growth. CPD programs, tailored to the unique demands of rural and Aboriginal primary healthcare, are essential to equip GPs with the clinical and non-clinical skills required for effective and sustainable practice[25]. Clear career progression pathways—mapped and communicated within the NT Health system—offer direction and motivation for GPs to remain and advance in their roles.

Workforce sustainability also hinges on working conditions that support wellbeing and mitigate burnout. Flexible work arrangements, effective workload management and improved access to locum relief are essential to maintain morale and avoid attrition[26]. Moreover, embedding strong mentoring frameworks and robust orientation programs—

particularly for new and early-career staff—ensures that GPs feel supported from the outset. This is especially critical in the NT, where professional isolation and the challenges of remote service delivery can quickly erode motivation and job satisfaction.

A well-supported workforce must also be culturally capable. Strengthening access to cultural safety training and trauma-informed care frameworks will improve both practitioner confidence and the quality of care delivered to Aboriginal and Torres Strait Islander communities. Stakeholder feedback has consistently highlighted that inadequate cultural training, lack of mentorship and insufficient career structures are significant contributors to turnover. Prioritising workforce retention strategies that directly address these gaps is essential for building a resilient, long-term workforce.

3. Improve Social Infrastructure and Community Integration

Retention is also fundamentally shaped by the availability of social infrastructure and the ability for health professionals to feel embedded in the communities they serve. Remote areas of the NT often face shortages in critical infrastructure such as housing, schools, childcare and recreational services. These limitations affect not only the individual professional but their families, reducing the appeal and sustainability of remote postings. As such, investments in housing and broader social amenities are central to workforce planning.

Community integration plays a pivotal role in staff wellbeing and long-term retention. Supporting GPs and their families to form social connections through community-building initiatives, networks and support services helps reduce personal and professional isolation. In small communities, these connections can be the difference between short-term commitment and long-term retention. Additionally, facilitating employment opportunities for partners and addressing the needs of accompanying family members ensures that relocation is a viable and sustainable option.

Poor infrastructure also limits the capacity of services to host student placements, which not only constrains the pipeline of future health professionals but undermines efforts to familiarise students with rural practice. Without adequate housing and facilities to support visiting students and junior doctors, their exposure to—and interest in—remote general practice may be diminished. By strengthening these structural foundations, the NT cannot only retain its current workforce but also ensure that future generations are inspired, supported and able to practise where they are most needed.

OPPORTUNITIES FOR SUSTAINABLE GROWTH

Sustaining and growing the primary care workforce in the NT requires long-term investment in the people who live, train and work locally. There is a clear opportunity to strengthen retention by supporting Territory-based students and early-career professionals, who are more likely to remain in the region. Prioritising recruitment of Aboriginal and Torres Strait Islander and NT-resident students through targeted admissions, scholarships and local placements builds deep-rooted connections to community and practice. Supporting established GPs through structured professional development, cultural training and career progression opportunities also strengthens workforce stability. Furthermore, enhancing social infrastructure—such as housing, schooling and community support—improves the living and working conditions necessary to retain professionals and their families. By embedding long-term supports across the career lifecycle, the NT can build a more stable, resilient, and community-aligned GP workforce.

PRIORITY 4: DEVELOP LOCALLY RESPONSIVE, SUSTAINABLE MODELS OF CARE

The NT encompasses a diverse and geographically vast region where communities face significant challenges in accessing primary healthcare. A high proportion of Aboriginal and Torres Strait Islander populations, widespread workforce shortages and limited infrastructure—particularly in remote settings—demand innovative, community-driven approaches to service delivery. Developing locally responsive and sustainable models of care is essential for ensuring equitable, culturally appropriate and continuous primary healthcare across the NT.

These models must be flexible, responsive to local needs and designed in partnership with communities to reflect their unique contexts. Embedding primary healthcare services within the fabric of local life not only improves access and outcomes but also contributes to building trust, improving cultural safety and strengthening workforce stability.

Key challenges include significant workforce shortages, geographic isolation, an ageing GP workforce, growing part-time work trends, limited benefits for professionals transitioning into private practice and the need for sustainable, long-term service models. Additionally, while digital health infrastructure holds promise, inadequate resources and implementation capacity constrain its effectiveness.

STRATEGIC INITIATIVES

1. Community-Based and Collaborative Care Models

Developing care models rooted in the local community is fundamental to building sustainable primary healthcare systems in the NT. Community-centred care involves tailoring services to meet local priorities and ensuring care is co-designed with Aboriginal and Torres Strait Islander communities. This not only improves cultural safety and engagement but also aligns primary healthcare delivery with local social determinants of health.

Multidisciplinary team-based models are key to delivering holistic and coordinated care in remote areas. Teams that include GPs, nurses, Aboriginal Health Practitioners, allied health professionals and mental health workers share responsibility, reduce burnout and improve patient outcomes. Embedding these models into local practices helps communities receive comprehensive, consistent care even in the face of workforce shortages.

2. Flexible Workforce Models for General Practitioners

To address workforce distribution and retention challenges, the NT must adopt flexible GP workforce models that reflect the realities of remote practice. Flexibility in employment—such as job sharing, part-time roles and FIFO arrangements—enables professionals to manage personal and professional demands while maintaining service continuity. Innovative approaches like shared workforce models have proven successful in ensuring consistent access to healthcare in remote communities. For example, in Mutitjulu, rotating general practitioners maintain continuity while avoiding burnout[27].

Similarly, single employer models (SEMs) have been gradually trialled across Australia to address registrar employment entitlements and to support the GP registrar training pipeline, particularly in rural and remote areas[28]. SEMs offer a stable employment structure with centrally managed entitlements, allowing registrars to build sustained relationships with communities and training providers[28]. These models provide greater job security, enable continuity of care and support long-term workforce retention.

The NT is unique in its approach to SEM, whereby, vocationally registered GPs have also been trialled under this model in an effort to stabilise and strengthen the existing GP workforce. Stakeholder consultation has shown mixed views on the viability of SEMs. Whilst some services expressed high interest in the model, others state a preference for developing a model that supports mobility of benefits between services As such, any future development of these models must be grounded in a place-based, context-specific approach that considers the unique needs of each community and service.

3. Develop Digital Health Capability and Capacity

Digital health is a vital tool for increasing healthcare access in remote NT communities. Expanding digital infrastructure, integrating telehealth, and supporting virtual care delivery are critical for reaching isolated populations and reducing the strain on limited in-person resources. Investments in infrastructure are needed to enhance the reach and reliability of digital services. Healthcare workers must also be equipped with training and support to effectively use these tools. Initiatives such as the Strengthening Our Health System Strategy 2020–2025 provide a roadmap for leveraging digital technologies to improve service delivery, workforce support and innovation in culturally appropriate ways[29].

By focusing on these strategies, the NT can build a more capable and resilient GP workforce, improve access to primary healthcare in remote areas, and ensure that patients receive high-quality, culturally appropriate care, regardless of their location. However, digital health solutions must be complemented by the appropriate human and systemic infrastructure. To ensure safety and quality, services must also focus on developing the right skill mix within the workforce and supporting patients to engage with digital tools effectively. Supervision, mentoring, and professional development must evolve to fit these new delivery methods, particularly as digital platforms become more central to health access in the NT.

4. Remote Supervision Using Digital Technologies

Digitisation enables remote supervision through video conferencing and teleconsultations, allowing healthcare workers in remote areas to access specialist guidance and collaborate on patient care. For example, at Laynhapuy Homelands Aboriginal Corporation (East Arnhem), GP registrars receive support from a local supervisor in Yirrkala and a remote supervisor based in Sydney[30]. This hybrid supervision model allows in-person to support locally combined with remote expertise, broadening registrar experience through composite training placements across services like Gove District Hospital[31]. To maximise remote supervision benefits, reliable internet connectivity and technological infrastructure are essential, ensuring seamless communication and high-quality care in isolated communities.

OPPORTUNITIES FOR SUSTAINED GROWTH

Building sustainable models of care offers a unique opportunity to embed a more stable and responsive GP workforce across the NT. Locally tailored models that prioritise collaboration, flexibility and digital innovation can transform primary healthcare delivery in remote areas. By supporting healthcare professionals with more secure employment structures, place-based solutions, and culturally grounded partnerships, the NT can reduce turnover, improve patient outcomes and increase community trust in the health system. Long-term investment in digital health and flexible workforce planning will be critical to scaling these models and ensuring resilience in the face of future workforce and service delivery challenges.



UNDERLINING PRIORITY – ESTABLISHING A MINIMUM DATA SET (MDS)

The NT faces unique challenges in accurately tracking its health workforce. Current data systems rely heavily on Medicare billing, but this does not reflect the full picture. Many doctors in the NT are salaried or work on locum, fly-in fly-out, or drive-in drive-out arrangements, which are often not recorded in Medicare data. ACCHOs, a vital part of primary healthcare delivery in the NT, receive most of their funding through government grants and use Medicare billing less frequently, leading to gaps in national workforce data. Additionally, government-run clinics that are transitioning to community control also experience similar data issues. These different healthcare funding and service models mean that relying on Medicare data alone results in an incomplete and sometimes misleading view of the workforce. Without accurate data, it is difficult to plan, recruit, and retain health professionals—especially in remote communities where the need is greatest. For these reasons, developing a comprehensive MDS that combines information from all health services and funding sources is a top priority. This will provide a clearer and more complete understanding of the workforce and support better healthcare planning and outcomes across the Territory.

KEY ISSUES AND STRATEGIES

ACCESS

Improving the access and continuity of access to essential primary healthcare

Key issues	• Shortages of primary healthcare workforce, including GPs, nurses, midwives, allied health professionals and Aboriginal and Torres Strait Islander health workers/practitioners. • Inequitable workforce distribution, especially in remote areas • Inequitable distribution of health workforce • Lack of or inadequate infrastructure • Lack of affordable and appropriate housing for health professionals • Challenges delivery culturally appropriate services • Difficulties attracting a primary healthcare workforce.
Strategies	• Targeted recruitment support (local, interstate, international) • Marketing and attracting campaigns • Relocation packages and case management support • GP locum and FIFO workforce support • Develop innovative workforce models to support community need and increase workforce capacity • Continue to build evidence through collation of workforce data to inform workforce planning • Advocate for further policies and activities designed to attract health professionals to remote and rural areas.
Desired Outcomes	• Increased supply of primary healthcare workforce to priority areas • Core GP, nursing, allied health and AHP roles filled • Increased availability of suitable housing for health professionals • Increase availability of supports for health professionals • Increased flexibility to enable capacity improvements overall.

QUALITY

Building workforce capacity

Key issues	• Lack of experienced and long-term workforce • Challenges delivery culturally appropriate services • Skill mix misaligned to local needs • Under-representation of Aboriginal and Torres Strait Islander people delivering healthcare services • Difficulty accessing quality professional development and clinical upskilling • Lack of mentoring, support and supervision for early years health professionals • Difficulty delivering holistic and quality care due to workforce instability • Challenges with training and developing a workforce locally • Challenges for clinicians with isolation, remoteness and confidence around clinical competency • Lack of minimum data set for informing workforce planning • Lack of experienced health professionals to support and supervise early years health professionals.
Strategies	• Professional development support for primary healthcare workforce to upskill aligned to community needs • Cultural, clinical and organisational orientation embedded into services • Strengthen pathways for Aboriginal and Torres Strait Islander people to enter healthcare careers • Build pipeline of Aboriginal workforce to support culturally responsive care • Support for succession planning and leadership • Expand access to localised training opportunities • Improve data availability to support planning.
Desired Outcomes	• Development of an experienced and capable workforce responsive to local needs • Increased capability of health workforce to deliver culturally appropriate healthcare • Workforce data is accessible and supports workforce planning at national, local and state/territory level • Increased availability of quality training, within the NT • Work environments that allow clinicians to provide quality and holistic care, as well as job satisfaction and opportunities to upskill.

SUSTAINABILITY

Growing the sustainability of the health workforce

Key issues

- Ongoing challenges for recruiting and retaining health workforce
- High turnover of health professionals, especially in rural and remote locations
- Limited locally grown workforce and end-to-end training pathways
- Declining interest into general practice and primary healthcare
- Lack of accommodation, supervision and financial support for students completing rural and remote placements
- Challenges for private practices to remain viable in rural and remote locations
- Challenges with retention due to a range of factors – burnout, poor housing and accommodation options, professional isolation, employment for partner and/or lifestyle considerations of family.

Strategies

- Strategic workforce planning with local stakeholders
- Strengthen sustainable health career pathways across the primary healthcare workforce and career span
- Strengthen sustainable health career pathways specific for the needs of Aboriginal and Torres Strait Islander people across the career span
- Support the availability of AGPT training and long-term placements to rural and remote sites
- Offer rural immersion opportunities to attract students into rural health careers
- Availability of end-to-end training in rural and remote sites, across all health professions
- Contribute to innovative workforce models that support community need and increase workforce capacity
- Family support opportunities, such as schooling and childcare or employment options for partners
- Advocate on behalf of the NT primary healthcare sector to ensure the policy environment is optimised to attract and retain health professionals in remote areas.

Desired Outcomes

- Increased uptake of rural health careers
- Improved retention rates for primary healthcare workforce
- Enhanced distribution of health workforce
- Wrap around support provided to remaining workforce
- Increased numbers of medical workforce choosing general practice and/or rural generalist
- Greater placement preference for NT
- Locally responsive workforce models implemented.

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