Australian College of Rural
and Remote Medicine

ACRRM

2025-2026 Pre-Budget Submission

January 2025

Executive Summary

Rural Generalist Medicine is set to be formally recognised in 2025. Key items in the 2025-2026 Federal Budget could enable this newly recognised national workforce to be fully mobilised, strengthening affordable, and accessible healthcare for people living in rural, remote and First Nations communities.

The Australian College of Rural and Remote Medicine (ACRRM) welcomes the opportunity to submit recommendations to the Commonwealth Government ahead of the 2025-2026 Federal Budget and upcoming Election.

ACRRM is dedicated to building a sustainable workforce and providing excellence in healthcare for the people living outside our cities through training, supporting, and setting professional standards for rural doctors. ACRRM Fellows are *Rural Generalists (RGs)*, doctors trained to provide a broad range of services across diverse rural and remote settings including in general practice clinics, hospitals, Aboriginal Community Controlled Health Organisations (ACCHOs) and retrieval services.

The following key recommendations are ACRRM's priorities for the 2025-2026 Federal Budget:

1. Consolidate the Rural Generalist training pipeline

- $100 million over four years to increase Flagship RG pathway to 500 training positions.
- $30 million annually to support prevocational training in rural communities, directly linking university graduates toward careers as rural GPs and RGs.

2. Secure and strengthen rural women's health services

- Commitment to take action to arrest rural maternity service closures.
- Secure targeted funding streams to incentivise the rural maternity workforce including RGs skilled in obstetrics and anaesthetics.
- An intergovernmental taskforce to fund and secure continuity and sustainability of rural maternity and women's health services at risk of closures.

3. Use Rural Generalist recognition to address rural deficit in funded health services

- Introduce RG-specific Medicare Benefits Schedule (MBS) item numbers to make specialised services more affordable and accessible for regional, rural and remote communities.
- Fund a national campaign to promote the skillset and potential of RGs in providing care to patients, families, rural communities, and supporting healthcare employers and planners.

4. Retain and incentivise Rural Generalists for rural communities

- Targeted funding toward rural community infrastructure to attract and support health service providers.
- Recognise and remunerate the senior clinical consultant services of experienced rural and remote doctors.

About ACRRM

ACRRM's vision is *Healthy rural, remote and First Nations communities through excellence, social accountability and innovation*. The College provides a national Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for Rural Generalists (RGs), rural General Practitioners (GPs) and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to train Fellows to become GPs with the extended skills required to deliver the highest quality RG model of care in rural, remote, and First Nations communities, which commonly experience difficulties in accessing specialist and allied health services.

ACRRM has more than 6000 members including some 1300 registrars, who live and work in rural, remote, and First Nations communities across Australia. Our members provide expert frontline medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as the Royal Flying Doctor Service and Australian Antarctic Division.

Context

As Australia faces significant health disparities between urban and rural areas, ACRRM believes that targeted investment in basic medical care is critical to achieving a sustainable healthcare system that ensures equitable access to high-quality care in rural, remote and First Nations communities where it is needed most.

Each year, around $6.5 billion dollars is *not spent* on health services for people living in rural and remote areas that would have been spent if they were receiving the same level of services as their metropolitan counterparts.[1] This budget underspend coincides with significantly lower health standards for the one-third of Australians who live outside major cities.[2] Addressing this disparity requires investment in improving these peoples' access to affordable, quality services.

ACRRM contends that investment in RG training, recognition and support is essential to addressing the disparity in health outcomes for rural and remote communities.

With rising cost-of-living pressures, healthcare is becoming less affordable, exacerbating poor health outcomes, and undercutting the government's Strengthening Medicare goals. RGs are crucial to improving Australia's rural healthcare system, providing comprehensive general practice, emergency care, and essential specialist services across community and hospital settings. However, rural healthcare services remain underfunded and under resourced.

Addressing the challenges of rural healthcare requires a systemic approach that includes improved coordination, leadership, infrastructure, and workforce support.

ACRRM's submission identifies positive initiatives to strengthen rural healthcare: consolidate the RG training pipeline, use RG recognition to address rural deficit in funded health services, secure and sustain rural maternity services, and retain and incentivise the RG workforce in rural and remote communities.

Priority 1 - Consolidate the Rural Generalist training pipeline

To support the expansion of the RG training pipeline ACRRM calls for:

- $100 million over four years to expand the flagship RG pathway to 500 training positions.
- $30 million annually to support prevocational training in rural communities, directly linking university graduates toward careers as rural GPs and RGs.

A sustainable and skilled healthcare workforce for rural and remote Australians starts with robust rural training programs. Expanding the RG training pipeline is vital to giving these families the assurance of access to affordable, high-quality general practice, hospital, and emergency services.

ACRRM's call to expand our annual cohort to 500 RG registrars in rural, remote and First Nations communities and build the training bridge to these enrolments, is a strategic investment in building a skilled and sustainable rural healthcare workforce to meet the needs of communities nationwide.

Our college is committed to getting the right doctors with the right skills in the right places. Merely investing in training without ensuring that doctors are deployed where they are most needed could worsen existing market imbalances – leading to over-servicing in some areas while diverting more funding away from the those who need it most.

With approximately 80% of ACRRM Fellows currently practising in rural areas across Australia (Figure 1), ACRRM's training program offers the strongest possible return on investment to build a long-term and highly skilled rural doctor workforce. **Of the doctors that complete ACRRM's RG training, 88% remain practicing outside metropolitan areas over their first 4 years post training, and 82% remain 10 years or more post training.**

ACRRM's RG Fellowship training programs have experienced a soaring rise in popularity among the emerging generation of doctors. Since 2018, the staged transition to ACRRM leading the delivery of its training, has seen a doubling of the number or registrars joining our programs (Figure 2). This growth has coincided with rising national awareness of RG as a career path.

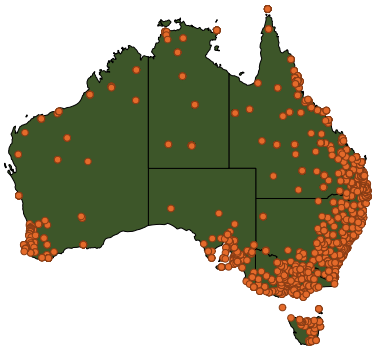

Figure 1. Distribution of Fellows Across Australia in 2024

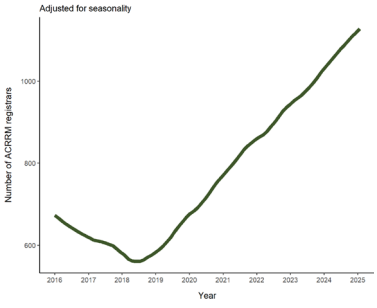

Figure 2. Total ACRRM Registrars cohort over time

- **A right-sized annual training enrolment quota of 500 per annum, will enable ACRRM to meet its potential in building a strong national network of tomorrow's rural doctors.**

  ACRRM training programs are funded by the Department of Health and Aged Care (DOHAC) to qualify doctors as specialist GPs, while providing them with the unique, expanded scope of RGs who can deliver services across GP clinics, hospitals, and retrievals, including in primary care, obstetrics, emergency and anaesthetics.

ACRRM continues to exceed its registrar quotas under both the Australian General Practice Training (AGPT) program and the Rural Generalist Training Scheme (RGTS) by 10% and 90%, respectively, with a total intake of 350 registrars in 2024 and projected oversubscription in 2025. This success is reflected in Figure 3, where enrolments consistently exceed the number of allocated registrars by the DOHAC, excluding 2023. The trend of oversubscription of enrolments since 2018 reflects strong confidence in the quality of the College's program and growing interest in rural generalism as a career option for rural GPs.

Rural and remote training is complex and challenging. ACRRM registrars work in environments with limited local facilities, supervisors, and professional colleagues. The College's bespoke systems, expertise, and networks have been developed over three decades to optimise support and learning in these contexts. However, the relatively small operational scale set by current national training quotas is uneconomic, limits future expansion, and discourages prospective applicants. Right sizing the program will create a model that can realise its full potential to produce a robust national RG workforce.

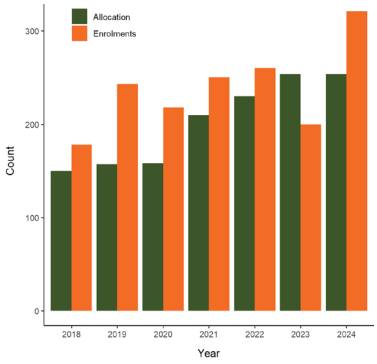

Figure 3. ACRRM Registrar enrolment against allocation over time

- **Funding to support ACRRM prevocational training programs will bridge the *rural pathway gap* between medical school and rural GP and RG training.**

ACRRM rural training shows strong and growing popularity with graduating medical students, but this interest weakens over the two to three years between university graduation and commencing Fellowship training. While 7% of medical graduates have indicated their preference to become an RG (among top 6 most popular specialty choices)[3], 6% of doctors undertaking internship have indicated their preference to train with ACRRM and 3% of prevocational doctors with internships.[4]

Most doctors' first few years are spent in urban hospitals. These early career doctors are typically not receiving foundational training appropriate for careers in rural practice, which requires confidence and competence in non-specialised, limited resource settings. In these years, it is difficult for the RG profession to engage with these early career doctors. ACRRM doctors could however be providing crucial role modelling, instruction, inspiration, and guidance toward RG careers. It is only after these early years, that doctors are invited to apply for professional qualifications with ACRRM or another specialty college.

An annual investment of $30 million in funding for prevocational training programs will allow ACRRM to become an integral part of the early stages of doctors training. ACRRM can provide fit for purpose, educational and assessment support to optimally prepare these doctors for their RG Fellowship training end point. This funding will streamline these doctors' education and create a critical bridge in the rural training pathway - from university through to becoming a Fellowed member of their chosen profession and qualifying as a specialist GP with the expanded scope of an RG.

ACRRM already has in place its bespoke RG online education and webinar resources, assessment systems, experienced educator/instructor teams, and registrar support staff and infrastructure operating in regional locations across the country. As an RG program it operates comprehensively across some 700 GP clinics and community centres, 100 ACCHSs and 400 hospitals and retrieval services across rural and remote Australia. These resources and systems can be economically extended into the prevocational space.

This program of prevocational rural training support could be funded as a standalone initiative or in association with the John Flynn or other established support programs.

Priority 2 - Secure and sustain rural women's health services

To ensure all Australian women can access affordable and safe women's health services, ACRRM calls for:

- Commitment to take action to arrest rural maternity service closures.
- Secure targeted funding streams to incentivise the rural maternity workforce including RGs skilled in obstetrics and anaesthetics.
- An intergovernmental taskforce to fund and secure continuity and sustainability of rural maternity and women's health services at risk of closures.

The Commonwealth government must prioritise the needs of women and their families and take action to improve access to rural and remote womens health services, including maternity services. In 2022, 80,000 women gave birth outside of major cities.[5] For these women, high-quality, culturally safe maternity care as close to home as possible, is critical to ensuring positive health outcomes for both mothers and babies.

Every woman deserves access to affordable, safe maternity and womens healthcare. Yet, rural and remote communities are experiencing alarming shortages in obstetric services with endemic service downgrades, closures, and increasing instances of services on indefinite bypass. ACRRM urges the federal government to work with jurisdictions to take individual and coordinated action to proactively stop the further downgrading of rural maternity services.

RGs play an indispensable role in providing safe, locally accessible maternity care. These doctors, working alongside midwives and other health professionals, form local rural maternity teams, with the skills and training to manage planned deliveries, emergency obstetric services, and comprehensive antenatal and postnatal care. The inclusion of maternity services within RG's broad scope of practice, enables women and their families to access a high-quality care close to home, minimising the economic and social imposts associated with travelling to larger regional centres to access appropriate care.

Without sufficient funding and support, many rural birthing suites across the country are at risk of closure, exacerbating workforce shortages and limiting access to essential maternity and women's healthcare. Properly funded, rural-centric models that include RGs, can provide excellent healthcare, meet community needs and deliver long-term value.

ACRRM believes that utilising RGs with advanced obstetric training is a key solution to restoring sustainable maternity services to rural and regional areas. The College calls on the government to commit to ending service closures and to incentivise the use of the existing workforce to build strong, sustainable services that are accessible to rural women and families.

Priority 3 - Use Rural Generalist recognition to address the rural deficit in funded health services

To improve rural access to care, ACRRM calls for:

- New RG-specific Medicare Benefits Schedule (MBS) item numbers to make specialised services more affordable and accessible in rural and remote areas.
- Funding to deliver a national RG awareness campaign that ensures patients, families, healthcare employers and rural communities, understand the role and capabilities of RGs.

- **Introducing new RG-specific MBS item numbers will incentivise and support provision of a range of key specialised services in rural and remote locations that are currently grossly under-served.**

The $6.5 billion annual budget underspend on healthcare services for rural, remote and First Nations communities, highlights their lower use of services, and points to the barriers they face in accessing affordable healthcare. This rural-urban gap widens substantially for consultant specialist services, which are especially costly and difficult to access outside of urban centres.

RGs in rural and remote communities, can provide patients and their families with the highest quality care, as close to home as possible. Appropriate remuneration for RGs through MBS will enable this workforce in delivering broad and advanced specialised services within their rural, remote, and First Nations communities, while also providing essential medical care.

The shortfall in spending on healthcare for rural populations leads to poorer health outcomes, as evidenced by the higher rate of avoidable deaths in these areas compared to metropolitan regions.[6] People in rural and remote areas, receive significantly less funding per capita for their MBS-funded services compared to those in cities. For example, in remote areas, $23,153 per 100 people is received for GP services, compared to $33,812 per 100 people in major cities. More strikingly, non-GP specialist services in remote areas receive $3,259 per 100 people, compared to $9,214 per 100 people in cities.[7] As a result, rural and remote communities receive 30% less funding toward GP services and 65% less for non-GP services every year. This funding deficit likely reflects the difficulties rural and remote people face in accessing GPs, as well as the significantly greater obstacles they face in accessing non-GP consultant services.

Limited funding also strains the supply of the healthcare workforce, affecting the quality of care and increasing the risk of GP and RG burnout. Current DOHAC policies and the MBS do not adequately reflect the unique needs of rural and remote communities and practitioners. Specific recognition for the broader scope of practice of RGs, which includes general practice, hospital care, emergency services, and procedural services, will lead to policy levers which can support this community-responsive care.

The RG model is a proven solution for delivering high-quality, locally accessible healthcare tailored to rural and remote areas. RGs provide a broad range of services through integrated care and collaboration across multi-professional teams, to address the specific healthcare challenges faced by these communities.[8]

Introducing RG-specific MBS item numbers will improve access to high-quality, cost-effective healthcare, support workforce retention in rural, remote, and First Nations communities, sustain local healthcare by expanding practices and reducing financial burdens, and promote preventive care to manage chronic and complex diseases prevalent in rural regions.

- **With the application for recognition of Rural Generalist Medicine in its final stages, now is the ideal opportunity to launch a dedicated national campaign. This campaign should target patients, communities, all levels of governments, and healthcare providers to raise awareness of RG and its potential for addressing healthcare challenges in rural, remote and First Nations communities across Australia.**

RGs are trained to offer people in rural and remote communities, *as much quality medical care as safely possible as close to home as possible*. This workforces' potential however can only be realised when communities are aware of the scope of these doctors' capabilities and training. To date, capacity for community awareness has been hampered by the professions' lack of formal specialist recognition.

While RGs are highly valued in the rural and remote communities they serve, the "Rural Generalist" concept and the scope of skills and training that it encompasses are not widely understood by rural patients and their families, potential employers, and community leaders. Better understanding will enable communities to make informed choices about the care they receive and the doctors they recruit.

The College proposes that increasing health literacy in rural communities about the capabilities of RGs will foster greater trust and demand for their services. With better knowledge of RGs' broad scope of practice, patients and communities will understand the full range of services of these professionals. Raising awareness around the role of an RG aligns with the government's priorities of strengthening rural healthcare, improving workforce retention, and ensuring equitable access to high-quality medical services in rural and remote areas.

Meet our member Dr Phyllis Ho

A better understanding of rural generalism will encourage local governments to support policies that promote RG recruitment and retention. Increased awareness and recognition will lead to the development of local healthcare models that leverage the unique skill set of RGs, contributing to the future of rural healthcare. This will ensure RGs are supported, valued, and integrated into the healthcare systems of the communities they serve.

The objectives of this campaign are to:

- Educate rural patients, families, and communities about the availability and skillset of RGs.
- Inform healthcare employers and planners about opportunities for recruitment, retention, and integration of RGs in their service models.
- Promote RG broadly as a fulfilling and rewarding profession and career path.

Through these objectives, the campaign will promote greater awareness, support, and integration of RGs, enhancing healthcare access and workforce sustainability in rural communities.

Priority 4 - Retain and incentivise the RG workforce in rural and remote communities

To build the value proposition of working in rural and remote areas, ACRRM calls for:

- Rural health service providers infrastructure support funding to ensure communities have key infrastructure such as accommodation to enable positive experiences for rural healthcare professionals and their families.
- Recognise and remunerate the senior clinical advisory services of experience rural and remote doctors

- **ACRRM calls for the establishment of a Rural Health Service Providers Infrastructure Support Fund to fill critical gaps in essential infrastructure, such as accommodation and childcare. This will help make rural communities more liveable, sustainable, and attractive to healthcare professionals and their families.**

  Broader community infrastructure and service challenges including limited childcare options and insufficient supply of affordable housing, remain significant barriers to the recruitment and retention of healthcare professionals in rural and remote areas. As of 2023, rental affordability in these regions is notably more strained, with rental affordability index scores significantly worse than those in metropolitan areas across most states and territories.[9]

  Access to a pool of funding to fill gaps in local facilities could be the decisive factor in attracting and retaining these professionals. Without housing for doctors, patients face longer waiting times for care and are often forced to travel further for treatment, exacerbating delays and strain on the healthcare system.

  By incentivising healthcare professionals to remain in rural areas, this initiative will strengthen local health systems. In turn, this will contribute to the long-term health, social, and economic well-being of rural populations, enhancing the liveability of these regions and ensuring that they are not left behind in terms of healthcare provision.

- **The development of an RG workforce depends on the availability of senior doctors in rural areas to provide trainee supervision, and consultant level advice and guidance. This expertise is essential in training future doctors and ensuring safety of care for rural patients. These doctors need to be remunerated to ensure practice viability and reflect their vital, skilled contribution to workforce development.**

  Rural medical workforce development relies on senior doctors who work as supervisors, mentors and consultants within general practices, community health services, ACCHSs and other rural generalist healthcare settings. Currently, these doctors are only provided funding toward their training support, this massively undervalues their broader contribution in time, effort, and clinical advisory expertise. Failure to adequately compensate these services undermines practice viability and presents a major disincentive to stay in rural practice.

  These rural doctors' contributions not only support RG registrars but also enhance the training, mentoring and the safety and quality of the service delivery for medical students and other healthcare professionals, strengthening healthcare delivery in rural areas.

  Remuneration to recognise the broader roles of clinical consultant, clinical supervisor and mentor of senior rural doctors will fairly commensurate the time and skilled services that they provide and will strengthen the value proposition and appeal of long-term careers in rural general practice.

Conclusion

ACRRM is committed to advocating for an equitable, sustainable, and accessible healthcare system for all Australians. We urge the Commonwealth Government to prioritise the key recommendations outlined in the 2025-2026 Federal Budget to secure a healthier future for all rural Australians and First Nations communities.

Meet our member Dr Sophie Collins

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.