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New employment model could bring more doctors to the bush

The Rural Doctors Association of Australia (RDAA) is supporting an innovative employment model to make it easier for junior doctors to train as GPs and Rural Generalist (RG) doctors, retaining the leave and other entitlements they have accrued during their intern years in the public hospital system.

RDAA recently issued a position paper on the Single Employer Model (SEM) approach to GP and RG training, saying could bridge the entitlements gap between training in a hospital and in general practice.

“The number of junior doctors selecting general practice as a career choice has been declining for nearly a decade” **RDAA President, Dr RT Lewandowski, said.**



“The vast majority of medical services in rural areas are provided by GPs and RGs, so the ongoing shortage of junior doctors wanting to train in these fields is a huge concern.

“One of the disincentives for junior doctors in choosing to train as a GP or RG is having to leave the hospital system after two to three years of salaried employment, losing many of the leave and other employment entitlements they accrued while there.

“While most medical specialties train through the hospital system longer-term, doctors who choose General Practice or Rural Generalist practice are trained in private general practice or community practice.

“The complexity of employment arrangements, contract negotiations, loss of entitlements, and uncertainty around future income when training (which is fee-for-service based), have all been significant barriers for junior doctors in selecting a career in general practice,” Dr Lewandowski said.

“For Rural Generalists it is even more challenging, as they need to train as a GP as well as gain advanced skill qualifications, with many of the most in-demand being in hospital-trained fields such as obstetrics and anaesthetics. To achieve this they need work across both general practice and the hospital system, negotiating multiple work contracts with two employers, bearing a significant additional administrative burden and income uncertainty.”

In response to these concerns, RDAA has been a strong supporter of ongoing trials of the Single Employer Model (SEM) in rural areas, to make the transition to RG training much easier and more appealing for junior doctors.

“Our Doctor in Training members have consistently flagged the need for significant employment reform in this space, not a temporary fix like a one-off cash payment in lieu of lost entitlements for GP/RG registrars” **Dr Lewandowski said.**

“By delivering a seamless training and employment arrangement, which gives junior doctors the added security of retaining and accruing employment entitlements as well as more certainty around income levels, we believe more junior doctors will choose to train as RGs, and train and work more easily across both general practice and hospital settings in rural communities.

“While RDAA has been particularly focused on the SEM for rural generalists, we also support employment reform for all GP registrars. The AMA has been leading this area and we have been actively participating in the consultation processes with the Commonwealth Department of Health.

“SEM reform provides a significant opportunity to enhance the attractiveness of general practice and rural generalist medicine.

“Early career doctors have provided clear messaging on their desire for increased employment security, and urgent changes are needed if we are serious about addressing GP and rural medical workforce issues.”

[RDAA's Position statement on Single Employer Model](#)

A high resolution photo of Dr RT Lewandowski is [available here](#).

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