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Increasing training capacity key to addressing rural medical workforce shortages

Rural Doctors Association of Australia Pre-Budget Submission

Appropriate support for rural GPs to train junior doctors is essential to developing the future rural medical workforce, according to the Rural Doctors Association of Australia (RDAA).

In their Pre-Budget Submission, RDAA outlines common sense initiatives that will attract and retain doctors into rural and remote Australia.

Dr RT Lewandowski, RDAA President, said that he hopes that the Federal Government takes on board the sensible and cost-effective solutions offered by RDAA.

“Improving the attractiveness and accessibility of a rural medical career does not need ‘Go Big or Go Home’ solutions,” Dr Lewandowski said.

“While I’m sure many of us come up suggestions to transform the entire rural health sector, the reality is that significant change takes time, and it’s time that we just don’t have when we are looking to address the maldistribution of Australia’s health workforce.

“RDAA has outlined some practical, affordable initiatives that would improve the existing system significantly. It starts with properly supporting our rural GPs to train and mentor the next generation.”

General Practice is the cornerstone of the Australian health system, and particularly in rural areas where GPs and Rural Generalists (RGs) provide the care across general practice, emergency, aged care and the hospital.

“General Practice Supervision Support is complicated, difficult to access, and in some cases, non-existent. These supervisors need to be remunerated fairly to ensure training in general practice is of the highest quality,” Dr Lewandowski said.

“This is in stark contrast to doctors providing training in the public hospital system where they are paid salaries to carry out a role in which training junior doctors is integral.

“GPs have to navigate at least six different sources of Commonwealth funding in order to access payment for carrying out supervision of medical students, junior doctors, doctors new to Australian general practice from overseas and GP/RG registrars.



“Within Australian General Practice Training (AGPT) program, clinical supervision is not funded. The entire training system relies on supervisors to work unpaid for many hours throughout a GP registrars’ training time.

“It is simply unacceptable. Consultants working in the hospital system would all resign if the time they spent supervising their registrars was unpaid.

“General practices must be supported (and incentivised) to provide a training experience across the continuum of a future GP’s training period from medical student, prevocational doctor to registrar,” Dr Lewandowski said.

RDAA is also asking for:

- **Continued expansion of the John Flynn Prevocational Program**
This program provides rotations to rural general practice at a critical period of a junior doctor’s training journey.
- **Expansion of MBS and PBS item eligibility to Rural Generalists with relevant advance skills**
Item numbers which are within the scope of practice of a rural generalist (RG) with a particular advanced clinical skill must be made available for them to access.
- **Expansion of Workforce Incentive Program – medical stream to non-GP Specialists**
More needs to be done to support specialists to provide care closer to home for rural patients. With the limited scope of private practice work available in rural and remote communities, additional financial support is required to ensure viability and sustainability of specialist services.
- **Childcare for Rural Health Care Workers**
Limited access to childcare in rural communities often results in a decrease in a rural doctor’s availability for clinical work. RDAA proposes a 10-site program to establish childcare centres in the grounds of rural or remote hospitals with places accessible to health care workers (state and privately employed) or other critical community workers such as police.
- **Expansion of RDAA’s Federal Rural Incentive Calculator to include State-based incentives**
This tool calculates the total of the financial incentives rural doctors may be eligible for, and is essential to assist in promoting accurate remuneration projections and increasing awareness of the various financial support payments available to rural doctors.

“Starting small but in the right areas can make a big impact. We hope the Albanese Government will see that significant improvements can be made within the existing system, and fund these in the 2024-25 Budget,” Dr Lewandowski said.

[RDAA’s Pre-Budget Submission](#)

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

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