

20 August 2025

## Bold and brave health reform needed

### Economic Reform Roundtable

Rural doctors are calling on representatives at this week's Economic Reform Roundtable to embrace bold and brave changes to drive productivity in the health sector and across rural and remote Australia.

**President Elect of the Rural Doctors Association of Australia (RDAA), Dr Sarah Chalmers, said health investment** should be linked to outcome measures that demonstrate outcomes on delivery on the intent of health programs and initiatives.

"Healthcare is an enormous and growing cost at both at Commonwealth and State level," Dr Chalmers said. "The investment we make needs to be targeted, sensible and have robust accountability to deliver outcomes.



"Health expenditure is an investment into the health and well-being of all Australians and, when it comes to rural and remote communities, improved health outcomes build a stronger economy through agriculture, mining and innovation which underpins much of Australia's prosperity."

### Key areas of focus:

#### Centralised documentation storage for the health workforce

This centralised service is essential to reducing the administration burden on doctors and hospitals, and to help to mobilise the rural health workforce by reducing red tape and system duplication. Current duplication is costing countless hours of what could be productive work time and is a significant disincentive for doctors to work across multiple sites, regardless of the urgent patient need.

#### Reform of the Commonwealth Specialist Training Program

Rural patients urgently need increased access to Consultant Specialists. We welcome the review of the Commonwealth Specialist Training Program, which urgently needs to deliver better outcomes. No further investment is needed, but brave reform measures are required for this program to deliver a return on this investment.

#### Reduce duplication – After hours funding

The duplication of initiatives to address certain issues not only costs money, but also dilutes accountability. Systemic reform is needed to address this. For the provision of after hours care, millions of dollars are invested in PHNs, Medicare items, the Practice Incentive Program, after hours medical deputising, and now over a billion dollars committed to Urgent Care Centres. Reforming after-hours definitions, targeting the investment into general practices and combining services has

the potential to create over a thousand additional after hours services, without needing any additional funding.

### **Reduce duplication – Locum funding**

Commonwealth funded initiatives are provided to private agency services, health workforce agencies and PHNs to assist locum provision. This approach has resulted in the market rates for locums skyrocketing to the point where it is now out of reach for small business general practices, particularly those in rural and remote areas.

These rates are even further out of reach for those private general practices that also provide services in the hospital who need to engage locum GPs with advanced skills in areas like obstetrics and anaesthetics. When practices can't afford to engage locums patients miss out on primary care services and obstetric patients are left without local care.

### **Utilisation of the Rural Generalist workforce**

With formal recognition of Rural Generalist medicine to be finalised in the very near future, now is the time to invest in medical services that are aligned with community need and enable an efficient use of the available medical workforce and their skills. This is an area in which significant spending could be cut from areas like locum funding, and invested into building a long-term sustainable rural health workforce.

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#### **Download:**

[Photo of Dr Sarah Chalmers](#)

#### **Available for interview:**

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