

1 May 2026

## The Budget may be tight... but it's time to back this winner!

### Federal Budget 2026

While this year's Federal Budget is expected to be challenging given global headwinds, one medical specialty is delivering serious 'bang for the buck' in getting more doctors to the bush with the advanced skills needed in rural and remote settings – and it needs further investment right now to continue making an impact into the future – the Rural Doctors Association of Australia (RDAA) says.

"The exponential growth in popularity of Rural Generalist Medicine as a career choice for junior doctors is one of the biggest success stories in rural health policy over the past decade" **RDAA President, Dr Sarah Chalmers, said.**

"It is delivering a new generation of highly cost-effective and versatile 'all-rounder' doctors to the bush, who can work across both primary care and hospital settings with a range of advanced skills in procedural areas (like emergency care, anaesthetics, obstetrics and surgery) and non-procedural areas (like advanced mental health, Aboriginal and Torres Strait Islander health, paediatrics, palliative care and adult internal medicine).



"The Albanese Government has done a great job to-date in actively funding measures to support the growth of Rural Generalism in Australia, and deliver more Rural Generalist (RG) doctors for rural and remote Australia, now and into the future.

"This has been so successful, in fact, that RG training places offered through the Australian College of Rural and Remote Medicine (ACRRM) have been oversubscribed for the third consecutive year, and Rural Training Pathway positions through the Royal Australian College of General Practitioners (RACGP) have hit record numbers this year.

"Rural Generalism has clearly proven its place as a viable long-term medical workforce solution for Australia – we are no longer in a 'trial phase', and we need to invest further in it now to truly embed it in our healthcare system.

"This means providing ongoing funding (rather than finite and short-term funding) for measures that are key in meeting its future demand and growth.

"Key among these are federal funding for the Rural Generalist Coordination Units in each state and the Northern Territory, and the Workforce Incentive Payment - Rural Advanced Skills Stream (WIP-RAS) measure, both of which play crucial roles in supporting and building our future RG workforce.

"RDAA was an early advocate of the need for RG Coordination Units, and they have proved to be critical in supporting junior doctors through their training, linking RG trainees with the colleges and employers, and ensuring our future RGs have a smooth pathway from their first day of RG training through to the day they become a fully-fledged Rural Generalist.

"Despite the key role these units play, their funding is scheduled to end on 30 June this year.

“Likewise, the WIP-RAS measure is essential as it rewards investment in specialist qualifications like Rural Generalism, and encourages more doctors to utilise their advanced skills in regional, rural and remote health settings.

“Crucially, it is the only remaining national incentive measure recognising non-procedural advanced skills delivered by RGs within community-based health teams.

“WIP-RAS is currently scheduled to have its funding discontinued from 30 June 2027.

“Both programs are foundational to the development of the RG workforce training and development pipeline, are very cost-effective, and need and deserve dedicated future funding to avoid a loss of momentum.

“We have proposed that the RG Coordination Units receive \$36 million in funding over the next four years, and that the WIP-RAS receives \$48 million over four years.

“Ideally, we would also like to see additional funding allocated in the Budget to fully embed Rural Generalism into the Australian health system.

“Formal recognition of Rural Generalism as a medical specialty has now been achieved through the Australian Medical Council. To fully embed it within the Australian health system, we are urging the creation of a suite of RG-specific MBS item numbers (and corresponding amendments to the PBS guidelines) to support prescribing by RGs within their recognised advanced skill scopes of practice.

“This would be at an estimated cost of \$50 million over four years.

“We are also urging the Government to fund an additional 200 RG training positions annually to meet demand from junior doctors and build the RG workforce in sufficient numbers to meet the healthcare needs of our rural and remote communities now and into the future.

“We are very grateful for the Government’s support in recent years to utilise underspends within its GP training program to help meet the growing interest in RG training, but it is now time to permanently support the growth in Rural Generalism’s popularity through the dedicated funding of additional RG training positions.

“It has been deeply encouraging to see the commitment of the Federal Government, many state governments and other stakeholders really hitting home runs on Rural Generalism, and building a positive future for a sustainable rural and remote health workforce for Australia.

“It is absolutely critical that, at a time of increased Budget pressure, measures that have supported the growth in Rural Generalism are not thrown aside in a desperate attempt to reduce Government spending.

“If anything, it’s time to back this winner – a long-term commitment to funding these support measures will reap huge dividends for rural and remote Australia.”

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**Disclaimer:**

Outside her voluntary role as RDAA President, Dr Chalmers works as Medical Director, NT Support & Coordination Unit (NT Rural Generalist Coordination Unit / NT Rural Generalist Pathway).

[Click here](#) to read RDAA’s pre-Budget submission to the Federal Government.

[Click here](#) for a downloadable photo of Dr Chalmers.

**Available for interview:**

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