

10 March 26

## Butler boosts medical student numbers; now how do we keep them in the bush?

Rural Doctors Association of Australia  
2026–27 Commonwealth Budget Submission

**The announcement by Health Minister Mark Butler of 50 new Commonwealth-supported medical student places from 2028 is a positive step, but the key question remains: how do we ensure those doctors end up practising in rural and remote communities or general practice, anywhere?**

With record numbers of doctors now entering GP and Rural Generalist training, the 2026–27 Commonwealth Budget presents a pivotal opportunity to strengthen the rural training pipeline and ensure these future doctors can build long-term careers in the communities that need them most.

As the 2026 cohort of rural Registrar doctors settle in to their new communities around the country, and even more Australian medical students on the way, the Rural Doctors Association of Australia (RDAA) is calling for the Government to commit to investments that will secure the future of these doctors in rural and remote communities.

**RDAA President Dr Sarah Chalmers** said interest in rural generalist medicine has never been stronger, but training growth must now be matched with sustained investment.

“For the first time in years, we are seeing real momentum in rural training,” **Dr Chalmers said.**

“But training more medical students and then placing these graduated doctors is only half the job. If we don’t strengthen supervision, expand rural career pathways and support multidisciplinary teams, we risk losing them.

“Exciting as this growth is, it does put unprecedented pressure on the senior rural doctors who provide supervision and creates significant strain on this supervision capacity, particularly in the primary care/general practice space.

“Without long-term investment, continued access to safe, high-quality care in rural and remote communities will be difficult to maintain.”

RDAA’s 2026–27 Pre-Budget Submission outlines practical, evidence-based measures to secure the rural workforce pipeline.

**Five practical steps Government can take now:**



- Formal recognition of Rural Generalist medicine in MBS and PBS
- Locking in permanent Rural Generalist training places
- Expanding prevocational rural pathways
- Proper support for GP supervisors
- Extending incentives to non-GP specialists
- Investing in housing, digital connectivity and infrastructure

“Targeted investment now will deliver real returns,” Dr Chalmers said.

“It will protect the Government’s investment in training, reduce burnout, strengthen rural teams and ensure people in rural and remote Australia can continue to access care close to home and improved health outcomes.

“While we welcome the training of more domestic medical students, it is essential that there is capacity for them to be supervised for rural placements, and ultimately train in the rural communities that need them.”

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**Download:**

[Photo of Dr Sarah Chalmers](#)

[RDAA Pre-Budget Submission](#)

**Available for interview:**

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