

15 April 2026

Extra GP training places are welcome, but more are needed specifically to meet Rural Generalism demand

The Rural Doctors Association of Australia (RDAA) has welcomed the Federal Government's announcement of an additional 100 GP training places in 2027 – including for rural GP and Rural Generalist (RG) trainees – bringing to over 2000 the total number of GP and RG training places available annually in Australia.

In the lead-up to the Federal Budget, however, RDAA continues to urge the Government to fund **an additional 200 training positions dedicated exclusively for Rural Generalist training**, saying demand for RG training from early-career doctors continues to grow strongly.

“It is fantastic to see the Federal Government continuing to invest in additional training places each year, and undoubtedly this will help Australia to build its future doctor workforce, both for the cities and for rural and remote communities” **RDAA immediate past President, Dr RT Lewandowski, said.**



“With demand for RG training at an all-time high, however, we urge the Government to continue its welcome support for Rural Generalist Medicine by funding significantly more training places allocated explicitly for RG trainees.

“Rural Generalism has now been formally recognised as a medical specialty, and many early-career doctors are keen to get their postgraduate RG training underway in order to work as RGs in communities across Australia.

“These doctors will work not only in general practices and other primary care settings, but also at local hospitals – making them a very efficient, versatile and cost-effective element of the rural medical workforce.

“Unfortunately, however, a lack of training places specifically allocated to RG training means the places simply aren't there to meet growing demand – with applications from prospective RG trainees to the Australian College of Rural and Remote Medicine (ACRRM) frequently oversubscribed.

“The vast majority of GP and RG training places in Australia are allocated through the Commonwealth's Australian General Practice Training (AGPT) program to ACRRM and the Royal Australian College of General Practitioners (RACGP).

“Earmarking 200 additional places explicitly for Rural Generalist training would make a big difference in ensuring that RG training places are available for those junior doctors who are actively seeking a career as a Rural Generalist doctor.

“The Albanese Government has provided significant support for the growth of Rural Generalist Medicine to-date through a range of initiatives and measures.

“This has helped drive the very strong growth in applications for RG training in recent years, as well as increasing interest from medical students and interns in Rural Generalist careers – so we welcome the Government’s efforts and investment in this regard.

“Now is the time for the Government to double down on its support for Rural Generalist Medicine with targeted investment in RG-specific training places.

“We know the Government is a strong proponent of increasing productivity in industry, agriculture and many other areas of the Australian economy – and in rural and remote areas, RGs play a key role in achieving this.

“The wide range of skills they bring to their communities often enables the delivery of more healthcare services closer to home, meaning that patients need to take less time off work to access the care they need.

“RGs also have the capacity to work in a range of settings including general practice, emergency care and inpatient hospital work, and in their areas of advanced skills – not many other specialties train for that level of diversity in their clinical work.

“Importantly, they also appreciate that clinical care extends beyond business hours, and RG trainees understand they will be on after-hours rosters, that they will also provide care in residential aged care facilities, and that no two days are the same in terms of what they may be treating.

“In the lead-up to the Budget, our key message to the Government is this – investing in 200 RG-specific training places would be a cost-effective and high return rural medical workforce strategy.”

Downloadable photo - [Dr RT Lewandowski](#)

Available for interview:

RDAAC President, Dr RT Lewandowski
RDAAC CEO, Ms Peta Rutherford

Media contact:

Patrick Daley on 0408 004 890