RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Media Release

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With more doctors choosing the road to Rural Generalism, you'd be crazy to rip up the bitumen!

The Rural Doctors Association of Australia (RDAA) is urging the Federal Government to extend funding for key measures that are supporting the growth in popularity of Rural Generalist Medicine in Australia, and delivering much-needed Rural Generalist doctors to rural and remote communities.

Rural Generalists (or RGs) are doctors who have undertaken additional training and work in primary care and local hospital settings across a range of medical disciplines and advance skill areas.

The fact that they can provide both primary care and hospital care makes them an invaluable asset in rural and remote communities, as well as a very cost-effective element of the rural and remote health workforce.

Government funding for Rural Generalist Coordination Units in each state – and also for the Workforce Incentive Program Rural Advance Skills Stream (WIP RAS) measure – is due to cease on 30 June 2026, with the WIP RAS measure (due to the claiming periods involved) currently flagged to end on 31 December 2025.

WIP RAS – a measure introduced by the current Labor Government in 2024, and welcomed by RDAA – is a Workforce Incentive Program (WIP) payment for GPs and Rural Generalists with emergency and advance skills working in regional, rural and remote communities. This measure aims to encourage more doctors with specialist qualifications, emergency medicine credentials and other advance skills to work in regional, rural and remote areas.

RDAA has written to the Federal Health Minister, Mark Butler MP, urging the Federal Government to continue funding for both programs in the forthcoming Mid Year Economic and Fiscal Outlook (MYEFO) and Federal Budget, given the very positive contribution they are making in supporting the growth of Rural Generalism in Australia.

"It's really a no brainer" **RDAA President, Dr Sarah Chalmers, said.**

"The old adage – 'If it ain't broke don't fix it' – rings very true here.

"After years of being in the wilderness, Rural Generalist Medicine is having its time in the sun – and rural and remote communities are going to benefit.

“The RG Coordination Units and WIP RAS measure – along with the move to College led GP and RG training, Single Employer Model pilots, and increased junior doctor rotations to rural locations – have contributed to a big increase in the profile and popularity of Rural Generalism in recent years.

“For the past three years, one of the two colleges providing RG and GP training in Australia – the Australian College of Rural and Remote Medicine (ACRRM) – has had more junior doctors applying for its RG training pathway than it has had places available, and for 2026 the training programs of both ACRRM and the Royal Australian College of General Practitioners (RACGP) look like they will be oversubscribed as well.

“So what’s our takeaway message for the Federal Government?

“Things are finally moving on Rural Generalist Medicine, young doctors are seeing what a great career it can provide – and they can see a clear training path and supports to get there – and more of them are flocking to be a part of it.

“Now’s not the time to be messing with the formula!

“We urge the Federal Government to continue funding for both the WIP RAS initiative and the RG Coordination Units, as both measures are contributing to and supporting growing interest in Rural Generalist training.

“Now is not the time to withdraw any investment in Rural Generalism, but instead to double down on measures that are embedding Rural Generalist Medicine into the Australian healthcare system – and providing the best chance of delivering a more positive future for access to healthcare in rural and remote Australia.”

Downloadable photo - Dr Sarah Chalmers

Available for interview:
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State specific contacts are also available

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