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Workforce report confirms rural doctor shortages won't fix themselves

The Rural Doctors Association of Australia (RDAA) says a newly released medical workforce report highlights the urgent need for smarter workforce planning, stronger rural training pathways and solutions tailored to the needs of rural and remote communities.

RDAA President **Professor Sarah Chalmers** said while the [Whole of medical workforce compendium report](#) showed growth in the medical workforce in metropolitan and larger regional areas, the benefits were not being felt evenly across Australia.

"The report shows growth in medical practitioners per head of population across MMM1, MMM2 and MMM3 locations, but for most 'Real Rural' areas, MMM4 and beyond, the picture is largely one of stagnation," Prof Chalmers said.



"While the figures for MMM6 appear stronger, these are heavily influenced by larger regional hubs such as Mount Isa, Alice Springs and Broome, and do not necessarily reflect the workforce challenges faced by many smaller rural and remote communities."

Professor Chalmers said the report highlighted the importance of workforce planning that reflects the unique needs of rural and remote communities.

"This report demonstrates the need for good planning, but also the need for tailored solutions," Prof Chalmers said.

"The shortage of doctors we have in rural areas – or as it is often called "medical workforce maldistribution" – won't fix itself.

"If you try to fit a metropolitan square peg into a rural round hole, you're asking for more problems rather than solving them.

"Rural communities are diverse and the solutions that work in major cities will not necessarily work in a small country town, a remote Aboriginal community or even a regional hub."

In February this year, the RDAA Board committed to updating its Rural Medical Workforce Plan by the end of 2026 to help guide future advocacy and policy development.

RDAAs [previous workforce plan](#), released in 2021, identified a range of priorities including full implementation of the National Rural Generalist Pathway, direct funding support for GP registrars, training practices and supervisors, and reforms to the Specialist Training Program.

"Some progress has been made, but there is still a significant amount of unfinished business," **Prof Chalmers said.**

"Many of the reforms identified in our previous workforce plan would not require substantial new funding. They are practical measures that would improve efficiency, productivity and workforce outcomes across the health system.

"What this report shows is that Australia needs a coordinated long-term strategy for growing, training and retaining its medical workforce, particularly in rural and remote communities.

"We need policies designed around the realities of rural practice, not metropolitan models adapted for rural Australia.

"RDAAs has a strong track record of advocating for reforms that have delivered real improvements for rural communities, and we stand ready to work with the Minister and the Department to help shape the next phase of rural medical workforce reform."

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[Photo of Prof Sarah Chalmers](#)

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