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More than 800 rural GPs short... and just the tip of the iceberg

Urgent action needed to address rural workforce shortages

The Rural Doctors Association of Australia (RDAA) say that urgent investment is needed to address the ongoing shortage of doctors, as well as even more shortages of nurses and other health professionals, in rural and remote Australia.

RDAA President, Dr Megan Belot, said that members of the organisation were increasingly reaching out to share their difficulties in attracting and retaining staff.

“Our members are very concerned about their long-term difficulties in filling vacant positions in their practices and at their hospitals,” Dr Belot said.

“A review of the positions advertised by the Rural Health Workforce agencies across the country shows that right now there are more than 800 advertised positions that remain unfilled.

“This is far from a definitive list: some locations are looking for locums and not permanent doctors, some are just making do with what they have, and others use alternative services to recruit.

“Couple this with the ongoing number of vacancies in the Commonwealth’s Australian General Practice Training Rural Pathway – more than 400 positions short over the past three years – there simply just aren’t enough doctors to go around.

“Rural medicine is a great job. It is interesting, varied and challenging,” Dr Belot said, “but there just simply isn’t enough doctors to keep the doors open of many medical services in rural and remote areas, and patients and communities are suffering because of this shortage.”

RDAA has been asking its members to notify the Association of issues arising from the Labor government’s election policy change around where Overseas Trained Doctors (OTDs) can work. Previously, doctors wanting to immigrate to Australia were required to spend some time working in District of Priority Areas (DPAs) in rural and remote parts of the country, generally for a period of 10 years, though this could be reduced the more remote a doctor was working, prior to receiving an unrestricted provider number.

The Labor government extended DPA to include all of large regional and some outer metro areas experiencing GP workforce shortages.

“DPA changes have certainly heightened this ongoing issue, with a number of our members reporting a decrease in applications for positions, resignations and late withdrawals of job applications as the DPA change was coming into effect,” Dr Belot said.

“Of the sites that indicated a resignation, almost all advised that the doctor – or doctors for those sites with multiple resignations – moved to capital city or large regional town, most after only three years or less in rural.



“Even more sites have advised of a reduction in application numbers, existing vacancies which they are unable to fill, and ongoing concern about the viability of their medical services.

“While RDAA did not fully agree with the conscripted DPA policy it did result in many rural and remote communities being able to access local medical care, when they now cannot.

“The change to DPA is furthering the gap in the rural health workforce and it is essential that it be replaced with effective, meaningful workforce initiatives to attract more doctors to rural and remote communities,” Dr Belot said.

“RDAA is organising a series of meetings with Health ministers, rural MPs and senators and other key stakeholders next month to discuss the need for big ticket reform under the Strengthening Medicare initiatives, alongside existing workforce initiatives.

“We can’t just wait for Budgets to make change. Rural health policies are urgently needed today – not next week, not next month, and certainly not only once a year at Budget.

“We urgently need both state and federal governments to recognise this for the crisis that it is and act accordingly.”

A high resolution photo of Dr Megan Belot is [available here.](#)

The above photo in lower res (online use) is [available here.](#)

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