RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Media Release

23 March 2026

"Same same, but (very) different…"

Remote healthcare's unique challenges need unique solutions, RDAA President to tell federal politicians

- **Global issues and extreme weather events also impacting remote health services and patients**

- **RDAA President to hold media doorstop following breakfast briefing - Doorstop will be held at 10am AEDT tomorrow (Tuesday), Senate Courtyard, Parliament House, Canberra**

Providing healthcare in a remote community is extremely rewarding, but it comes with unique challenges – and this needs to be better recognised through more targeted health policy and remote health workforce measures – **the President of the Rural Doctors Association of Australia (RDAA), Dr Sarah Chalmers, will tell federal politicians at an RDAA breakfast briefing at Parliament House in Canberra tomorrow (Tuesday).**

RDAA's briefing is an annual event, bringing together remote and rural doctors from across Australia, federal politicians and other stakeholders to discuss key issues impacting the remote and rural health sector.

Raised in the remote NT community of Nhulunbuy – where her parents worked as Rural Generalist doctors – and then working as a 'Remote Generalist' doctor for many years in remote and very remote communities in East Arnhem Land, Central Australia and North Queensland, Dr Chalmers knows first-hand that delivering remote healthcare is very different animal.

She says better targeted initiatives, that may even need to be focused on *individual* communities – rather than so-called 'cookie cutter' solutions applied more generally to rural and remote healthcare – would help ensure remote communities have the health services they need and deserve.

"In Remote Medicine, you are talking about very small communities that are often very long distances from the next largest centre – and typically the only way to reach them is by plane or boat or a very long road-trip" **Dr Chalmers said.**

"As such, challenges in remote healthcare settings are unique and they are often felt more acutely compared with metropolitan, regional and even rural communities.

“Given their isolation, there is a huge reliance on Rural Generalist doctors who provide both primary care and secondary (hospital) care, and who work as part of robust multidisciplinary healthcare teams.

“Due to their small population, sometimes health services in remote communities do not get the support they really deserve and need – but it is crucial these services receive that support, and that health workforce measures continue to be well-targeted to encourage doctors and other health professionals to work in them.”

Dr Chalmers said remote communities are not exempt from global issues, and there is currently significant anxiety about the impact that the current situation in the Middle East will have on them.

“The impact from current global events on remote and rural general practices and patients could be hugely significant if left unchecked, and in some cases may reduce access to care” **she said.**

“With fuel costs soaring, the tyranny of distance is being felt more than ever in the bush. Local practices are already facing increased costs in providing clinics to outlying communities, and paying significant premiums on the delivery of essential medicines and other clinical supplies.

“Rising fuel costs also impact the cost of providing air retrieval and ambulance transfers, and make it much more expensive for remote and rural patients to get to distant centres to access healthcare.

“Like their patients, remote and rural practices are also impacted by broader issues like interest rate hikes and rising cost of living pressures.

“Also right now, remote communities across North Australia are being affected by extreme weather events including cyclones and significant flooding. There are significant health issues associated with these events including infections, mosquito-borne illnesses and mental health issues relating to the damage to whole communities and individual properties, as well as being evacuated and displaced.

“We urge the Federal Government to be working on plans now to provide ‘exceptional support’ to assist both remote and rural practices and patients should these significant challenges persist.”

At her address on Tuesday, Dr Chalmers will also stress the importance of ensuring that federal and state health policies focus not only on improving *access* to healthcare in remote and rural communities, but also support more *integrated and comprehensive care* between different health professionals and different health facilities.

“Doctors in remote contexts well understand the importance of multidisciplinary teams for best patient care” **she said.** “All members of health teams are valued for their skills and expertise, and we often rely on each other to ensure best possible patient care. For example, in the remote NT, nurse-led care is imperative to communities, especially when doctors may only visit 2-3 days a week.

“Strong multidisciplinary healthcare teams make a huge difference in reducing clinician burnout, and providing efficient and quality care to rural and remote patients.

“But we need the wider health policy and funding models to catch-up – we need better recognition, including through Medicare, of the key role of multidisciplinary healthcare models in delivering quality, integrated care for remote and rural settings.

“This needs to be managed carefully, though, to avoid the temptation for governments not to just cherry-pick siloed sections of the primary care workforce for such reform. That approach may appease some lobby groups but it could fragment multidisciplinary care rather than leading to better integration.”

Dr Chalmers added the coming Federal Budget will be a critical one to “make hay while the sun shines” on Rural Generalist Medicine.

“There is a bright light on the horizon for remote and rural health following the formal recognition of Rural Generalist Medicine as a medical specialty – and given growing interest in the field from many junior doctors – but there are still challenges ahead” **she said.**

“Embedding Rural Generalist medicine into the Australian health system through formal recognition in the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and ensuring Rural Generalist models of care are resourced appropriately in state hospital systems, will be critical in underpinning the success of the discipline and what it can achieve.

“In further building the rural medical workforce, including the generalist specialist workforce, we need to significantly boost rural training opportunities across a much broader range of medical disciplines. Bolstering the supervision workforce is also imperative – without supervisors, there are no rural training programs or rural placements.

“Suffice to say, the forthcoming Federal Budget will be a hugely important one for the remote and rural health sector – notwithstanding its backdrop against some difficult economic times.”

Media doorstop

Dr Chalmers will hold a media doorstop following the breakfast briefing tomorrow - the doorstop will be held at 10am AEDT tomorrow (Tuesday), in the Senate Courtyard, Parliament House, Canberra.

Meetings

Dr Chalmers will meet tomorrow (Tuesday) with:

- Federal Assistant Minister for Rural and Regional Health, Emma McBride MP

Dr Chalmers will meet on Wednesday with:

- Senior advisors to Federal Health Minister, Mark Butler MP
- Shadow Minister for Health and Aged Care, Senator Anne Ruston
- Shadow Minister for Regional Health, Dr Anne Webster MP
- Senator for Tasmania, Senator Jacqui Lambie
- National Rural Health Commissioner, Professor Jenny May AM

Please click here for a downloadable photo of Dr Chalmers.

Available for interview:
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