



# 2025 AMA Rural Health Issues Survey Report

## Introduction

The 2025 AMA Rural Health Issues Survey was conducted in February 2025. It was developed by the Australian Medical Association (AMA) Council of Rural Doctors. A total of 561 rural doctors responded to the survey, with more than 80 per cent answering every question.

### 2025 federal election announcements

The AMA welcomes the recent commitments to health funding made by both major political parties.

Labor and the Coalition have acknowledged the need to invest in the general practice workforce, announcing a bipartisan commitment to train 2,000 new GPs every year by 2028 and to provide incentives to encourage more junior doctors to become specialist GPs, as part of its \$8.5 billion Medicare package.

The Rural Health Issues Survey showed investing in the GP workforce was the sixth highest priority for rural doctors.

Investments that have been announced include:

- \$265.2 million for an additional 2,000 yearly GP registrar places, to be introduced in phases
- \$204.8 million in one-off \$30,000 salary incentives for junior doctors going into general practice or rural generalist training.
- \$43.9 million to provide paid parental and study leave for trainee GPs
- \$44 million for junior doctors to do an extra 200 rotations in primary healthcare per year from 2026, increasing to an extra 400 per year from 2028.
- \$100 million pledged by the Coalition for a range of rural health workforce measures, including support for a rural, regional and remote health strategy to be developed by the National Rural Health Commissioner.

## Pressing priorities

The survey asked regional, rural, and remote doctors to rank the most pressing priorities for rural health across 10 priority domains. In order of importance, these were:

- 1 Rural hospitals
- 2 General practice
- 3 Workforce
- 4 Support for reskilling, upskilling and maintaining skills
- 5 Access to non-GP specialist services
- 6 Financial incentives
- 7 Medical training
- 8 Professional support
- 9 Undergraduate medical education
- 10 Technology



## Top policy proposals

Regional, rural, and remote doctors were asked to rank 39 AMA policy proposals to improve access to rural and remote health across the 10 priority domains.

The top 10 policy proposals, in order of importance, as ranked by respondents were:

Rural hospitals	1	Provide appropriate funding and resources to ensure adequate staffing levels, up-to-date facilities and equipment and access to ancillary services
Workforce	2	Ensure rural health professionals and communities are involved in policy making at all levels
Access to non-GP specialists	3	Maintain and enhance rural access to specialist outreach services that are integrated with local services
Financial incentives	4	Increase incentives, such as rural incentive payments, to recruit/retain doctors to work in rural areas (Workforce Incentive Program)
Support for reskilling, upskilling and maintaining skills	5	Resource and integrate programs to ensure doctors can maintain appropriate skills and training in rural hospitals and community settings
Rural hospitals	6	Provide adequate funding for maternity services
General practice	7	Equalise salary and leave conditions for GPs in training with hospital-based counterparts
Professional support	8	Improve access to childcare facilities in rural areas
Financial incentives	9	Provide tax incentives to support rural medical practice
Professional support	10	Improve access to employment opportunities for rural doctors' partners and/or family members

A comparison of the top 10 policy proposals according to medical practitioner practice group is in Appendix 1.

## Key points

1

**90 per cent**  
ranked **provide appropriate funding and resources to ensure adequate staffing levels, up-to-date facilities and equipment and access to ancillary services** as critically or very important

2

**89.5 per cent**  
ranked **ensuring rural health professionals and communities are involved in policy making decisions** as critically or very important

3

**85 per cent**  
ranked **enhancing rural access to specialist outreach services that are integrated with local services** as critically or very important

The need for extra funding and resources to provide adequate staffing levels in rural hospitals has been the number one issue over the past four surveys (2016, 2019, 2022, and 2025).



Rural doctor workforce shortages persist and further investment is needed to encourage medical practitioners to live and work in rural and remote Australia.



## New additions into the 2025 survey

### 1. Professional supports for doctors and their families

**Access to childcare facilities and providing employment opportunities for rural doctors' partners and family members** has been identified as the **eighth** and **tenth** priorities for rural doctors, underscoring its importance.

*"A significant barrier to living and working in rural areas is the lack of access to childcare facilities."*

**Doctor working in MM6 in Western Australia**

Many regions are plagued by extended childcare waitlists exceeding 12 months, compelling families to either reduce their working hours or relocate entirely. To effectively address this barrier, the AMA is calling for funding to improve access to childcare for healthcare workers and rural communities and the development of tangible solutions such as establishing on-site childcare facilities for staff.

This approach not only supports working parents but also enhances staff retention and attracts families to rural areas. By prioritising and improving access to childcare as well as employment opportunities for family members, we can create a more sustainable and thriving rural community, ensuring families can live and work without compromising their professional and personal lives.

### 2. Support for reskilling, upskilling and maintaining skills

**Resourcing and integrating programs to ensure doctors can maintain appropriate skills and training in rural hospitals and community settings is important**

Training doctors in the country gives them insights into the benefits of rural practice. Doctors who train and live rurally are more likely to remain in a rural area.

*"I believe all rural and regional doctors need 1–2 weeks of upskilling a year in order to maintain the broad skill set required as a regional doctor in a setting in which its very difficult to maintain certain skills. From my perspective, we also need to push specialist medical practice into regional areas at least partly to develop the interactions between specialties that maintain skills and knowledge. Regional hospitals that just do obstetrics, basic general surgery and orthopaedics don't work."*

**Doctor working in MM2 in Queensland**



3. Access to non-GP specialist services

Maintaining and enhancing rural access to specialist outreach services that are integrated with local services is important

Non-GP specialists working in rural areas who responded said:



*“The difference in workload for non-GP specialists in rural versus metropolitan areas is stark. Metropolitan colleagues often work 1:8 to 1:12 on call with a team of junior doctors, while rural specialists work 1:4, covering vast areas and multiple hospitals without junior medical officer support outside of hours, making their workload significantly different.”*

*“Funding is not keeping up with the cost of providing a visiting specialist service. Rural Health West keeps dropping support when [the] costs of flights [and] accommodation keep rising and [the] loss of metropolitan income [is] not really taken into account. Service runs on the desire to help deserving rural patients but is not supported by funding that is not keeping up with inflation.”*



*“We experience a higher workload, however, not due to patient volume, but the medical, social, and logistical complexities inherent in rural healthcare. For example, simple tasks, such as blood tests, can require families to travel up to 3–4 hours to have blood collected.”*

## Intent to practice rurally

72 per cent of respondents said they intended to keep practicing rurally

Even though there is more to do to improve access to healthcare in rural areas, almost half of all doctors who responded (42.35 per cent) reported they have an established life in the country, and their commitment to their area is long term.

*Question: What are your future intentions to practice rurally?*

Answer choices	Percentage response
I have an established life in the country, my commitment is long term	42.35%
I intend to work in a metropolitan area in the future, but I have no immediate plans to leave	7.46%
I have conditions on my training/registration such that I am currently obliged to work rurally	1.68%
My commitment is short term, 1–2 years maximum	3.17%
I am working rurally due to the training I am undertaking. I do not intend to remain on completion of my training	1.31%
I have found myself in the bush and will stay whilst it remains attractive and professionally rewarding	12.13%
Unsure	4.48%
Other	27.43%



## What is it about rural medical practice doctors find rewarding?



*"My work as a specialist in western New South Wales is making a real difference to the rural and remote cancer patients. This sense of service sustains me in the daily struggle!"*

*"Collegial spirit, although we also feel each other's struggles and the magnified loss of colleagues to urban areas."*



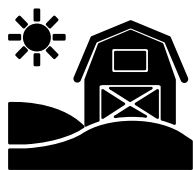
*"You can develop an interest in whatever you wish while remaining in touch with recent changes in the most common things you see. Working in a team to support one another when there are such limited resources and seeing [the] changes we make. Patients are on the whole [are] very grateful and relationships are important."*

*"Rural medical practice keeps you academically challenged as on most occasions you have limited resources. It is a satisfying career option to stay as [a] rural doctor as you become an integral part of medical services. There are wider learning and career opportunities."*

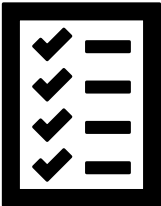


# What is the AMA proposing to strengthen rural and remote healthcare?

Ahead of the 2025 federal election, the AMA is calling for both parties to invest in rural medical workforce and training to improve access to healthcare for rural, regional and remote communities by:



Developing a **National Rural Health Workforce Strategy** to guide long-term health workforce planning across rural Australia.



Establishing an **independently run national health workforce planning agency** to ensure Australia, including rural and remote areas, has a health workforce equipped with the right skills, ready to work in the right locations, to meet future community health care needs.



Supporting doctors to train in rural areas by adding 500 more training rotations to the **John Flynn Prevocational Doctor Program** and funding a further 500 **Australian General Practice Training places**.



*Federal government announced*



**Expanding the Workforce Incentive Program (WIP)** to support general practices around the country and in rural areas to employ nurses and allied health professionals as part of a GP-led team to improve access to care for patients.

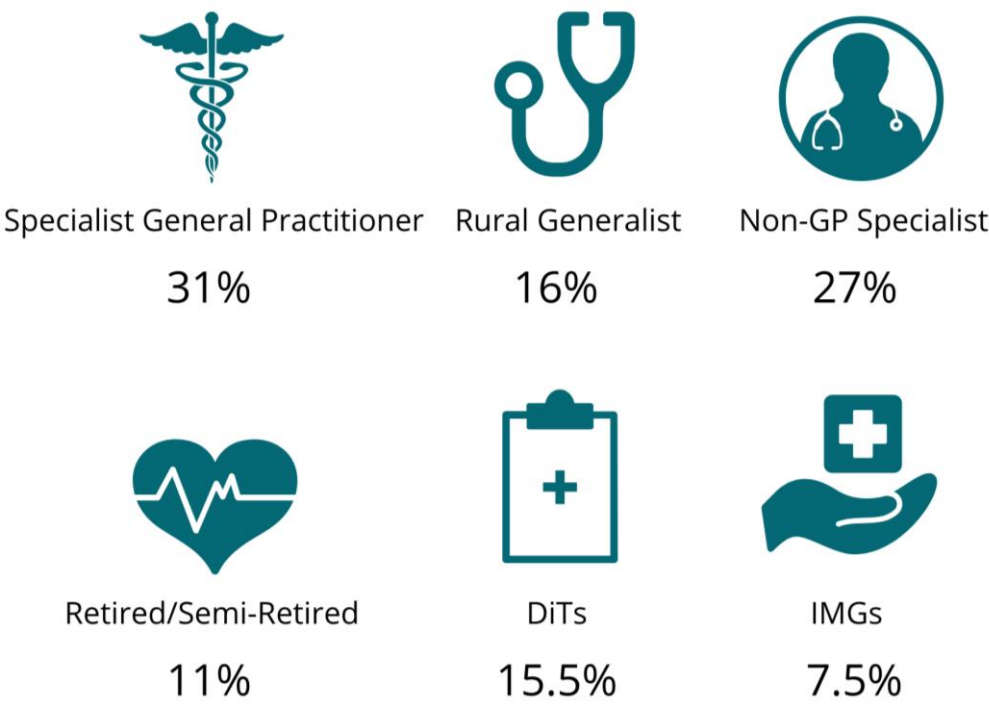


Funding for public hospitals to improve their performance and increase capacity.

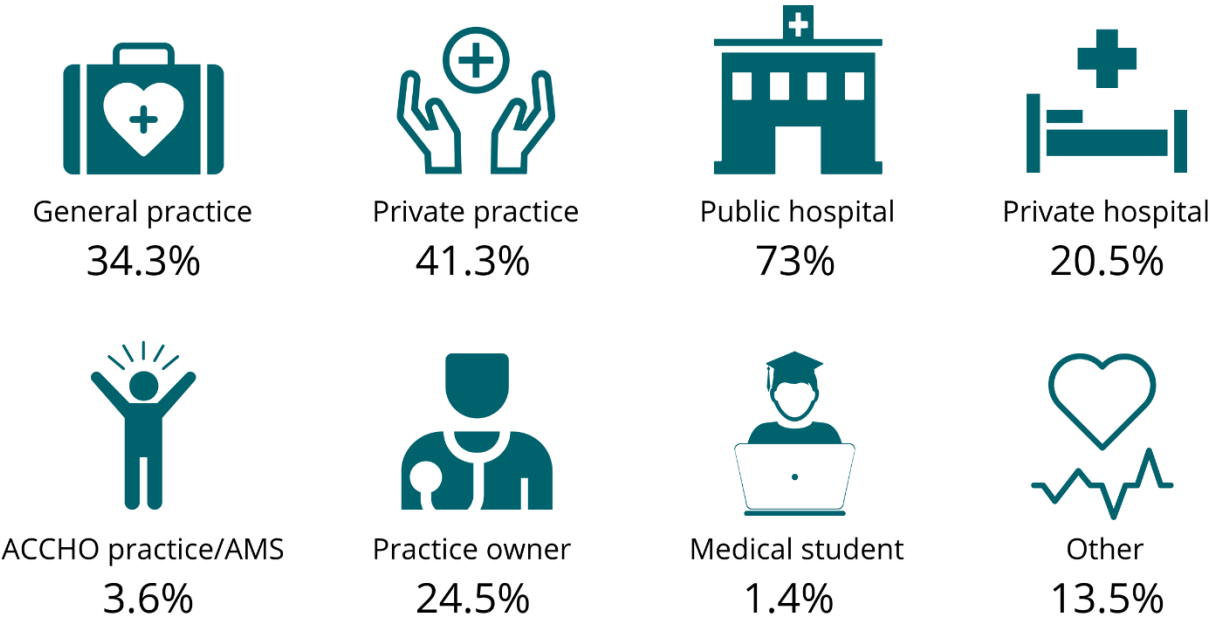
The AMA’s rural election asks are framed around [the AMA’s Pre-Budget Submission 2025–26](#).

## Respondent profile

### Categories of medical practitioners

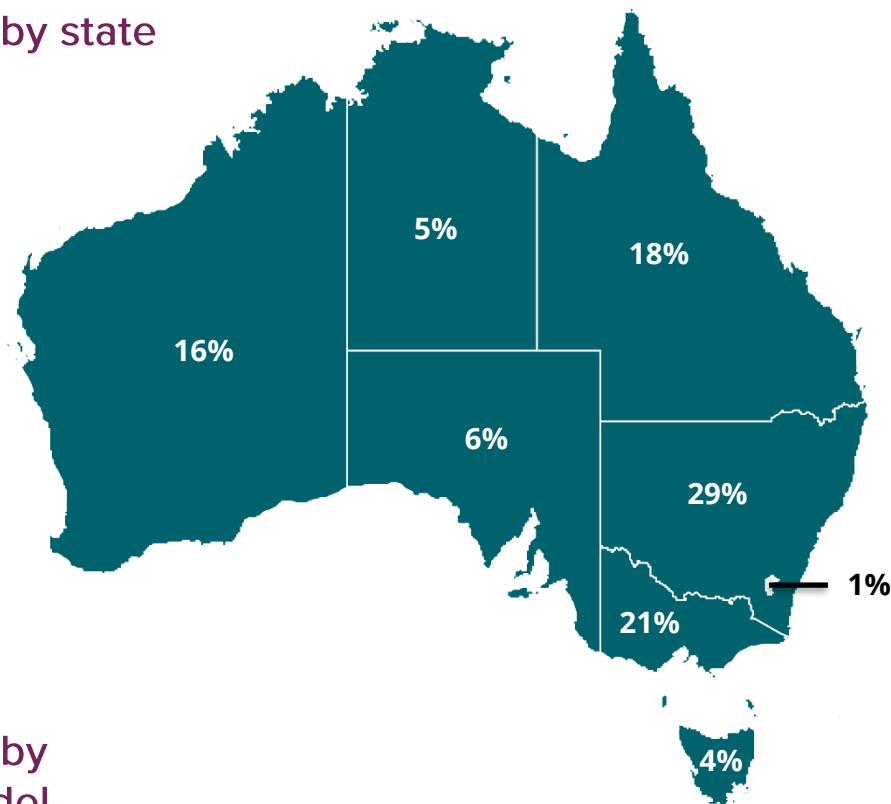


### Area of practice

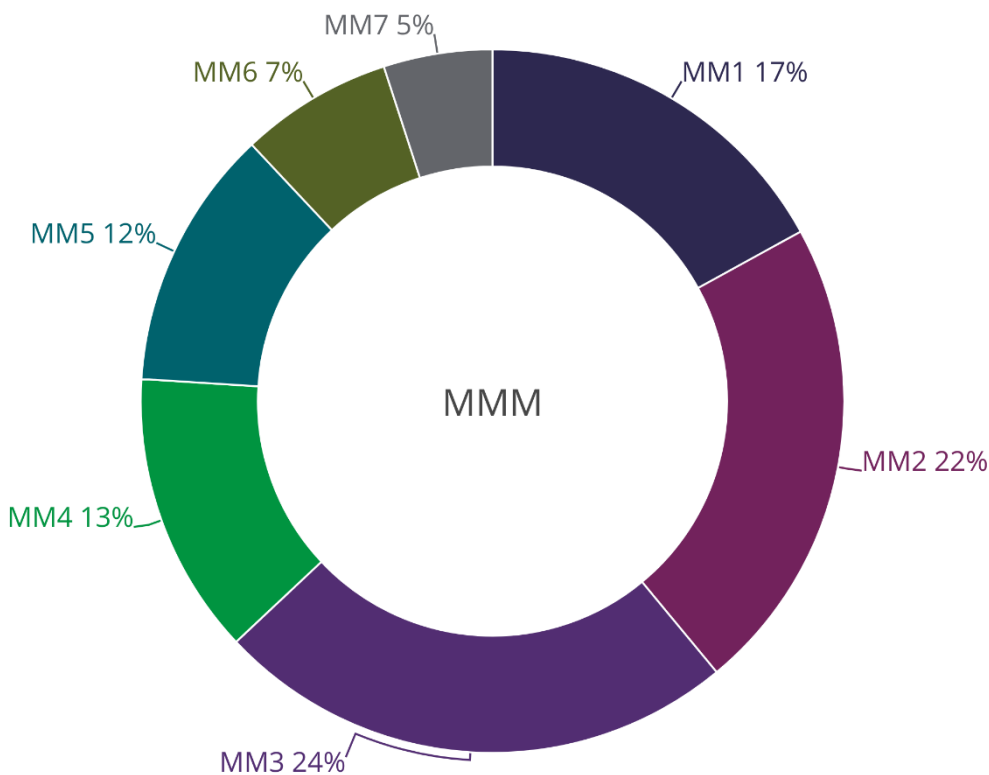


Note: the question enabled participants to answer more than one option, therefore the percentage will not add to 100 per cent.

## Locations of practice by state



## Locations of practice by Modified Monash Model



Note: reason for MM1 response rate — those who fly-in-fly-out/locum, live in MM1 but commute daily into a regional centre, those who have previously worked in a regional, rural or remote area but have re-located into a metropolitan area, and practitioners who are retired were all welcomed to participate in the survey.

## Conclusion

As the peak advocacy body for all doctors working in Australia, the AMA represents a diverse range of medical professionals.

This survey provides the AMA with a qualitative snapshot about the issues that matter most to rural doctors. The results of the survey will inform AMA calls to action for the upcoming 2025 federal election and the AMA's rural advocacy moving forward.

The AMA would like to extend thanks to the Council of Rural Doctors (CRD), the chair of CRD; Dr Ian Kamerman, our dedicated members, and the non-members who participated. Your contributions have been invaluable.

The AMA plays a pivotal role in supporting rural doctors. If you are a rural doctor, the AMA is here to advocate for you.

For more AMA advocacy in action, visit:

[AMA Vision for Australia's Health 2024–2027](#)

[AMA plan for improving access to rural general practice](#)

[AMA rural medical training summit report](#)





Appendix 1

Comparison of the top 10 rural health policy proposals according to medical practitioner practice groups

Policy proposals	Rank of proposals			
	Specialist GPs and RGs	Non-GP specialists	DiTs	IMG
1. Provide appropriate funding and resources to ensure adequate staffing levels, up to date facilities and equipment and access to ancillary services	1	1	1	6
2. Ensure rural health professionals and communities are involved in policy making decisions at all levels	2	2	3	7
3. Maintain and enhance rural access to specialist outreach services that are integrated with local services	10	3	4	10
4. Increase incentives, such as rural incentive payments, to recruit/retain doctors to work in rural areas (Workforce Incentive Program)	4	4	7	1
5. Resource and integrate programs to ensure doctors can maintain appropriate skills and training in rural hospitals and community settings	6	6	5	18
6. Provide adequate funding for maternity services	8	5	8	11
7. Equalise salary and leave conditions for GPs in training with hospital-based counterparts	3	8	2	5
8. Improve access to childcare facilities in rural areas	9	7	6	12
9. Provide tax incentives to support rural medical practice	7	10	13	2
10. Improve access to employment opportunities for rural doctors' partners and family members	18	9	12	9

Note: respondents could select multiple categories when selecting ‘categories of medical practitioners’ in the survey.

Appendix 1 is also not reflective of all the specialist groups represented in the survey. This table is designed to reflect the views of the larger represented groups in the rural health issues survey.





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