

27 August 24

## New employment model ticking boxes for trainee rural doctors

**The Rural Doctors Association of Australia (RDAA) has welcomed the announcement of further investment in an innovative employment model to attract more junior rural doctors to Charleville.**

Dr RT Lewandowski, RDAA President, said that the model, which gives GP and rural generalist (RG) registrars the option of being employed as salaried employees rather than the current fee-for-service contract arrangement with a general practice, is desperately needed to help address the rural doctor shortfall.

“A significant proportion of junior doctors – around 38% – are saying they are interested in a Single Employer Model (SEM),” Dr Lewandowski said.

“The package of leave arrangements and supports with the SEM makes GP and RG training more attractive to many young doctors.

“At the moment, when doctors are selecting a training path, they need to choose between a hospital-based speciality which comes with guaranteed income and entitlements such as annual leave, paid parental leave, accrued sick leave, professional development leave and other remuneration and benefits, and a GP or RG speciality which historically comes with a minimal set of leave entitlements, as well as a loss of accrued benefits when they leave the state employment system.

“For many rural GP and RG registrars SEM also reduces the complexity of having two or more employers, which they are required to do when they work in both the general practice and the hospital setting. A single contract with a single employer, and a single superannuation arrangement are just some of the benefits.

“We are excited that Charleville has come on board with the new trial, which is part of an SEM expansion announced in the October 2022 and May 2023 Federal Budgets, and will run until 2028.”

Tasmania has already announced its investment in SEM, and Victoria is starting its in 2025 across three areas including Mildura, Bairnsdale and the Grampians. New South Wales are also expanding on the success of the pilot Murrumbidgee SEM, with new sites coming on-board in 2025, and South Australia’s Riverlands SEM pilot has been a huge success. These are all very encouraging developments for registrars and present a great opportunity to maximise interest in this new employment arrangement for these doctors.

RDAA and the state Rural Doctors Associations have been working with state and federal government to bring these SEMs to fruition. The shortage of rural doctor trainees occurs in all states



and local health services and state governments need to work with the Commonwealth to embrace innovation that will make rural practice a more attractive option for junior doctors.

“We are excited for the general practices and hospitals involved in these initiatives and the opportunities the model creates,” Dr Lewandowski said.

“It is very disappointing that Western Australia has yet to announce any trial sites, and we will be looking closely at Rural Generalist Pathway WA for some action in this very important space.

“SEM is part of the package of policy initiatives which is resulting in an increase in the popularity of RG training. We especially need sites to embrace and accommodate this expanding RG cohort as these are the doctors who will provide the broad range of skills needed to meet the breadth of medical need in rural and remote communities across both the general practice and hospital settings.

“Rural patients need to have access to an appropriate level of care as close to home as possible, and on Country where possible. The need to travel to access birthing services, minor surgical services, diagnostic services, and even emergency services is an issue that directly costs lives.

“The Albanese Government has committed to investing in solutions that may address these problems, and we need all levels of health administration to engage with and implement programs, such as SEM trial sites, to progress better health outcomes for rural Australians.”

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**A high resolution photo of Dr RT Lewandowski is [available here](#).**

**Available for interview:** RDAA President, Dr RT Lewandowski  
RDAA CEO, Peta Rutherford  
State specific contacts also available

**Media contacts:** Ineke Kuiper on 0408 669 638  
Patrick Daley on 0408 004 890

