RACMA Position Statement: Securing Australia's Medical Workforce to deliver healthcare to Australians

Executive Summary

Australia's medical workforce faces sustained pressures that are impacting service delivery, clinician wellbeing, and patient outcomes. Persistent workforce maldistribution, inflexible training pathways, and overdependence on locum and international medical graduates (IMGs) are contributing to practitioner burnout and destabilising health service delivery. The Royal Australasian College of Medical Administrators (RACMA) calls for urgent, system-level reform to ensure we have the right workforce and support in the right places. Our members lead health services across Australia and Aotearoa New Zealand and understand what is needed to stabilise and strengthen the health system.

This position statement sets out six national priorities for action. These are grounded in lived system experience and developed from consistent policy leadership.

1. The Challenge is Systemic: A National Medical Workforce Under Pressure

Health outcomes in rural, regional, remote and outer-metropolitan areas continue to lag behind those in metropolitan centres. A major, solvable contributor is the entrenched maldistribution of the medical workforce across both general practice and non-GP specialities. In some communities, general practices are no longer viable; in others, hospital coverage depends heavily on locum arrangements. Doctors in these settings often experience professional isolation, lack of leave cover, limited career development, and outdated industrial frameworks.

Urban systems, meanwhile, face different but related pressures: escalating demand, localised oversupply in some specialities, and training program bottlenecks that limit adaptability. These issues are interconnected, and their impact accumulates across the system.

RACMA calls for a nationally coordinated, jurisdictionally delivered approach to workforce reform—one that integrates data insights, policy levers, training design, and clinical governance at the local level. A resilient and sustainable medical workforce must be deliberately planned, data-informed, and responsive to national goals and local realities.

2. Recognise and Reform the Middle Tier: Service Registrars, CMOs and Emerging Hospitalists

Service Registrars and Career Medical Officers (CMOs) represent an essential stabilising tier in the medical workforce. They deliver continuity, clinical leadership, and adaptability in systems under pressure. Yet these roles remain structurally unrecognised, underutilised, and disconnected from defined career pathways. This workforce could form the backbone of a new, formalised hospitalist model within the Australian context.

Service Registrars are largely excluded from training benefits, development opportunities, and recognised advancement. CMOs work across a spectrum from early-career doctors to highly skilled practitioners running procedural lists with minimal supervision – yet pay, industrial status, and credentialing structures rarely reflect this diversity.

RACMA supports:

- National recognition of Service Registrar and CMO roles in workforce planning and reporting
- Structured training and credentialing frameworks linked to CPD and the scope of practice
- CPD Home inclusion and consistent access to CPD, study leave and peer review mechanisms
- Title reform to move away from the unaccredited" labelling that undermines workforce legitimacy
- Long-term career structures with the development of a credentialed hospitalist pathway—a structured, recognised career track for those who undertake longitudinal ward-based or procedural work without entering traditional fellowship programs. These clinicians should be supported by formalised pre-speciality training modules, CPD requirements, and supervisory frameworks.

Without recognition and better training and employment structures, these workforces will continue to prop up the system without gaining from or contributing to its long-term sustainability.

3. Support and Supervise IMG Workforce Contributions

International Medical Graduates (IMGS) have long played a critical role in delivering care in rural, regional, and remote areas. Yet their employment pathways remain highly variable, with inconsistent onboarding, supervision, credentialing, and support. Addressing this inconsistency is essential—not only to protect patient safety and clinician wellbeing, but also to strengthen long-term workforce stability.

RACMA supports reforms to ensure safe, fair, and structured integration of IMGs into the health system.

We recommend:

- Hospital-based placements for all incoming IMGs, with structured supervision and assessment
- A national framework for IMG arrival, induction, cultural orientation, safety training, and ongoing support
- Reform of moratorium and distribution mechanisms (e.g. Section 19AB) to align with actual workforce needs, rather than postcode-based proxies
- Clear guidance for employers to prevent inappropriate use of unpaid or unaccredited placements
- Bilateral ethical recruitment agreements to avoid contributing to workforce shortages in low- and middle-income countries
- National monitoring of IMG supervision quality, training outcomes, and long-term retention to inform policy and reduce workforce churn

These reforms are not about lowering standards—they are about ensuring consistent, transparent, and equitable pathways for skilled clinicians who are already essential to the delivery of care across Australia.

4. Reform Medical Pathways to Match Community and Workforce Needs

Australia's medical education system continues to produce highly capable clinicians, but its current structure does not adequately reflect the distribution and capability needs of the health system. Training pathways remain highly centralised, competitive, and often favour

subspecialisation over the generalist, procedural, and leadership skills needed in regional, rural, and outer-metropolitan settings.

RACMA supports reforms that align training design with workforce demand, system sustainability, and patient outcomes. We recommend:

- Expanding generalist medical and surgical training pipelines with structured career progression
- Establishing nationally consistent, linked training schemes that support cross-jurisdictional mobility
- Reforming AMC and postgraduate accreditation systems to better recognise diverse career trajectories, including those with a focus on leadership, management, or system stewardship
- Recognising relevant clinical and system experience gained in CMO, Service Registrar, and IMG roles as valid preparation for formal speciality training
- Providing clearer, more equitable pathways into training for overseas-trained doctors

These reforms are not only about growing the workforce—they are about ensuring the right clinicians, with the right training and system capabilities, are working where they are most needed.

5. Plan Nationally, Implement Locally: Getting Distribution and Accountability

Workforce reform efforts are currently fragmented across levels of government. Locally, decision-makers often lack the legislative and funding authority to make change. Nationally, initiatives often struggle to reach local services. Neither is delivering on the scale required.

RACMA supports:

- A nationally agreed medical workforce strategy with accountability mechanisms across governments
- Stronger clinical governance frameworks in rural and regional systems are tailored to the context and are not copied from metro hospitals.
- Funding for Medical Administrators and clinical leaders to lead workforce development within health services
- Investment in local medical workforce units or networks within regions to coordinate placements, training, and planning, similar to jurisdictional training hubs, but with stronger clinical governance leadership.
- Contractual mechanisms (e.g. National Health Reform Agreements) to embed reform actions within health system architecture

Medical workforce governance must be about more than headcounts. It must focus on the structures, incentives, and leadership needed to deliver equity and safety.

6. Culture and Wellbeing: Creating the Conditions to Stay

Clinician wellbeing has become one of the most significant—and least systematically managed—risks to workforce sustainability. Across the system, doctors are facing unsustainable workloads, limited career visibility, and inconsistent access to peer support. These pressures are particularly acute in rural and regional settings, but they affect clinicians in all contexts.

Cultural and structural change is essential. It cannot be reduced to individual resilience or informal peer support. Clinician wellbeing is directly linked to how teams function—and to

whether workplaces are safe, inclusive, and governed effectively. Team-based care is not only better for patients—it protects clinicians through shared responsibility, mutual support, and clearer escalation pathways.

Improving workplace culture requires clear governance, formal accountability, and well-resourced safety structures. Initiatives such as A Better Culture are important signals of intent, but they must be supported with real authority, resourcing, and measurable outcomes.

RACMA supports:

- Embedding wellbeing and safety into the performance metrics of boards, executives, and training programs
- Investment in medical leadership development at all stages of the workforce pipeline, with emphasis on team-based care and psychological safety
- Creation of psychologically safe learning and working environments, with transparent escalation pathways and structured support
- Expansion of funded peer support, debriefing, and supervision training programs grounded in safety science and inclusive of all disciplines
- Strengthening governance capability so that culture and wellbeing risks are managed with the same discipline as clinical and financial risks

A sustainable medical workforce depends on more than individual resilience. It depends on teams that are supported, accountable, and empowered to provide safe care together.

Clinical Governance: A Foundation for Safe and Effective Scope of Practice Reform

All medical workforce reforms—whether focused on scope, distribution, or workplace culture—depend on robust clinical governance. It is not a technical detail or afterthought, but the foundation for safe, team-based, patient-centred care.

In a multidisciplinary environment, governance systems must ensure that all health professionals can work to the top of their scope of practice, within clearly defined, safely supported parameters aligned to their training, supervision, and regulatory frameworks. Expanding scope should never be a substitute for investment in the medical workforce, nor reduced to a mechanism for cost containment. Reforms must focus on improving outcomes and maximising the impact of every dollar spent—ethically, legally, and safely. Poorly designed models risk higher system and community costs, and erode public trust. Clinical capability and safety must remain the foundation of any scope change.

RACMA recommends that any expansion of the scope of practice must be underpinned by:

- Context-specific governance arrangements: Clinical governance must reflect the realities of local service models, risks, and workforce compositions, particularly in rural, regional, and outer-metropolitan settings.
- Medical leadership in governance roles: RACMA-trained Medical Administrators are uniquely equipped to lead integrated governance systems across diverse environments, balancing risk, credentialing, delegation, and team dynamics.

- Clear delineation of accountability: Expanded scopes must not dilute responsibility. Teams must be supported by systems that define who is accountable for clinical decisions, outcomes, and escalation.
- Integrated credentialing and performance frameworks: Changes to scope must be supported by clear, shared mechanisms for credentialing, supervision, monitoring, and remediation.

Clinical governance is the mechanism that turns expanded scopes and new models into safe, effective, and coordinated care. RACMA stands ready to partner with governments, services, and professions to ensure scope reform is led with integrity, implemented with clarity, and grounded in what matters most—safe care for patients, delivered by well-supported teams.

RACMA's Contribution

RACMA is the only specialist medical college dedicated entirely to medical leadership and governance. Our members work at the intersection of clinical care and system design—leading hospitals, planning workforces, and stewarding reform. We understand the policy levers, and we are embedded in the consequences of how they are used.

We train and accredit Medical System Leaders who:

- Lead strategy, workforce planning, service delivery, and safety initiatives
- Navigate both clinical risk and system-level constraints
- Are already responsible for implementing reform, and need the system to back them in doing it

RACMA stands ready to partner with governments, jurisdictions, and health agencies to co-design and deliver the medical workforce our health system needs—one that is clinically led, team-based, and built for long-term sustainability.