



13 October 2026

Committee Secretary
Senate Education and Employment Committees
PO Box 6100
Parliament House
Canberra ACT 2600

By email: eec.sen@aph.gov.au

Dear Committee Secretary

RE: ACRRM's submission to the State of Australia's Early Childhood Education and Care System in Rural, Regional and Remote Communities

The Australian College of Rural and Remote Medicine (ACRRM) welcomes the opportunity to provide a submission on the State of Australia's early childhood education and care system in rural, regional and remote communities.

ACRRM's vision is for *'Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation'*. Key to this is access to doctors who are appropriately skilled to provide services in rural and remote communities, including rural generalists.

The College raises concerns about the lack of supply of early childhood education and care services in rural and remote areas, with our members raising concerns about services such as day care, prep, kindy, enrolments in early school years, and the Government's In Home Care program. Even when some or all of these services are present in communities, access, opening hours and enrolment remain limited. Education services are fundamental in creating the longevity and wellbeing of attracting and retaining required workers in rural and remote communities, including rural medical practitioners.

With the limited supply of resources in some communities, the College has been notified that wait times to access these programs can be long, with prep having a two-year waitlist in one town, and one of our members was on a kindy waitlist for 10 months but still being denied access. These wait times are increasing clinicians' overall stress, therefore affecting their health and wellbeing. Lack of access to childhood education and care is resulting in members seeking fewer or modified working hours than they would prefer or are able to do.

The College also raises concerns around the strains that this is impacting the frontline workers across a range of professions, including those in the health system and the infrastructure investments needed in these communities being identified. ACRRM notes that, with a limited number of practitioners in some rural and remote communities, modifying one staff member's working hours requires additional resources overall to facilitate adequate care.

ACRRM would like to note that for there to be economic development and improved wellbeing for these communities, particularly professions in health, a sustainable education system is needed. The education system needs to support the families' particular needs and, in turn, attract and retain tomorrow's healthcare workforce.

One ACRRM Fellow provided the following insight, expressing that they would not have been able to continue rural generalist training in rural and remote communities without the goodwill and generosity of other clinicians:

“I did not know these doctors, yet they facilitated my move ... by caring for my child, with their goodwill and generosity. Without this I would not have been able to leave Brisbane and would not have been able to continue my training as a rural generalist.”

The limited supply of early education is deterring necessary workers, including the needed additional health practitioners from moving to remote areas, therefore straining community health and the overall efficiency of the health system.

The College has received feedback regarding the Federal Government's 'In Home Care' (IHC) program within rural and remote communities. ACRRM notes the program's purpose and the potential that it has in some communities, but this program has limitations if there are no care workers to hire within the community. ACRRM acknowledges a detail in the IHC program: educators in rural and remote areas require minimal experience. ACRRM raises the concern that rural generalists should have access to the same quality of childhood education as their urban counterparts. Improving overall education quality can increase attraction to, and retention of workers, in rural and remote communities.

The [Australian Competition and Consumer Commission \(ACCC\) inquiry](#) into Childcare in 2023, states that providers find it hard to find qualified childcare educators in rural and remote areas, which limits the services they can provide. The ACCC also noted that the lack of workers could mean workforce quality is not a high priority for childcare suppliers. ACRRM notes that the healthcare workforce makes up large parts of rural and remote communities.

Community stakeholders have also raised the concern that “childhood education is undervalued and not understood, and it is being sold as a vehicle for returning women to the workforce rather than for its own importance.” Our members in the workplace and the community have explicitly expressed that the education system isn't a mechanism to ensure practitioners are working their maximum hours. Rather, the education system should help build a sense of community and culture not just for the parent but also for the child being raised. Furthermore, if this sense of community is strong enough community stakeholders have expressed that it has the potential to increase practitioner retention and attraction in rural and remote areas.

The [Kangaroo Island Medical Clinic \(KIMC\)](#) was awarded the ACRRM community grant in 2025. Through this, KIMC senior management established its own childcare service, which is offered to the clinic's team. This helped KIMC attract registrars and fellows. This early education model shows that the rural and remote health workforce isn't just about the job, but also about the community services that are provided.

Early education helps with workforce retention and attraction but also helps the community become less reliant on locums. KIMC shows that investing in the education system increases economic development and improves the community's access to healthcare.

Feedback to the College has shown the inequities across Australia and how not every community faces the same challenges in the education system. The College notes a study by the Victoria University that mapped childcare accessibility in Australia in 2024. This showed that the states with the most inaccessible childcare are Tasmania, Western Australia, and New South Wales. Notably, [57% of Tasmania](#) is classified as inaccessible to childcare, showing that different communities need different childcare models and that these resources must remain available to them.

The College also raises concerns about inequity between families in rural and remote Australia, as different families need different services, including extended hours, specialist care, tutorials, and culturally appropriate care, which are rare in these communities.

ACRRM's notes that an improved quality of early childhood education in rural and remote Australia can increase attraction and retention of rural generalists to these communities, as well as other workers and improve their overall wellbeing, which could affect the quality of care they are able to deliver.

The College is supportive of arrangements that provide long term outcomes that support rural and remote communities attracting and retaining the workforce requirements necessary through the provision of essential services and funding of infrastructure needs.

If there are any queries relating to this feedback, please contact ACRRM at policy@acrrm.org.au.

Yours sincerely



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Chief Executive Officer