



2 February 2026

Ms Fiona Phillips  
Chair, House of Representatives Standing Committee on Regional Development,  
Infrastructure and Transport  
PO Box 6021  
Parliament House  
Canberra ACT 2600  
By email: [rdit.reps@aph.gov.au](mailto:rdit.reps@aph.gov.au)

Dear Chair

**Re: ACRRM Submission to the Local Government Funding and Fiscal Sustainability inquiry**

The Australian College of Rural and Remote Medicine (ACRRM) is pleased to provide this submission to the House of Representatives Standing Committee on Regional Development, Infrastructure and Transport Committee's inquiry into the *Local Government Funding and Fiscal Sustainability* (the inquiry).

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. ACRRM plays an important role setting professional medical standards, for training, assessment, certification and continuing professional development of Rural Generalists and rural General Practitioners; and, providing quality education programs, innovative support, and strong representation for the dedicated doctors who serve our rural and remote communities.

With this in mind, ACRRM strongly encourages the Committee to take a health lens to its deliberations for this inquiry, to improve and ensure appropriate policy settings and funding arrangements for Local Governments and between different levels of governments to adequately and appropriately support rural health services. While Australia enjoys some of the best healthcare in the world and a guarantee for universal access to healthcare through the Medicare system, this can only be realised if people are able to access the care they need, from an appropriately trained and available workforce in rural Australia.

The rural health workforce shortage persists throughout Australia, negatively impacting both the ability for people in these areas to access necessary services and their health outcomes. Attracting a health workforce to rural and remote communities requires the presence of adequate local infrastructure and vibrant communities where practitioners and their families can settle for the long term. There is a critical role for local governments, and in the coordination and prioritisation of funding between levels of government to ensure these factors.

Firstly, it is essential to ensure that rural clinicians have appropriate, safe and adequately equipped facilities to practice in, that are suitable for the care that needs to be provided to their patients. Appropriate clinical environments require adequate and coordinated infrastructure investment from governments to establish, modernise and maintain them for the benefit of rural and remote communities. As such, funding for health infrastructure projects in rural and remote areas must be prioritised across governments.

Secondly, the availability of appropriate and secure housing is often a particular challenge in rural communities. Indeed, the Regional Australia Institute (RAI) have found that *'regional housing approvals are 20% lower than the early 2000s and failing to keep pace with population growth'*. However, without somewhere to live that is safe and affordable, rural communities will not attract medical professionals or be seen as a long-term option for practitioners and their families. This must be recognised and addressed in infrastructure planning, housing initiatives and government reforms (for example, the National Housing Accord), to prioritise areas and projects where there are critical shortages in rural and remote Australia.

It is also essential to ensure that infrastructure projects are planned and funded to meet other social and economic needs of families in rural and remote areas, such as childcare centres, schools, community and sporting facilities. This will ensure strong, vibrant communities that that will attract and support rural health care professionals while they support their communities.

Lastly, funding initiatives and long-term planning across levels of government must recognise the impact of climate change on human health and the need for coordinated responses to natural disasters, that disproportionately impact rural areas, across all sectors of communities. Climate change action consistent with Net Zero ambitions and relevant to the rural and remote context, alongside the health system responses required and long-term support for natural disaster recovery support in affected rural and remote communities is a critical consideration in this inquiry.

If you have any queries relating to this feedback, please contact ACRRM at [policy@acrrm.org.au](mailto:policy@acrrm.org.au).

Yours sincerely



Marita Cowie AM  
**Chief Executive Officer**