# Multidisciplinary Teams in Rural and Remote Communities

**POSITION STATEMENT**

## College position

All healthcare professionals in rural and remote teams—Rural Generalists (RGs), nurses, Aboriginal and Torres Strait Islander Health Workers and Practitioners, midwives, allied health professionals, paramedics, visiting specialists, and telehealth providers—are essential contributors. Effective collaboration within these multidisciplinary teams facilitates timely, appropriate, and comprehensive care that is responsive to individual and community needs.

Rural Generalists are central to these teams. Their broad, advanced skills enable them to manage acute and complex chronic conditions, delivering comprehensive, patient-centred care optimised for isolated and resource-limited environments.

Effective, cross-disciplinary healthcare teams are fundamental to delivering coordinated, patient-centred care in rural and remote Australia, especially for patients with complex or multiple health conditions. These communities face unique barriers including geographic isolation, workforce shortages, and limited specialist access. Flexible, team-based models tailored to local needs are critical to ensuring safe, equitable, and high-quality care.

Sustaining and strengthening the rural health workforce requires adaptable funding models that support and incentivise team-based care. These models should:

- Deliver the highest-value care practicable within each rural or remote context, ensuring all communities have access to medically informed care through continuity of care relationships where feasible.
- Ensure an appropriate skill mix within teams and enable clinicians to work to their full, safe scope of practice to maximise access to quality care.
- Encourage effective communication and collaboration among team members.
- Be responsive to the specific health priorities and cultural contexts of local communities.
- Be co-designed in partnership with the communities they serve to enhance relevance and acceptability.

ACRRM emphasises the need for culturally safe and responsive healthcare teams, particularly in providing care to First Nations peoples. The College advocates for models that embed cultural leadership, foster genuine community partnerships, and integrate Aboriginal and Torres Strait Islander health professionals as central members of healthcare teams.

The College supports, and is a joint signatory to, the Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Teams, reflecting a commitment to culturally informed, collaborative, and community-driven healthcare in rural and remote Australia.

Multidisciplinary healthcare team models are fundamental to delivering effective care in rural, remote, and First Nations communities. As Australian health system reforms increasingly recognise these models as core to mainstream care delivery, ACRRM welcomes this progress. However, it remains critical to preserve fit-for-purpose rural care models that uphold the highest standards of safety and quality within each unique setting.

## Healthcare Teams in Rural and Remote Practice

ACRRM believes that all Australians living in rural, remote, and First Nations communities have the right to access excellent, equitable healthcare. Achieving this requires care models that, while adapted to the unique circumstances of these settings, must never compromise on the standards of quality and safety expected in urban centres. At a minimum, rural and remote populations should have access to medically informed primary care within a continuous care relationship with a doctor. This principle extends to even the most isolated locations, where care may be delivered through multidisciplinary teams, digital health platforms, or fly-in/fly-out services.

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## Multidisciplinary Team Care

Multidisciplinary team care involves the coordinated collaboration of health professionals across various disciplines to provide holistic, patient-centred care that addresses the full spectrum of a patient's clinical and psychosocial needs. These teams may operate within single organisations or across multiple agencies, including public and private providers. As patients' health conditions evolve, so too must the team composition and care strategies to ensure responsiveness and continuity.

In rural and remote contexts, where workforce shortages, infrastructure limitations, and resource constraints are common, fully staffed multidisciplinary teams may not always be feasible. It is therefore imperative that roles and responsibilities within these teams are clearly defined to maintain coordinated, high-quality care that is safe and effective.

## Key Enablers of Effective Teams

To function optimally, rural and remote healthcare teams require mutual respect, clear and consistent communication, and a shared understanding of each professional's scope of practice and contribution. Flexible models of care that can adapt responsively to community needs and shifting local conditions are essential to sustain effective collaboration.

## The Role of Rural Generalists

Teamwork is a core competency within the ACRRM Rural Generalist Fellowship. Rural Generalists (RGs) are extensively trained to deliver comprehensive, continuous care across the care continuum—including primary care, emergency medicine, inpatient care, and procedural services—making them integral to rural and remote healthcare delivery. RGs possess deep knowledge of local service capabilities, transport logistics, referral pathways, and community context, enabling them to manage patient expectations regarding follow-up care, specialist access, and travel considerations.

Within healthcare teams, RGs often assume clinical leadership, care coordination, and quality oversight roles. Their capacity to integrate care across sectors and maintain continuity of care significantly contributes to improved outcomes for patients with complex and evolving health needs.

ACRRM recognises the operational realities of rural and remote practice, including workforce limitations and the importance of culturally informed care. The Ngayubah Gadan (Coming Together) Consensus Statement highlights that in some communities, non-medical health professionals and Aboriginal and Torres Strait Islander Health Workers and Practitioners play central roles within healthcare teams, consistent with local cultural protocols and community needs.

## Alignment with National Frameworks and Strategies

ACRRM endorses the Ngayubah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams, released by the Office of the National Rural Health Commissioner in 2023.[1] This statement's principles—emphasising place-based, community-led, and co-designed healthcare models responsive to each community's unique needs, culture, and priorities—align closely with ACRRM's values and practices.

The College also supports the Innovative Models of Care (IMOC) Program[2], which fosters workforce innovation and evaluates multidisciplinary primary care models tailored for rural and remote settings.

Additionally, ACRRM acknowledges the important contributions of the National Rural Health Alliance (NRHA) PRIM-HS Report: Towards a Primary Health Care Strategy for Rural and Remote Australia (2023)[3], which advocates for sustainable rural health models designed and led by communities to address workforce challenges and improve access to high-quality integrated care.

## Clinical Leadership and Governance in Rural Settings

Robust clinical governance underpins effective healthcare teams. Governance frameworks must clearly delineate roles, foster accountability, support safe and collaborative practice, and promote quality assurance through continuous professional development and regular performance review.

ACRRM recognises the medico-legal complexities inherent in shared care, particularly in distributed or cross-jurisdictional teams, which are often accentuated in rural and remote settings due to service gaps and professional isolation. The College advocates for clear clinical accountability, formal supervision structures, and accessible medico-legal support to ensure that shared care arrangements are safe, legally sound, and centred on patient wellbeing.

Leadership models must be adaptive and context-sensitive, enabling RGs to lead where appropriate, while empowering other qualified health professionals to coordinate care collaboratively, such as in communities without permanent doctors or where care is delivered via telehealth or fly-in/fly-out arrangements.

## Interprofessional Collaboration and Education

Sustainable rural healthcare teams depend on intentional interprofessional collaborative practice—structured shared care approaches that promote role clarity, person-centred care, shared decision-making, and improved consumer outcomes.

ACRRM values the cultivation of collaborative learning environments as essential to embedding a culture of teamwork, continuous knowledge exchange, and mutual respect among health professionals. This is especially important in rural and remote areas with high staff turnover, as it helps preserve local knowledge and strengthens service continuity.

Effective healthcare teams enhance local health system efficiency by ensuring integrated service delivery, optimising referral pathways, and supporting workforce retention, ultimately contributing to community health and economic wellbeing.

## Funding

While rural and remote models of care differ from urban ones, they must meet the highest standards of quality and safety. Currently, there is a significant funding shortfall for rural healthcare, with an estimated $850 less government expenditure per capita annually compared to urban areas.[3] This disparity, despite economies of scale in urban centres, must not justify lower-cost, lower-value services for rural and remote communities.

ACRRM supports flexible, sustained funding mechanisms tailored to the unique needs of rural and remote healthcare teams. Given the diversity of community health systems and resource availability, multiple funding sources are necessary to support the effective implementation and sustainability of multidisciplinary teams.

## Endnotes


1 Office of the National Rural Health Commissioner. Ngayubah Gaden (coming together) consensus statement: rural and remote multidisciplinary health teams. Canberra, AUS: Australian Government Department of Health and Aged Care, Australian Government; 2023.

2 Australian Government Department of Health. (2025). Innovative Models of Care (IMOC) Program. Retrieved from https://www.health.gov.au/our-work/imoc-program.

3 NRHA Evidence based for additional investment in rural health in Australia 23 June 2023. https://www.ruralhealth.org.au/wp-content/uploads/2024/11/evidence-base-additional-investment-rural-health-australia-june-2023.pdf


## Find out more

If you have any queries relating to this Position Statement, please contact us by:


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*ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.*