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Healthy workforce, healthy communities
RACP 2026 South Australian Election Statement

“South Australia needs a sustainable physician workforce to ensure equitable access to high quality healthcare”

- **Associate Professor Andrew Lee
Chair, RACP SA Committee**



The challenge for South Australia

South Australia faces critical healthcare challenges that require urgent action.

Physicians and trainee physicians consistently report concerns about workforce shortages, rising clinical workloads, and low levels of doctor wellbeing that can affect patient outcomes.

The RACP and its [South Australian Committee](#) are committed to working with the incoming South Australian government to enable physicians and trainees to meet the community's health needs, both today and tomorrow.

We seek to partner with the next South Australian government to use the data, evidence, and experience of the RACP and its members to develop high standards of workplace culture and inclusion, sustainability of practice, and systems of care that mean South Australians receive world-class healthcare.

The RACP's prescription for South Australia

1. A sustainable physician workforce to meet rising healthcare needs

A safe and well-resourced physician workforce is essential to a functioning, effective and sustainable healthcare system

The problems the RACP and our members are seeing

- **Rising healthcare needs and hospitals/healthcare services at or beyond capacity.** This increases demands on physicians and trainee physicians and constrains their ability to train the future workforce.
- **Physician and trainee physician workloads contributing to increased burnout.** This poses risks to physician health and career longevity, and can impact both the quality of care provided and patient health outcomes.¹
 - 53% of RACP trainee physicians find their workload heavy or very heavy.
 - 46% find their job responsibilities sometimes or often prevent them meeting training requirements.
 - 31% see their workloads adversely impact their wellbeing always or most of the time.²
- **Barriers to training and skills development for physicians and trainee physicians.**
 - Physicians and trainee physicians have insufficient time for research, learning, training and supervision due to the increasing demands of clinical duties.
 - Only 65% of trainee physicians reported that they can access protected study time or leave, representing a significant problem for preparing future specialists.³

- More than 1 in 5 experience bullying, harassment, discrimination, or racism.⁴

The RACP is actively shaping a healthier training culture. Our new accreditation standards require all training sites provide a safe, respectful working and learning environment and quickly address behaviour that undermines self-confidence or professional confidence.

The RACP wants to work with the incoming South Australian government to:

- **Grow the physician workforce**
 - Make South Australia a **flagship location for medical training** and a destination of choice for overseas trained physicians.
 - Develop **flexible attraction and retention strategies for rural, regional and remote areas**, particularly practical supports such as access to childcare, rental affordability measures, and relocation assistance.
 - **Eliminate short term employment contracts for trainee physicians**, replacing them with arrangements to cover the full duration of their training.
 - Tailor **targeted solutions to urgent workforce shortages**, such as
 - expanding paediatric training places.
 - growing the Aboriginal and Torres Strait Islander physician workforce.
 - sustainable training and employment models for public health physicians, based on integrated workforce planning, mandatory minimum standards and ongoing specialist supervisory capacity to support high quality training.
- **Develop a fully funded, statewide medical workforce strategy**
 - Through partnership with medical colleges and other key stakeholders.
 - A critical component is a comprehensive, statewide health needs and service gap analysis to **strategically target training in specific specialties and locations before critical shortages emerge**.⁵
 - Both a workforce strategy and gap analysis are essential to
 - address service inequities and **ensure physicians and trainee physicians are supported to work where they are most needed**.
 - align South Australia with national workforce planning initiatives while responding to the state's unique geographic and distribution challenges.
 - **attract highly skilled physicians to South Australia** from interstate and overseas.
 - ensure South Australia has the public health leadership and capacity to deliver the new State Public Health Plan and respond to future public health challenges.
- **Support training and ongoing education**
 - Ensure **protected time for learning, supervision, research and professional development**, including sufficient staff to cover clinical duties.
 - Fund and enable research opportunities for physicians and trainee physicians that improve healthcare outcomes while building workforce capability.
 - Establish a **reliable locum system, particularly for regional, rural and remote locations**, to improve workforce stability, enable leave coverage and ensure both continuity of care for patients and continuity of supervision for trainees.
- **Tackle workplace problems**
 - Actively prevent and address **discrimination, bullying, harassment and racism**.⁶
 - Invest in **Chief Medical Wellness Officers within hospitals**.
 - Drive safe, sustainable and healthy work practices, particularly
 - enhanced workplace supports for trainee and overseas trained physicians.
 - work-life balance initiatives, including **flexible training, safe work hours, balanced leadership expectations and ability to take parental / carer leave**.
 - Address daily practical challenges, including

- **increasing administrative and operational support**, particularly for heads of department and supervisors.
- working with physicians and trainee physicians to **fix poor IT systems and getting timely access to key patient information**.

2. Ensuring all South Australians have access to high-quality healthcare

Improving physician access, removing barriers to hospital discharge, and a focus on preventive health are critical for ensuring timely care, reducing inequity, and preventing harm

The problems the RACP and its members are seeing

- **Rising health inequity**, including inequity among children, older people, people with disability, and Aboriginal and Torres Strait Islander peoples.⁷
- **Higher rates of preventable disease** and health conditions such as obesity, where both prevention and treatment are urgent priorities.⁸ For every \$1 invested in preventive health today, over \$14 is saved in healthcare and other costs in future.⁹
- **Inequitable access** to high-quality specialist care, particularly for people in rural, regional and disadvantaged communities.
- **Unacceptably long waitlists** for paediatric services, particularly neurodevelopmental and behavioural care, delaying early diagnosis and intervention, potentially worsening conditions, increasing strain on families and resulting in poorer health outcomes.
- **Transfer of care delays**, linked to insufficient resourcing within the health system (particularly emergency departments) and limited access to non-hospital supports including residential aged care facilities, disability services and age-appropriate care.

The RACP wants to work with the incoming South Australian government to:

- Prioritise the needs of people most impacted by health inequities:
 - Fund and support outreach clinics in rural, regional, and remote South Australia, particularly in physician specialties where permanent staffing is not feasible.
 - Integrate culturally appropriate physician care in existing Aboriginal and Torres Strait Islander primary care settings.
 - Prioritise investment in technologies which enable greater connectivity of rural and regional communities to physicians, including telehealth.
- Support broader use of **collaborative models of care between physicians, GPs and allied health professionals** to ensure early and timely access to specialist care.
- Remove barriers to discharge from hospital care settings:
 - Provide accessible rehabilitation, disability services and supported accommodation.
 - Partner with social care services such as aged care, disability and mental health services in an integrated care manner.
- Building on the initial work of Preventive Health SA to
 - Dedicate 5% of total health expenditure to prevention by 2030
 - Ensure adequate workforce and funding to support South Australia's participation in the work of the Australian Centre for Disease Control and implementation of national obesity, diabetes and tobacco strategies.
- Establish a specialist obesity clinic for paediatric patients.

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¹ Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction. *JAMA Internal Medicine* [Internet]. 2018 Oct 1;178(10):1317-30 [cited 2025 Jun 20]. Available from:

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144>

² Medical Board of Australia's [2025 Medical Training Survey](#).

³ Medical Board of Australia's [2025 Medical Training Survey](#), noting this figure is up from 60% in the previous report and is trending in the right direction, but the fraction without effectively protected time for teaching and learning remains high.

⁴ Medical Board of Australia's [2025 Medical Training Survey](#), noting the rates of bullying, harassment, discrimination and racism experienced by Aboriginal and Torres Strait Islander doctors in training are [significantly higher](#) (56%).

⁵ This is a recommendation of the [Joint College SA election statement](#), which the RACP proposed and supports. We commend the publication of median and maximum waiting time data via the [SA Health Specialist Outpatient Clinics Waiting Time Reports](#), and note the Census for the period ending 30 June 2025 (published November 2025) contains some indications of significant improvement, and indications of some significant challenges. Partnering with colleges to conduct a gap analysis and produce a workforce strategy to address such clear inequities should be a clear commitment by every party and candidate at the 2026 election.

⁶ See [Respectful Behavior in College Training Programs](#), and [Statement on Safe and Respectful working environment](#).

⁷ See [SA: The Heaps Unfair State: Why have health inequities increased in South Australia and how can this trend be reversed? Summary Report](#) (Southgate Institute for Health, Society and Equity, Flinders University, and the South Australian Council of Social Service, 2020) and [Restoring the Fair Go: Interim report to inform discussion about policy alternatives for reducing Australian Health Inequities](#) (Stretton Health Equity, University of Adelaide, Adelaide, South Australia, 2025). See also Camprostrini, S., Dal Grande, E. & Taylor, A.W. [Increasing gaps in health inequalities related to non-communicable diseases in South Australia: implications towards behavioural risk factor surveillance systems to provide evidence for action](#). *BMC Public Health* **19**, 37 (2019). <https://doi.org/10.1186/s12889-018-6323-7>.

⁸ Updating the 2019 [Hotspots of potentially preventable admissions to South Australia's public hospitals](#) would be desirable as a measure towards refocusing service planning in a more equitable way.

⁹ Australian Government Department of Health, Health Protection, Preventive Health and Sport Budget 2023-24 [Internet]. Canberra: Department of Health; 2023 Oct [cited 2025 Jun 20]. Available from: <https://www.health.gov.au/sites/default/files/2023-10/health-protection-preventive-health-and-sport-budget-2023-24.pdf>