Roma Rural Generalist Charter
October 2025

Background

Rural generalist medical practice has existed since rural communities have had access to healthcare locally.

The Collingrove Agreement defines a Rural Generalist as:

> *a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.*

Rural generalist training and workforce models have been considered and implemented to varying degrees throughout Australia over the last twenty years. A National Rural Generalist Pathway was established in 2020 and national recognition of rural generalist medicine as a specialised field of general practice was announced on 21 September 2025. Rural generalist registrar positions are increasing to accommodate medical student and junior doctor interest in rural generalism.

Rural generalist medicine is at a critical juncture to fully realise and embed the benefits of broad scope rural generalist care to support care close to home for rural communities, improve health outcomes and drive system reform and efficiencies.

This Charter summarises key principles and opportunities to support the future strategic development of rural generalism and builds upon the original Roma Agreement.

Foundational principles

The 2005 Roma Agreement established foundational principles to guide structural reform and formalise the development of rural generalist medicine within Queensland. Four fundamental pillars were developed to support the establishment of a sustainable rural generalist workforce:

- **Recognition of rural generalist medicine** - professional recognition as a qualified specialist, industrial instruments to support appointments, credentialed scope of practice, and role specification.
- **Valuing rural generalist practice for its true worth** - both financially and professionally.
- **A supply line/pathway to practice.**
- **Service and workforce design**.

In 2017, acknowledging the maturity of these foundational pillars and the need for further understanding and system reform, a fifth pillar, **research and leadership**, was added.

Framing the future

Rural generalists, registrars, trainees, rural medical leaders, system leaders, community members and rural health advocates from Queensland and interstate convened in Roma on 2–3 October 2025 at the Queensland Rural Generalist Pathway's 20-year Rural Generalist Forum to frame the future of rural generalism.

The Charter principles listed below incorporate pre-forum stakeholder engagement insights, 80 survey responses from across Australia, and the views of the 180 attendees at the 2025 Roma forum, collectively capturing perspectives from rural generalist training providers and employers, rural health sector leaders, current and future rural generalists, and state and national training and workforce leaders.

While consultation has primarily focused on the medical context, this work is grounded in the critical importance of care delivered by the full multidisciplinary team. The multidisciplinary team and the care that is provided in a team-based context is at the very core of rural and remote healthcare.

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These principles are underpinned by the assumption that all rural generalist models of care should fundamentally include the multidisciplinary team.

This Charter is intended to guide and support the strategic development of rural generalism in Queensland and be a resource for national developments.

Charter principles

Goal: *To grow and sustain rural generalist training, leadership and workforce with the purpose of improving the health and wellbeing of rural and remote communities.*

1. Co-design with local communities and existing health providers to ensure rural generalist services are culturally appropriate, sustainable, and responsive.
2. Develop and sustain rural generalist leadership, workforce and training models that are flexible, responsive and innovative.
3. Grow and retain the rural generalist workforce to meet community need.
4. Ensure the health, wellbeing and cultural safety of trainees and the rural generalist workforce.
5. Rural generalist models of care are accessible, well resourced and sustainable.
6. Strengthen and embed the role and value of primary care across rural generalist service models.
7. Partner with First Nations leaders, Aboriginal Community Controlled Health Organisations (ACCHOs) and communities to extend and strengthen rural generalist training and service models.
8. Invest and collaborate across all levels of government, community and stakeholders to facilitate the success of rural generalist training, workforce and service delivery.
9. Prioritise research, data collection and data sharing to inform best practice, health service and workforce planning and improve rural, remote and First Nations health outcomes.

Commitment to collaborate

The following organisations have committed to progress the work of the Charter:

- Australian College of Rural and Remote Medicine
- Royal Australian College of General Practitioners
- Office of the National Rural Health Commissioner
- Rural Doctors Association of Australia
- Rural Doctors Association of Queensland
- Health Workforce Queensland
- Queensland Aboriginal and Islander Health Council
- Queensland Rural Generalist Pathway.

Note: this Charter does not represent Queensland Health policy.

We acknowledge and thank artist Susie Klein, a proud Jaularoi woman born on Mandandanji traditional lands, who accepted our invitation to join us at the Queensland Rural Generalist 20 year Forum and share her artistic storytelling gifts. Throughout the Forum, Susie worked, listened, reflected, and captured our journey as it unfolded around her. Her artwork, embedded within this Charter, beautifully expresses the passion and essence of the event.

Susie's piece offers an aerial perspective of the land and riverways surrounding Roma, while also reflecting the energy in the room, the depth of the discussions that took place, and the personal contributions added to the canvas by Forum attendees. Find out more about Susie here.