
ANNUAL REPORT





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Note - The 2026 RDAQ Financial Statements & Auditor's Report is provided separately to this report [HERE](#).



President's report



DR DAVID WALKER
President 2025-2026

Reflection & perspective

It is a privilege to present this report following a significant and, at times, challenging year for rural medicine, our communities and our organisation.

This year has reinforced how deeply interconnected rural healthcare is. Primary care, hospitals, maternity services, retrieval systems and aged care are closely linked—when one part becomes fragile, the entire system feels the impact.

Cost-of-living pressures have further intensified these challenges across rural Queensland. Patients are facing rising costs for housing, fuel, food and travel, while services continue to experience workforce shortages and instability.

Despite this, rural communities remain resilient, driven by committed clinicians and strong local leadership.

System pressures & advocacy

One area where pressure is most visible is the Patient Travel Subsidy Scheme (PTSS). For many rural Queenslanders, accessing healthcare requires travelling hundreds or thousands of kilometres.

Rural patients do not choose to travel; they are forced to.

The scheme has not kept pace with the real cost of travel and accommodation, leaving many patients significantly out of pocket. At a time of illness and uncertainty, they are also navigating a system that can be inconsistent and difficult to access.

RDAQ has continued to advocate strongly for reform, working alongside aligned organisations to call for more contemporary governance, improved funding structures and clearer review mechanisms.

Workforce sustainability

Workforce remains a dominant issue. Recent analysis has reinforced what rural clinicians have long known—workforce growth continues to favour metropolitan areas, while smaller rural services remain inherently fragile.

Importantly, “more of the same” will not solve the problem.

Workforce discussions must extend beyond vacancy numbers and consider true workforce need. Services may appear staffed on paper but remain vulnerable without senior decision-making capacity, procedural capability and continuity.



Stable senior clinicians underpin rural healthcare by providing supervision, leadership and training. Without them, workforce turnover increases and long-term sustainability declines.

Encouragingly, generalist and team-based care models continue to gain recognition. The Queensland Rural Generalist 20-Year Forum highlighted the success of place-based training and broad generalist capability as key foundations of a strong rural workforce.

Engagement & advocacy

RDAQ has continued to engage constructively with both government and opposition. This has included meetings with key stakeholders, including the Shadow Minister for Health and Ambulance Services, and ongoing engagement with system leadership.

We have also maintained regular engagement with senior clinical leadership, including the Chief Medical Officer and Chief Midwifery Officer, ensuring rural perspectives are represented consistently at senior decision-making levels.

Rural health advocacy is most effective when it is credible, practical and solutions-focused, regardless of the political environment.

Rural maternity care

Rural maternity care remains a major focus for RDAQ.

The return of birthing services to communities such as Cooktown and Biloela continues to feature prominently in both public discussion and our advocacy. These services are vital, not only for clinical outcomes but also as an indicator of broader community sustainability.

This year demonstrated the value of constructive engagement. RDAQ worked collaboratively with stakeholders, including Central Queensland HHS, on the proposed recommencement of services under a Primary Birthing model.

These discussions remained professional and focused on achieving safe, sustainable care close to home.

RDAQ was also pleased to contribute to the development of statewide guidance, reinforcing the importance of involving experienced rural clinicians early in policy and service design.





Governance & organisational strength

This has been a significant year in governance for our organisation.

Discussions regarding the proposed national restructure of RDAA and potential amalgamation have generated strong engagement across the membership. RDAQ remains committed to ensuring members shape the future direction of the Association.

Alongside this, RDAQ undertook a comprehensive review of its Constitution and governance processes. Amendments modernising governance, elections and grievance procedures were ratified at a Special General Meeting. Importantly, this work was supported by pro bono legal services from Mills Oakley, ensuring no direct cost to the Association.

While at times challenging, these discussions reflect a healthy organisation capable of respectful debate and committed to transparency and member engagement.

Throughout these processes, the Management Committee remained committed to transparency, consultation and ensuring Queensland members were appropriately informed and heard. This included a comprehensive member sentiment survey which sought feedback not only on the proposed national restructure, but also broader advocacy priorities and member services for the future of the Association.

Acknowledgements

I would particularly like to thank Dr Danielle Allan and Dr Helen Fraser for generously stepping into the role and supporting the organisation while I was undertaking my secondment. I am deeply appreciative of their leadership, judgement and willingness to carry additional responsibility during that period.

RDAQ is built on clinicians who contribute their time, expertise and energy alongside demanding professional and personal commitments. I thank the Management Committee for their leadership and ongoing commitment.

I also acknowledge General Manager Marg Moss and the RDAQ team for their tireless work behind the scenes across advocacy, governance and member engagement.

Finally, thank you to all members and your families. Rural medicine is challenging, but your commitment continues to make a meaningful difference in communities across Queensland every day.

Looking forward

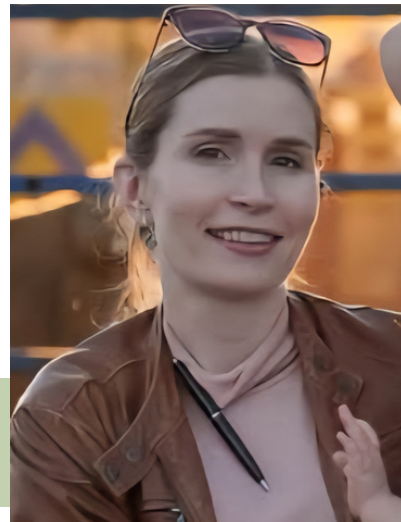
Rural healthcare will always face challenges—distance, workforce pressures and inequity remain constant. However, rural Queensland is also defined by capable people, strong communities and clinicians who continue to innovate, adapt and lead.

That gives me genuine optimism for the future and confidence that RDAQ will continue to advocate strongly for rural doctors and the communities we serve.



Treasurer's report

DR ELIZABETH CLARKSON
Treasurer 2025-2026



In presenting the financial report for year ending 31st December 2025 I start with thanking my fellow Management Committee members and RDAQ President David Walker supported by Danielle Allan and Helen Fraser, particularly over the President's period of leave.

I recognise our Finance and Review Committee (FRC) members' efforts as key in delivering an improved result in 2025 and thank current members Marg Moss (General Manager), Ulrich Orda, Tarun Sen Gupta and Matt Masel and acknowledge Michael Reinke who retired from the committee in July 2025.

I am pleased to highlight that after two years of returning a loss (2023 and 2024) we have delivered a break-even result for EOY 2025. (*RDAQ's financial year is aligned to the membership year: January – December).

The context of our previous two-years loss included extraordinary inflationary pressures (2023 - 2024) and reduced partnership income with short lead time (2024). See Figure 1: Trend in Equity.



Figure 1: Trend in equity

In 2024 and 2025 we have targeted management and recovery of these impacts and have set ongoing improvement strategies including:

- Contingency budgeting, conservative revenue forecasting and continuation of our mid-year budget reviews.
- Engagement of professional event management for conference delivery in 2026.
- Engagement of external accounting and Chief Financial Officer service.

We have implemented analysis of revenue diversification and timing combined with tightened procurement in securing contractual arrangements early to mitigate inflationary impacts.

These efforts have also included:

- Membership: we have been focussing on engagement of lapsed members by improving direct payment links and addressing CRM system issues in issuing communications and reminders.



In 2025 we enjoyed membership growth and an increase in revenue on 2024. See Figure 2: Membership Revenue.

- Partnership and general income: We continue to seek new partnerships which continues to be challenging. RDAQ collaborates with RDAA on the national partnerships program and recognises the efforts the RDAA team put towards national partnerships.
- Conference: management of conference revenue and expenditure is critical in our budget in addition to above we have successfully introduced new sponsorship packages and have widened revenue streams for the third consecutive year. Registrations are closely managed against variable expenses. Budget process is working towards a surplus of 20% of revenue.
- Risk mitigation measures: include tightened procurement practices, targeting high risk expense items like catering and AV services.
- Staffing: Staffing expenses have been reduced in the short-term. This will be reviewed mid-year in 2026.

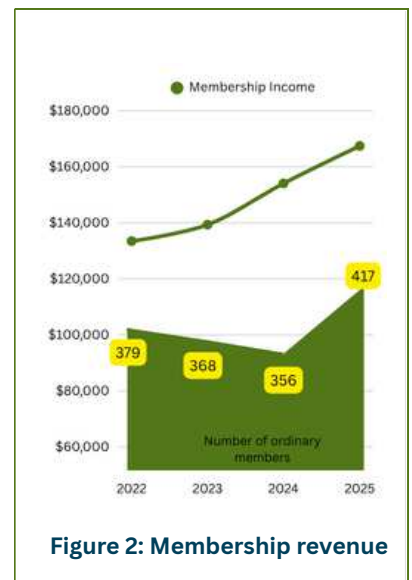


Figure 2: Membership revenue

2025 results

We improved conference efficiency in 2025, with the expense-to-income ratio decreasing further from 84.8% in 2024 to 79.0% in 2025. This 5.8 percentage point improvement reflects stable expenditure relative to increased income. This result reflects improved cost management and conference income streams.

An important result given the contribution conference results make to our capacity to deliver advocacy and support services beyond administration of membership. See Figure 3: Trading Result.

Comparison: General to Conference inc. & exp.

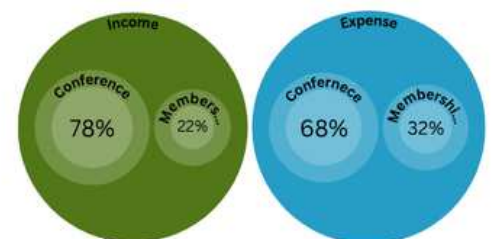


Figure 3: Trading Result

Projections for 2026

Our mid-year review indicates budget is on track to deliver a surplus between \$5,000 - \$15,000 for 2026. This reflects continuation of our improvement strategies and a goal of a modest, budgeted surplus supported by implementation of a 'stretch' target. FRC have identified business opportunities for growth, the GM has been tasked with designing a strategy to convert opportunities to achieve above budget revenue.

2026 focus

- We anticipate record breaking conference results for 2026.
- RDAQ membership is currently ahead of 2025 at point-in-time comparison.
- We continue to build alternative revenue streams including partnerships, advertising and merchandise (with low-risk business rules).



General Manager's report

MARG MOSS
RDAQ GM



2025 in Retrospect

The 2025 membership and financial year reflects the fruits of hard work and difficulties navigated in the 2023 and 2024 years. The impacts of inflation and reduced partnership income have been weathered, and the remedial strategies we employed have successfully delivered a break-even financial position and achieved membership growth.

Business strategy 2025 – 2027

At the beginning of 2025, the Finance and Review Committee (FRC) developed a renewed business strategy. Our ambition for 2025 was to stabilise RDAQ's financial reserve and to strengthen sustainability. Membership growth is key to our sustainability, and this will be explored in detail, however the other three elements of our strategy are also integral to our future.

- Building a defensive interval: The Treasurer provides a detailed report on financial performance. The most significant achievement has been to deliver a break-even result for 2025 and project a return to surplus from 2026. Our strategy is to continue to build towards a defensive interval of > \$200,000

- Boosting conference performance: We delivered on our projected surplus and performed above budget for RDAQ2025. Further improvements have been applied for 2026, and we confidently anticipate further improvements in financial and efficiency gains. We have put in enormous effort to balance this against delivering on delegates, members, and sponsors expectations. Evaluation of the 2025 conference was again positive across all domains. Our delegates will judge if we have achieved this while still delivering a quality and uniquely RDAQ experience in 2026.
- Setting consolidated budget targets: In 2025 we set a budgeted surplus of 4% and planned for growth in ordinary members and partnership programs. We delivered against strategy across conference and membership. Partnerships, beyond the conference program are growing but require further development in promotion and resourcing. This remains a priority for 2026.

Promote rural medical careers



RDAQ's #DestinationRural Prevocational Program has become integral in maintaining our relationship with newly graduated doctors and enabling us to share the rural medicine story with more than 300 graduates since 2022.

Our partnerships with QRGP and MDA National have supported this work. Our Drs In Rural Training peer network (DiRT) is integral to these programs. Led by a core group of registrar members, DiRT hosted events in Brisbane and Townsville to build and continue our relationship with early career doctors. In 2025 Gabrielle Keating handed over the chair of DiRT to Co-chairs, June Brundell and Grace Hocking. I thank all three for their leadership and acknowledge the efforts of our core DiRT team to build an active and vibrant network of early career doctors.



We have collaborated with RDAA to attend intern and RMO Grad Rounds and Intern Orientations at Gold Coast and RBWH. The program was supported by in-kind or contra arrangements with AMA Queensland to ensure we promoted rural careers at early career and graduating student events.

Member services

RDAQ's advocacy and member services have been supported by a small staff team and our volunteer committee members. President, David Walker provides detail on our 2025 advocacy program in his report. We have maintained service provision over the term with similar outputs to the previous year, in the face of reduced staffing hours.

	# of Forums (incl one F2F)	Member participation
RDAQ Peer Networks 2025	17 Forums	>370
Individual support	68 individual sessions	
Prevocational doctor participants 2025		139
Medical student participants 2025		136

We have continued to engage member-volunteers and RDAQ allies throughout 2025. This is enabled by our volunteer policy and manual and has widened our capacity at conference and events.

Our core team has seen some changes through 2025. Bek Barr has continued as our Communications Manager and we have been supported on a casual basis by Hannah Newsome and Jenny Johnson.



A review of staffing will commence in July 2026 with a view to establishing sustainable staffing hours. Bek's role with RDAQ will change after RDAQ2026 as she has taken on a strategic communications role with the Office of Mayor, Townsville City Council. We plan for Bek to return and support communications at RDAQ2027 but we will be making new arrangements to support our strategic and member communications. Although it isn't goodbye, I thank Bek for the professionalism, creativity, and commitment she has brought to RDAQ since 2021.

Communications

Outgoing comms (1 July 2025 - 30 June 2026)	
RuralDocsQ	23
RDAQ2026 news	18
RDAQ Quarterly	3
PrevocDocsQ	2

Membership

Membership Target

Increase membership participation to 20% of rural doctors in Queensland by EOY 2028
Participation improved from 14% - 15% in 2025



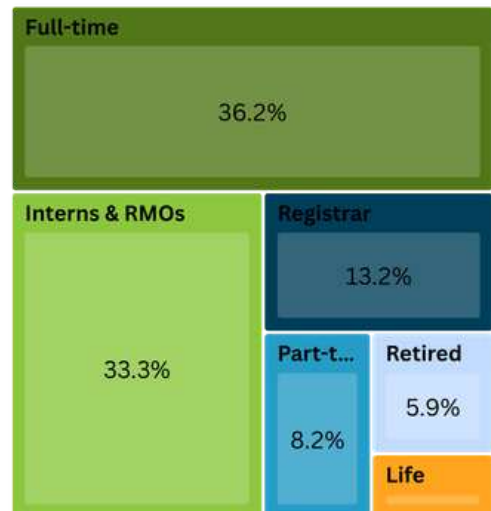
Industry benchmark for professional associations 11%-18%

Our membership

RDAQ ordinary members peaked at 417 at the close of the membership year. The largest category of members are Full-time members followed by the Interns and RMOs.

Figure 1: 2025 Ordinary Members

By Category (n=417)



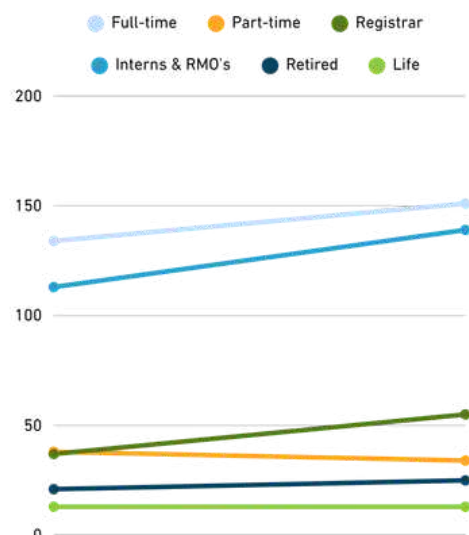
Membership growth

The good news story:

- Overall growth in ordinary members = 17%
- Full-time members = 12.5%
- Prevocational members = 23%
- Registrars = 48%

Figure 2: Membership Growth

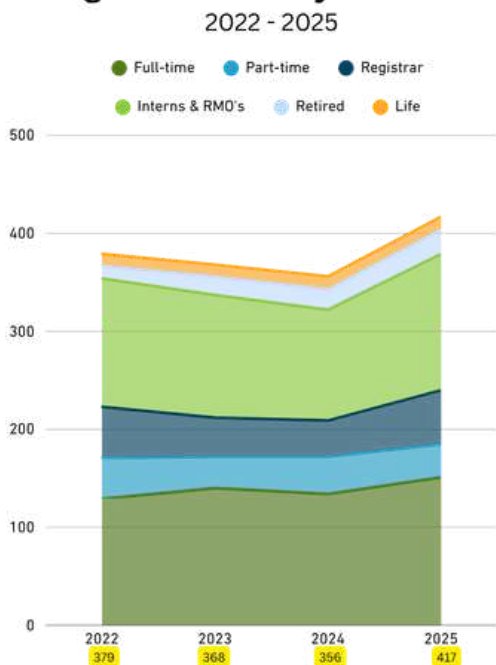
Ordinary members 2024 - 2025



Ordinary members 2022- 2025

Recovery of membership numbers in 2025 places us in an improved position over a four-year trend.

Figure 3. Ordinary Members



Acknowledgements & thanks

11 January 2026 marked my 15th anniversary with RDAQ. This role has offered inspiration, satisfaction and challenges. My goal has been to serve RDAQ with transparency and a deep commitment to our objectives.

I have worked with diverse and passionate presidents, committee members and so many volunteers, thank you for all you do for this Association and your communities.



I extend thanks to the 2025-2026 Executive team David Walker, Helen Fraser, Liz Clarkson and Felicity Constable and make special mention of Danielle Allan who has extended herself to ensure the Association's continuity throughout 2025. The governance year has presented unique challenges and opportunities. The remainder of the 2025-2026 Management Committee have contributed beyond what I can recall being demanded of any RDAQ team in my tenure.

Our Peer Networks play a key role for members to direct our advocacy priorities, thank you to our network chairs June Brundell and Grace Hocking (DiRT), Bek Adams and Stephen Tucker (Maternity), Liam Weber and Hannah Bennett (Specialists & AST), Vish Ramaraju and Helen Fraser (Aust Drs Trained Overseas), Matt Masel and Danielle Allan (Rural GPs).



It is a pleasure to welcome Helen Fraser to role of President, Helen brings energy and positivity to the role combined with balancing insights, I am looking forward to working together over the year ahead.

Finally, I commend this report to the RDAQ members with a blend of pride and humility. The year has seen us grow membership and reset our financial strategy in the face of unique challenges. This has been achieved through the efforts of the management team, our small staff group, and the unique community that is RDAQ.

RDAA CEO report



Peta Rutherford
RDAA Chief Executive Officer

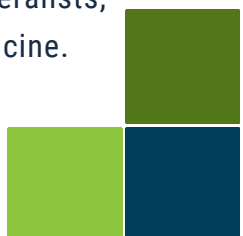
I seem to start each of these reports by saying what a busy year it has been—and this year is no exception. As I write this report, I have just passed 10 years in the role of Chief Executive Officer of RDAA.

The Rural Doctors Association of Australia (RDAA) continues to be a respected voice in national healthcare policy and currently holds a key position on the Workforce and Primary Care Review Expert Advisory Committee, with RDAA President Dr Sarah Chalmers serving as the only rural medical representative. This committee provides advice on the implementation of recommendations arising from the many reviews undertaken by the Commonwealth Government during its first term.

Rural medical advocacy in Canberra is not an easy task at present. With key government initiatives focused on increasing access to healthcare, particularly in outer metropolitan areas, significant investment has flowed into Urgent Care Centres and bulk-billing incentives. The one positive outcome is that the bulk-billing incentive is tiered according to MMM classification—a key policy achievement secured during Dr John Hall’s presidency of RDAA. RDAA will monitor with interest the long term sustainability of the bulk billing program.

The good news is that rural training numbers for 2026 are at an all-time high for both rural general practice and rural generalist pathways. A key advocacy success for RDAA has been securing a requirement for both colleges to provide the Department with outcomes data, particularly retention rates following fellowship. The Australian General Practice Training (AGPT) Program will now publish these outcomes annually. In response to member concerns about registrars training in rural areas but not remaining there, it is important that we continue to advocate for government investment to be directed towards initiatives that deliver the strongest workforce outcomes for rural and remote communities.

RDAA continues to advocate for the establishment of Medicare items for Rural Generalists, particularly when working within their area of advanced skills and in emergency medicine.



While the emergency component may be less of an issue in Queensland and New South Wales, for many small rural hospitals in Victoria, South Australia and Tasmania, Medicare-rebateable billing remains the primary source of remuneration for doctors providing these services.

Our work is not all about Rural Generalists and rural GPs. We have been encouraged by the Department's willingness to consider significant reform of the Specialist Training Program. The reform is unlikely to involve additional funding; rather, it is focused on utilising existing funding more effectively to support specialist training in regional and rural areas and improve long-term access to consultant specialist services. RDAA has been actively involved in many of the reform discussions and workshops and now awaits the Government's response to the report recommendations.

Financially, RDAA has secured Peak Body funding for the next four years, which is a positive outcome given we have not received this funding over the previous three years. However, we remain in negotiations regarding ongoing funding for the #DestinationRural program, which has been supported for the past six years, including increased funding over the last three years to offset the absence of Peak Body funding. Importantly, the new Peak Body funding allocation exceeds the level of government funding received over the previous three years. Our Partner Program also continues to perform above target, and RDAA provides a proportion of these funds to participating state organisations.

RDAA has had another busy year of events. In September 2025, we hosted the inaugural NT Rural and Remote Medical Conference in Darwin, followed by our first Rural Practice Owners Conference on the Gold Coast in March. Both events were exceptionally well attended for first-time conferences. My sincere thanks to the RDAQ General Manager Marg Moss for assisting onsite at the Rural Practice Owners Conference. While RMA25 in Perth did not break attendance records, delegate numbers exceeded expectations given the significant travel involved for many attendees. Planning for RMA26 in Adelaide we look forward to welcoming many of you there.

A major focus over the past 12 months has been the proposed National Organisation Restructure. We have spent the last 16 months developing the detailed model, with input from state RDAs and individual members. The initial concept was first presented to state RDAs in February 2024. Throughout the consultation process, we have heard clearly the importance of maintaining strong state-level representation and leadership, protecting key events such as the RDAQ Conference, VRHC and the SA Masterclass, and preserving critical services such as the industrial functions currently provided in New South Wales and South Australia.

In recent weeks, we received the first draft of the proposed constitution and have commenced consultation to ensure it aligns with the model presented to state RDAs in late 2025.



This includes confirming that key elements, such as representation for Doctors in Training, are appropriately embedded within the governance structure. While there is still considerable work to be done, it will ultimately be up to the state RDAs to determine whether they wish to present the proposal to their members. Although we received agreement in principle to progress this work. Should the proposal proceed, members in each state will have the opportunity to vote on whether or not they wish to participate in the national model.

The RDAA workforce remains remarkably stable. In fact, apart from our casual administration staff, I remain the team member with the shortest length of service. We currently employ two students from the Australian National University in these casual administration roles, and this continues to be an excellent model that brings energy and fresh perspectives to the organisation.

My sincere thanks go to RDAA President Dr Sarah Chalmers, Immediate Past President Dr RT Lewandowski, the entire RDAA Board, and our dedicated staff team for their ongoing commitment and hard work. As I noted at the beginning of this report, we remain consistently busy, and there is always more to do.

I commend this report to the RDAQ Annual General Meeting 2026.



Peta Rutherford
Chief Executive Officer





