



Australian  
Rheumatology  
Association

# ARA 2025 Federal Election ASKS



# Foreword

## 2025 Federal Election ASKS



The Australian Rheumatology Association (ARA) is the peak professional body representing rheumatologists, nurses, and other health practitioners with an interest in rheumatology. Rheumatology is a broad medical discipline that leads the management of common arthritic diseases such as osteoarthritis and back pain, as well as less common autoimmune diseases such as rheumatoid arthritis and vasculitis.

Today, the rheumatology workforce lags far below international standards for comparable nations. The situation is even more dire away from the major metropolitan hubs, where the population is, on average, older, and more likely to need the support of a comprehensive care team to help them maintain their quality of life and, most importantly, the ability to continue in their chosen occupations.

At this critical juncture of increasing demand and limited resources, the ARA aims to contribute meaningfully to the national conversation, highlighting the urgent actions needed to alleviate the burden on 8.7 million Australians facing a reduced quality of life due to chronic pain and loss of function during what should be the most productive and enjoyable years of their lives.

We in the ARA remain willing to engage with both the Parliament and Government to support better care, better medicines, and better outcomes for our patients and their families. I thus forward our ARA 2025 Election ASKS to you for your consideration.

A handwritten signature in black ink, appearing to read 'S Whittle', written in a cursive style.

**Dr Samuel Whittle**  
MBBS(Hons), MClInEpi, FRACP  
ARA President



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# Our ASKS



Lift the rheumatologist training rate from 18 FTE per year to 32 FTE per year.



National Health Reform Agreement to improve funding of rheumatology services in public hospitals, particularly in regional and rural Australia.



Rheumatology nurses/nurse practitioners to be appropriately allocated in the relevant costing models developed by the IHACPA.



Establish additional funded places for advanced training in paediatric rheumatology.



Create a specific MBS item number for advanced trainees in private practice.



Increase funding for the Specialist Training Program (STP).



Rheumatologists in regional/rural areas to receive the same MBS loading as GPs.



Immediate and substantial increase in the funding for the Rural Health Outreach Fund (RHOF).



Create a national musculoskeletal and rheumatic conditions health mission ("MSK Mission") from MRFF, as per National Strategic Action Plan for Arthritis.



Fund the establishment of a national network of musculoskeletal health consumer and provider voices.



Increase the maximum age for permanent residency visa application to 50 years for applicants in highly skilled occupations, such as medical specialists.



Commence a thorough review of the complex drugs management system.



# Background

The Australian Rheumatology Association (ARA) is the peak professional body representing rheumatologists, nurses, and other health practitioners with an interest in rheumatology. This specialisation is of increasing importance in an Australia with a rapidly ageing population, which correlates to a higher prevalence of arthritis and other rheumatic conditions.

According to the latest research by Arthritis Australia, **by 2040, it is projected that the number of cases of arthritis alone will reach 5.39 million, costing \$7.7Bn in direct healthcare expenditure**, as well as \$1.1Bn in welfare and lost tax revenue, and lost GDP of \$7.2Bn. Additionally, rheumatologists treat many diseases that are disproportionately present in the First Nations population.

As a result, the ARA is deeply committed to ensuring we have a workforce capable of meeting the needs of a rapidly growing patient population. Additionally, we advocate for increased research funding to address the chronic musculoskeletal and rheumatic conditions affecting an ever-increasing number of Australians. The ARA would therefore advocate to those that seek to form the next Australian Government to consider the following initiatives as part of their 2025 election commitments.

# Enhance workforce capacity and capability

The most recent [ARA Workforce Survey](#) shows that the number of rheumatologists practicing in Australia is well below international best practice. Additionally, the distribution of services does not adequately support the needs of regional and rural Australia. Further, secular changes in work practices among younger rheumatologists and the increasing rate at which older rheumatologists are retiring may worsen the current workforce crisis.

Of course, rheumatologists do not work in isolation, but within an extended ecology that includes rheumatology nurses, allied health practitioners, and additional patient support services across both metropolitan and regional Australia. Multidisciplinary team care is considered best practice.

**The current workforce crisis requires the nation to lift the current specialist rheumatologist training rate from 18 FTE per year to 32 FTE per year** to meet international standards. Even with such a sizeable increase in training places, this would not be achieved until 2038. Meeting this aim would require an increase in funding for direct costs from \$2.79M per year to \$4.96M per year.

The ARA would advocate for added consideration be given to Queensland, Western Australia, and the Northern Territory in the distribution of additional funded training places to assist those States to remedy the disproportionately small numbers of rheumatologists working in those jurisdictions.

↑ 32 FTE/  
PER YEAR

NATIONAL TRAINING RATE  
DEMANDS IN 2038

## Workforce Numbers



Workforce numbers, whether for rheumatologists, rheumatology nurses, or allied health practitioners, are largely a function of government funding both from the Federal government and from the States and Territories.

Therefore, the ARA believes that the next iteration of the National Health Reform Agreement (NHRA) due to come into effect in 2025-26 should include provisions to **improve the funding of rheumatology services, particularly in public hospitals within regional and rural Australia**. This approach would provide essential support for the increasing number of patients with chronic musculoskeletal and rheumatic conditions who need early and continuous supervision from a rheumatologist. This would help ensure both their quality of life and their ability to remain employed.

In addition, the impact of the shortage of rheumatologists may be partially offset by rheumatology nurses and nurse practitioners working to their full scope of practice to assist in the management of chronic rheumatic diseases. Their numbers on the ground, and thus their ability to meet patient needs is predicated on hospitals being appropriately funded to provide such services.

The ARA, therefore, advocates for **rheumatology nurse/nurse practitioner funding to be appropriately allocated in the relevant cost models**. This will encourage the various states and health services to increase the number of rheumatology nurse/nurse practitioner positions on their staff.

18 FTE/  
PER YEAR

NATIONAL TRAINING RATE  
IN 2024



# Enhance workforce capacity and capability

## Education and Training



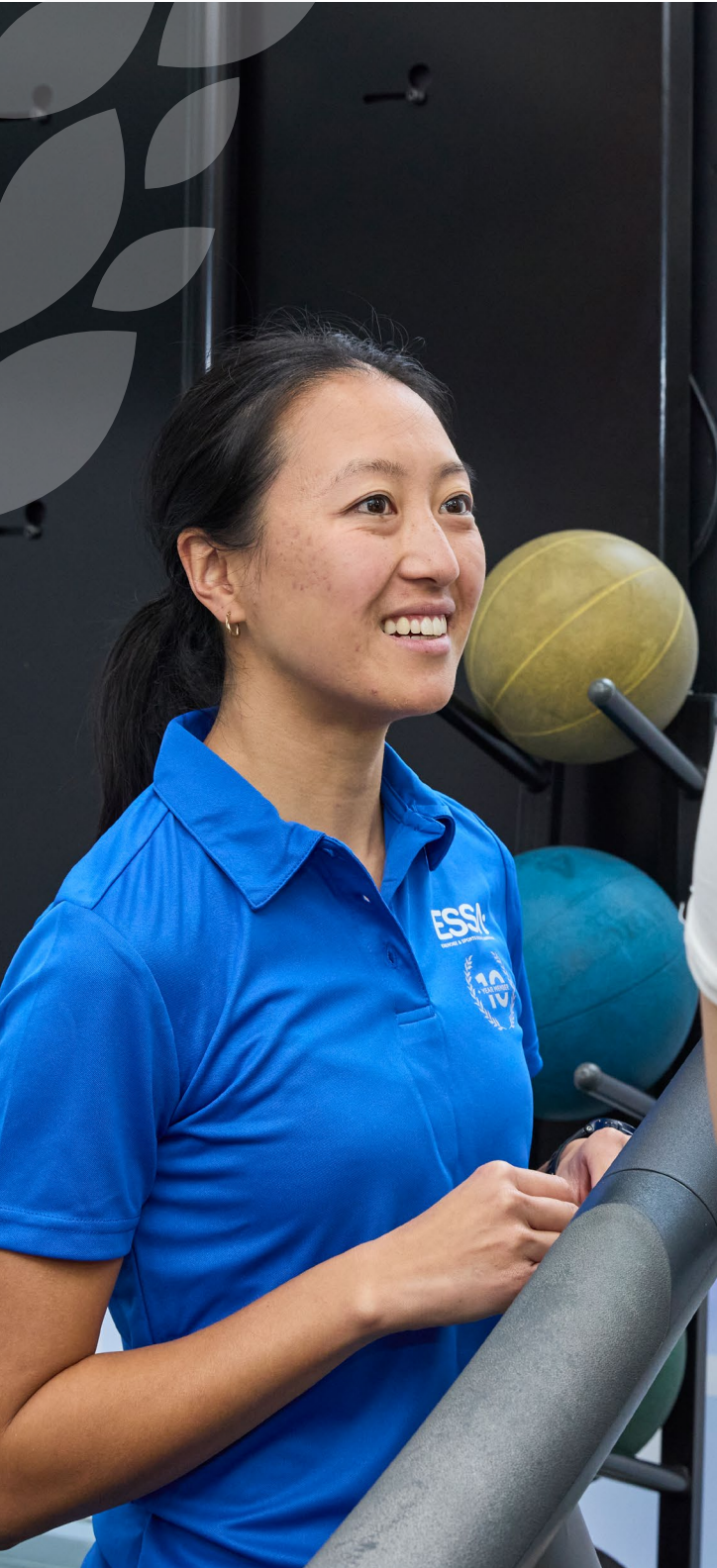
The key constraint on the number of practicing rheumatologists is the availability of funded training places. Anecdotal evidence suggests that recruitment processes for available training places are always inundated with applications from well-qualified doctors, with one State often receiving fifty applications for only six positions.

The ARA is concerned at the national scarcity of paediatric rheumatologists who support young Australians facing debilitating musculoskeletal and rheumatic conditions such as Juvenile Idiopathic Arthritis. We note that the government has yet to respond to the 2022 Parliamentary Inquiry into Juvenile Rheumatic Diseases, leaving this critical issue inadequately addressed at the national level. As a first response, the ARA recommends the **establishment of additional funded training places for advanced training in paediatric rheumatology**, particularly in States and Territories, including Tasmania and the Northern Territory, with the greatest discrepancy between the number of paediatric rheumatologists and the population they serve. To encourage applications, this approach may require the establishment of part-time training places to enable candidates to balance the requirements of their training with their current employment and their family responsibilities.

The ARA notes that the future work environment for new rheumatologists is primarily in private practice. Unfortunately, current training approaches are based solely on hospital work. Consequently, the ARA requests the **creation of a specific MBS item number for advanced trainees in private practice**. This may increase the coherence between training and work settings for new graduates as well as significantly increase the number of available training places in rheumatology.



# Improve Delivery of Care



While access to rheumatology services is scarce across Australia, it is particularly so in rural and regional areas.

## Equitable Access (across all metrics)



The ARA is conscious of the difficulties that Australians living in regional and rural Australia face when needing to access specialist medical care. It has long been understood that doctors trained in rural and regional settings are more likely to remain in those locations rather than relocating to metropolitan areas. Consequently, the ARA would urge the Australian government to **increase funding for the Specialist Training Program (STP)** to ensure wider access for doctors undertaking specialist training in a regional hospital or clinic. Additionally, we would urge that sites bidding for STP funding be encouraged to trial alternative training structures, such as rotating trainees through both metropolitan and regional positions, part-time training positions, and additional support for private practices to take on advanced training responsibilities.

We would also request that **rheumatologists working in regional and rural areas receive the same MBS loading as is currently provided for General Practitioners.**

Similarly, we request an **immediate and substantial increase in the funding available for the Rural Health Outreach Fund (RHOF)** through which specialists based in metropolitan areas support regional and rural patients on a “fly in fly out” (FIFO) basis. Current levels of funding are severely limited and do not allow for appropriate servicing of rural areas. This service enables specialists to cover areas where there is insufficient workload for a full-time locally based specialist medical practitioner and enables local patients to avoid having to travel to a metropolitan area for treatment, thus saving them money, time off work, and stress.



# Improve Delivery of Care

## Foster Research

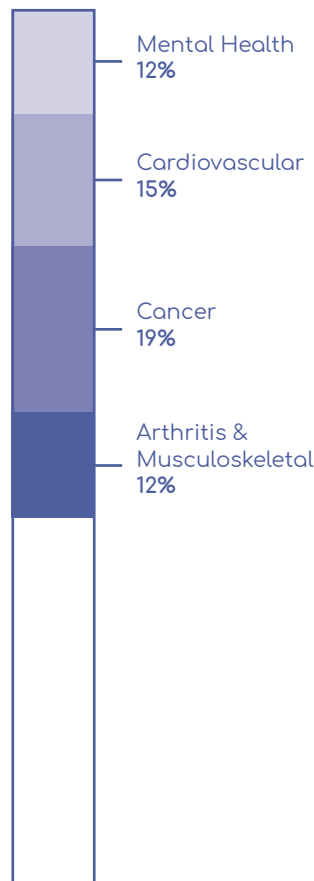


The ARA whole-heartedly endorses the creation of the Medical Research Future Fund (MRFF) as a vital enabler of better health outcomes for Australians. However, we note the lack of specific grant opportunities for many chronic conditions, particularly musculoskeletal and rheumatic diseases. This is concerning given the enormous burden of disease associated with musculoskeletal and rheumatic conditions at both the population and individual level, particularly among older Australians, at a time when the average age of the population is steadily rising.

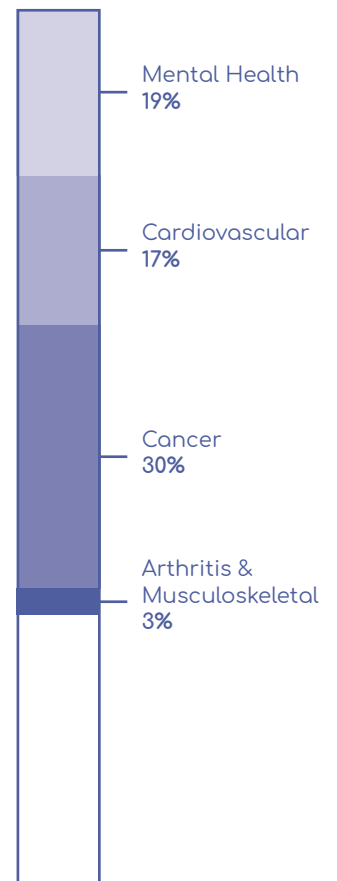
As detailed in the [Arthritis Australia National Strategic Plan for Arthritis](#), musculoskeletal and rheumatoid conditions account for 12 percent of the national disease burden (equivalent to mental health conditions), yet only receive 3 percent of funding allocated to National Health Priority Areas from the National Health and Medical Research Council (NHMRC).

The ARA therefore urges the Australian Government to **fund a national musculoskeletal and rheumatic conditions health mission (“MSK Mission”) from the Medical Research Future Fund (MRFF)** to increase strategic investment in research and research capacity, as outlined in the National Strategic Action Plan for Arthritis (Objective 3.1). The ARA estimates that funding of \$500M over ten years will bring significant benefits to the Australian economy in terms of sufferers being able to remain in the workforce, as well as further significant dividends in health expenditure avoided, and in the less quantifiable benefits of pain avoided for millions of Australians.

**NATIONAL DISEASE BURDEN**



**NHMRC EXPENDITURE 2023**



# Processes

The ARA recognises that effective policy is not just made through increased funding of programs, but also by ensuring that government and advocacy processes deliver the most effective and efficient services. In this election period, the ARA is particularly concerned with the following:

## Advocating with one voice



We recognise that the government often hears from a diverse range of stakeholders, each advocating for their specific interests. As a result, it can take time to coordinate these perspectives and align policy priorities. This is particularly the case for musculoskeletal health, which incorporates a far broader range of stakeholders than many other priority health areas.



## To streamline efforts and ensure a unified approach, the ARA proposes the creation of a network of organisations with shared interests, operating under the name of MSK Network Australia.

This network would bring together the various consumer and provider voices in this policy space to present a cohesive message to the government, in order to best support the millions of Australians living with musculoskeletal diseases.

The ARA encourages the Federal Government to support the establishment of this network through initial staffing and seed funding (\$1 million over two years), with ongoing funding for a national peak body (\$1 million per year).



# Processes

## Immigration



The ARA recognises that medical specialists such as rheumatologists, gain their accreditation relatively late in life. This leaves them with very little time to consider relocating to Australia before the current maximum cut-off age for a permanent residency visa application.

Consequently, the ARA advocates for the **maximum age for permanent residency visa application to be raised from 45 years to 50 years for applicants in highly skilled occupations such as medical specialists.**

## Drug Approval and Management



The ARA understands and respects the need for effective governance and management of resources with respect to the Pharmaceutical Benefits Scheme (PBS). However, we would note the important gains in efficiency reported by our members when prescribing highly complex medicines that have been afforded streamlined authority prescribing pathways. The ARA would request that the incoming government **commence a thorough review of the complex drugs management system**, with the aim to streamline the management of those medicines, reduce the administrative workload involved in their prescription, and thus increase the patient-facing time available for medical specialists.

As ever, the ARA is committed to working with Government in achieving long-term benefits for the Australian community and economy. Consequently, we would be happy to work with Senators and Members of Parliament on any of our recommended initiatives.

Our point of contact in this matter is our **Policy and Advocacy Officer Mr. Alex Tewes** [[alex.tewes@rheumatology.org.au](mailto:alex.tewes@rheumatology.org.au)]

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