GP distribution in rural Australia—has the OTD moratorium worked?

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Aim: To determine if the overseas-trained doctor (OTD) moratorium has been effective in increasing general practice (GP) workforce in rural and remote Australia.

The ‘Overseas Trained Doctor moratorium’ is the policy instrument utilised by the Australian Government to direct OTDs to work in ‘districts of workforce shortage’, and in particular rural and remote practice locations. Australia has experienced a rapid period of urbanisation and with this a maldistribution of GPs and primary health services. The OTD moratorium is part of a raft of regulatory and financial incentives, programs and policies that aim to address the supply and distribution of health workforce in rural and remote locations.


Results: Between 1984–85 and the introduction of the OTD moratorium (January 1997) GP numbers (FWE) grew by 59% in major cities, compared with regional (42%) and remote (39%) areas. After the introduction of the OTD moratorium (1997 to 2011) GP growth in major cities slowed to 20%, whereas growth rates increased in regional (47%) and remote (52%) areas. Since the introduction of the moratorium (1997) the number (FWE) of Australian trained GPs, nationally has not changed, whereas the number of OTDs (FWE) has increased with greatest growth observed in inner (240%) and outer (156%) regional areas and remote (169%) locations.

Conclusion: Australia continues to support a number of policies focusing on international migration that aim to increase rural and remote GP workforce supply. The evidence reviewed for this study suggests that the OTD moratorium has been an effective policy driver in increasing the available supply of GP workforce in rural and remote Australia.

Over the past decade, the Australian Government has made a substantial investment to increase the numbers of Australian-trained health professionals, thereby reducing our reliance on OTDs. However, given the substantial lead times from medical training into workforce availability, we have yet to see an impact of these policies on rural and remote health workforce supply. For the foreseeable future the restriction of Medicare provider numbers associated with the OTD moratorium remains an important policy option for distributing GP workforce to rural and remote communities.