

**Submission
No 51**

**HEALTH SERVICES AMENDMENT (SPLITTING OF THE MURRUMBIDGEE
LOCAL HEALTH DISTRICT) BILL 2025**

Organisation: Rural Doctors Association of NSW

Date Received: 19 December 2025

**Submission to the Committee on Community Services
Inquiry into the Health Services Amendment (Splitting of the Murrumbidgee Local Health District)
Bill 2025**

From: Rural Doctors Association of New South Wales (RDA NSW)

Date: 18.12.25

Re: Opposition to the Splitting of the Murrumbidgee Local Health District

The Rural Doctors Association of New South Wales (RDA NSW) appreciates the opportunity to provide input into the proposed Health Services Amendment (Splitting of the Murrumbidgee Health District) Bill 2025.

As an organisation committed to improving health outcomes for rural and remote communities across New South Wales, the Association strongly opposes the proposal to divide the Murrumbidgee Local Health District (MLHD) into two separate Local Health Districts. We are concerned that the proposed split will increase administrative complexity, red tape, and bureaucracy without delivering meaningful improvements in service access or quality for rural communities.

In our view, the challenges faced within the MLHD instead require better coordination, compromise, and governance reform—not structural fragmentation.

1. Continuity and Integration of Rural Health Services

The current structure of the MLHD supports an integrated model of care that is essential for rural and regional health delivery. This has enabled:

- Tertiary referral pathways between rural, regional, and specialist services;
- Shared clinical networks across geographically dispersed communities;
- Coordinated workforce planning, training, and service delivery;
- Centralised leadership with experience in rural and remote health contexts.

Splitting the district risks fragmenting these established clinical networks and undermining service integration. Rural communities, in particular, benefit from shared specialist outreach services, telehealth programs, and flexible workforce models that rely on scale and coordination.

Rather than dividing the district, the RDA NSW believes improved coordination of services and strengthened collaboration between regional hubs and rural facilities would deliver better outcomes for patients and clinicians alike.

2. Workforce Recruitment and Retention

Recruitment and retention of healthcare professionals remains one of the most significant challenges facing rural and regional health services.

The existing MLHD structure allows the district to:

- Offer rotational positions across regional and rural sites;
- Provide varied and attractive career pathways for clinicians;
- Support mentoring, supervision, and professional development programs that smaller districts may struggle to sustain;
- Leverage its size and diversity to attract skilled clinicians to the region.

The recent introduction of a Rural Director of Medical Services in the MLHD has had a positive impact within the LHD to provide an appropriate person for rural doctors to contact in relation to various issues and assistance to resolve issues locally.

A split of the MLHD would likely exacerbate existing workforce shortages, particularly in smaller rural facilities. It would also introduce additional executive, governance, and administrative roles, diverting scarce funding away from front-line clinical positions at a time when communities need more healthcare workers—not more bureaucracy.

3. Loss of Strategic Investment Capacity

The MLHD's current scale enables more effective strategic planning and investment in:

- Capital works and infrastructure;
- Digital health and telehealth platforms;
- Service innovation and quality improvement initiatives;
- Centralised procurement and resource allocation.

Dividing the district into two smaller entities risks:

- Increased administrative overheads and duplicated corporate functions;
- Reduced economies of scale and purchasing power;
- Fragmented funding streams and competing priorities;
- Less capacity for long-term, region-wide planning.

The Association is concerned that any perceived short-term or localised benefits of a split would be outweighed by long-term costs to service quality, efficiency, and health equity across the region.

4. Rural Representation Is a Governance Issue—Not a Structural One

The RDA NSW acknowledges concerns regarding rural representation and local decision-making within the MLHD. These concerns are legitimate and deserve attention. However, we strongly believe they can be addressed without dismantling the existing district structure.

More effective solutions include:

- Strengthening rural and remote representation on the MLHD Board;
- Establishing region-specific advisory councils with genuine influence over service planning and resource allocation;

- Improving transparency and accountability through public reporting on rural health outcomes and investment decisions;
- Enhancing engagement with local clinicians, councils, and community stakeholders.

Structural separation risks being a symbolic response that weakens system integration without resolving the underlying governance issues it seeks to address.

Conclusion

The RDA NSW urges the Committee to recommend against the passage of the *Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025*.

While the MLHD is not without challenges, it remains a functional and valuable model of integrated rural–regional health service delivery. The solution to rural health inequity lies in empowerment, improved coordination, and governance reform—not fragmentation and increased bureaucracy.

The RDA NSW remains willing to work constructively with government, health administrators, and local communities to develop practical solutions that strengthen rural healthcare delivery while preserving system efficiency and continuity of care.

Yours sincerely,

Dr Rachel Christmas

President

Rural Doctors' Association of NSW

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