Final Print

NSW Youth Parliament

Youth in Medicine Youth Act 2025

Bill Proposed By: Health and Medical Research Committee

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certify that this public Bill, which originated in the Youth Legislative Assembly, has finally passed the Youth Legislative Assembly of New South Wales.

Hamani Tanginoa, Youth Parliament Coordinator

NSW Youth Parliament

Youth in Medicine Youth Act 2025

Act no. 4, 2025

A Bill for

An Act to incentivize young people to enter the medical profession especially within rural and regional areas, and other purposes.

I have examined this bill and find it to correspond in all respects with the bill as finally passed by the Youth Legislative Assembly.

Lian Sequeira, Youth Governor of the NSW Youth Parliament

Explanatory Note

Summary

The object of this Bill is to address critical medical workforce shortages by improving access, training, and retention pathways for young people entering the healthcare sector in New South Wales. This Bill comes at a time where the healthcare system is under immense strain due to chronic under-staffing, with rural and regional communities facing the greatest inequities in access and outcomes. Young people, especially those from disadvantaged or remote backgrounds, are burdened by financial, geographical, and structural barriers to pursuing medical careers. This Bill aims to eliminate systemic barriers by offering financial incentives, developing streamlined medical training programs, and establishing a socially supported, culturally responsive pathway to medical careers. It also enhances interagency cooperation and ensures equitable representation in the future health workforce. Ultimately, this Bill offers a transformative blueprint for building a resilient, inclusive and future-ready health workforce across New South Wales.

Overview of Provisions

Part 1 sets out the short title, commencement date, purpose and key definitions relevant to the Bill.

Part 2 introduces a range of financial incentives, including test fee waivers, paid placements, housing and transport support, scholarships and tiered service contracts tied to geographic preference and retention.

Part 3 focuses on strengthening medical training pathways through shortened specialisation timelines, a centralised training portal, expanded accredited institutes and growth of school-based traineeships.

Part 4 implements social incentives such as peer and alumni mentorship programs, HR-led support in placements, and respect for cultural and religious preferences during residency and relocation.

Rationale

Introduction:
Article 25 of the Universal Declaration of Human Rights (UDHR) states that “everyone has the right to a standard of living adequate for their health and wellbeing…” (UN, 1948). Yet in New South Wales, the healthcare system continues to suffer from persistent under-staffing, undermining this right. It is increasingly difficult to access timely and quality healthcare, particularly in rural and regional areas, due to “medical workforce shortages” (Parliament of NSW, 2023). One foundational cause is the difficulty of entering medical professions, which disproportionately affects young people. Rural/regional students are “underrepresented in medical school cohorts, largely due to geographic, social and economic disadvantage” (AMA, 2022). Barriers like long-distance travel, high education costs, limited postgraduate training, and harsh working conditions all contribute to a healthcare system that is inequitable and unsustainable.

Travel to Medical Institutions
Transport costs and barriers place added pressure on students. Public transport is common among students, with concession fares capped at $9.35/day and $25/week (Transport NSW). Some rural students rely on flights to return home, with an average domestic round trip costing $382 (ACCC, 2024), and many face low flight frequency and high prices. Private transport costs around $2,080–$3,016 annually (Charles Sturt University), excluding vehicle purchase, making it unaffordable for many.

Post-Graduate Education
Postgraduate education, including internships and specialist training, is essential for independent medical practice. Despite increases in medical school placements, rural areas still face a shortage of postgraduate training positions. This creates a bottleneck and discourages new doctors, especially those from rural backgrounds, from returning to practice locally. A major barrier is the lack of accredited supervisors in rural hospitals. Without them, junior doctors can't complete training, forcing them to remain in metropolitan areas and leaving rural health services understaffed.

Cost of Medical Education
Medical education costs vary across TAFE and university levels. NSW TAFE offers 39 healthcare courses, mostly certificates and diplomas, with fees ranging from $2,000–$6,000 (TAFE NSW). Few lead directly to medical degrees but can provide pathways. On the UAC site, 239 undergraduate courses include “medic,” 236 of which are CSP, capping student contributions at $11,155/year. However, total costs can range from $11,000 to $80,000/year (Medic Mind, 2022). The UCAT, which is required for many programs, costs $325; or $240 for concessions (University Clinical Aptitude Test, n.d), adding to the burden.

Understaffed Hospitals
Understaffing causes longer wait times, burnout, and poorer care. Demand is growing due to aging populations and chronic illness. Recruitment is hampered by education costs, limited funding, and poor working conditions. Solutions include expanded training, rural incentives, and better working conditions. Without action, staff shortages will worsen, affecting care quality. The proposed Bill supports workforce development, retention, and sustainable funding.

Patient Health:
Compared to urban populations, rural Australians experience worse health outcomes. Men in very remote areas die up to 13.6 years earlier, women 12.7 years earlier. Smoking rates jump from 7% in cities to 20.4% in remote regions. Preterm births are nearly twice as common: 14.4% in remote vs 8.1% in major cities. The disease burden (DALY) is 1.4 times higher in remote areas. People in remote regions are 10% to 50% more likely to die of all causes (RDAA). Poor health outcomes are linked to lower access to skilled staff, infrastructure, and affordable services.

Doctor Retention In Rural Areas
Retention is a key issue. Professional isolation, limited career growth, and lower pay lead to high turnover. Rural communities with greater needs struggle to maintain consistent care. Financial incentives, better infrastructure, and support networks are essential. Without intervention, shortages will persist, worsening patient outcomes and inequity. The Bill aims to support rural doctors and improve retention.

Rural & Regional Healthcare Accessibility
In 2022, there were 160 full-time equivalent specialists per 100,000 people in cities, compared to just 53 in remote areas (AIHW, 2022). This leads to longer waits and delayed diagnoses. Many pediatricians have closed books to non-urgent patients, especially those with developmental or mental health issues (Royal Far West, 2024). This puts young people at greater risk.

Indirect costs also hit rural patients hard. In regional NSW, 58% of cancer patients travel over 100km for care (Cancer Council NSW, 2020). In 2023–24, 99,600 applications were made for transport and accommodation support (NSW Health, 2024). These costs reduce time at school or work, increasing financial and educational strain. In 2022–23, 10.5% of people delayed seeing a specialist due to cost (ABS, 2023). Addressing both direct and indirect costs is key to achieving healthcare equity. Metro-centric workforce models and social stigma also affect access. Locums, though offering anonymity in tight-knit communities, cannot provide continuity for chronic patients. A successful workforce strategy must reflect the unique social dynamics of rural and regional areas, not just the statistics.

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The Youth Legislature of New South Wales enacts—

Part 1 Preliminary

1 Name of Act

This Act is the Youth in Medicine Youth Act 2025.

2 Commencement

The Act commences on the date that is the 30th of July 2026.

3 Relationships to other Acts

This Act does not prevail to the extent of a previous Act or Law, within the jurisdiction of the New South Wales Legislature.

4 Objects

The objects of this Act are to—

(a) introduce and improve support of healthcare workers in New South Wales; and

(b) develop an initiative for high school students and tertiary students to gain early access to clinical experience, mentoring, and career development in the field of medicine and healthcare; and

(c) establish a framework for a voluntary placement and observation program facilitated by NSW Health and affiliated public hospitals for eligible youth participants; and

(d) increase public awareness regarding the importance of youth representation and involvement in the future of healthcare services; and

(e) provide equitable access to opportunities for rural, regional, and disadvantaged students to pursue careers in medicine; and

(f) promote interagency collaboration between the Department of Education and Ministry of Health to implement youth-based medicine exposure programs; and

(g) develop reporting mechanisms to ensure transparency, student safety, and the educational benefit of the medical engagement programs established under this Act; and

(h) create and implement a review board which evaluates the level at by which this Act is applicable to and adjust factors suitable under circumstances outlined by the Minister.

5 Definitions

In this Act—

Eligible Contract means a contract entered under Section 9.

GAMSAT means the Graduate Medical School Admissions Test.

Junior Doctor means a person undertaking internship or pre-vocational medical training within a facility operated by or on behalf of NSW Health.

Medical Student means a person enrolled in a medical degree accredited by the Australian Medical Council and delivered by a recognised university in New South Wales.

Rural/Regional Area means an area classified as Modified Monash Model (MMM) Categories three (3) to seven (7).

UCAT means the University Clinical Aptitude Test.

Note— The *Interpretation Act 1987* also contains definitions and other provisions that affect the interpretation of this Bill.

Part 2 Financial Incentives

Division 1 Medical Admissions Support

6 Waiver of Medical Entry Test Fees

(1) A person who is ordinarily resident in New South Wales is not required to pay for any fee for—

a. sitting the UCAT for entry into a medical program; or

b. sitting the GMSAT for entry into a graduate medical program

(2) The Minister may make arrangements with relevant testing authorities to facilitate the waiver of fees under this section through state government subsidisation.

Division 2 Paid Clinical Placements and Support

7 Paid Clinical Placements

(1) A medical student undertaking a clinical placement within a facility operated by or on behalf of NSW Health is entitled to received.

(2) The amount of remuneration is to be —

a. not less than the minimum wage under the Fair Work Act 2009 (Cth); and

b. determined by the Health Secretary by order published on the NSW legislation website

(3) The Minister may, by regulation, prescribe conditions of payment under this section.

8 Accommodation and Transport Assistance

(1) A medical student who is required to relocate for a placement in a regional or rural area is entitled to—

a. subsidised residential accommodation; and

b. access to a vehicle provided under a lease arrangement approved by the Health Secretary

(2) The Health Secretary may determine eligibility criteria and maximum subsidy levels for the purposes of this Section.

Division 3 Tiered Service Contracts

9 Offer of Service Contracts

(1) The Health Secretary may offer a contract to a medical student or junior doctor under which the person agrees to undertake services in the public health system for a fixed term of—

a. 3 years; or

b. 6 years; or

c. 9 years

(2) A contract under this section must—

a. be in writing; and

b. specify the term of service; and

c. be signed by the parties

10 Benefit of Contract Participation

(1) A person who enters an eligible contract under Section 9 is entitled to—

a. a financial sign-on bonus; and

b. a relocation allowance; and

c. salary loading during the period of service; and

d. priority access to training and specialisation programs operated by or on behalf of NSW Health

(2) The value of benefits is to be determined by the Minister and must increase proportionally with the length of service term.

(3) The Minister may make regulations prescribing additional benefits under this Section.

11 Placement Preference

(1) A person who enters an eligible contract under Section 9 may nominate up to three (3) preferred geographical locations for their service.

(2) The Health Secretary must take reasonable steps to accommodate a person's preference, having regard to—

a. workforce availability; and

b. community need; and

c. equity across regional and metropolitan areas

Division 4 Scholarships and Remuneration Reform

12 Establishment of Scholarship Scheme

(1) The Minister is to establish and maintain a scholarship scheme to support medical students who have entered an eligible contract under Section 9.

(2) The number of scholarships offered in each calendar year must not exceed the number of eligible contracts in that year.

(3) In allocating scholarships under this Section, the Minister must give preference to medical students who—

a. are ordinarily resident in a regional or rural area; and

b. are Aboriginal and/or Torres Strait Islander persons; or

c. are experiencing financial hardship

(4) A scholarship under this section may be used for the purposes of—

a. paying tuition fees; or

b. supporting reasonable living expenses; or

c. meeting costs associated with clinical placements or relocation

(5) The Minister may make regulation for or with respect to—

a. the eligibility criteria for scholarships under this Section; and

b. the amount and duration of scholarship; and

c. the consequences of a breach of an eligible contract by a scholarship recipient

13 Remuneration of Junior Doctors

(1) The base rate of remuneration for junior doctors employed by NSW Health is to be increased annually in accordance with the rate prescribed by regulation.

(2) A junior doctor working in regional or rural area is entitled to receive a rural loadings and salary adjustments under this Section.

Part 3 Improving Medical Training Pathways in NSW

14 Reduction of Specialisation Training Time

(1) The NSW Government shall review current specialisation training requirements to identify opportunities for curriculum optimisation.

(2) Training programs shall incorporate competency-based assessments to allow expedited progression for qualified candidates.

(3) A taskforce comprising medical educators, specialists, and policymakers shall oversee the implementation of revised training timelines.

15 Establishment of NSW Specialty Training Portal

(1) The NSW Ministry of Health shall develop and maintain a centralised Specialty Training Portal providing—

a. standardised online training modules for medical specialisation; and

b. centralised application system for medical training program; and

c. digital tracking of medical trainees' progress and accreditation

(2) The portal shall be designed to accommodate flexible learning pathways and integrate with existing medical education systems.

16 Expansion of Accredited Training Institutes

(1) The NSW Government shall allocate funding to establish additional accreditation medical training institutes, particularly in regional and rural areas.

(2) Existing hospital and medical centres may apply for accreditation as training institutions to increase capacity.

(3) Accreditation criteria shall be updated to streamline the process and ensure institutions meet NSW medical education standards.

17 Increased School-Based Traineeships (SBAT)

(1) The NSW Department of Education and NSW Health shall collaborate to expand SBAT programs for Year 11 and 12 students interested in medicine.

(2) SBAT students shall have access to—

a. hands-on medical training placements within healthcare facilities; and

b. scholarships and financial incentives to support participants; and

c. pathway guidance for entry into undergraduate medical programs

(3) Regional schools shall receive prioritisation for SBAT expansion to support rural medical workforce development.

18 Implementation and Review

(1) The NSW Government shall establish an advisory board to oversee the execution of these measures.

(2) Annual reviews shall assess program effectiveness and recommend refinements as needed.

Part 4 Social Incentives

19 Companionship Program

(1) An optional program offered up to all participants within the pathway to connect with one another, allowing comradery among residents, ensuring support during a possibly large change within their careers

(2) All spaces will have a communication platform that will be decided by the Minister, to enable resource sharing and informal peer support across cohorts and locations.

(3) Other spaces include—

a. peer-companion spaces for all students within the pathway will be established to connect, regardless of physical placements, to discuss challenges and celebrate milestones.

b. near-peer companion spaces for participants located within the same regional and/or rural NSW Local Health District (LHD) to connect, allowing for more close-knit connection with those experiencing similar healthcare environments.

c. alumni mentor space for current participants to connect with alumni who can provide advice on long-term professional development as well as adjusting to a rural practice.

i. mentoring shall be provided through both formal and informal settings

20 Mandated Alumni Group for Residency

(1) An additional part of every hospital's human resource team, specifically designed for residents to better allow for a smooth transition into residency within a placement.

(2) When hospitals are provided with the information on their resident, they must match them to a current member of staff who is acquainted with the pathway's objectives and structure, or a former participant of the program.

(3) In the case when a resident is not from the area, this mentor shall also provide guidance on settling into the region, assisting in primarily community connection, and general orientation to the workplace culture and community expectations.

(4) This mentor will report back to HR on the progress of the resident and any concerns they might have, which will be followed up by the team as soon as possible, to ensure all students are comfortably transitioned as efficiently as possible.

21 Religious and Cultural Preferences

(1) When students express their residency preferences, religion and culture must be taken into consideration for the location they are placed, situating them within regions which are accessible to cultural gatherings, or relevant religious services, in addition to places of worship. Ensuring they are put somewhere considerate of their religious affiliation and cultural background

(2) Program administrators must allow flexible arrangements to an extent, when in accordance with a resident's region. This includes, but is not limited to, considerations related to prayer times, cultural customs, and placement locations.

(3) These accommodations must comply with all relevant anti-discrimination and workplace legislation

Produced for The Y NSW Youth Parliament