About the survey

The Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) commissioned HealthConsult to design, implement and analyse the **2026 RMSANZ Workforce Survey**. The survey was undertaken to develop a contemporary understanding of the rehabilitation medicine workforce, member needs, service access, training priorities and future advocacy opportunities.

It is the first broad assessment of the rehabilitation medicine workforce since 2007 and is designed to inform RMSANZ's strategic planning, member engagement, education priorities and policy advocacy.

SURVEY SNAPSHOT

Acknowledgement

RMSANZ thanks the Fellows, trainees, retired Fellows, associate members, non-members and other rehabilitation medicine stakeholders who contributed to the 2026 RMSANZ Workforce Survey.

RMSANZ also acknowledges the leaders, Fellows, AFRM trainees and Special Interest Group representatives who supported the co-design of the survey and helped ensure it reflected the needs, experiences and priorities of the rehabilitation medicine workforce across Australia and New Zealand.

Accessing the full report

This executive version summarises the key findings from the 2026 RMSANZ Workforce Survey Final Report.

RMSANZ members and stakeholders who would like a copy of the full report and accompanying infographic can contact RMSANZ at [insert contact email / contact details].

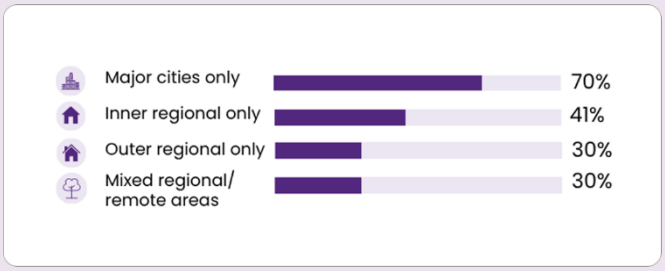
WHAT THE FINDINGS MEAN FOR RMSANZ AND ITS MEMBERS

Workforce and access

Rehabilitation medicine is delivered across a broad range of settings, but access remains uneven.

The survey confirms that rehabilitation medicine is delivered across acute, subacute, outpatient, community, home-based and virtual settings. Multidisciplinary team care, inpatient rehabilitation and outpatient rehabilitation were the most frequently reported service models. Telehealth was reported across all service areas, including regional and remote areas, but was more commonly used as a complementary model than as the dominant mode of care.

The survey also highlights uneven access to rehabilitation medicine services. Participants working only in major cities were more likely to rate rehabilitation services as very accessible or accessible than those working only in inner regional, outer regional or mixed regional and remote areas. Reported barriers included geography, travel distance, transport limitations, workforce shortages, waiting lists, bed pressures, limited outpatient and community rehabilitation, and funding constraints.



What this means for RMSANZ:

the findings provide a stronger evidence base for advocacy on service access, funding models, multidisciplinary staffing, referral pathways and community-based rehabilitation.

Workforce sustainability

The workforce is likely to keep changing over the next five years.

Survey responses provide a partial indication of near-term workforce movement. Among respondents, 79 AFRM trainees expected to complete fellowship between 2026 and 2030, while 34 FAFRM reported planning to retire over the same period. This suggests continued renewal and movement within the rehabilitation medicine workforce, although the results represent only survey respondents and should not be interpreted as a complete workforce projection.

Part-time work was common, particularly among FAFRM, with 52% working part time. FAFRMs who work full time were more likely to participate in unpaid rehabilitation-related activities, including committee work, teaching, supervision, research, advocacy and administration.

52% of FAFRM report working part time

What this means for RMSANZ:

the findings point to the importance of workforce planning, training distribution, supervision support and sustainable ways to recognise the broader contribution FAFRMs and trainees make to the specialty.

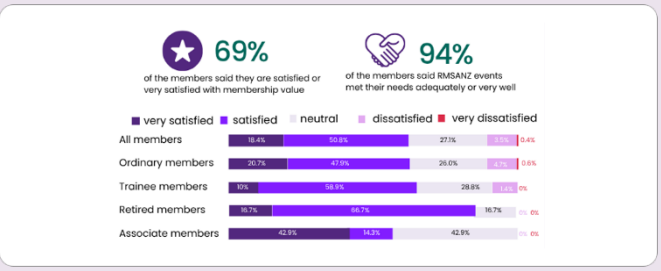
Member satisfaction and engagement

Member satisfaction is positive, with clear opportunities to strengthen member value.

Overall, RMSANZ member satisfaction was positive: 69% reported being very satisfied or satisfied with the value of their membership, while only 7% reported being dissatisfied or very dissatisfied. Members valued education and professional development, networking, collegiality, Special Interest Groups, conferences, advocacy and RMSANZ's role as an independent rehabilitation-focused professional society.

Members identified opportunities to increase value through more CPD and education, peer networking and professional community, access to benchmarking or research insights, clearer communication about RMSANZ activities and achievements, and mentoring or training programs. Trainee members placed particular emphasis on communication, mentoring, training support and workforce issues.

RMSANZ events were viewed positively. Among members who had attended events or were able to comment, 94% reported that RMSANZ events met their professional needs very well, well or adequately. Short targeted email updates were the preferred communication method across membership groups.



What this means for RMSANZ:

the findings provide a practical member value agenda focused on CPD, communication, mentoring, networking, benchmarking and research insights.

Visibility, advocacy and system recognition

The speciality is better understood by clinical audiences than by external decision-makers.

Participants reported that the value of rehabilitation medicine is best understood by health and clinical providers, and less well understood by media, government and policy audiences, and funding and insurance bodies.

This aligns with participants' advocacy priorities, which included funding models, access to community and home-based rehabilitation, multidisciplinary staffing, referral pathways, and recognition of rehabilitation medicine across acute, subacute, community, disability, aged care and chronic disease settings.

Many participants are already contributing to advocacy and sector leadership. Overall, 43% of participants reported involvement in activities that promote, advocate for or raise awareness of rehabilitation medicine. Involvement was highest among FAFRM, with 52% reporting advocacy or awareness activity.

Emphasis on communication, mentoring, training support and workforce issues.

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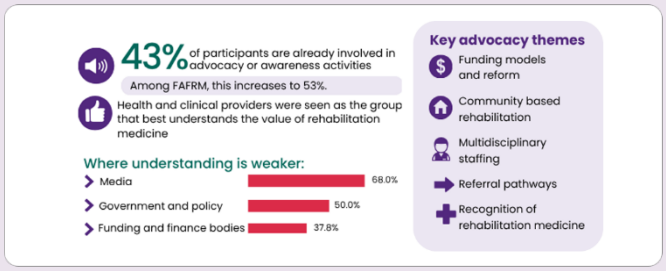


What this means for RMSANZ:

the findings provide a platform for more targeted advocacy with governments, health departments, funders, insurers, health services and professional bodies.

Spotlight on New Zealand

29 survey participants were based in New Zealand, including 17 members.

Among New Zealand members, 76% reported being satisfied or very satisfied with the value of RMSANZ membership, with the strongest opportunities to increase value being more CPD and education opportunities (88%), access to benchmarking or research insights (71%), and peer networking and professional community (71%). Short targeted email updates were the preferred communication method.

Access was a key issue. Most New Zealand members rated rehabilitation services in their region as only somewhat accessible (62.5%), with feedback highlighting rural access barriers and poorer access for Māori and Pasifika clients. Looking ahead, New Zealand members saw the next five years as requiring practical action to improve funding and access to rehabilitation services, particularly in community settings, and workforce support through better access to CPD, and burnout prevention and wellbeing programs.

PRIORITIES AND WHERE TO FROM HERE

Training, research and future capability

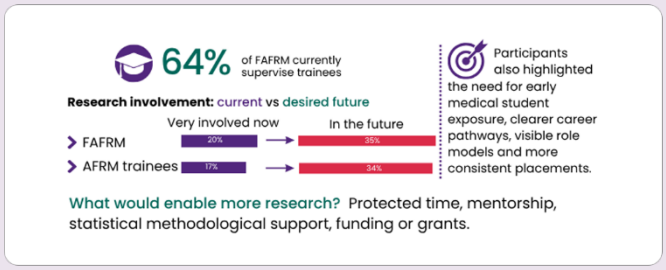
There is strong interest in research, innovation and expertise development, but practical barriers remain.

Among FAFRM, 20% were currently very or actively involved in research and innovation, compared with 35% who wanted to be very or actively involved in the future. Among AFRM trainees, 17% were currently very or actively involved, compared with 34% who wanted this level of involvement in the future.

Key enablers included protected time, mentorship, methodological support, funding or grants, research-skills training, collaboration networks and access to datasets.

Training and supervision were also prominent themes. Among FAFRM, 64% reported that they currently supervised trainees. Supervision was most feasible where it was embedded in role descriptions and service models, supported by accredited training positions, protected time, supportive colleagues and access to formal supervisor training.

When asked how to attract more medical students into rehabilitation medicine, participants frequently identified early exposure and understanding during medical school, followed by perceived training quality and career shape, professional identity, and structural incentives and access.



What this means for RMSANZ:

the findings point to opportunities to strengthen research collaboration, support supervision, improve exposure to rehabilitation medicine and promote clearer pathways into the specialty.

Priorities for the next five years

260 survey participants provided 2,396 selections that contributed to the prioritised opportunities to strengthen the rehabilitation medicine workforce.

Priority area	Focus identified by survey participants
System and service enablers	Improved funding models, access to community and home-based rehabilitation, multidisciplinary staffing and referral pathways.
Training and supervision	Expanded subspecialty exposure, rural and regional training pathways, supervision support and accredited training positions
Workforce capability	Mid-career leadership development, CPD, advanced practice roles and stronger SIGs and clinical networks.
Workforce wellbeing and sustainability	Burnout prevention, reduced administrative burden and improved workload balance.
Research and innovation	Support for quality improvement, research, shared datasets and benchmarking.

Priorities may need to be tailored to different system contexts in Australia and New Zealand. In Australia, participants emphasised workforce planning, training distribution, employment pathways and system visibility. In New Zealand, participants highlighted national visibility, local models of care, engagement with Accident Compensation Corporation, the Ministry of Health, and Health New Zealand Te Whatu Ora and stronger recognition of Māori perspectives, whānau-centred care and community-based rehabilitation.

Where to from here?

The survey gives RMSANZ a strong evidence base to promote the value of rehabilitation medicine and focus its efforts where it can have the greatest influence. RMSANZ does not need to own every issue identified through the survey. Its role is to use its position as the professional society for rehabilitation medicine to convene members, represent the specialty, and work with the organisations that influence training, workforce planning, funding, research and service design.

Forward agenda	How RMSANZ can use the findings
Advocacy	Engage governments, health departments, funders, insurers, health services and professional bodies on funding models, workforce planning, service access, multidisciplinary rehabilitation, referral pathways and recognition of the specialty.
Member value	Strengthen CPD, communication, benchmarking and research insights, mentoring, networking and practical member support.
Training and workforce development	Work with AFRM, RACP, universities, health services and training networks to improve exposure to rehabilitation medicine, strengthen supervision support and promote clearer pathways into the specialty.
Research and innovation	Connect members, Special Interest Groups, universities, research funders, health services and data custodians around practical supports such as protected time, mentorship, methods support, funding, datasets and collaboration networks.
Multidisciplinary engagement	Strengthen engagement with allied health professionals, rehabilitation services, disability and community sector organisations, and other clinical specialties that work with FAFRMs and trainees.