

# RACGP Submission to the Select Committee on Cost of Living

March 2024



RACGP

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## 1. Overview

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Select Committee on the Cost of Living on measures to ease cost of living pressures through the tax and transfer system and the provision of government services.

Australians are experiencing a cost of living crisis. More and more people are struggling to afford essentials such as food, utilities, housing and healthcare. Across Australia, over three million people are living below the poverty line.<sup>1</sup> One in six children are living in poverty, with long-term detrimental impacts on their education, health, wellbeing and future.<sup>1</sup>

There are multiple determinants of health, as acknowledged in the [Department of Health and Aged Care's National Preventive Health Strategy 2021–2030](#) and their national wellbeing framework, [Measuring What Matters](#). Both include environmental, structural, economic, cultural, biomedical, commercial and digital factors, which frequently act adversely on people living in poverty.

Effective and immediate solutions are needed from government to keep people out of poverty and to address the adverse impacts of cost of living on the health of Australians, including improved access to essential healthcare.

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**Government needs to act now to ensure the cost of living does not exacerbate inequalities in healthcare access for Australians.**

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## 2. Summary of RACGP recommendations

A well-resourced general practice sector is essential to addressing the existing and future cost of living challenges facing patients, funders and providers. Key solutions aimed at reducing out-of-pocket medical costs for patients are outlined in our [2024-25 pre-Budget submission](#), which in turn address cost-of-living pressures.

**In addition, the RACGP recommends:**

1. the federal government work with state and territory governments to **align payroll tax** provisions to the Queensland Government [Public Ruling PTAQ000.6.3](#) on what constitutes a relevant contract for independent practitioners;
2. government implement a **Medicare makeover**, with our [pre-Budget submission recommending an increase in patient rebates](#) and greater support for general practices to grow their teams;
3. allowing general practitioners (GPs) to work to the **top of scope** that they are trained in; and
4. a strong commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people as one of Australia's highest health priorities, as per the [Closing the Gap National Agreement](#).

The RACGP wants to work with government to make sure all Australians can access the care they need, no matter their income or postcode.

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**Investment in general practice is a key part of the solution to the cost of living crisis, enabling people to be well and continue working, and reduce pressure on government spending.**

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## RACGP 2024-25 pre-Budget submission

The RACGP has continued our call for a Medicare makeover, [with our pre-Budget submission recommending an increase in patient rebates](#) and greater support for practices to grow their teams within the current cost of living crisis.

### Rising out-of-pocket costs

**RACGP's pre-budget submission asks the government to:**

- increase **support for collaborative multidisciplinary care teams** to deliver coordinated and continuous care to improve patient outcomes
- facilitate a **20% increase in Level C and D Medicare Benefits Schedule (MBS) patient rebates** (services over 20 minutes). Support for longer consultations is essential to addressing and reducing Australia's burden of chronic disease
- invest in **optimal coordinated care for older Australians** with complex care needs that will improve health outcomes and reduce health system expenditure by eliminating fragmentation and reducing duplication
- **invest in the future GP workforce** and support health reforms via an attraction scheme to encourage more home grown junior doctors to choose general practice as a career and support participants in the Fellowship Support and Practice Experience Specialist Programs.

### Burden of disease and impact

**RACGP's pre-budget submission asks the government to:**

- re-introduce funding for **universal child health checks** during the first 2,000 days which will support patients and their families with early detection and surveillance that can improve children's health outcomes
- **expand eligibility for Medicare subsidised health assessments** which will reduce hospital readmissions through the provision of continuous care post-discharge
- provide a **20% increase to patient rebates for MBS mental health** treatment items
- **decouple GP mental health consultations from the Better Access initiative** which will increase support for mental health care in general practice and have a positive impact on access to other mental health professionals
- **invest in and support the development of RACGP guidelines** that support prevention, chronic disease management and optimal delivery of services in aged care.

## 3. About the RACGP

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a specialty career in general practice. The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline and our patients. As a national peak body, our core commitment is to support general practitioners (GPs) and their broader healthcare teams to address the primary healthcare needs of the Australian population.

## 4. Response to the Senate Select Committee on Cost of Living

### 4.1 The cost of living pressures facing Australians

Australia's current cost of living pressures are far-reaching and persistent. As the economic landscape shifts, putting more pressure on budgets, households are struggling with elevated food, utilities, housing and healthcare costs. Australians pay some of the highest out-of-pocket healthcare costs in the world and these costs are on the rise – a trend that cannot continue.<sup>2</sup> Out-of-pocket spending on healthcare in Australia accounts for 17% of Australia's total healthcare spending.<sup>2</sup> This is one of the highest proportions in the Organisation for Economic Co-operation and Development (OECD).

According to the most recent Australian Bureau of Statistics (ABS) data released in November 2023, the proportion of patients who delayed or avoided a GP consultation has doubled. The latest ABS figures indicate 7% of people viewed out-of-pocket costs as a barrier to care.<sup>3</sup> The most affected cohorts were younger people and those living in areas of greater socioeconomic disadvantage.<sup>3</sup>

Unfortunately, what has occurred in health over the last 10 years is that general practice and primary care funding has been neglected. The Medicare rebate patients receive was frozen by successive governments and ineffectively indexed once the freeze was lifted. This has meant that out-of-pocket costs have increased and healthcare is becoming increasingly unaffordable, as many GPs have had no choice but to impose fees to cover practice costs.

In our *2023 General Practice: Health of the Nation report*, we found that 'affordability of general practice and primary care for patients' was ranked amongst the top three concerns. The negative flow-on effects resulting from inadequate funding are that **people are delaying care** and presenting later with more complex health concerns. Patients concerned about costs are often presenting to overflowing emergency departments and contributing to ambulance ramping. As a result, people are not receiving the timely and continuous care that results in better outcomes for patients and the health system more broadly.

**Access to healthcare** across Australia is not equal. When compared to the most advantaged Australians, the most disadvantaged 20% are twice as likely to live with two or more chronic diseases, and more than twice as likely to die from avoidable causes.<sup>4</sup> For rural and regional Australians, the spend on Medicare per head of population is almost \$1,000 less than in metropolitan areas<sup>5</sup>. There are also additional challenges people in these areas face when needing to access healthcare – transport, travelling long distances, availability of GPs to be able to access the care that many people take for granted.

We are also witnessing the health effects of poverty across Australia, as people are making difficult choices around how they spend their money and are delaying healthcare. When people cannot afford the healthcare they need, particularly those with chronic conditions, they often get sicker and the healthcare system continues to be put under more strain.<sup>6</sup>

A key issue is that, for a long time, GPs have subsidised patient care, however with continued **inflationary pressures**, they are unable to continue doing so. Just like any other business, general practices are grappling with the rising costs of providing their service – wages, rent, insurance, utilities, and those costs are being passed on to patients.

#### 4.2 The government's fiscal policy response to the cost of living

We understand the Australian Government is confronting difficult trade-offs amid rising inflation and sharp increases in interest rates, food and energy prices.<sup>7</sup> It is important that policymakers prioritise protecting low to middle income Australians from significant increases to essential costs and ensure their access to food, housing, energy and healthcare is maintained.<sup>8</sup>

We also understand the government must reduce vulnerabilities to Australia's economy in response to high inflation.<sup>8</sup> However, access to affordable and high-quality healthcare must not be compromised as a result. Ensuring a prompt and flexible response by providing support that is targeted to those with greatest need must be an important component of fiscal policy.<sup>8</sup>

As per the International Monetary Fund's (IMF's) *Fiscal Monitor report*, 'countries should prioritise protecting the vulnerable through targeted support while keeping a tight fiscal stance to help fight inflation'<sup>8</sup>.

#### 4.3 Ways to ease cost of living pressures through the tax and transfer system

### Payroll tax

While general practices pay payroll tax on their employees' wages, including receptionists, GPs in training and nurses, it has historically not been applicable to GPs who work under independent agreements, paying for services provided by the general practice and critically are not employees. However, a new interpretation of tax law in 2022 deemed independent practitioners as employees for payroll tax purposes after court cases in Australia's eastern states. This has led to some states and territories targeting general practices for additional payroll tax, including retrospective taxation, which is threatening widespread practice closures and resulting in some practices no longer being able to bulk bill – subsequently having to raise patients' out-of-pocket fees to cover the cost.

For example, according to the independent [Cleanbill 2024 Blue Report](#), there are 1,553 clinics in Victoria, with 16.5% of those equating to around **256 at risk of closure**. Recent HotDoc research also indicates that **95% of general practices in Victoria plan to increase patient fees in response to any additional payroll tax burden** and operational compliance costs.<sup>9</sup> The average fee increase would be approximately \$12 for a standard consultation, meaning average out-of-pocket costs are likely to go up to \$52.<sup>9</sup>

The RACGP urges a harmonised commitment across all states and territories to provide certainty that independent GPs will not be subject to payroll tax. The commitment to a full payroll tax exemption and no retrospective tax collection for independent GPs, is exactly what Australia needs, and what we continue to advocate for. This will ensure practices don't have to increase patient fees and prevent bankruptcies and practice closures – which Australia cannot afford. Patient co-payments are the only way practices have of generating income, and thus extra unexpected costs on practices (such as payroll tax) will result in higher patient co-payments, worsening cost of living pressures.

To remedy this, state and territory governments must **align payroll tax** provisions to the Queensland Government [Public Ruling PTAQ000.6.2](#) on what constitutes a relevant contract for independent practitioners.

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**A full payroll tax exemption for independent GPs will ensure Australians have ongoing access to the care they need to stay healthy and out of hospital.**

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## 4.4 Measures to ease the cost of living through the provision of government services

### The role of general practice

Each year, almost 9 in 10 Australians visit a GP. GPs are the cornerstone of Australia's health system, offering accessible, safe, coordinated and comprehensive care that keeps our communities thriving. Patients who have continuity of care with a regular GP report high levels of satisfaction with their experience of care, have lower rates of hospitalisation and emergency department attendances, have lower mortality rates and are more likely to receive appropriate and patient-centred care.<sup>10</sup> Continuous care fosters a coordinated approach to the comprehensive management of a patient's health requirements. Their GP has access to information about past events and an understanding of the patient's personal circumstances. Patients who have continuity of care with a regular GP report high levels of satisfaction with their experience of care, have lower rates of hospitalisation and emergency department attendances, have lower mortality rates and are more likely to receive appropriate and patient-centred care.<sup>11</sup>

**General practice and primary care are the foundations of the healthcare system and are proven to be the most cost-effective part of it.** For example, the cost for a patient to see a GP for a 20-minute consultation is approximately \$40 (as funded via the Medicare levy by Australian tax payers who do not have private hospital cover and/or who earn above a certain income). That same episode of care would be almost \$700 if that patient presents to a hospital emergency department. When patients cannot afford the care they need, they get sicker, present later and end up in hospital or ramped in an ambulance. The rising costs of healthcare and ramping could be addressed by better investment in general practice and primary care. Given general practice is the most cost-effective part of the health system, it would ultimately save money at the 'pointy end' of Federal healthcare funding. Government needs to make a bold investment at a grass roots primary care level instead of funnelling even more funds into hospitals.

It is critical to avoid the government misguidedly investing in 'band aid' solutions such as expanding scope of practice for non-GP practitioners including as pharmacists and nurse practitioners. Such solutions do not save money for patients or the government in the long run. Instead, it creates a two-tiered health system, fragments care, and leads to worse health outcomes.

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**General practice is the foundation of our healthcare system, yet only 2% of the health budget goes to preventive care and 6.5% goes to general practice.**

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### Strengthening Medicare

Australia has one of the best health systems in the world, and the country ranks highly on key indicators by the OECD such as access to care and health outcomes and equity. However, neglect over the past 10 years by successive governments has meant that Medicare, just like general practice, is 'sick' and needs support.

Evidence has shown increased funding drives outcomes, with the federal government's recent investment in primary care resulting in a reversal of the trajectory of higher gap fees for patients, especially in rural and regional areas. Since the introduction of tripled bulk billing incentives for certain patients and services in November 2023, bulk billing has increased significantly in areas such as Tasmania and regional Queensland. This demonstrates that targeted funding and supporting areas for those populations most at risk results in better outcomes.

### Improved health funding – proof it makes a difference

The following [2023-24 Federal Budget announcements](#) aimed at **strengthening Medicare** have demonstrated that increased funding can make a difference. Those differences may appear to be simple, but they require bold decisions and the funding to follow. These included:

- *Access to medications:* changes to **60-day dispensing**, where patients can get two months' supply of medicines. This has had a significant impact on access and the hip pocket of many Australians, especially those in rural areas.
- *Access to medical care:* targeted support through the **tripling of the bulk billing incentive**—already this has shown a significant increase in access to care for eligible patients: children under 16, pensioners and concession card holders.

The [RACGP has long been calling](#) for Medicare items to better reflect the modern realities of general practice and its rising complexities.

The tripled bulk billing incentive payments are available under the MBS to medical practitioners that bulk bill children under 16 years of age and patients with Commonwealth concession cards. However, households across the low to middle income brackets that do not fit into this category are struggling to 'make ends meet' with cost of living pressures whereby they may need to make difficult decisions such as choosing a weekly grocery shop over their health needs.

We recently called on the government to introduce funding in the next federal budget to **introduce universal child health checks** in the first 2,000 days, where we can **support future generations** with early detection, intervention and surveillance. Amongst growing pressure on public hospitals and emergency departments, general practice remains the most efficient and cost-effective part of the healthcare system but it needs more support. We have called for the **introduction of funding to support patients to see their GP within 7 days of an unplanned hospital admission**. When patients see a GP within seven days, for every dollar spent we save \$1.60 for the healthcare system.<sup>12</sup>

Australia's mental health system is being pushed to breaking point, and this is only being exacerbated by detrimental effect the cost of living crisis is having on many Australian's. Government must also ensure that those people who seek

**mental health care**, which is the commonest presentation in general practice, are able to do so and receive their Medicare rebate. We have called on government for a **20% increase to Medicare rebates for GP mental health items** to patients get the clinical time they need. We also recommend that any mental health care provided by a GP does not reduce the better access initiative access to psychologists or similar.

#### Gender pay gap

Women are expected to make up a significantly larger proportion of Australia's GP workforce in the future with the number of female GPs growing more quickly. One of the key issues is that women GPs tend to spend longer with their patients because they see more people with complex needs. Female GPs spend 19 minutes on average with patients compared to 16 minutes for their male counterparts.<sup>13</sup> However, Medicare pays less per minute for longer consultations, meaning women GPs and their patients are being unfairly penalised. Research shows this amounts to \$11 less per hour on average, without accounting for maternity leave or pro rata earnings.<sup>14</sup>

More funding for longer consultations will make a real difference for people with complex needs across Australia. Women GPs are significantly more likely to see patients for psychological issues and women's health issues than their male counterparts and access to women GPs is important for communities across Australia. Funding reforms to ensure female GPs are appropriately remunerated would likely have a significant opportunity to partially offset some of the high quality complex care required by many patients and to close gender pay gap that fee-for-service Medicare rebates presents. This also prevents increased pregnancy and mental health care costs being passed on to patients.

#### Workforce

**The RACGP wants to work with government to make sure all Australians can access the care they need, no matter their income or postcode.**

GPs report being busier than ever before, with 71% reporting feeling burnt out by their growing workload in the [RACGP's latest Health of the Nation report](#). But while consultation lengths are increasing, up to an average of 18.6 minutes per patient, GPs are often not compensated appropriately. GPs will be needed in the community to treat Australia's ageing population, rising rates of complex disease and a growing demand for healthcare.

Junior doctor interest in general practice has dropped from 50% in the 1980s to 13% in 2023, underscoring the urgency to reverse this trend and return to 50% for workforce stability. Government leadership and support are crucial for a robust response, especially for all rural and remote healthcare. Failure to act urgently and at a scale may jeopardise Australia's ability to attract and sustain a world class model of primary care.

Ensuring GPs are adequately remunerated would 'pay dividends', especially for patients on low incomes, with access to continuous care from a GP being associated with a reduction in emergency department presentations and hospital admissions. With Australia facing a critical health worker shortage, including doctors, pharmacists and a forecast shortfall of over 100,000 nurses, the RACGP has called on the government in our [2024-25 pre-Budget submission](#) to fund workforce incentives and subsidised training to provide enough GPs for every community.

The RACGP acknowledges that single employer models have a role to play as local responses that may be useful in addressing specific areas where workforce need has been difficult to meet. However, given there is currently limited evidence that these models are successful or scalable, their expansion should continue cautiously and not as a potential system level solution to portability of entitlements.

As an alternative approach, the RACGP has endorsed recommendation 2 from the Department of Health and Aged Care (DoHAC) commissioned work undertaken by KPMG, 'Final Report into the Employee Entitlement Portability for GP Registrars' which proposes to improve registrar conditions through direct incentives, parental leave and study leave payments. The RACGP considers **the most expeditious and efficient path** to improving the conditions of registrars is for the DoHAC to **pay registrars these incentives directly via the Nationally Consistent Payments Services Australia** mechanism and preserve the direct engagement relationship between registrars and practice owners.

In addition, **investing in general practice and allowing GPs to work to the top of scope that they are trained in** (it takes 11 years to become a specialist GP) will allow many health problems to be managed within the primary healthcare system, and avoid expensive trips to the emergency department. This also may limit the need for patients to travel to other medical specialists which typically result in higher out-of-pocket costs for patients and can impact access to care.

### Aboriginal and Torres Strait Islander health

**The RACGP recommends a strong commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people as one of Australia's highest health priorities.**

Aboriginal and Torres Strait Islander people are over-represented as a community living in poverty. This is a consequence of centuries of colonisation, racism, the effects of historical and current policy, such as child removals from family, and the lack of cultural safety in health services.

Entrenched cycles of poverty, exacerbated by poor education and employment outcomes and increased interaction with the justice system, contribute significantly to poorer health outcomes for Aboriginal and Torres Strait Islander people.<sup>15</sup> The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians remains significant. Aboriginal Community Controlled Health Organisations (ACCHOs) and the GPs that work within them must be funded appropriately for the culturally safe and high-quality care they provide, to ensure bulk billing remains accessible for those who need it most.

Not only do ACCHOs provide culturally safe health care, they almost always bulk bill. Access to affordable and culturally safe healthcare is likely to keep Aboriginal and Torres Strait Islander people well and able to work, thus easing the cost of living pressures for them. This highlights the importance of **meeting all the Closing the gap commitments**. In addition, ACCHOs employ significant numbers of Aboriginal and Torres Strait Islander people. Funding ACCHOs does not just provide culturally safe effective medical care, it also increases employment, further relieving cost of living pressure.

### Queensland Pharmacy business ownership rule

The [Pharmacy Business Ownership Bill 2023](#) seeks to repeal the *Pharmacy Business Ownership Act 2001* and replace it with a modern framework for regulation of the ownership of pharmacies. **The RACGP opposes ownership and location regulations in the pharmacy sector.** These regulations stifle competition which can result in increased pricing of medicines, limited consumer choice and slow sector improvements.

The RACGP is concerned by the definitions of a pharmacy business/core pharmacy services and potential overlap with general practice. GPs and general practices supply medicines to patients in a variety of ways. It is important for the health of Queenslanders that the Bill does not affect these services and does not result in increased pricing of medicines.

### Conclusion

In closing, we emphasise that increased support and funding for primary care is an effective solution to address health effects from increased cost of living pressures and poverty in Australia. Any solution needs to provide genuine support for patients. **Australia's political leaders must deliver health policy that will keep all Australians healthy and out of hospitals.**

Improving funding for general practice holds great potential to address the concerns raised in this submission and better support the health of all Australians through continuous and high-quality care from a well-supported general practice.

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**Government knows action is needed and they have committed to rebuilding Medicare and general practice. While there is no quick fix, we need to keep the momentum going to secure the financial sustainability of general practice, enable bulk billing for those who need it, and ensure GP care is affordable for everyone.**

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**Author:** RACGP Funding and Health System Reform

**Contact:** [healthreform@racgp.org.au](mailto:healthreform@racgp.org.au)

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