Advocacy Plan

2026–30

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Acknowledgement of Country

The Royal Australian College of General Practitioners acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and waterways in which we work and live. We recognise their continuing connection to land, water and culture and pay our deepest respects to Elders past, present and emerging.

WARNING:
Aboriginal and Torres Strait Islander people should be aware that this document may contain images or names of deceased persons.

President's message

DR MICHAEL WRIGHT
MBBS, MSc, PhD, FRACGP, FAICD
RACGP President

Every year more than 22 million Australians choose to see a specialist general practitioner (GP) for their essential healthcare, making GPs the most accessed health professionals in the country. GPs and our general practice teams are critical to the success and sustainability of Australia's health system, and there is a growing need to provide more complex care in the community setting.

Australia's primary care sector continues to undergo substantial reform.

We've seen the rapid expansion of models of care and expanding scope of practice which have prioritised convenience over patient safety and which we know will fragment care, lead to poorer health outcomes and ultimately cost the health system more, both in terms of financial and personal cost.

Workforce shortages across the broad spectrum of medical and allied health professions are challenging the way care is delivered, as are emerging and innovative technologies. Funding models and mechanisms to provide care are also changing.

In the face of such rapid change there has never been a more important time for the Royal Australian College of General Practitioners (RACGP) to advocate clearly, strongly and consistently on behalf of our members and their patients.

The College's mission is to improve the health and wellbeing of all Australians by supporting GPs, registrars, junior doctors and medical

> 'In the face of such rapid change there has never been a more important time for the RACGP to advocate clearly, strongly and consistently on behalf of our members and their patients.'

students in their pursuit of excellence in patient care and community service.

RACGP members have consistently told us they expect their College to be a strong advocate for GPs and their patients with federal, state and territory government, other funders and regulators, including the Australian Health Practitioner Regulation Agency (Ahpra).

The College's *Advocacy Plan 2026–30* reflects the advocacy priorities our members have told us are most important to them. Based on feedback from our annual Health of the Nation report[1] and member surveys, our member-elected faculty councils and our many College expert and advisory committees, the Advocacy Plan recognises the reach of general practice and the extent of advocacy work required across the board scope of our profession, while also identifying core advocacy priorities for the College to ensure general practice remains at the heart of Australia's health system.

Australians know there is no substitute for the high-quality care you get from a specialist GP who knows you and your history. Strengthening general practice is critical to ensuring patients can access timely, affordable, high-quality GP care when and where they need it.

Through strong, focused and consistent advocacy, aligned to member priorities, the RACGP will continue to deliver on our mission to ensure a strong general practice that keeps Australia healthy.

Our recent advocacy wins

- $248.7 million GP Training Incentives package, including a $30,000 incentive and study and parental leave for registrars
- Recognition of Rural Generalist Medicine
- $24 million to reinstate GP ECG rebates
- ADHD reforms to expand GPs' role in diagnosing and caring for patients
- Payroll tax reform in key states
- Increased Medicare funding via incentive payments

Our commitment to health equity and improving health outcomes for Aboriginal and Torres Strait Islander peoples and communities

When progressing the objectives outlined in this plan, the RACGP is committed to maintaining a strengths-based advocacy approach that always calls for the social determinants of health to be acknowledged and addressed so all people, regardless of their background, can live longer, healthier and more productive lives.

The RACGP advocates for health equity by championing a patient-centred and accessible GP-led primary care system that addresses systemic inequities, particularly for Aboriginal and Torres Strait Islander peoples and supports Aboriginal and Torres Strait Islander leadership in the design and delivery of healthcare.

The RACGP:

- acknowledges the continued leadership and work of Aboriginal and Torres Strait Islander peoples and communities towards self-determination, including truth-telling as well as treaty negotiations
- acknowledges the cultural and practical knowledge within the Aboriginal and Torres Strait Islander health sector as essential to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples to achieve health equity
- acknowledges the leadership of Aboriginal Community Controlled Health Organisations (ACCHOs) and the ACCHO model of care as an example of community-governed, culturally safe primary healthcare that improves health outcomes for Aboriginal and Torres Strait Islander peoples
- acknowledges that cultural safety goes beyond respecting all peoples; it requires lifelong learning and reflective practice to prevent underlying assumptions, stereotypes, and conscious and unconscious biases from negatively impacting Aboriginal and Torres Strait Islander peoples
- has a zero-tolerance approach to any form of racism
- acknowledges that truth-telling is a fundamental step in eliminating racism and advancing equity
- has a diverse membership, including doctors from culturally and racially marginalised groups who experience racism and structural disadvantage despite playing a key role in enabling a more inclusive workforce and healthcare system in Australia
- recognises the unique challenges and discrimination faced by Aboriginal and Torres Strait Islander peoples, and their leadership in efforts to eliminate racism in Australia
- acknowledges our own historical and cultural legacy and that structural barriers and unequal access to power are faced by people from culturally and racially marginalised groups in medicine, in general practice and in our own organisation
- acknowledges that as well as experiencing racism, some specialist GPs and patients also experience discrimination based on gender, sexuality, religion and other characteristics, and these have additional harmful effects
- accepts that to address institutional racism, it needs to be recognised, routinely measured, monitored and addressed at multiple levels
- agrees that the design and delivery of healthcare services should reflect community priorities and take account of the experiences of diverse patient groups, including through partnership with Aboriginal and Torres Strait Islander organisations and by centring the voices of patients and communities.

The RACGP commits to understanding and advocating for the specific needs of Aboriginal and Torres Strait Islander peoples and embedding these in all our advocacy priorities outlined in this plan.

MEMBER ADVOCACY IN ACTION

> Growing a strong general practice workforce means supporting our registrars to deliver high-quality care and to build sustainable, rewarding careers. Delivering high-quality training and supporting registrar wellbeing as the system evolves is critical to that. I feel very fortunate to be part of this work, and to help ensure the voices of GPs in training shape the future profession and the care we provide to our communities.

DR MADELEINE WILKIE
Deputy Chair, RACGP GPs in Training

Purpose

The RACGP's *Advocacy Plan 2026–30* (the Plan) is a comprehensive consolidation of the advocacy objectives the College will pursue over the next five years on behalf of our members.

It reflects the priorities members have told us are most important to them through our annual Health of the Nation[1] report and member surveys, our member-elected faculty councils, our many College expert and advisory committees as well as direct member submissions.

In line with ***RACGP's 2025–29 Strategy***[2], each objective contained within the Plan aspires to position general practice at the heart of the health system and ensure our specialist GPs are well supported to care for all people in Australia so they can to live longer, healthier and more productive lives, no matter where they live.

Importantly, the Plan:

- anchors our advocacy activity to member priorities, providing focus and clarity for our advocacy efforts
- empowers members to engage in advocacy activity in areas of interest
- creates transparency and accountability, enabling more effective reporting about our advocacy efforts.

The Plan is not designed to inhibit the RACGP's ability to respond to new and emerging issues impacting members and their patients. Rather, it's designed to facilitate proactive, strong advocacy on the issues that matter most to members, reduce ambiguity about where the College stands on key issues, and enable us to make the most of advocacy opportunities to maximise success.

For more information about any of the advocacy objectives contained in the Plan please email healthreform@racgp.org.au

MEMBER ADVOCACY IN ACTION

Working closely with colleagues across WA, I've seen the impact we can have when we bring the GP perspective directly into conversations with government. In my role, I'm regularly engaging with local members and in broader discussions to represent our profession and ensure key issues – like workforce pressures, access to care and scope of practice – are clearly understood.

DR JULIA RAWLINSON

Deputy Chair, RACGP Western Australia

How we advocate

The RACGP advocates to all levels of government, Ahpra and other government bodies on issues of importance to our members and their patients. Across our College, many members are already working hard to achieve a stronger general practice profession through robust advocacy to these institutions.

Our member-elected President and Faculty Councils, our Expert Committees, Specific Interest Groups, Future Leaders Program members, our International Medical Graduates (IMGs) and Supervisor Committees, the members of our GP Advocate Network and our College staff are all playing their role in advancing the advocacy objectives contained within this plan.

They do this through:

- media commentary
- regular meetings with ministers and members of parliament (MPs)
- formal correspondence
- policy submissions to formal reviews
- formal funding submissions to federal and state treasurers and treasury officers for inclusion in annual government budgets
- appearing at parliamentary inquiries
- contributing to key government advisory groups
- hosting and attending events
- participating in public campaigns
- building partnerships across the health and community sectors with organisations who align with our position on key issues.
- working with patient advocacy groups to increase patient voice on key reform issues.

By working together, consistently and repeatedly stating our case to all stakeholders, we work to ensure the voice of RACGP members is heard by government policy makers, influencers and decision makers.

Get involved – join our GP Advocate Network

The RACGP's GP Advocate Network is a national network of GPs delivering coordinated, place-based advocacy by engaging federal, state and territory MPs and senators within their own electorates.

They support the work of the RACGP President and Faculty Chairs by giving a voice to general practice in their local communities.

Advocacy from lived experience is one of the most powerful ways to influence public policy. When MPs hear directly from local GPs caring for their communities, it helps them understand the real impact of government decisions on their constituents.

Our advocates use their established patient advocacy skills to extend the reach of the RACGP's government advocacy on behalf of all members. They play a critical role in explaining the potential benefits of the RACGP's advocacy priorities and the impact of government policy and programs on the local community an MP represents.

GP Advocate Network members receive CPD approved training and ongoing support to engage with their MPs in a confident and coordinated way.

To join the RACGP's GP Advocate Network, visit the RACGP website and submit an expression of interest, or email **gpadvocate@racgp.org.au** to find out more.

MEMBER ADVOCACY IN ACTION

> I joined the GP Advocate Network to help amplify the voice of general practice where it matters most – in conversations with decision-makers. Through meeting with MPs, contributing to advocacy priorities and supporting engagement across Victoria, I've focused on issues like GP wellbeing, workload and the viability of the profession. This work is about ensuring those realities are understood and reflected in the decisions that shape general practice and the care we provide to our patients.

DR EMMANUEL ANTHONY

Co-Deputy Chair, RACGP Victoria and GP Advocate for Dudley

Our top priorities

Like the general practice profession itself, the breadth of the RACGP's advocacy activity is extensive. We advocate for change across a broad spectrum of areas because this change is important to our members and their patients.

The top priorities included below articulate five key areas of particular focus for the College in the coming years. As we work to realise the intentions of the *RACGP 2026–30 Strategy*[2] our top advocacy priorities aim to centre general practice at the heart of the health system, build a flourishing workforce that is future-ready, support the sustainability of specialist GPs and the practices in which they work, and provide an outstanding Fellowship experience where members feel part of a supportive general practice profession.

Increase investment in general practice to value the critical role of specialist GPs in the health system

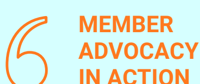
We will do this by calling on the federal government to:

- increase patient Medicare rebates, and in particular increase the rebates for longer consultations (C and D items) by 40%
- extend Health Assessment Medicare Benefits Schedule (MBS) items to a much broader demographic and priority groups and in particular support an annual developmental check during a child's first 2,000 days
- establish an independent primary care pricing authority to guarantee transparency in funding decisions and ensure funding covers the true cost of delivering care
- introduce an MBS item number for infusions to be performed in general practice, including for iron infusions.

Ensure changing models of care are evidence-based, value and prioritise safety and quality and do not fragment care

We will do this by calling on the federal government to:

- support patient-centred, comprehensive, coordinated and continuous trauma-informed and culturally safe care through high functioning GP-led multidisciplinary general practice teams, including models demonstrated in ACCHOs
- adopt RACGP urgent care standards as a nationally recognised standard for urgent care clinic (UCC) accreditation
- strengthen regulation for telehealth-only services to prevent excessive or inappropriate prescribing, predatory marketing practices targeting at-risk populations and fragmentation of patient care.



Addressing the ongoing health disparities experienced by Aboriginal and Torres Strait Islander peoples requires a sustained commitment to growing and supporting the Aboriginal and Torres Strait Islander health workforce. This includes culturally reflective training, culturally safe supervision, and workplaces that actively challenge racism and support Aboriginal and Torres Strait Islander leadership. A general practice workforce grounded in cultural humility, holistic care and inclusive practice benefits patients, clinicians, communities and the broader health system.

DR KIRSTY JENNINGS

Deputy Chair, RACGP Aboriginal and Torres Strait Islander Health

Grow and sustain our specialist GP workforce and better support IMGs

We will do this by calling on the federal government to:

- expand federal funding for GP training to grow both Australian-trained and IMG pathways to Fellowship in areas of greatest need
- fund the RACGP-led Pathways to Rural Program, delivering rural placements of metropolitan-based GPs with support and structured networking for GPs moving into rural practice
- fund an RACGP-led pre-vocational program to provide a seamless, high-quality pathway for doctors interested in general practice training from 2027 onwards
- increase supervisor payments through the National Consistent Payment framework to support the development, consistency and continuity of supervision across the entire GP training pipeline
- invest in funded mentoring and supervision programs for IMGs outside existing training pathways, particularly in isolated rural locations
- double the investment in the Workforce Incentive Program – Practice Stream and include targeted funding for general practice-based pharmacists.

Realise a healthcare system that is culturally safe and inclusive

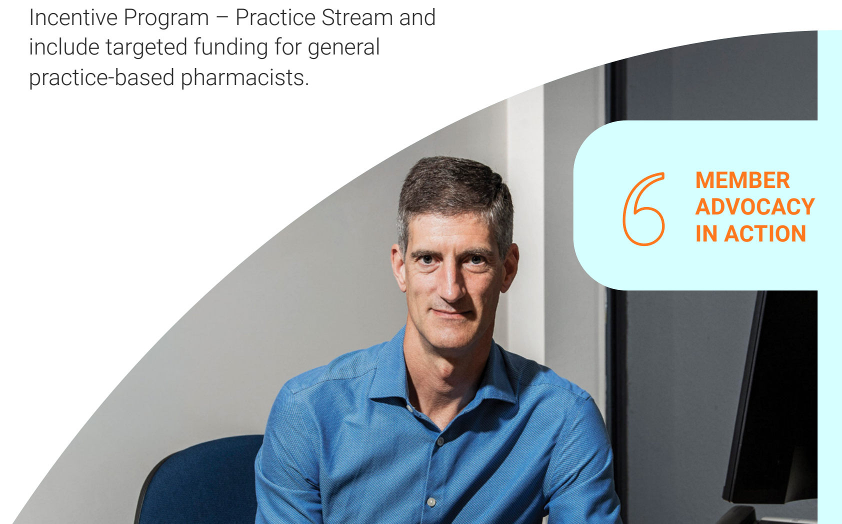
We will start with advocacy that:

- calls on all levels of government to adopt the *National Anti-Racism Framework*[3] and invest in its implementation, including implementing a monitoring and evaluation framework with appropriate accountability measures
- calls on the federal government to fund the development of a tool for monitoring and measuring racism in general practice and primary healthcare, including training for GPs and their teams and the development of supporting processes and guidance.

Unlock the full potential of general practice by reducing red tape, embracing innovative technologies and enhancing research

We will do this by calling on the federal government to:

- reduce red tape for GPs by:
  - upgrading digital infrastructure and enhancing interoperability across all healthcare systems
  - undertaking a comprehensive review and update of current regulations to support the appropriate integration of new technologies and innovative care models in general practice
- establish a regulatory and oversight framework for the use of artificial intelligence (AI) in healthcare to keep pace with the development of AI to ensure it is implemented safely, particularly within the medical setting
- establish a national practice-based research network via the Medical Research Future Fund (or another relevant agency).



MEMBER ADVOCACY IN ACTION

I am passionate about the role of general practice in delivering planned, proactive, team-based preventive healthcare. GPs and general practice teams are the foundation of our health system, and this care works best when it is continuous, evidence-based and patient-centred. It also depends on having access to the right information at the right time to support best practice care. As the system evolves, we must ensure new models strengthen, not fragment, this foundation.

PROFESSOR MARK MORGAN

Chair, RACGP Expert Committee – Quality Care

Supporting our regional, rural and remote workforce and the communities they serve

Rural and remote communities experience persistent health inequities, including higher rates of chronic disease, poorer outcomes and reduced access to timely, affordable care. Rural GPs serve to address these challenges, providing essential, comprehensive services that underpin the health and wellbeing of their communities.

The ***General Practice: Health of the Nation 2025***[1] report highlights rising complexity of care and increasing workforce pressures across general practice – issues that are amplified in rural areas. To achieve equitable health outcomes, targeted investment is needed to strengthen the rural GP workforce, expand supervision and training capacity and enable locally responsive models of care. Sustained support for rural general practice is critical to ensuring the seven million Australians living outside major cities can access high-quality, continuous care close to home.

To best support our regional, rural and remote workforce and the communities they serve, the RACGP is asking the federal government to:

- increase the rural loading of the bulk-billing incentive
- fund adequate and safe housing and other community supports for GPs and registrars working in remote areas, regardless of employer
- subsidise locum rates for rural GP clinics and Aboriginal Medical Services that cannot afford hospital-level rates, ensuring rural practices can access essential short-term workforce support. Position this support as complementary to the Pathways to Rural program and federally-funded Rural Locum Assistance Program (RLAP), helping to stabilise practices during workforce shortages
- extend RLAP to include GPs, alleviating the financial burden of locum coverage for rural and remote clinics
- implement recommendations from the *Working Better for Medicare Review*[4], including timely delivery of reforms to strengthen continuity of care and multidisciplinary access
- fund rural medical school placements to address 'placement poverty' in line with nursing student support
- invest in rural childcare services, including flexible models that accommodate GP hours
- expand targeted funding and support for practices and supervisors in regional, rural and remote areas to ensure sustainable, high-quality training capacity and equitable supervision opportunities
- prioritise rural and remote general practices in the GP Incentives Fund, with flexible funding and faster approvals to support ongoing service delivery
- index, review and increase the Rural Procedural Grants Program
- align the Distribution Priority Area (DPA) and Modified Monash Model (MMM) frameworks to deliver equitable, evidence-based GP workforce distribution, by:
  - introducing a remote (MMM6–7) general practice maintenance allowance to support recruitment and retention in very remote communities
  - funding locum leave support in MMM6–7 areas to maintain service continuity and practitioner wellbeing
  - applying DPA status only where there is demonstrable GP workforce undersupply, with transparent publication of the data, assumptions and rationale underpinning DPA classifications.

MEMBER ADVOCACY IN ACTION

Rural general practice is the backbone of equitable healthcare in Australia, yet the system continues to ask rural GPs and Rural Generalists to do more with less. Our advocacy priorities focus on funding settings that reflect the realities of rural and remote practice – fairer MBS rebates, better-aligned workforce frameworks, access to affordable locum support, and strong training and supervision capacity. We are calling for targeted, practical investment that strengthens continuity of care and allows rural doctors, their families and communities to thrive.

ASSOCIATE PROFESSOR MICHAEL CLEMENTS
Chair, RACGP Rural

Embedding cultural safety for Aboriginal and Torres Strait Islander practitioners and patients

Due to the impacts of racism and inequity on health outcomes and social and emotional wellbeing, safe and caring environments where relationships and understanding of complexity defines the practice model are paramount.

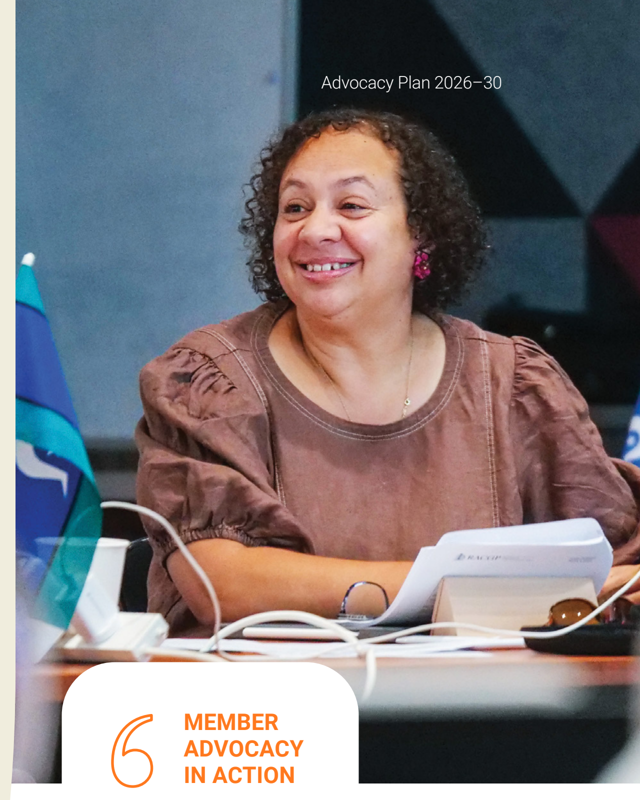
The RACGP's Aboriginal and Torres Strait Islander Health faculty was established in 2010 and is led by Aboriginal and Torres Strait Islander GPs. We promote the strengths and successes of Aboriginal and Torres Strait Islander resilience, innovation and leadership.

The RACGP asserts that all patients have the right to access healthcare that is free from racism and supports the needs and aspirations of families and communities. For this to occur, long standing structural barriers must be overcome and the Closing the Gap Priority Reforms embedded.

Aboriginal Community Controlled Health Organisations (ACCHOs) are exemplars in supporting the **quintuple aim of healthcare**[5]. The ACCHO model demonstrates the value of multidisciplinary, community-governed care in improving health outcomes for Aboriginal and Torres Strait Islander peoples and represents self-determination in action.

All GPs working with Aboriginal and Torres Strait Islander patients need time to build and sustain culturally safe relationships. These relationships help bridge complex health needs, socio-economic barriers and fragmented healthcare systems.

The RACGP asserts that all patients have the right to access healthcare that is free from racism and supports the needs and aspirations of families and communities.



To address the root causes of health disparities and advocate for initiatives that will support comprehensive, coordinated and continuous primary healthcare for those who need it most, the RACGP is asking the federal government to:

- remain committed to the three pillars of the Uluru Statement from the Heart and increase real opportunities for Aboriginal and Torres Strait Islander self-determination
- set reform principles that drive action, including:
  - facilitating the leadership of the Aboriginal Community Controlled sector in the policy, design, and delivery of health services for Aboriginal and Torres Strait Islander peoples in partnership
  - legislating stronger protection of human rights
- fully implement the priority reform areas and achieve targets under the *National Agreement on Closing the Gap*[6]
- commit to co-design of policy that affects Aboriginal and Torres Strait Islander peoples
- perform and publish an assessment of the likely impact on Aboriginal and Torres Strait Islander peoples of significant changes to health and other policy
- implement recommendations in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*[7] and evaluate programs that recruit, train and retain Aboriginal and Torres Strait Islander people
- establish a program to grow the Aboriginal and Torres Strait Islander GP workforce that includes mentorship and leadership support, social and emotional wellbeing and peer support for Fellows, and GP supervisor support programs
- implement and evaluate commitments in the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, including Priority 8: Identify and eliminate racism[8]
- establish an Aboriginal and Torres Strait Islander Coalition on Climate and Health as recommended by the Lowitja Institute.

MEMBER ADVOCACY IN ACTION

Advocacy led by Aboriginal and Torres Strait Islander people is rooted in self-determination, cultural authority and community experience. It builds on existing strengths and prioritises social and emotional wellbeing, cultural safety and trust. We call for an inclusive and equitable health system which will enhance the health and wellbeing of all patients and GPs.

DR KAREN NICHOLLS

Chair, RACGP Aboriginal and Torres Strait Islander Health

State and territory-focused advocacy

While general practice and primary care settings are generally regulated and funded by the federal government, state and territory government legislation, regulation, programs and policies all impact the care GPs can provide to their patients.

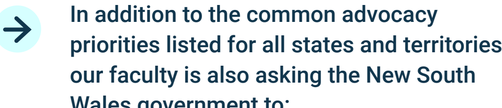
Our regional faculties play a critical role in advocating to state and territory governments to create opportunities for improved access to GP care for patients and limit the negative impacts of government decisions on the general practice profession.

While state level legislation, policies and program arrangements vary widely across individual states and territories, the matters raised by our RACGP regional faculties with these governments on behalf of our members are often very similar.

Each of our RACGP regional faculties are advocating to their respective state and territory governments to:

- strengthen access to GP-led after-hours care by funding extended-hours practice models
- expand eligibility to free vaccines not covered by the National Immunisation Program through state-funded programs for influenza, respiratory syncytial virus (RSV) and meningococcal B in every state and territory
- adopt the Western Australian model across all other jurisdictions for mandatory reporting, where treating practitioners are exempt from reporting a fellow GP with a health condition who is under their care
- ensure GPs are sufficiently represented in health service decision-making bodies across all states and territories, including clinical senates (or equivalents) and Local Hospital Networks
- fund Specialist Expertise Model career pathways, housing solutions and local government partnerships to make disadvantaged, rural and outer-metro communities places GPs choose to build their careers
- maintain and strengthen antenatal GP shared-care models, including enabling GP visits for women receiving midwifery or obstetric care to support continuity with their usual GP
- ensure junior doctors considering a career in general practice are prioritised to complete obstetrics, gynaecology and paediatrics rotations
- fund safe drug testing (eg pill testing) services as a harm minimisation strategy
- prioritise a workforce strategy that strengthens and optimises Australia's existing medical workforce rather than expanding the use of physician assistants in the current Australian context
- raise the minimum age of criminal responsibility to 14 and invest in health-first, trauma-informed approaches such as Aboriginal and Torres Strait Islander-led community solutions and justice reinvestment programs
- integrate GPs into syphilis surveillance for each state and nationally
- remunerate specialist GP representatives on health committees, advisory groups and workshops
- achieve national consistency on payroll tax by securing alignment of all states and territories with Queensland's full exemption on all GP earnings whether bulked billed, privately billed (or both) and regardless of their engagement or employment status.

NSW & ACT faculty



In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the New South Wales government to:

- invest in GPs with special interests (GPwSIs) and GP Liaison Officers (GPLOs) across key specialities in all NSW Local Health Districts to strengthen integration between general practice and hospitals and support pathway development and evaluation
- introduce a NSW GPs in schools program by piloting funded GP-led services in NSW high schools to improve access to early intervention, mental health triage and preventive care, with expansion in high-need communities following evaluation
- invest in multidisciplinary team models within NSW general practice through flexible funding to support allied health, nursing and care navigation roles, alongside statewide integration, training and evaluation support.

In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the Australian Capital Territory government to:

- invest in GP supervision and training in the ACT through funded protected supervision time, practice-level support for accredited training practices, and incentives to retain registrars in the ACT post-Fellowship
- invest in GPwSIs and GPLOs across Canberra's public and private hospitals to strengthen integration between general practice and hospitals and support pathway development and evaluation
- commission an independent review of nurse-led walk-in centres.

> In NSW and the ACT, we are focused on improving access to care, particularly in regional communities where patients are still experiencing significant gaps. Recent ADHD reforms have made a real difference, but we need to see that kind of practical change applied more broadly. This means targeted investment in general practice, funding settings that reflect demand, and systems that support GPs to provide timely, continuous care close to where people live.

DR REBEKAH HOFFMAN

Board Deputy Chair and Chair, RACGP New South Wales and Australian Capital Territory

MEMBER ADVOCACY IN ACTION

> General practice in the NT is different. GPs provide a comprehensive range of services to diverse communities in regional and remote areas where there are few other health services available. Our advocacy is about making sure governments understand that reality and work with us – not around us. We're pushing for practical workforce solutions, stronger support for community-controlled and remote models of care, and reforms that strengthen continuity, safety and access for the communities that need it most.

DR SAM HEARD OAM
Chair, RACGP Northern Territory

NT faculty

In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the Northern Territory government to:

- provide all health practitioners employed by a general practice or ACCHO with tax relief on their income from this employment in the following manner:
  - Staff living and working in MMM 7 do not pay any income tax
  - Staff living and working in MMM 6 have a top tax rate of 20%
- pilot a funded GP locum support program in very remote NT communities (MM6–7) to strengthen workforce sustainability and continuity of care in ACCHOs and private general practices, including in Alice Springs, Nhulunbuy, Tennant Creek and Katherine, with funding for accommodation and transport where required
- invest in and revitalise the CommDoc app to ensure it remains current and fit for purpose for clinicians in the NT.

We are asking the federal government to:

- prioritise funding for private general practices in market-failure settings to maintain local primary care access and avoid unnecessary hospitalisation of services
- develop and support quality and safe housing portfolio across NT training regions
- ensure that the NT continues to be an identified area of workforce need
- review of Darwin MMM2 status (already included in DPA by Commonwealth)
- ensure the National Assessment Tool doesn't misrepresent the workforce needs level in all areas of the NT.

QLD faculty

In addition to the common advocacy priorities listed above all states and territories, our faculty is also asking the Queensland government to:

- create an 'Office of the Chief General Practitioner' to work alongside the Queensland Chief Medical Officer and other health profession chiefs
- establish a position for a specialist GP on the Health and Wellbeing Queensland Board of Directors
- fund the disaster preparedness program to provide up to 95 Qld general practices with grants of up to $40,000
- expand the Queensland Virtual Integrated Practice Partnership Program and support 20 GPs to provide care in regional and remote areas experiencing chronically low numbers of GPs.

MEMBER ADVOCACY IN ACTION

Queensland has shown what strong, consistent GP advocacy can achieve – from abolishing payroll tax for GPs to landmark ADHD reforms. Our next focus is keeping that momentum going: strengthening the GP workforce, supporting regional and remote communities, improving disaster preparedness and making sure specialist GPs have a clear voice in Queensland's health system. When we back general practice, we back healthier Queensland communities.

DR CATHRYN HESTER

Chair, RACGP Queensland

MEMBER ADVOCACY IN ACTION

RACGP South Australia looks forward to continued collaboration with the South Australian government to progress workforce reform that supports safety, quality and continuity of care. IMGs play a vital role, particularly in regional communities, and must be supported to train, settle and build sustainable careers in general practice. We will continue to advocate for a Centre for Excellence in Neurodiversity, support for metropolitan to rural workforce movement, and policies that recognise the critical role specialist GPs play in delivering high-quality care close to home.

DR SIÂN GOODSON

Chair, RACGP Board of Directors and RACGP South Australia

SA faculty

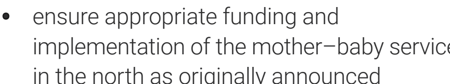
In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the South Australian government to:

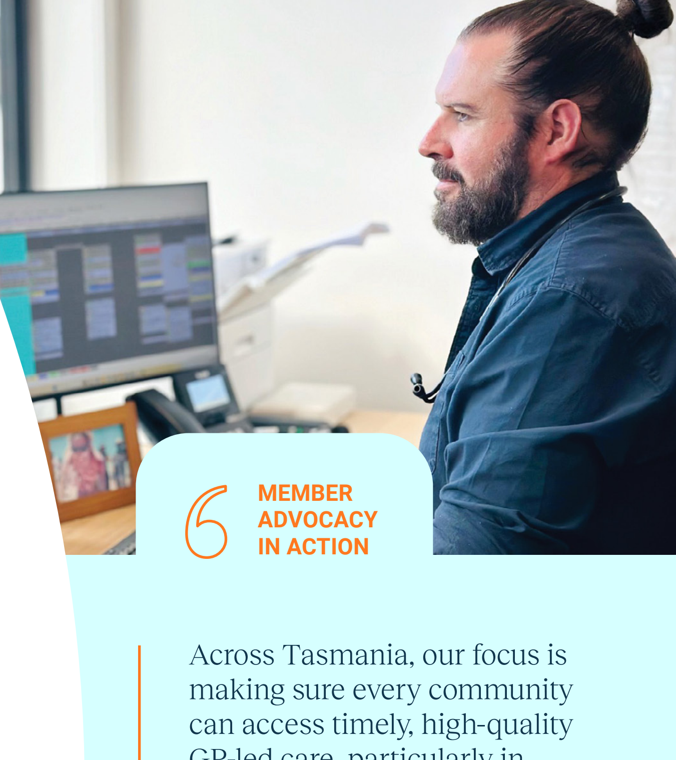
- establish SA as a national leader in neurodiversity by establishing the Centre for Excellence in Neurodiversity
- establish a program that funds regular consults with a GP for vulnerable children who are in contact with the state's out-of-home care system
- boost SA's GP workforce by establishing a funding stream for IMGs to assist with covering the costs of relocation and ensuring a smooth transition by linking them with an existing SA-based GP.

TAS faculty

In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the Tasmanian government to:

- direct the $5 million Aged Care Pharmacist Package to embed pharmacists in Residential Aged Care Facilities (RACFs), improving safety and outcomes, and avoid diverting these funds into community pharmacist training that does not address RACF resident care needs
- leverage state-funded GP service models such as GP Now and Care@Home to provide remote registrar supervision
- invest in improvements to the GP shared antenatal care system by:
  - updating the outdated Tasmanian Health Service (THS) guidelines
  - improving obstetric service availability in the Tasmanian north and north-west,
  - embedding GPs within public maternity pathways
  - supporting patient choice to access shared care
- ensure appropriate funding and implementation of the mother–baby service in the north as originally announced
- permanently fund the Youth Health Fund and Women's Health Fund for terminations of pregnancy and Long-Acting Reversible Contraceptives (LARCs)
- reinstate funding for GPwSIs in paediatric health to work in THS outpatient clinics to improve wait times and care pathways
- establish a state-based medical treatment overseas program in Tasmania that is GP-led/clinic-based to improve access and equity for patients, support training opportunities for junior doctors and registrars, and align Tasmania with Queensland and international best practice
- embed prevention at the core of Tasmania's health system by strengthening and investing in general practice-led preventive care, supported by a long-term (20-year) strategy with clear governance, cross-sector collaboration, evidence-based implementation and workforce investment
- support general practices to train registrars via infrastructure support grants.





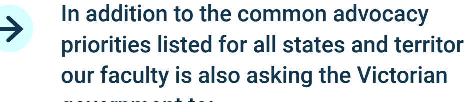
MEMBER ADVOCACY IN ACTION

Across Tasmania, our focus is making sure every community can access timely, high-quality GP-led care, particularly in rural and regional areas. We've seen positive momentum in growing the GP workforce, but sustaining that pipeline and supporting local training remains critical. We are calling for targeted investment in general practice, stronger support for aged care, and scope of practice reforms that are evidence-based, value and prioritise safety and quality, and do not fragment care.

DR TOBY GARDNER

Chair, RACGP Tasmania

VIC faculty



In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the Victorian government to:

- expand access to Medication Assisted Treatment for Opioid Dependence (MATOD) by supporting GPs through prescribing incentives and mentorship programs
- reimburse carers for the costs of medicines for vulnerable Victorian children in out-of-home care.

MEMBER ADVOCACY IN ACTION

> Victorian GPs are working at the centre of increasingly complex care, and our role has never been more critical. My focus is clear – strengthening general practice and ensuring care remains connected, safe and centred on patients and their usual GP. We've driven real progress, including expanding GP roles in ADHD care and elevating the voice of GPs with the Victorian government. Working in partnership with aligned stakeholders, we'll keep pushing – backing rural communities, supporting our workforce, and ensuring reforms enhance, not fragment, patient care.

DR ANITA MUÑOZ
Chair, RACGP Victoria

WA faculty

In addition to the common advocacy priorities listed for all states and territories, our faculty is also asking the Western Australian government to:

- support a post-hospital discharge GP connection incentive program, ensuring anyone discharged from hospital has a follow-up appointment booked with their GP within four weeks
- establish a health data insights program to better inform health policy decision-making, in line with the NSW government's LUMOS program
- establish a Chief GP Advisor within WA Health to complement the work of the Chief Medical Officer by advising on health system improvement, including efficiency of the overall health system and, notably, on interface solutions between primary and tertiary healthcare
- establish Health Service Primary Care Councils for all WA health services.

MEMBER ADVOCACY IN ACTION

Patients deserve convenience and safety – one should never come at the expense of the other. In Western Australia, our advocacy is delivering real change, from expanding GP roles in ADHD care to strengthening investment in the GP workforce. Our focus now is clear: improving care after hospital discharge and embedding general practice at the centre of system reform. That means better hospital-to-GP connections, stronger GP leadership within WA Health, and care that is continuous and high-quality.

DR RAMYA RAMAN

RACGP Vice-President and Chair,
RACGP Western Australia

MEMBER ADVOCACY IN ACTION

As GPs, we care for people across every stage of life, and that's reflected in the breadth and diversity of our profession. Our members bring deep expertise across a wide range of specific interests and are empowered to engage in advocacy in the areas they're most passionate about. This collective voice is powerful. It means we can shape reform based on what's happening on the ground and across the full scope of general practice.

DR JEREMY HUDSON
Chair, RACGP Specific Interests

Our broader advocacy agenda

Given GPs are the only medical practitioners specialising in comprehensive, whole-person, whole-of-life care, it is perhaps no surprise the RACGP's advocacy agenda is broad.

There are many areas in need of reform to support our specialist GPs to provide high-quality care to their patients when they need it, no matter where they live.

This section details the full scope of matters our College leadership and internal teams are pursuing on behalf of our members, the general practice profession and the broader Australian community so that they can live longer, healthier and more productive lives.

We are calling on the federal, state and territory governments to:

After hours and urgent care

- increase funding via the General Practice After Hours Incentive Program, enabling more practices to support patients in the after-hours period (equivalent to UCC funding)
- improve funding and incentives to support general practices and ACCHOs to expand their hours, including changing the 'sociable after-hours period' to commence at 5pm on weekdays and all hours on Saturdays
- fund flexible models to support the equitable provision of urgent care in all communities, particularly those without access to a Medicare UCC
- ensure urgent care clinics are always GP-led

Aged care

- undertake a formal review of the General Practice in Aged Care Incentive (GPACI), including evaluation of GP satisfaction, patient outcomes and access to general practice care for older people, with RACGP and GP representation in the review process
- reform the GPACI to provide better funding for patient care and reduce administrative complexity, including proportionate (pro-rata) servicing requirements and removal of 'all-or-nothing' quarterly servicing thresholds
- establish a national GP aged care workforce plan with funded rural loadings, scholarships/HECS relief, bonded time forgiveness and incentives for GPs to provide care in residential aged care homes
- introduce MBS support for telehealth consultations between GPs, aged care staff and family members/carers, including when the resident is not present
- provide a My Aged Care services progression dashboard in Health Professional Online Services/MyMedicare (Services Australia portal) and enable remote 'shared decision-making' consent options (including verbal where appropriate), with safeguards and alignment with privacy and guardianship requirements

Children and young people

- establish a Ministerial Council for child wellbeing to oversee and drive implementation of the 24 evidence-based actions outlined in the *'Help Way Earlier!' How Australia can transform child justice to improve safety and wellbeing* report[9]
- fund the development of resources to support trauma-informed general practice care for young people
- restrict the marketing of ultra-processed foods to children
- digitise the Pregnancy Health Record and Baby Book

Climate change policy

- adopt a 'health-in-all-policies' approach that maximises the synergies between good climate policy, health policy and the wider determinants of health
- fully fund the implementation of the *National Health and Climate Strategy*[10]
- commit to a 'net zero' healthcare system by 2040 with the majority of greenhouse gas emissions cuts by 2030
- introduce legislation to require government to consider the health and wellbeing of current and future children when making decisions likely to result in substantial greenhouse gas emission increases and contribute to climate change
- end expansion of any new fossil fuel infrastructure and production, phase out existing production and use of fossil fuels and remove fossil fuel subsidies, investing in renewable energy
- adopt legislation and regulation to prevent communities experiencing detrimental health effects from harmful exposure to air pollution

MEMBER ADVOCACY IN ACTION

> Supporting families is one of the most important investments we can make in healthier future communities. We are calling for practical reforms, including developmental health checks in the first 2000 days and stronger, trauma-informed systems that keep young people out of the justice system and connected to care. GPs are the only practitioners who can support all members of a family equally through continuity and relationship – and our advocacy must ensure every child has the opportunity to thrive.

DR TIM JONES

Deputy Chair, RACGP Tasmania and Chair, RACGP Specific Interests Child and Young Person's Health

MEMBER ADVOCACY IN ACTION

> Digital innovation is transforming general practice, but to realise its full potential, GPs need access to the right data. We're calling for a national, linked primary care dataset, secure data-sharing across the health system, and access for GPs to generate insights that improve care for their communities. With investment in clinical decision support tools and strong data infrastructure, we can turn information into action – strengthening patient outcomes, advancing research, and shaping a smarter, more connected health system.

DR SEAN STEVENS

Immediate past Chair, RACGP WA and Chair, RACGP Specific Interests, Digital Health and Innovation

Clinical guidelines and resources

- provide sustainable funding to maintain the RACGP's *Guidelines for Preventive Activities in General Practice*[11] (Red Book) as a living national clinical guideline
- provide funding to maintain and update the National Aboriginal Community Controlled Health Organisation–RACGP *National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people*[12] and the RACGP *Abuse and Violence: Working with our Patients in General Practice*[13] (White Book)
- fund development of up-to-date patient-facing preventive health resources, aligned with RACGP clinical guidelines

Equitable access in areas of greatest need

- provide targeted funding to general practices and ACCHOs serving communities with higher health needs to address the gaps in Medicare funding for complex multimorbidity and mental health care
- fund and evaluate innovative GP-led multi-disciplinary team models of care that strengthen the primary care workforce in rural and remote areas and communities experiencing socioeconomic inequity
- support initiatives that improve access to fresh and nutritious food in remote communities and for people in greatest need

Data access

- create a national research dataset containing primary care data and data from other parts of the healthcare system (including MBS/ Pharmaceutical Benefits Scheme (PBS) and acute health services)
- implement legislative frameworks and funding models to enable ongoing access to primary health care data to support general practice including:
  - secure data-linkages across primary care, acute care and other organisations using healthcare information
  - access for general practice to analyse health data across all healthcare services to generate evidence-based insights to inform clinical care pathways and health strategies to address the unique needs of local populations
- establish a national primary care research repository (clearinghouse)
- include breast screening and other cancer screening information in the National Cancer Screening Register to support comprehensive cancer prevention by providing GPs access to complete and accurate information about a patient's screening history
- establish a national obesity outcomes registry including equity metrics
- fund clinical decision support tools that support GPs at the point-of-care and with practice level quality improvement initiatives

Digital health

- establish an overarching body to encourage the advancement of electronic clinical decision support and to oversee the development and maintenance of technical and clinical standards
- advance efforts to support the real-time sharing of digital patient information across the health sector through upgraded digital infrastructure and enhancing interoperability
- invest in digital infrastructure to improve telehealth reliability and connectivity in general practice, including reliable and affordable internet access to support equitable healthcare access for rural and remote communities
- provide ongoing technology infrastructure/practice sustainability grants for practice expansion and improvement
- fund remote patient monitoring services in general practice utilising wearable technologies for chronic disease management, enabling continuous monitoring of conditions such as diabetes, hypertension, and heart failure including funding for step-down care following acute episodes such as hospitalisation
- fund the use of evidence-based digital therapeutic interventions and digital mental health platforms, which have demonstrated efficacy in improving patient outcomes whilst reducing healthcare costs
- provide specialised funding for culturally appropriate digital health solutions for Aboriginal and Torres Strait Islander communities, ensuring digital health advancement promotes rather than undermines health equity
- improve My Health Record functionality and useability by transitioning to structured usable data and implementing notifications regarding key new documents and updates for GPs

Disaster management

- recognise and support GPs as essential responders in disaster management by:
    - establishing a dedicated funding source for general practices based on their location, accreditation status, and GP full-time equivalent totals to enable practices to purchase essential equipment, stock emergency supplies and strengthen overall resilience through disaster and emergencies training
    - including GP representatives in local, state and territory and federal government emergency planning and preparedness activities
    - developing a secure, nationally supported app that enables GPs to prescribe safely and deliver remote care during disasters and while working in evacuation centres

General practice dispensing

- review medicines and poisons legislation, PBS regulations and pharmacy ownership and location laws to increase patient access to medicines from general practice and specialist GPs

MEMBER ADVOCACY IN ACTION

> GPs are often the first point of care in a disaster and remain on the ground long after the immediate response has passed. Yet too often, we are not recognised or supported as essential responders. We are calling for dedicated funding to strengthen practice preparedness, formal inclusion of GPs in emergency planning, and practical tools to support care during disasters. With the right support, general practice can play a critical role in building resilient communities and ensuring continuity of care when it's needed most.

DR AILEEN TRAVES

Deputy Chair, RACGP Queensland

MEMBER ADVOCACY IN ACTION

As a GP and researcher, I see every day the value of research grounded in real-world practice. It's a privilege to advocate for GP-led research and ensure the experiences of our patients and communities are reflected in the evidence that shapes care. We're calling for greater investment in GP-led research, support for practices to participate, and a national practice-based research network – so we can generate the evidence needed to improve outcomes and strengthen our health system.

PROFESSOR CONSTANCE DIMITY POND
Chair, RACGP Expert Committee – Research

General practice research

- boost the percentage of Medical Research Future Fund and National Health and Medical Research Council funding to general practice and primary care-led research projects
- enable and support general practices to participate in research, by providing funding and incentives and ensuring that there are appropriate legislative frameworks in place to enable patient recruitment

GP scope of practice

- formally recognise GPs as medical specialists, consistent with their Ahpra registration, across all relevant departments, agencies and funding schemes – including Medicare, Services Australia and the National Disability Insurance Scheme (NDIS) – to remove unnecessary barriers that prevent GPs from providing, requesting or having their clinical expertise appropriately recognised
- review PBS restrictions that limit GP prescribing by requiring a non-GP specialist to diagnose and initiate some medicines (eg cholinesterase inhibitors and adrenaline autoinjectors)
- expand the 80/20 and 30/20 prescribed pattern of service rules to other health professional groups including nurse practitioners and non-GP specialists, with amendments to service thresholds as needed
- increase accessibility to acne treatment from GPs by amending the Poisons Standard so that specialist GPs can prescribe oral isotretinoin to patients with moderate to severe acne and severe or treatment-resistant rosacea
- increase flexibility for Home Medicine Reviews (telehealth and within general practice settings) ensuring general practice parity with pharmacy
- expand GP Medicare requesting rights for investigations and diagnosis, including magnetic resonance imaging (eg prostate MRI for earlier detection and more appropriate referral of prostate cancer)

GP wellbeing

- simplify and streamline complaints handling by harmonising processes across jurisdictions, improving the timeliness and quality of investigation processes, and being more transparent about the outcomes of tribunal decisions

Improve care transitions

- amend the *National Health Reform Agreement*[14] to set hospital key performance indicators to ensure interoperable clinical handover documents are provided to GPs within 24 hours of a patient being discharged from inpatient, emergency department and ambulatory care
- reduce preventable hospitalisations by introducing an incentive payment for GPs to see a patient within seven days of discharge following an unplanned hospital admission

Medication access

- fund scaled incentive payments for GPs who support patients requiring MATOD, to encourage increased and sustained prescribing
- modernise the Doctors' Bag program to transition from a strictly life-threatening emergency focus to a hybrid model that supports both emergency resuscitation and high-acuity urgent care
- provide PBS access to evidence-based obesity pharmacotherapy for obesity management
- ensure medicinal cannabis access settings are underpinned by strong Therapeutic Goods Administration (TGA) regulation and robust evidence of safety and effectiveness to protect patient safety and product quality
- enforce measures to control illicit vaping and smoking industry

Medicare Benefits Scheme reform

- allow the use of standard time-based MBS items for antenatal consultations over 20 minutes
- limit the introduction of disease-specific MBS items, which do not accurately reflect the way GPs provide person-centred care, increases the complexity of Medicare and can lead to fragmentation
- expand access to point-of-care testing in general practice, supported with appropriate MBS rebates, improving patient access and care coordination
- consider ways to reverse the drop-off in spirometry, potentially by increasing spirometry rebates, making spirometers available to practices that can't afford them and providing funding for consumables
- fund protected administrative and non-clinical time for GPs including care coordination, paperwork, teaching, training and team leadership through MyMedicare and related funding mechanisms

Mental health care

- boost funding for GP mental health care, potentially through the restoration of GP mental health item numbers
- decouple GP delivered Focused Psychological Support items from the pool of 10 allied health sessions available through a GP mental health plan, thereby increasing patient options and access to mental health services

MEMBER ADVOCACY IN ACTION

Members expect strong College advocacy for the profession on scope of practice reforms. GPs already deliver comprehensive, whole-person care, and our focus is on ensuring that expertise is recognised and supported across the system. As Chair of the Funding and Health System Reform Committee, I am committed to advocating for reforms that enable GPs to practise to their full capability and strengthen access to care for patients.

ASSOCIATE PROFESSOR RASHMI SHARMA OAM

Chair, RACGP Expert Committee – Funding and Health System Reform

MEMBER ADVOCACY IN ACTION

The first year after birth is a powerful window to support the health and wellbeing of mothers, babies and families. GPs are central to this – providing continuous, relationship-based care, including breastfeeding support, early intervention and prevention. We're calling for postpartum care to be recognised as a national priority, with dedicated Medicare support and GP-led pathways that build on this strength – ensuring families are supported from pregnancy through the first year of life.

DR KA-KIU CHEUNG

Chair, RACGP Specific Interests Antenatal and Postnatal Care

Neurodiversity

- facilitate a nationally consistent approach to enable and support specialist GPs to initiate, modify and continue psychostimulant medications for adults and children with attention deficit hyperactivity disorder (ADHD) in addition to psychiatrists and paediatricians
- harmonise ADHD prescriber authority, approved medications and dosages and access criteria and conditions such as age limitations, review periods, rules when transitioning from child to adult services, documentation requirements, and honouring of prescriptions from other jurisdictions
- support early allied health intervention for children with single-area developmental delay under Thriving Kids
- expand and increase funding for early intervention outreach models that build on children's strengths and promote equitable access to care by linking school-based support with GP-centred multidisciplinary teams (including paediatrics, speech pathology, occupational therapy and psychology) delivered in schools, community settings and general practice

Postpartum care

- establish the first 12 months postpartum as a defined national preventive health and Medicare reform priority
- establish a national breastfeeding advisory council to oversee implementation, accountability and evaluation of the *Australian National Breastfeeding Strategy*[15]
- fund the development and national rollout of a GP-led breastfeeding and early infant feeding clinical pathway
- introduce dedicated MBS items for GP-led breastfeeding and postpartum care, aligned with the strategy
- embed breastfeeding and early feeding management within Medicare reform and national preventive health frameworks
- fund nationally consistent GP training and recognition pathways in breastfeeding and lactation medicine
- develop a national infant feeding minimum dataset, with publicly reported outcomes to drive accountability

Preventive health

- expand the National Immunisation Program to ensure alignment with the *Australian Immunisation Handbook*[16] and Australian Technical Advisory Group on Immunisation advice including meningococcal B, RSV (50+), shingles (50+), and intranasal influenza vaccine for under-5s
- extend equitable funding for GP-led, time-based health assessments across key life stages and at a minimum with priority groups to support proactive, multidisciplinary preventive care for:
  - patients aged 65–74 (as an expansion of the 75+ health assessment)
  - people with disability (as an expansion of the intellectual disability health assessment)
  - women
  - children in out-of-home care
  - people leaving prison
- appropriately fund prevention and management of overweight and obesity in primary care settings

Primary Health Networks (PHNs)

- require PHN Boards to have a strong GP presence through specific minimum Board composition requirements
- nationally benchmark PHN performance with outcomes-based data, provided at an individual PHN level, made public and easily available, to improve transparency and accountability

Priority populations

- adopt and implement the *National Plan to End Violence against Women and Children 2022–2032*[17], including investment to support GPs and general practices to identify and respond to women, children and families affected by domestic and family violence
- introduce NDIS Navigator roles, as recommended by the *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme final report*[18], to help people with disability find the supports that best meet their needs
- increase funding for improved access to interpreter services for all healthcare providers, including allied health providers and oral health
- co-design health policy with patients and healthcare providers from culturally and racially marginalised backgrounds
- fund evidence-based approaches to gender affirming care so it is affordable for all who need it

Reduce red tape

- abolish the 90-day pay doctor cheque scheme and allow for GPs to be paid immediately via electronic funds transfer
- enable MBS-claiming channels to instantly reject claims that are non-compliant, reducing the need for providers to self-review historical claims
- raise the claiming threshold for bulk Medicare compliance mailouts so providers with very low levels of potentially incorrect claims (eg less than five) are not sent a compliance letter and instead receive education through other channels

MEMBER ADVOCACY IN ACTION

> As GPs, we see how much difference it makes when people can access care that is consistent, connected and centred around their needs. For patients with more complex circumstances, that continuity really matters. Part of our role is making sure those realities are understood beyond the consulting room, so the system supports care that works in practice and ensures no one is left behind.

DR TIM SENIOR

Medical Advisor, RACGP Aboriginal and Torres Strait Islander Health

MEMBER ADVOCACY IN ACTION

Women's health in Australia has seen important progress, including new Medicare items, PBS listings and the federal government's recent $500 million investment in women's health. These are meaningful steps forward, particularly in improving access to contraception and care. But there is still more to do. We will continue to advocate for expanded preventive health assessments and models of care that prioritise safety, quality and continuity – ensuring women's health remains a national priority and is not compromised by fragmented approaches.

DR SARA WHITBURN

Chair, RACGP Specific Interests Sexual and Reproductive Health

Refugees and asylum seekers

- establish a national refugee health and wellbeing framework to support a consistent, equitable and integrated approach to the delivery of refugee healthcare across Australia, both in the resettlement period and beyond
- acknowledge the harm caused by immigration detention and prolonged visa uncertainty and align with The UN Refugee Agency's global strategy to end detention[19]
- provide full and automatic access to federal, state and territory-funded health services for people seeking asylum once they have lodged a claim for protection
- appropriately and more effectively fund GP care for refugee health, both in the resettlement period and beyond, and explore mechanisms/models of funding that might support this
- provide funding to update the *Australian Refugee Health Practice Guide*[20]

Standards and accreditation

- support reforms to accreditation processes that reduce the burden of single-point-in-time assessments and better support continuous quality improvement

Women's health

- apply the triple bulk-billing incentive to women's health MBS items, particularly for item numbers 16500, 16407, 14206, 35503, and sexual/reproductive phone item, 695
- add copper intrauterine devices (IUDs) to the PBS and create a new MBS item for Implanon changeover
- initiate a feasibility study into free contraception models
- modify Medicare billing rules to allow GPs to charge a separate fee for essential consumables used in IUD procedures – specifically copper IUDs (not PBS-listed) and Penthrox analgesia – when bulk billing LARC item numbers
- undertake a systemic review of Medicare to remove embedded gender bias

Workforce

- fund culturally safe and clinically appropriate orientation for GPs relocating from non-remote areas to remote practice, including those entering via IMG expedited pathways
- fast-track Medicare and Ahpra applications for rural and remote IMG applicants to reduce workforce bottlenecks
- embed RACGP co-designed general practice exposure within pre-vocational training, supported by funded placements and hospital backfill, including the Australian Primary Care Prevocational Program, to strengthen the GP workforce pipeline
- index, review and increase the Workforce Incentive Program – Rural Advanced Skills Stream
- prioritise implementation of a catchment-based workforce classification, as recommended by the Working Better for Medicare Review[4] to better reflect regional service interdependencies

EXCEL

Our President and Faculty Chairs

The RACGP President, faculty chairs and councils are elected by RACGP members every two years. They serve as directors on the RACGP Board, shaping the College's advocacy priorities, engaging with stakeholders and working to ensure that the College's activities reflect the needs of our members and the broader community.

The President is responsible for leading the RACGP's national advocacy efforts to the federal government, its departments, Ahpra, the Medical Board and other national government bodies.

State and territory faculty chairs work with their regional faculty councils to lead advocacy activities directed towards state and territory governments. National faculty chairs work with both the national College team and regional faculties to pursue priorities of importance to members across the country.

	Name and title	Email
	Dr Michael Wright RACGP President	president@racgp.org.au
	Dr Siân Goodson Chair, RACGP Board of Directors and RACGP South Australia	sa.faculty@racgp.org.au
	Dr Rebekah Hoffman Board Deputy Chair and Chair, RACGP New South Wales and Australian Capital Territory	nswact.faculty@racgp.org.au
	Dr Ramya Raman RACGP Vice-President and Chair, RACGP Western Australia	wa.faculty@racgp.org.au

Name and title	Email
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Dr Cathryn Hester Chair, RACGP Queensland	qld@racgp.org.au
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Name and title	Email
Dr Karen Nicholls Chair, RACGP Aboriginal and Torres Strait Islander Health	aboriginalhealth@racgp.org.au
Associate Professor Michael Clements Chair, RACGP Rural	rural@racgp.org.au
Dr Jeremy Hudson Chair, RACGP Specific Interests	gpsi@racgp.org.au
Dr Rebecca Loveridge Chair, RACGP GPs in Training	gpit@racgp.org.au

Our RACGP Expert Committee Chairs

The RACGP's Expert Committees are member-based, sub-committees of the Board that work closely with the College's internal Advocacy, Policy and Research team to ensure our standards, resources, position statements and submissions are of the highest quality, are evidence based and meet member needs.

Members lend their expertise and experience to ensure the College's advocacy work enhances the RACGP's reputation for excellence and thought leadership, upholding our values of Ethics, Quality, Professionalism and Progressive leadership.

Committee members are appointed by the Board every three years following an expression of interest process open to all members. They can co-opt additional experts when required. Committees are able to include patient representatives.

	Name and title	Role of committee	Email
	Associate Professor Rashmi Sharma OAM Chair, RACGP Expert Committee – Funding and Health System Reform	The RACGP Expert Committee – Funding and Health System Reform provides informed advice on health system reform, funding, workforce, and equity of access. It supports GPs to deliver safe, sustainable care, contributes to policy development and represents members in consultations to strengthen general practice and patient outcomes.	healthreform@racgp.org.au
	Dr Rob Hosking Chair, RACGP Expert Committee – Practice Technology and Management	The RACGP Expert Committee – Practice Technology and Management provides advice on digital health, e-health standards, disasters and information management to support future-focused general practice. It develops tools and resources, informs policy, and promotes technology adoption to enhance care quality, safety and health outcomes for all Australians.	practicemanagement@racgp.org.au

Name and title	Role of committee	Email
Professor Mark Morgan Chair, RACGP Expert Committee – Quality Care	The RACGP Expert Committee – Quality Care provides expert advice on clinical excellence and quality care. It develops evidence-based resources for preventive health, chronic disease management and population health, informs policy and guidelines, and represents key portfolios to strengthen safe, effective, and equitable care across general practice.	qualitycare@racgp.org.au
Dr Louise Acland Chair, RACGP Expert Committee – Standards for General Practices	The RACGP Expert Committee – Standards for General Practices develops and maintains standards to ensure safe, high-quality care and protect patients from harm. It monitors national and international standards, supports interpretation for accreditation, and promotes clear communication to uphold independent, evidence-based quality practice across general practice.	standards@racgp.org.au
Professor Constance Dimity Pond Chair, RACGP Expert Committee – Research	The RACGP Expert Committee – Research provides advice on general practice research strategy and policy, fosters a research culture, and builds capacity through academic opportunities. It develops evidence-based resources, strengthens networks, and advocates for GP-led research to improve health outcomes and inform an effective, patient-centred health system.	research@racgp.org.au
Pending appointment* Chair, RACGP Expert Committee – General Practice Workforce	The RACGP Expert Committee – General Practice Workforce provides expert advice on GP workforce planning, training pathways, and career progression to support a sustainable, well-distributed and diverse workforce. It informs policy to attract registrars, applies an equity lens across training and fellowship, and oversees progress against national workforce strategies in alignment with the College's strategic direction and faculty needs.	gpworkforceplanning@racgp.org.au

** Committee under establishment at time of publication*

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