

# RACGP

# New South Wales Pre- Budget Submission

2025 - 2026



RACGP

## About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

## Introduction

There has never been a more important time for New South Wales to invest in primary care. The state's spending on the health system is exploding as it grapples with a number of issues including an aging population and an epidemic of chronic disease which is resulting in more people in New South Wales requiring more complex and expensive care.

In the period from 2012-13 to 2021-22 the expenditure on New South Wales public hospital system climbed from \$16.39 billion to \$28 billion, an increase of 92%.<sup>1</sup> In the same period the recurrent per-person expenditure also increased 56% from \$2221 per person to \$3464 per person.<sup>2</sup>

The best way to reduce these spiralling costs is by investing in general practice. Well-resourced and supported GPs keep people healthy and out of hospital. General practice is the most cost-effective investment a Government can make in healthcare with research showing every \$1 invested in primary care returns \$1.60 in healthcare system benefits including reduced preventable hospitalisations and emergency department presentations and improved workforce productivity.

There is simply no substitute for high-quality general practice care delivered by a GP who knows you and your history.

The budget proposals contained herein seek to ensure that people in New South Wales can continue to access the high-quality health care required to keep people healthy and release pressure on the hospital system.

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<sup>1</sup> Productivity Commission. *Report on Government Services 2024: Public hospitals*. 2024. Available from: <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/public-hospitals>

<sup>2</sup> Ibid.

## Summary of Funding Requests

The policy initiatives outlined in this Pre-Budget submission will improve the health of people in New South Wales and reduce pressure on the state's health system. They strongly align with the objectives of *Future Health: Guiding the next decade of care in NSW 2022-2032*.

Initiative	Rationale	Cost per annum	Alignment with New South Wales Government Priorities
Fund New South Wales GP Trainee Grants worth \$40,000 per registrar for up to 490 GP registrars to ensure New South Wales has enough GPs for the state's future health needs	To encourage more junior doctors to specialise in general practice	\$19.6 million	<b>Future Health</b> - Key objective 4.5 – Attract and retain skilled people who put patients first
Fund the GP TRACK program to give up to 150 junior doctors training in hospitals the opportunity to experience general practice as a specialty, thereby increasing their likelihood of specialising in general practice	To encourage more junior doctors to specialise in general practice	\$9.73 million	<b>Future Health</b> - Key objective 4.5 – Attract and retain skilled people who put patients first
Expand access to free meningococcal B vaccines for children aged two and under and young people aged 15 - 19	Ensure more people in New South Wales are protected from potentially deadly infections	\$37.5 million per annum for two years,  \$20 million per annum ongoing	<b>Future Health</b> - Key objective 3.8 – Invest in wellness, prevention and early detection
Ensure specialist GPs working as Visiting Medical Officers have pay parity with other medical specialists	To ensure GPs are appropriately remunerated for their skills, experience, quality of care and benefit to NSW Health	Increase the per hour <a href="#">Staff Specialist award rate 2024</a> for a GP with at least 5 years' experience from \$216.15 to \$244.70	<b>Future Health</b> - Key objective 4.5 – Attract and retain skilled people who put patients first
Evaluate the NSW Pharmacy Trial	To ensure this health trial is safe for patients and cost effective for the health system	\$800,000	<b>Future Health</b> - Key objective 2.1 – Deliver safe, high quality reliable care for patients in hospital and other settings

Fund six weeks' locum coverage per annum for GPs working in MM6 – MM7 regions	To better support GPs working in the remotest parts of NSW to avoid burnout and increase the attractiveness of working in these communities	\$9.27 million	<b>Future Health</b> - Key objective 4.5 – Attract and retain skilled people who put patients first
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## 1. New South Wales Government Priority: *Future Health: Guiding the next decade of healthcare in NSW in 2022-2032* – Key objective 4.5 – Attract and retain skilled people who put patients first

To ensure New South Wales has the GP workforce required to meet the health needs of future generations, the RACGP is calling for financial incentives to encourage more junior doctors to train as GPs as well as creating opportunities for junior doctors to experience general practice as a speciality as part of their training.

Proposed Budget Measures	Estimated annual investment required
Fund New South Wales GP Trainee Grants worth \$40,000 per registrar for up to 490 GP registrars to ensure New South Wales has enough GPs for the state's future health needs	\$19.6 million
Fund the GP TRACK program to give up to 150 junior doctors training in hospitals the opportunity to experience general practice a speciality, thereby increasing their likelihood of specialising in general practice	\$9.73 million

### Issue

GPs are at the heart of the New South Wales health system, and it is essential the New South Wales Government plays its role to ensure the state has enough GPs for future healthcare needs. Current forecasts suggest a national shortfall of between 5000 and 8000 GPs by 2032.

Challenges with accessing GPs in some communities is already having a major impact on the New South Wales hospital system. The number of people seeking essential healthcare from emergency departments is increasing and many present to hospital at a more advanced stage of illness than previously, requiring more **expensive** treatment because they have not seen a GP earlier when treatment is generally cheaper and able to prevent health issues worsening.

Support is needed from governments to ensure this workforce can continue to meet the evolving health needs of our communities. Without it, future generations will not be guaranteed access to the world-class primary healthcare system they expect.

To avoid future workforce shortages, Australia needs 50% of junior doctors to choose to specialise in general practice. Only 10.5% of medical students and graduates chose general practice as a career in 2024<sup>3</sup>, down from about 50% in the mid-1980s.<sup>4</sup>

A significant issue is most junior doctors don't experience general practice during their training. This has a major impact on future career choices. Medical students list experience of a speciality as a medical student as a major factor in their

<sup>3</sup> Medical Deans Australia and New Zealand. National data report 2024. 2024. Available at <https://medicaldeans.org.au/md/2024/05/MSOD-National-Data-Report-2024.pdf> [Accessed 22 October 2024].

<sup>4</sup> Playford D, May JA, Ngo H, Puddey IB. Decline in new medical graduates registered as General Practitioners. Medical Journal of Australia. 2020;212(9):421–2. doi:10.5694/mja2.50563

choice of preferred career specialty.<sup>5</sup> This is supported by a recent survey in which 71% of Western Australian junior doctors surveyed said a rotation or observership in general practice would assist with their career planning.<sup>6</sup>

## Solution

### *GP Trainee Incentive Grants*

GP Trainee Incentive Grants make it more attractive for junior doctors to specialise in general practice including in Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services. Victoria and Queensland have introduced incentives over the past 12 months. The Victorian GP Trainee Grant program was launched at the beginning of 2024 and has helped attract the highest number of applications since 2022.

These Grants help address the disparities in pay and leave entitlements that exist between GP registrars and non-GP junior doctors working in hospitals.

Where they have been introduced, the GP Trainee Incentive Grants have been an important part of the RACGP's success in attracting and training the next generation of GPs. Following the return of general practice training to the RACGP in early 2023, the College now trains more than 90% of Australia's GPs including those training in rural and remote areas. After only 12 months the RACGP has filled 91% of training places in 2024, up from 85% in 2023 and increased rural training placements by 11%, from 440 in 2023 to 493 in 2024.

The RACGP has been particularly successful at filling difficult-to-fill GP training placements in regional and remote communities through an individualised case management approach and the offer of targeted rural incentives. In New South Wales this has included placing a registrar in Coonabarabran for the first time since 2016 and securing three registrars at two practices in Forbes, all of whom have stayed on for a second term.

GP Trainee Incentive Grants would help the RACGP fill more training places across New South Wales and get junior doctors into communities where they can deliver vital care. Additionally, without these incentives, New South Wales risks losing junior doctors who want to specialise in general practice to states offering incentives.

### *GP TRACK*

The GP TRACK program would support 150 junior doctors per year in New South Wales to experience general practice as a speciality, prior to applying to a training program.

As part of the program junior doctors would participate in GP rotations lasting 10-12 weeks. These rotations could be in community general practice, Aboriginal Community Controlled Health Organisations or Aboriginal Medical Services. This would be supported by weekly half day small group learning activities and in-practice teaching and supervision.

The best current, comparable example is the program run by Pioneer Health, in Albany in Western Australia, a well-established training practice. The program has been offering a 10-week rural GP rotation for junior doctors since 2019. Feedback from junior doctors completing the term has been overwhelmingly positive with over 94% of participants rating the program as 'good' or 'excellent' for opportunities to collaborate with practice GPs it provides, exposure to the breadth of GP work and the overall experience.

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<sup>5</sup> Medical Deans Australia and New Zealand. National data report 2023. 2023. Available at <https://medicaldeans.org.au/md/2023/12/MSOD-National-Data-Report-2023-July.pdf> [Accessed 22 October 2024].

<sup>6</sup> The Royal Australian College of General Practitioners. WA JMO Career Survey. Perth, WA: RACGP, 2023.

## 2. New South Wales Government Priority: *Future Health* – Key objective 3.8 Invest in wellness, prevention and early detection

To reduce the risk of meningococcal B, and associated health costs, the RACGP is calling for expanding access to the life-saving meningococcal B vaccine to cohorts not covered by the National Immunisation Program.

Proposed Budget Measures	Estimated annual investment required
Expand access to free meningococcal B vaccines for children aged two and under and young people aged 15 - 19	\$37.5 million per annum for the first two years, with \$20 million per annum ongoing

### Issue

Meningococcal B is a rare but deadly infection that, if not fatal, can cause severe scarring, loss of limbs and brain damage. This year at least 24 people in New South Wales have been infected with meningococcal, with the majority of cases (19) being serogroup B.<sup>7</sup> Infections related to the A, C, W and Y serogroups have all declined since vaccinations for these serogroups were made available in 2017.

The Meningitis Centre Australia estimates that every case of meningococcal infection that is prevented saves the health system around \$10 million over a person's lifetime. These costs include hospital and outpatient costs, educational assistance, National Disability Insurance Services Scheme support, direct government support and other costs.

The South Australian State Government began funding meningococcal B vaccines for eligible young people in 2018. Subsequently there has been a 60% reduction in meningococcal B cases amongst infants and a 73% drop in cases amongst adolescents.<sup>8</sup> Queensland announced a program for meningococcal B vaccination program in September of this year.

### Solution

The RACGP is calling for the New South Wales Government to adopt a similar position on meningococcal B vaccine to the recently announced Queensland position which will see free vaccines available to infants and children aged two and under, and adolescents aged 15 to 19 years.

Note, teenagers have the highest carriage rates, peaking in 19-year-olds, and so play an important role in transmission.<sup>9</sup>

## 3. New South Wales Government Priority: *Future Health* – Key objective 3.8 Invest in wellness, prevention and early detection

The RACGP is urging the New South Wales Government to fund a thorough evaluation of the NSW Pharmacy Trial health experiment to ensure it is cost effective, does not jeopardise the health of people especially women and is not having a negative impact on the state's broader health workforce.

Proposed Budget Measures	Estimated annual investment required
Conduct a thorough evaluation of the NSW Pharmacy Trial health experiments	\$800,000

<sup>7</sup> NSW Health. "Meningococcal disease (B,C, Not specified, W, Y) notifications in NSW residents. Sydney, NSW Health. 2 December 2024. <https://www1.health.nsw.gov.au/IDD/#/MEN/>

<sup>8</sup> Wang B, Giles L, Andraweera P, McMillan M, Almond S, Beazley R, Mitchell J, Lally N, Ahoure M, Denehy E, Koehler A, Flood L, Marshall H. Effectiveness and impact of the 4CMenB vaccine against invasive serogroup B meningococcal disease and gonorrhoea in an infant, child, and adolescent programme: an observational cohort and case-control study. *Lancet Infect Dis.* 2022 Jul;22(7):1011-1020. doi: 10.1016/S1473-3099(21)00754-4. Epub 2022 Apr 12. PMID: 35427492.

<sup>9</sup> Immunisation Coalition. 2023 Meningococcal Disease Guide for healthcare professionals. Victoria (AU): Immunisation Coalition; 2024. [Accessed 16 December 2024] Available from <https://www.immunisationcoalition.org.au/wp-content/uploads/2017/11/Meningococcal-Guide.pdf>

## Issue

The New South Wales Government's rushed expansion of the unevaluated NSW Pharmacy Trial is putting the health of people in New South Wales at risk. The expansion is proceeding under a false notion that diagnosis and treatment for potentially serious, even fatal, health conditions is 'simple' and does not require extensive medical training.

For instance, the Trial allows pharmacists to sell medication to women who they suspect have a urinary tract infection (UTI). However, the symptoms for a UTI can be similar to symptoms for pregnancy, STIs, genital infections, undiagnosed diabetes or even cancer.

The risks associated with a non-medical approach to women's health was identified in a Queensland survey of more than 1,300 doctors who identified more than 240 cases of misdiagnosis associated with the North Queensland UTI Pharmacy Prescribing Trial. Most concerning was the fact that at least nine patients required hospitalisation with sepsis or kidney and bladder infections relating to ineffective or delayed treatment.

Similar experiments in the United Kingdom, where non-medically trained health professionals are substituted for GPs have resulted in much higher rates of incorrect treatment, delayed diagnosis and serious illnesses being missed.

There is currently no way to report health or other issues people may experience as a result of the Trials and, consequently, no way to identify systemic harm that may be occurring.

In their current form the Trials undermine the aims of the Medicare system to provide universal healthcare to all Australians and puts New South Wales on a trajectory towards a two-tier healthcare system in which those who can afford GP care can see one, while everyone else will have to settle for pharmacy care.

## Solution

The RACGP strongly recommends the New South Wales Government fund a comprehensive evaluation of the NSW Pharmacy Trial that considers the associated health outcomes including the incidence and impact of misdiagnosis, its cost-effectiveness and its potential negative impact on the broader health workforce. This should include the establishment of a register to document adverse health outcomes to identify systemic issues and reduce the risk of the health and safety of patients.

## 4. New South Wales Government Priority: *Future Health* – Key objective 4.5 Attract and retain skilled people who put patients first

The RACGP is calling on the New South Wales Government to fund locum coverage for six weeks per annum for GPs working in remote and very remote locations to help prevent burnout and boost the GP workforce in these underserved communities.

Proposed Budget Measures	Estimated annual investment required
Fund six weeks' locum coverage per annum for GPs working in MM6 – MM7 regions	\$9.27 million

## Issue

One of the key challenges with recruiting and retaining GPs in remote and very remote areas of New South Wales is a severely limited capacity to take leave outside the community. When a GP wants to take leave, they must arrange locum care which can cost thousands of dollars a week. Commonwealth and state government funded locum programmes exist for many health professionals in rural and remote areas, but there is currently nothing available for GPs.

The inability to take leave and refresh and recharge contributes to the high rate of GP burnout and attrition experienced by GPs. Last year 70% of GPs in New South Wales said they had experienced burnout in the 12 months prior to being



surveyed with only 44% saying they were able to maintain a good work life-balance. These challenges are often felt more acutely in remote and very remote areas where it can be very difficult to take a meaningful break.

Supporting GPs to achieve better work-life balance, including the ability to take a break, is essential to ensuring their wellbeing and preventing burnout. If this doesn't happen it will hasten the retirements or relocations of many GPs in remote and very remote parts of New South Wales, further exacerbating workforce challenges.

### Solution

New South Wales should fund a fully supported locum coverage program providing GPs working in MM6 – 7 locations whose main employer in the past twelve months has been a general practice or an Aboriginal Community Controlled Health Service that allows for supported locum coverage for six weeks per year. This will help ensure that GPs working in the remotest parts of the state can access much needed opportunities to recharge and reduce their risk of burnout.

## 6. New South Wales Government Priority: *Future Health* – Key objective 4.5 Attract and retain skilled people who put patients first

Currently specialist GPs working in New South Wales hospitals as Sessional Visiting Medical Officers are paid substantially less than other medical specialists. This impacts GPs via lower wages, as well as contributing to broader views about general practice as a speciality, which negatively impacts the ability to attract and retain GPs.

The RACGP is calling on the New South Wales Government to fund locum coverage for six weeks per annum for GPs working in remote and very remote locations to help prevent burnout and boost the GP workforce in these underserved communities.

Proposed Budget Measures	Estimated annual investment required
Ensure parity in rates pay per hour for GPs with more than 5 years' experience with other specialists employed as Visiting Medical Officers	Increase rate per hour from \$216.15 to \$244.70 per hour

### Issue

A Visiting Medical Officer is a medical practitioner employed to provide care in New South Wales hospitals, outpatient clinics and other public health facilities. The scarcity of non-GP specialists available in many rural areas requires rural GPs in particular to be fulfilling roles in the delivery of services including anaesthetics, obstetrics and gynaecology and general surgery. The specialist generalist healthcare they provide is critical to ensuring patients can access the most appropriate, high-quality care which also generates broader efficiencies across the health system.

Currently GPs with more than five years' experience who have completed fellowship and are employed as VMOs are paid a substantially lower hourly rate than other medical specialities. This discrepancy does not reflect the quality of care, study and training or benefit to the health care system that specialist GP VMOs provide.

GPs are medical specialists, recognised under the *Health Practitioner Regulation National Law Act 2009*. The term 'specialist general practitioner' is a protected title. They often have extended advanced knowledge and skills about the types of health issues that are impacting their patients.

Specialist GPs complete more than a decade of medical education and training before they are qualified to become a GP. This includes four to six years studying medicine at university, another two to three years completing an internship and prevocational training. This is the same as every other medical speciality. Once this has been completed, GPs do an extra three to four years doing vocational training in general practice. They are also required to complete 50 hours of professional development every year.



**Solution**

The RACGP is calling on NSW Health to raise the rate of pay for GPs with more than five years' experience employed as Visiting Medical Officers, so it is in line with the rate of pay received by other Visiting Medical Officers. This would see the rate rise from \$216.15 per hour to \$244.70 per hour.