Queensland Pre-Budget Submission

2026 - 2027

RACGP

About the RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest specialist medical college representing more than 50,000 members, including over 9,000 in Queensland, working in or towards a career in general practice. For over 60 years the RACGP has been the voice of general practice and has championed the health and wellbeing of all Australians by supporting members through high-quality education, setting standards for practice, research, advocacy, and ongoing professional development.

The RACGP cultivates a stronger profession by helping the general practitioners (GP) of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced specialist GPs. The **RACGP trains 90% of our nation's specialist GPs**, all of whom provide high-quality care to patients everywhere – from remote Aboriginal and Torres Strait Islander communities to our capital cities.

Australia's **specialist GPs see more than two million patients each week**, and support Australians through every stage of life. Every year, almost nine in 10 Australians visit a specialist GP for their essential healthcare, making them the most accessed health professional in the country. The scope of general practice is unmatched among health professionals.

A message from the RACGP Queensland Faculty Chair

GPs are medical specialists with more than 11 years of training and are the only healthcare professionals with the skills to safely provide whole-of-person, whole-of-life care. Specialist GPs are experts in primary care in the community and preventative healthcare and are instrumental in helping people stay healthy in the long term. There is simply no substitute for high-quality primary care provided by a specialist GP who knows you and your history.

Every year, more than 4.6 million Queenslanders - more than 83% of the state's population - visit their specialist general practitioner (GPs), making GPs the most frequently accessed health professionals in Queensland.

As **specialists in primary care and preventative health**, our specialist GPs play a crucial role in keeping Queensland communities healthy and reducing the need for hospital treatment. By managing chronic conditions, preventing illness, and providing early intervention, specialist GPs help prevent hospital admissions and ease pressure on Queensland's already busy emergency departments and specialist services.

Currently, Queenslanders face long waiting times for hospitals and specialist care, creating stress for patients and strain on the health system. **Strengthening general practice** ensures people receive timely, high-quality care in the community, which directly reduces hospital demand, improves health outcomes, and supports the sustainability of our hospitals.

The measures outlined in this submission directly support investment in general practice, reducing hospital pressure, improving community health, supporting Queenslanders when they need it most, and ensuring the long-term sustainability of Queensland's healthcare system.

Dr Cath Hester FRACGP
Chair, RACGP Queensland

RACGP

Healthy Profession.
Healthy Australia.

Summary of Funding Requests

The policy initiatives outlined in this Pre-Budget submission will improve the health of Queenslanders and reduce pressure on the state's health system. These measures strongly align with the Queensland Government's own vision for the state's health system as outlined in the Queensland Health Services Strategy 2032 https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-services-strategy-2032

Initiative	Rationale	Cost per annum	Alignment with Queensland Government Priorities
Embed specialist GPs in health system planning and coordination	Embedding specialist GPs in health system planning and coordination ensures primary care perspectives shape service delivery, enhances integration across care settings, and supports equitable, efficient, and patient-centred health outcomes.	QLD Chief GP salary: **$400,000** Office of Chief GP Secretariat costs: **$300,000** Supporting specialist GP contributions: **$113,000** **Total: $813,000** p/a	*System Smart – Communication, collaboration and cohesive partnerships and networks deliver high-quality service.*
Support specialist GPs to plan and deliver essential care during natural disasters	Supporting specialist GPs to plan and deliver essential care during natural disasters strengthens community resilience, ensures continuity of primary care in crises, and enables timely, locally accessible health services when they are needed most.	Grants: **Up to $3.8 million** Supporting specialist GP time on Local Disaster Management Committee's: **$108,880** **Total: $3.92 million** p/a	*System Smart - A responsive, skilled and valued workforce where our people feel supported.*
Continue to fully fund free influenza vaccination for all Queenslanders and expand access to the intranasal flu vaccine for all school-aged children	Expanding access to influenza vaccination reduces preventable illness, improves population health equity, and strengthens community resilience by making preventive care widely available and convenient.	Continuation: **$25 million** Expanded intranasal: **$9.4 million** **Total: $34.4 million** p/a	*Health Smart - Deliver consumer-centred, equitable, safe, and high-quality care that meets the health needs of individuals and communities.*
Expand access to general practice in rural, regional and remote Queensland	The Queensland Virtual Integrated Practice Partnership Program is an innovative model of care making it easier for rural patients to see a specialist GP.	QLD VIPPP: **$500,000** p/a	*Health Smart - Deliver consumer-centred, equitable, safe, and high-quality care that meets the health needs of individuals and communities.*

RACGP

Healthy Profession.
Healthy Australia.

Embed specialist GPs in health system planning and coordination

Budget initiative

Measure	Estimated investment required, annually ($)
Creation of an 'Office of the Chief General Practitioner' to work alongside the Queensland Chief Medical Officer and other health profession chiefs.	Chief GP salary: **$400,000** p/a Office of Chief GP secretariat functions: **$300,000** p/a
Include specialist GP representation on every Hospital and Health Service (HHS) Clinical Council to ensure optimal health system planning and effective utilisation of Queensland's clinical workforce.	Specialist GPs attending clinical council meetings at every HHS: **$48,000** p/a
Enable specialist GP representative on various QLD Health committees and workshops to receive a 'sitting fee', as in most cases the specialist GP at the table with QLD Health staff and other stakeholders is not being paid as they are not seeing patients while at the meeting.	55.5hrs of specialist GP time: **$10,000** p/a
Establish a position for a specialist GP on the *Health & Wellbeing Queensland* Board of Directors.	Specialist GP Board member: **$55,000** p/a

Issue

The siloed nature of Australia's health system, with responsibilities for primary and tertiary care split between the states and the Commonwealth, means it often lacks integration, collaboration and coordination leading to inefficiencies and poorer outcomes. A more coherent and person-centred health system will improve patient outcomes including reducing hospital admissions and readmissions, shortening hospital stays and reducing costs.

Hospital and Health Service (HHS) Clinical Councils are multidisciplinary advisory groups within each Queensland HHS that give clinicians a formal voice in governance. They provide expert advice to the HHS Chief Executive and Board on clinical quality and safety, service design, models of care, and workforce or practice changes, ensuring that organisational decisions are clinically sound, evidence-based, and aligned with frontline experience.

Solution

Introduce the new role of Chief GP to advise on health system improvement, to improve the efficiency of the overall health system, and notably, on interface solutions between primary and secondary healthcare.

The Chief GP would work in the Department of Health alongside the Chief Medical Officer and other health profession chiefs to advise on health system improvement, particularly regarding interactions between primary and tertiary healthcare as well as ensuring the views of general practice are incorporated into policy design and implementation.

- Appoint a Chief GP within QLD Health.
- Establishment of a small secretariat, including policy officers, administrative staff and liaison staff to support statewide coordination and engagement with HHSs, PHNs, and key stakeholders such as the QLD GP Alliance members.

Integration with existing governance structures:

- Include Specialist GPs representation on Hospital and Health Service (HHS) Clinical Councils to ensure optimal health system planning and effective utilisation of Queensland's clinical workforce.

- Include Specialist GP representation on the Queensland Clinical Senate and other state-level advisory bodies.
- Enable specialist GP representative on various QLD Health committees and workshops to receive a 'sitting fee', as in most cases the specialist GP at the table with QLD Health staff is often the only person present not being paid, as they are not working at their clinic seeing patients while attending these meetings.
- Establish a seat for a specialist GP on the *Health & Wellbeing Queensland* Board of Directors. Health & Wellbeing Queensland was established to improve the health and wellbeing of the Queensland population. The authority is the dedicated prevention agency established to drive change, so all Queenslanders have the best chance to live a healthy life, no matter who they are or where they live. Preventive healthcare is one of the pillars of general practice, so including a specialist GP on the board and within the executive structure would strengthen the work and outcomes of the authority.

Impact

- **Stronger system-wide planning and coordination**
- **More effective and integrated models of care**
- **A more efficient and sustainable clinical workforce**
- **Valuing the work and contributions of specialist GPs**

Cost

- Chief GP salary: **$400,000**
- Secretariat establishment costs: **$300,000**
- Specialist GPs representation on HHS Clinical Councils: **$48,000**
- Sitting fee for 55.5hrs of specialist GP time at QLD Health meetings: **$10,000**
- Specialist GP seat on Health & Wellbeing QLD Board: **$55,000**
- **Total investment required: $813,000 p/a**

Support specialist GPs to deliver essential care during natural disasters

Budget initiative

Measure	Estimated investment required, annually ($)
Fund the Disaster Preparedness program to provide up to 95 Queensland GP practices with grants of up to $40,000	Up to **$3.8 million** p/a
Ensure specialist GPs are supported and represented on all QLD Local Disaster Management Committees.	Supporting specialist GP time: **$108,880** p/a

RACGP

Healthy Profession.
Healthy Australia.

Issue

Natural disasters and emergencies have a significant health impact on people and their communities. The Climate Council's 2023 report into the mental health toll of compounding and worsening climate change, *Climate Trauma: the growing toll of climate change on the mental health of Australians*, found more than 80% of Australians have experienced a disaster in the past five years. Of those, half said they had experienced a mental health issue as a result.

GPs can play an essential roll supporting people before, during and in the recovery phase of natural disasters and emergencies. They are are a large workforce with the capacity to shoulder a significant burden of essential post-disaster healthcare if it is planned and they are supported to do so.

Despite this, GPs are not currently supported to participate in either local, state-wide or national disaster planning and management activities, including planning and training, mitigation, response, and recovery. This has led to a lack of coordination of GPs activities during disasters, which has led to underutilisation and caused confusion in past disaster responses.

GPs do not have a formally recognised role, as part of the emergency plan encompassing the evacuation centres. Our GP members who have worked in evacuation centres have shared experiences of being turned away from centres, or being included in an ad hoc manner, and sometimes working in conditions where there is a lack of communication, direction, and understanding of a GP's scope of practice.

There are currently no consistent funding arrangements to reimburse GPs working in evacuation centres. GPs are usually volunteering. This is commendable but it is risky to rely solely on a volunteer workforce to deliver specialised healthcare.

Solution

The RACGP proposes the following measures to effectively protect, empower and use the GP workforce during periods of natural disasters:

- **Fund the GP Disaster Preparedness program to provide up to 95 Queensland GP practices in communities at high risk of natural disasters with grants of up to $40,000** to assist with purchasing equipment and supplies to ensure there is a well prepared, strong, and resilient general practice sector ready to deliver high quality primary care to their affected communities when disaster strikes and through recovery efforts for years to come.

Requested changes to existing governance structures:

Ensure a specialist GPs is included on all Local Disaster Management Committees to better integrate frontline primary care expertise into emergency planning, enhance community-level preparedness and support effective, coordinated healthcare responses.

Impact

- **Stronger community resilience and continuity of care**
- **More effective, locally informed emergency responses**
- **Reduced pressure on hospitals and emergency departments**
- **Respect for specialist GPs time, and value the work and contributions GPs make to their community**

Cost

- Fund the Disaster Preparedness Program: **$3.8 million** p/a
- Specialist GP time on LGA Disaster Management Committees**: $110,880** p/a
- **Total investment required: $3.92 million p/a**

Expand access to vaccination against influenza

Budget initiative

Measure	Estimated investment required, annually ($)
Continuation of the state funded free influenza vaccine program for all Queenslanders	2027 flu session: **$25 million**
Expand current 2026 program to provide the intranasal influenza vaccine to all school-aged children to increase uptake and reduce flu transmission	2-17 years: **$9.4 million** (based on 22% coverage)

Issue

Influenza remains a major public health concern in Queensland, causing seasonal outbreaks that strain healthcare services, disrupt communities, and increase illness and death, especially among vulnerable population. The virus spreads rapidly through communities, and each year, seasonal epidemics lead to increased hospitalisations and preventable health complications.

Despite the availability of effective vaccines, influenza immunisation coverage across the state is inconsistent, limiting the effectiveness of prevention strategies. Without strengthened efforts to expand access and uptake, seasonal influenza will continue to strain health system resources, disrupt essential services, and exacerbate health inequities.

Influenza spreads rapidly among school-aged children, who are the main drivers of yearly community transmission. FluMist offers a needle-free alternative that significantly increases vaccine uptake and reduces influenza spread, and in turn lowers hospital admission, reducing statewide hospital pressures.

Solution

- **Continue Queensland's free influenza vaccination program**. This is a cost-effective, evidence-based measure that boosts uptake, protects vulnerable communities, reduces hospital demand and prevents far greater health and economic costs to Queensland.

- **Provide the intranasal influenza vaccine to school-aged children** to increase uptake and reduce transmission in schools, preventing winter system overload.

Impact

- **Reduced illness and hospital burden**
- **Protection for high-risk populations**
- **Community-wide health benefits**

Cost

- Continuation of the state funded vaccine program for all Queenslanders: **$25 million**
- Provide the intranasal vaccine to school-aged children: **$9.4 million**
- **Total investment required: $34.4 million**

Expand access to general practice in regional Queensland

Budget initiative

Measure	Estimated investment required, annually ($)
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	QLD VIPPP: **$500,000** p/a

Issue

Many areas of rural, regional, and remote Queensland have entrenched challenges attracting and retaining GPs. This means some patients must seek care from under pressure emergency departments or travel hundreds of kilometres to major regional centres. A 2020 report found almost 10% of people living outside of metropolitan areas had no access to primary care within a 60-minute drive.

Background

The **Queensland Virtual Integrated Practice Partnership Program (VIPPP)** is an innovative model of care that has operated for 4 years across sub-sections of rural and remote Queensland and delivered more than 17,000 occasions of service across 13 practices. It allows an urban GP with rural experience to join a practice virtually, coupled with a 6-monthly in-practice visit. The VIPPP specialist GP offers weekly video consulting to practice patients and functions as a continuing member of the practice team.

The model currently provides ongoing care to eleven communities across regional and rural Queensland including Charters Towers, Roma, Dirranbandi, Mitchell, Mungindi, Ingham, Cardwell, Mackay, Cannonvale, Port Douglas and Killarney. Most patients attend appointments from the clinic and more than 5 % of patients using the service are Aboriginal and or Torres Strait Islander people. The Program is designed to strengthen and support existing at-risk rural health workforce and provide an ongoing continuity-of-care approach for practice patients.

VIPPP was developed as a collaboration by the RACGP Queensland, Western Queensland Primary Health Network, Health Workforce Queensland and the UQ/ MRI Centre for Health System Reform and Integration and has been extensively evaluated.

Patients surveyed agreed the VIPPP service improved access to their GP, **reduces unnecessary emergency department visits,** and provides access to the same specialist GP on an ongoing basis. Importantly, VIPPP specialist GPs provide chronic disease management and mental health support in addition to significantly reducing wait times for general appointments.

Solution

- Provide $500,000 per annum to expand the Queensland Virtual Integrated Practice Partnership Program and support 20 specialist GPs to provide care in regional and remote areas experiencing chronically low numbers of GPs.

Impact

- **Reduces unnecessary emergency department visits**
- **Continuity of care**
- **Increased access**
- **Community-wide health benefits**

Cost

- Additional 20 VIPPP specialist GPs **$500,000**
- **Total investment required: $500,000 p/a**

RACGP Queensland contact:

For more details or information about any of the items included in this 2026-27 pre-budget submission please contact James Flynn, State Manager RACGP Queensland, on (07) 3456 8962 or email james.flynn@racgp.org.au