

# Western Australian Election Platform 2025

## State Election Platform





15.2m  
episodes of GP care



622  
GPs-in-training

## At a glance: General practice in Western Australia

- 2.36 million Western Australians visit a general practitioner (GP) every year
- 15.2 million episodes of GP care
- 4426 GPs (699 general practices)
- 622 GPs in training
- 95 GPs per 100,000 people (compared to national average of 110 GPs per 100,000)
- 98% of people reported being able to see a GP when they needed to in 2022–23
- 90% of people say their GP always or often spent enough time with them
- 52% of Western Australians visiting emergency departments are waiting longer than recommended to see a doctor

Priority	Cost	Benefit
<p>Future GP Attraction Strategy</p> <ul style="list-style-type: none"><li>• Fund Western Australia GP Trainee Grants worth \$40,000 per registrar for up to 215 general practice registrars to ensure Western Australia has enough GPs for the state's future health needs.</li><li>• Fund the GP TRACK program to provide up to 50 junior doctors training in hospitals with the opportunity to experience general practice as a specialty, thereby increasing their likelihood of specialising in general practice.</li></ul>	<p>\$12.04 million including:</p> <ul style="list-style-type: none"><li>• \$8.8 million for GP Trainee Grants</li><li>• \$3.24 million for GP TRACK</li></ul>	<p>Attract more junior doctors to train as GPs and bolster Western Australia's GP workforce.</p>



Introduce a funding incentive for GPs who see a patient within seven days of discharge following an unplanned hospital admission.	TBC – financial modelling and stakeholder consultation would need to be undertaken to determine the specifics of such an incentive.	This would support continuous and coordinated GP-led care post-hospital discharge and help reduce potentially preventable hospitalisations, improve patient outcomes and ease pressure on the hospital system.
Appoint a Chief GP Advisor within WA Health to complement the work of the Chief Medical Officer and establish Health Service Primary Care Councils for all Western Australian Health Services.	Chief GP Advisor – \$500,000 annually Health Service Primary Care Councils: <ul style="list-style-type: none"> <li>• \$170,000 for establishment and to reimburse Council members</li> <li>• \$107,000 per annum ongoing for secretariat functions and reimbursement of Council members</li> </ul>	Ensure the views of general practice are incorporated into policy design and implementation.
Improve access to life-saving RSV vaccines (Aboriginal and Torres Strait Islander people aged 60 and over, other West Australians aged 75 and over, people living in residential aged care) and meningococcal B vaccines (infants and children two and under and adolescents 15–19).	RSV vaccines – \$49 million annually. Meningococcal B vaccines – \$24 million over two years, then \$6 million per annum ongoing.	Reduce severe infections and hospitalisations caused by RSV and meningococcal B in priority populations.
Raise the age of criminal responsibility to 14 years of age, bringing Western Australia into line with the United Nations consensus on children's rights in juvenile justice.	N/A	Greater focus on early intervention, diversion and joined up services.
Remove regulatory barriers and support a funded training program to enable specialist GPs to diagnose and treat people living with ADHD.	TBC	Help people in Western Australia living with ADHD and their families to access essential and timely care from their GP.
Ensure 2.5% of annual funding allocated by the Future Health Research and Innovation Fund is dedicated to funding general practice research.	\$2.3 million annually (based on total Fund funding of \$92 million in 2023–24).	Ensure the ongoing optimisation of the Western Australian health system and help establish the state as a national leader in general practice research.

# A message from Dr Ramya Raman, RACGP's Western Australia Faculty Chair

Accessible and affordable high-quality general practice care is the cornerstone of Australia's health system and the health of Australians. General practice is the most cost-effective part of the health system and it's where GPs can deliver preventive care that keeps people healthy and out of hospital.

Unfortunately, general practice has been underfunded for decades. This, coupled with an ageing population and an epidemic of chronic disease, is placing unprecedented pressure on Western Australia's health system.

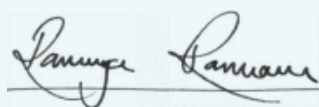
From 2012–13 to 2021–22 expenditure on Western Australia's public hospital system climbed from \$5.73 billion to \$11 billion, an increase of 92%.<sup>1</sup> During this period recurrent per-person expenditure also increased by 71%.<sup>2</sup> Over the same period the number of Western Australians being seen on time in the state's emergency departments fell from 66% to 50%.

The only way to reverse this trend is to invest in general practice. This is why the RACGP is calling for the next Western Australian Government to:

- invest in attracting and training the next generation of GPs
- introduce a funding incentive for GPs who see a patient within seven days of discharge following an unplanned hospital admission
- ensure WA Health is better able to respond to challenges in primary healthcare by incorporating the views of general practice into policy design and implementation
- improve access to life-saving meningococcal B and respiratory syncytial virus (RSV) vaccines
- lift the age of criminal responsibility to ensure all children have the best possible start to life
- provide access to essential care for attention deficit hyperactivity disorder (ADHD)
- help establish the state as a national leader in general practice research.

Investing in general practice is the most cost-effective investment you can make in healthcare. Every \$1 invested returns \$1.60 in health system benefits including reducing preventable hospitalisations and emergency department presentations and improving workforce productivity.

Without this investment, Western Australians will see the health budget continue to increase dramatically while performance continues to decline, and they face longer and longer wait times.



**Dr Ramya Raman, FRACGP**  
RACGP Western Australia Faculty Chair



## Attracting and training the next generation of GPs

GPs are at the heart of Western Australia's health system, and it is essential the Western Australian Government plays its role to ensure the state has enough GPs for future healthcare needs.

Currently, Western Australia has 95 GPs per 100,000, one of the lowest rates of GPs per capita in the nation (national average is 110 GPs per 100,000 residents). Worryingly, a forecast national shortfall of between 5000 and 8000 GPs by 2032 means that unless urgent action is taken, Western Australians, particularly those in rural and remote areas, will face even greater challenges accessing GPs in the future.

This is already having a major impact on hospitals as more people seek essential healthcare from emergency departments and present to hospital at a more advanced stage of illness than previously, requiring more expensive treatment because they have not seen a GP earlier for preventive care.

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

Significantly, many junior doctors no longer experience general practice as part of their training which has a major impact on career choice. A survey of Western Australian junior doctors found 71% believed a rotation or observership in general practice would help with career planning.<sup>5</sup>

The RACGP's Western Australian *GP Attraction Strategy* is built on two key initiatives: GP Trainee Incentive Grants and the General Practice Training Rotation for Applied Clinical Knowledge (GP TRACK), the RACGP's GP observership program for junior doctors.

GP Trainee Incentive Grants of \$40,000 make specialising in general practice more attractive for junior doctors, addressing the pay and leave entitlement disparities that exist between general practice registrars and non-GP junior doctors working in hospitals. In the past 12 months, Victoria and Queensland have introduced incentives which are helping to drive uptake of GP training places in both states.

Since GP training returned to the RACGP at the beginning of 2023, the College has demonstrated its ability to fill difficult-to-fill GP training placements in regional and remote areas including across Western Australia in communities like Warburton, Kununurra and Hopetoun. This expertise, coupled with GP Trainee Incentive Grants, would help ensure more junior doctors are training in communities that need them.

The GP TRACK program has been developed by the RACGP to give junior doctors the opportunity to experience general practice as a speciality prior to applying to a training program. Participants complete GP rotations of 10–12 weeks supported by weekly half-day small group learning activities and in-practice teaching and supervision.

**Policy proposal:** Fund the Western Australian *GP Attraction Strategy* including providing 215 junior doctors per annum with \$40,000 GP Trainee Incentive Grants and fund 50 Western Australian junior doctors to participate in GP TRACK.

## Support GP follow-up care following an unplanned hospital admission

Preventable hospital readmissions make up a proportion of potentially preventable hospitalisations. In the 2023–24 financial year, there were 357,143 'GP-type' potentially preventable hospitalisations in Western Australia.<sup>6</sup>

Unplanned or unexpected hospital readmissions may arise from the need for care that can only be delivered in a hospital or as the result of a lack of appropriate post-discharge care in the community, including appropriate and timely clinical handover. Research indicates that hospital discharge is a time of heightened risk for patients, emphasising the need for coordinated care.<sup>7</sup>

Better support for, and use of, general practice is associated with reduced emergency department visits and hospital use, and decreased hospital readmission rates.<sup>8,9,10</sup> Patients who see their GP soon after discharge from hospital experience significantly fewer hospital readmissions. Dedicated time for seeing a GP following an unplanned hospital admission will help reduce a person's chance of readmission by up to 24%.<sup>11</sup>

Data from New South Wales shows:

- a visit to the GP in the first week post-discharge is followed by 7% fewer readmissions within 28 days
- a visit to the GP in the first four weeks post-discharge is followed by 22% fewer readmissions over one to three months.<sup>12</sup>

Conservative estimates suggest that a reduction of 12% in hospital readmissions could save the Australian health system a minimum of \$69 million per year.<sup>13</sup> In addition to the savings achieved, patients experience better health outcomes and the pressure on the hospital system is reduced.

**Policy proposal:** Introduce a funding incentive for GPs who see a patient within seven days of discharge following an unplanned hospital admission. This would support continuous and coordinated GP-led care post-hospital discharge and help reduce potentially preventable hospitalisations, improve patient outcomes and ease pressure on the hospital system. It must be supported by appropriate timely communication to GPs from hospitals.

Financial modelling and stakeholder consultation would need to be undertaken to determine the specifics of such an incentive, including how much the incentive is for, GP/practice eligibility, and mechanisms for monitoring or reporting on GP follow-up care.

## GP advice package

GPs are the most frequently accessed primary healthcare professionals in Western Australia. In 2023–24, around 2.36 million Western Australians visited a GP to receive 15.2 million episodes of high-quality specialised general practice care.

However, the siloed nature of Australia's health system, with responsibilities for primary and tertiary care split between the states and the Commonwealth, means that 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.

The RACGP is calling on the next Western Australian Government to introduce the new role of Chief GP Advisor and establish dedicated Health Service Primary Care Councils for each Health Service.

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

Dedicated Health Service Primary Care Councils would include local GPs, an allied health representative and a consumer representative as well as the Health Service CEO and the relevant Primary Health Network CEO to ensure strong leadership and decision-making ability. The Council would provide health service leadership (including safety and quality committees) with critical information regarding local health issues, challenges and successes.

**Policy proposal:** Appoint a Chief GP Advisor within WA Health to complement the work of the Chief Medical Officer and establish Health Service Primary Care Councils for all Western Australian Health Services.

## Improve Western Australians' access to potentially life-saving vaccinations

Vaccines save lives; however, many Western Australians remain at risk from potentially life-threatening meningococcal B and RSV infections because they can't afford to access the vaccines.

Meningococcal B is a rare but deadly infection that, if not fatal, can cause severe scarring, loss of limbs and brain damage. According to the Western Australian Department of Health, between 10 and 20 Western Australians are

infected with meningococcal every year. In 2024, 11 Western Australians were infected with the overwhelming majority being the very serious serogroup B. 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 Scheme support, direct government support and other costs.

RSV is a common respiratory infection which mostly affects young children, including babies, and elderly people. The symptoms are usually mild and manageable in most cohorts; however, some young children and elderly people can become extremely ill and require hospitalisation, particularly those living with multiple co-morbidities including chronic obstructive pulmonary disease (COPD), asthma, heart failure and diabetes.<sup>14,15</sup> Annually, around 6000 Australians are hospitalised with RSV.<sup>16</sup>

In 2024, more than 9000 people in Western Australia were diagnosed with the infection with symptoms ranging from mild to life-threatening.<sup>17</sup> However, according to figures released by the Western Australian Government, more than 20,000 infants and children have received an RSV vaccination which has prevented an estimated 400 hospitalisations in infants aged under eight months of age.<sup>18</sup>

Preventable hospitalisations could be further reduced by expanding access to the RSV vaccine to priority cohorts. The Australian Technical Advisory Group on Immunisation (ATAGI) recommends all Australians aged 75 years and over and Aboriginal and Torres Strait Islander Australians aged 60 and over should be vaccinated against RSV.

**Policy proposal:** Fund free meningococcal B vaccinations for infants and children aged two and under, and adolescents aged 15 to 19 years. This latter cohort is particularly important as teenagers have the highest carriage rates, peaking in 19-year-olds, and therefore play a critical role in transmission.<sup>19</sup>

Subsidised RSV vaccines should be provided to Western Australians aged over 75, Aboriginal and Torres Strait Islander people aged over 60 and people living in residential aged care in line with ATAGI recommendations.

Vaccines in Western Australia could be delivered to eligible people via registered vaccine service providers including GPs, community vaccination clinics and Aboriginal Community Controlled Health Organisations.



## Raising the age of criminal responsibility

The RACGP firmly believes no child should be locked in prison. We strongly urge the next Western Australian Government to bring the state into line with most comparable countries across the world and raise the minimum age of criminal responsibility to 14.

Children of primary school age who are at risk of incarceration need trauma-informed healthcare and support. They are far more likely to have experienced multiple traumatic events and should not be subjected to further trauma in prisons.

Studies have shown that it costs over \$1 million per year to put a child in prison making it one of the most expensive interventions available. Additionally, jailing children does not reduce rates of crime. It is far more cost-effective to focus on early intervention, diversion and joined up services. For children who do offend, the focus should be on rehabilitation.

Savings realised by reducing expenditure on jailing children could be reinvested in healthcare and support services such as the alcohol and drug rehabilitation services provided by the Wungening and Milliya Rumurra Aboriginal corporations. These services can help vulnerable children to break the cycles of addiction and offending and further reduce the number of children who are detained in custody.

**Policy proposal:** Raise the age of criminal responsibility to 14 years of age, bringing Western Australia into line with the United Nations consensus on children's rights in juvenile justice.<sup>20</sup>

## Make it easier to access essential care for ADHD

ADHD is one of the most common neurodevelopmental disorders impacting childhood. It is a chronic condition that often continues into adulthood. Currently there are an estimated 14,400 to 72,400 children and between 134,000 and 224,000 adults in Western Australia living with ADHD. This is estimated to cost the state's economy around \$2.58 billion per annum.<sup>21</sup>

Untreated ADHD can create significant psychological, financial, academic and social challenges for individuals and the broader community. Children who live with undiagnosed ADHD are at a higher risk of mental health issues in adulthood including anxiety, depression, personality disorders and antisocial behaviour. Fortunately, many ADHD symptoms can often be managed with medication that is well tolerated by patients.<sup>22</sup>

However, even though ADHD is widespread and can lead to substantial personal and community-wide challenges,

Western Australians still face extremely long waitlists and unaffordable costs to receive diagnoses. In Western Australia, public paediatric waiting lists exceed 2.5 years. There is no public option for people aged 15 years and older. Wait times for private ADHD specialists are also increasing with the associated costs unaffordable for many Western Australians.

**Policy proposal:** Remove regulatory barriers and support a funded training program to enable specialist GPs to diagnose and treat people living with ADHD.

## Establish Western Australia as a national leader in general practice research

General practice research delivers essential evidence to inform policy and practice in the areas of patient care, population health, healthcare services and systems, and health professional education and support. It plays a critical role translating lab-based research and the evidence of randomised control trials into real-world settings to ensure patients benefit from the latest breakthroughs.

Despite this, general practice research remains chronically underfunded, with nationally competitive funding bodies such as the National Health and Medical Research Council and Medical Research Future Fund allocating less than 1% of funding to general practice research projects.

There is an opportunity for Western Australia to become a national leader in general practice research by setting aside 2.5% of the Future Health Research and Innovation Fund to support general practice research. Dedicated general practice research streams in existing grant programs would support the development of general practice research in Western Australia.

**Policy proposal:** To ensure the ongoing optimisation of the Western Australian health system and to help establish the state as a national leader in general practice research, ensure 2.5% of annual funding from the Future Health Research and Innovation Fund is allocated to support general practice research.

## Endnotes

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