RACGP Advocacy

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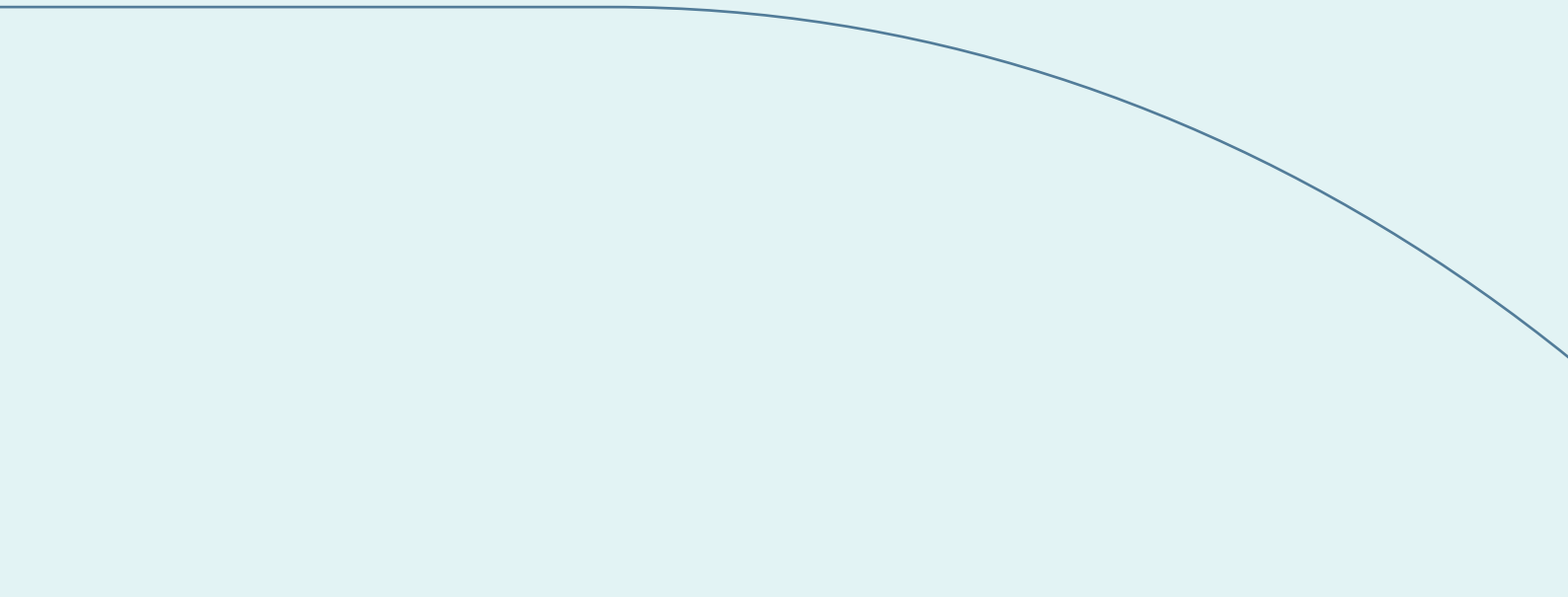
Victoria

2026 Victorian Election Priorities



A message from Dr Anita Muñoz
RACGP's Victorian Faculty Chair

Victoria currently faces several compounding challenges in healthcare and health policy. Our population is getting older, managing more complex and chronic conditions and presenting more often to emergency departments. This has driven a steep increase in health spending. Per-person recurrent expenditure on Victorian public hospitals rose from $2,412 in 2014–15 to $3,695 in 2023–24, a 53% jump that significantly outstrips national growth of 29.3%. This is clearly unsustainable – a new approach is needed to keep Victorians healthy and out of hospital.

General practice is the most cost-effective health system investment a government can make to reduce preventable hospitalisations and emergency department presentations. Specialist general practitioners (GPs) provide patient-centred, holistic and ongoing care, including targeted support for individuals with chronic and complex conditions. They also improve patients' understanding, confidence and capacity to navigate care options. Patients who regularly see the same GP report high levels of satisfaction with their care. Continuity of care is associated with lower rates of mortality, hospitalisation, emergency department attendance and hospital re-admission.

General practice in Victoria has never been more financially precarious. Rapid inflation combined with growing state taxes, levies, and charges is pushing many practices to the brink – and while Medicare has seen meaningful recent investment, rebates still fall short of covering the real cost of complex, time-intensive care for women, families, older patients, and those with mental health concerns.

Every $1 spent in the primary care system provides around $1.60 in healthcare system benefits. Despite this strong cost to benefit ratio, general practice nationwide receives an average of $1 for every $8.29 invested into hospitals.

The RACGP is calling on the next Victorian Government to:

- ensure the sustainability of general practice in Victoria
- support better access to essential care for Victorians.

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

Dr Anita Muñoz
Chair, RACGP Victoria

At a glance:
general practice across Victoria

10,805

GPs working at **1,959** practices

- **5,355** males
- **5,450** females

117 GPs

(FTE) per 100,000 including: (national average 111.4 per 100,000)

>6.1m

Victorians are supported in more than 46.2m episodes of GP care per year

About the RACGP

60+ years
as the voice of GPs

50,000+ members
across Australia

6,113 doctors
in RACGP training programs

4 out of 5 rural GPs
are RACGP members (around 10,200 in MMM2–7)

Victorian GPs in training

960

GPs in training including **557** in inner metro, **53** in outer metro, **374** in rural, regional and remote areas

625

active GP training supervisors

449

general practices had an active registrar in term 1 2026

Policy priorities

Priority	Ask	Benefits
Ensure the sustainability of general practice in Victoria		
Exempt GPs from payroll tax	Victoria should adopt Queensland's policy fully exempting GPs from payroll tax	Improves the financial sustainability of Victorian general practice and attract more registrars to the state
Reinstate the office of the Chief General Practice Adviser	The Chief General Practice Adviser should be resourced and remunerated in line with other Senior Officers in the Department of Health	The Chief General Practice Adviser provides vital insights to government and connection to general practice
Support better access to care for Victorians		
Ensure patient safety in the Chemist Care Now program	Cease the expansion of the Chemist Care Now program, strengthen training requirements and commit to a public review of patient outcomes and adverse events	Protects Victorians whose safety and access to quality of care is compromised by a lack of safeguards
Reduce wait times and costs to access medicines	Support GPs to work to their full scope of practice by allowing them to prescribe isotretinoin for people living with severe acne	Improves mental and physical health and productivity for Victorians living with severe acne
Reduce the costs of medicines for children in out-of-home care	Create a dedicated reimbursement program covering out-of-pocket medicine costs for children in out-of-home care	Ensures some of Victoria's most vulnerable children can access essential medicines
Ensure continued access to Medication Assisted Treatment of Opioid Dependence (MATOD) through general practice	Introduce scaled financial incentives for GPs who prescribe MATOD, alongside a mentorship program to encourage more GPs across Victoria to offer this essential treatment	Makes it easier for Victorians to access life-changing treatment, improving health outcomes and productivity

Ensure the sustainability of general practice in Victoria

Exempt GPs from payroll tax

Many general practices in Victoria are struggling under rapidly increasing business costs, including payroll tax liabilities, which are actively undermining the sustainability of general practice.

We acknowledge the Federal Government's much needed and significant investment in Medicare, however general practice funding, as a share of the health budget, has declined from 8% in 2023 to 5.5% in 2026. Compounding this has been the net loss of income to GPs from the loss of mental health and procedural item numbers. This decline comes on the back of decades of frozen rebates and chronic underfunding. The reality is government funding still does not cover the cost of providing care in many parts of Victoria, which means many GPs still need to charge gap fees.

In particular, the recent Medicare investment did not include increased patient rebates for longer GP appointments which many Victorians need, including women, older people and those living with chronic health conditions.

More supportive payroll tax settings would help ease the financial pressures on Victorian general practices and help ensure they can provide affordable, accessible, high-quality specialist GP care to their patients.

Policy proposal: Provide a full exemption from payroll tax obligations for Victorian general practitioners.

Reinstate the office of the Chief General Practice Adviser

Whilst general practice is primarily funded and regulated by the Federal Government, GPs work alongside state-funded hospitals and health services. Engaging with GPs in health policy development helps ensure health programs are appropriate, coordinated and cost-effective.

Victoria was a national leader in health system integration. The Chief General Practice Adviser role, within the Department of Health, played a vital role in policy development and ensured GPs were represented in decision making. Unfortunately, the position was made redundant and no longer exists.

The Department of Health currently employs senior health professionals working alongside the Chief Health Officer and Chief Medical Officer representing a number of areas, including nursing and midwifery, psychiatry, mental health nursing, paramedicine, cancer, digital health and allied health. However, the voice of general practice is a critical omission.

Policy proposal: Reinstate the role of Chief General Practice Adviser to ensure general practice is appropriately represented in the Department of Health, reducing health system spending and improving Victorians' health outcomes.

Support better access to care for Victorians

Ensure patient safety in the Chemist Care Now program

The RACGP is deeply concerned about state-based expansions of pharmacy prescribing in retail pharmacies. This is health-lobbyist lead policy that, in many cases, is contrary to the advice of Australia's independent expert health regulators.

While improving access to care is important, it must not come at the expense of patient safety. Safe prescribing depends on accurate diagnosis and the ability to manage clinical uncertainty. Diagnosis is difficult. This is why GPs train for 11 years and utilise robust follow-up, reassessment and clinical responsibility processes to provide high-quality healthcare.

Pharmacists are highly skilled medicine experts; however, they are not trained in differential diagnosis. The risk is amplified because pharmacy prescribing is occurring without the safeguards Victorians expect from their health system.

Customers present to pharmacies with symptoms, not a diagnosis. For instance, eczema and shingles present very similarly. Nausea can be a symptom of stroke or neurological disorder. Reflux may be chest pain associated with heart problems.

The brief online training modules for Chemist Care Now aren't designed to replicate the diagnostic training required to safely assess undifferentiated presentations. The issue isn't individual capability, it's the mismatch between the complexity of diagnosis and the level of training and system support available. This puts patients at risk of misdiagnosis, incorrect treatment, and delayed diagnosis, in situations such as:

- conditions being misdiagnosed or missed altogether, such as STIs and gynaecological issues being incorrectly treated as UTIs
- antibiotic misuse contributing to antibiotic resistance
- patients receiving little to no clinical assessment – no history-taking, physical examination, or diagnostic tests
- delayed diagnoses leading to worsening illness and preventable hospitalisations.

Policy proposal: The College is calling on the Victorian Government to:

- cease adding additional conditions (beyond UTI, OCP, herpes zoster, psoriasis) to the Secretary Approval – Community Pharmacist Program
- strengthen training requirements, including mandating completion of accredited post-graduate prescribing qualifications, even for those conditions which have been made business-as-usual
- implement stronger clinical governance, including oversight and monitoring of pharmacy prescribing practices and enforcement of protocols
- establish independent evaluation, focused on patient outcomes, diagnostic accuracy and system-level safety
- introduce system-level safeguards to support follow-up, reassessment and communication with a patient's usual GP.

Reduce wait times and costs to access medicines

Acne impacts more than 90% of Australians aged 16–18, however it is also common in younger teenagers and, for some, may persist throughout life.[1] Post-acne scarring can affect up to 95% of individuals living with acne.[2] Untreated acne can cause significant mental and emotional health issues leading to poorer social and economic outcomes.

Isotretinoin is the gold standard treatment for people living with moderate to severe acne, delivering good results in 90% of patients.[3] Currently, Victorians can only access it via a dermatologist.

Isotretinoin is associated with significant side effects including miscarriage, congenital abnormalities in unborn children and liver, kidney and blood effects. However, a patient's regular GP is far more expert at providing appropriate contraception prescribing, and GPs are often asked to do this by dermatologists prescribing isotretinoin to their patients.

This change would bring Victoria into line with New Zealand, the Netherlands and other comparable countries where GPs currently prescribe isotretinoin and work with their patients to reduce the impacts of acne.

Policy proposal: Enable GP prescribing of isotretinoin consistent with approaches adopted in other jurisdictions.

Reduce the costs of medicines for children in out-of-home care

Foster carers play a vital role in our community, providing safe, stable, nurturing homes for children who cannot live with their birth families. Children in foster care are among Victoria's most vulnerable, with disproportionately high rates of physical and mental health needs, including chronic conditions, infections, and acute health episodes requiring ongoing treatment.

Out-of-pocket costs of essential medicines for foster children are borne by their carers. This can cause significant financial stress given Victorian foster parents receive the lowest care allowance in Australia. A Victorian carer looking after a child aged seven or younger receives just $229 per week to cover general household, education, and health expenses, compared to $349 per week for a New South Wales carer of a child the same age.

This financial pressure on carers is reflected in Victoria's carer retention crisis. Victoria currently has the highest foster carer exit rate of any state in Australia, with twice as many carers leaving the child protection system as are being recruited. The Foster Care Association of Victoria has identified the inadequate Care Allowance as a key driver of this trend.

Policy proposal: Reimburse foster and kinship carers for the cost of GP or paediatrician-prescribed medicines (including Schedule 4 and Schedule 8), ensuring vulnerable children receive timely, essential medicines.

Improve access to Medication-Assisted Treatment for Opioid Dependence (MATOD) through general practice

Opioids are the most common cause of drug-induced deaths in Australia, accounting for almost 1,500 hospitalisations per annum and costing the nation around $16 billion per annum in lost productivity and criminal justice and healthcare costs.[4]

MATOD is a lifesaving treatment for people living with opioid dependency that reduces overdose deaths, hospitalisations and crime, and improves quality of life. The treatment is a critical element of the Victorian Government's harm minimisation approach to alcohol and other drugs.

Unfortunately, MATOD access in Victoria is patchy, particularly in rural and outer suburban areas. While 2024 AIHW data shows there are 1,264 pharmacotherapy prescribers in Victoria, not all are active or based in a general practice setting, and some regions – especially in rural Victoria – have no local GP prescribers at all.[5] 14,788 patients were recorded as requiring MATOD in Victoria on a single snapshot day in 2024, underscoring the scale of unmet need.

A lack of funding for longer consultations, complex care and mental health which MATOD patients require is a major barrier to expanded MATOD prescribing.

Targeted financial incentives encouraging prescribing and addressing the lack of Medicare remuneration are needed to increase access to care. The RACGP also recommends funding mentoring for GPs who complete MATOD training to help bridge the gap between training and real-world practice.

With over 10,000 practising GPs in Victoria, engaging just 10% of the GP workforce to become MATOD prescribers would expand support to more than 6,000 patients.

Policy proposal: Encourage more GPs to support patients who would benefit from MATOD by offering scaled incentives to increase prescribing:

- $1,000 per annum payment for GPs supporting 5–10 patients
- $2,000 per annum payment for GPs supporting more than 10 patients

We also propose a funded mentorship program to help GPs bridge the gap between MATOD training and real-world practice.

- $40,000 per annum for 15 mentees per year

This will grow the MATOD prescriber workforce across Victoria and complement the Government's existing investment in MATOD training.

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