RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

12 March 2026

Specialist Affordability Section
Medical Benefits and Digital Health Division
MBS Policy and Specialist Programs Branch
Department of Health, Disability and Ageing
GPO Box 9848, Canberra ACT 2601

Via email: specialistaffordability@health.gov.au

Dear Specialist Affordability team

RE: Public consultation on Modernising Referral Pathways

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to respond to the Department of Health, Disability and Ageing's (DoHDA) consultation on *Modernising Referral Pathways*, which seeks advice on whether current Medicare referral arrangements are effectively supporting access to specialist care and views on suggestions for reform.

The RACGP is the voice of specialist general practitioners (GPs) representing more than 50,000 members 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. Our core commitment is to support specialist GPs from across the entirety of general practice to address the primary healthcare needs of the Australian population. The College now trains more than 90% of Australia's GPs including those in rural and remote areas and in Aboriginal and Torres Strait Islander communities.

General practice is at the centre of primary healthcare in Australia and is the most common point of entry to the health system, with 85% of Australians seeing a GP each year. Specialist GPs are responsible for assessing and managing the health needs of their patients and coordinating safe and collaborative care with other health professionals as needed.

The consideration of modernising referral pathways is an important opportunity to enhance patient access, reduce unnecessary administrative burden, and strengthen integration across the health system. The RACGP supports a referral system that strengthens high-quality, coordinated and patient-centred care.

The RACGP supports reform that:

- is guided by the quintuple aim of better patient and population outcomes and experience, improved clinician experience, greater health equity, and lower overall system costs
- maintains quality and safety while strengthening the delivery of high-quality person-centred care
- builds and supports GP-led multidisciplinary teams to provide coordinated, continuous and whole of person care
- reduces unnecessary administrative burden for specialist GPs and other health professionals
- improves communication between specialist GPs, non-GP specialists and other health professionals
- mandates non-GP specialists (and other health professionals) provide clear, timely feedback to specialist GPs on changes to diagnosis, medications or patient deterioration.

The RACGP cautions against reforms that prioritise access, convenience, or cost at the expense of quality and safety. Referral is a complex process that underpins effective teamwork between GP and non-GP specialists and other health professionals. They play a critical role in clinical governance and patient handover / discharge between providers. General practice plays a central role in guiding patients through the health system, avoiding unnecessary tests and treatment, and directing them to appropriate care. **GPs are key to reducing inappropriate referrals, limiting low value care and alleviating pressure on non-GP specialist waitlists.**

Validity periods: GP to non-GP specialist

In most cases, a 12-month validity period continues to provide an appropriate balance between continuity, oversight and flexibility in GP to non-GP specialist referrals. Indefinite referrals have the potential to enhance convenience and reduce administrative burden; but also risk private non-GP specialist over-servicing patients, placing additional burden on non-GP specialist availability and increasing costs to the Medicare Benefits Schedule (MBS). Regular patient checkpoints provide the GP with oversight of their condition, reducing the risk of fragmentation of care and maintains the GP-patient relationship for routine care.

The RACGP could support longer referrals with additional safeguards such as:

- *Structured and timely information exchange*: Periodic clinical summary exchanges between GPs and non-GP specialists at key points in the care pathway – such as after initial consultation, interventions, changes in diagnosis/medication, or deterioration – help maintain shared understanding and ensure safe, coordinated, continuous care. Annual referral renewal currently prompts this reciprocity; without intentional mechanisms and extending referral periods risks weakening communication pathways that are vital for safe, integrated care.
- *Improved digital interoperability*: Enhanced digital systems are essential to streamline referral processes and reduce administrative burden. General practices currently navigate inconsistent templates, incompatible formats and variable minimum data requirements. Standardised structures and national data principles – such as those progressing through the Sparked AU program – would support more efficient, accurate referral management. Any technological or process reforms must be co-designed with general practice to ensure they align with GP workflows, reduce duplication and deliver meaningful value to health professionals and patients.

Validity periods: Non-GP specialist to non-GP specialist

The RACGP supports 6-month referrals between non-GP specialists. This would be a more practical timeframe with consideration to appointment availability and intervention follow up. All referrals between non-GP specialists must include communication to the patients usual GP. As the clinician with the most comprehensive understanding of the patient's history, context and overall health needs, the GP must remain informed when care is transferred or extended across specialties.

Framing of the referrals process

While the consultation raises important questions about improving access and efficiency, some elements of the framing risks narrowing the broader clinical purpose of referrals. Several questions appear to present referrals as administrative transactions designed to facilitate access, convenience or consumer preference. This perspective does not fully reflect the clinical judgement and coordinated care that specialist GPs provide when assessing need, managing risk and supporting ongoing care. It overlooks the fact that referrals are embedded in a longitudinal, relationship-based model of care, not a one-off consumer 'request' to be fulfilled. Our members emphasised that the key issue is not the duration of the referrals, but the quality of communication between GPs and non-GP specialists and patients, and the need to preserve the central coordinating role of general practice within the healthcare system.

The importance of clinical relationships

The RACGP acknowledges the consultation's interest in improving the efficiency of referral pathways. In doing so, it is important to recognise the value of long-standing clinical relationships that underpins safe, coordinated and team-based care. Trust and professional understanding between clinicians develop gradually and are essential for efficient communication, appropriate escalation and safe care transitions between providers. A GP's referral choices reflect not only clinical expertise but also specialist communication styles, responsiveness, shared-care approaches and experience supporting similar patient needs. Policies that allow referrals to be freely redirected to less familiar and/or a larger pool of clinicians may unintentionally weaken these established networks, encourage low value care, increase the risk of fragmented care and create duplication and greater complexity for clinicians and patients.

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Shared decision-making between GPs and their patients

The consultation's focus on patient choice aligns strongly with the RACGP's commitment to person-centred care. Shared decision-making is most effective when it occurs between the patient and their specialist GP at the point of referral; ensuring that decisions reflect clinical need, accessibility, continuity and coordination of care. Referrals play a critical role beyond facilitating access to specialist services or managing costs; they establish foundations for collaborative, multidisciplinary care. Ensuring that referrals remain aligned with shared clinical responsibility, continuity of care and coordinated decision-making is central to achieving safe, consistent and high-quality outcomes for patients.

If you wish to discuss any matter of relevance to the RACGP, please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au.

Yours sincerely

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