Healthy Profession.
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# RACGP Advocacy Plan

## 2024–25

# About the Plan

Australia's primary healthcare sector is undergoing a period of substantial reform. The recommendations of the Strengthening Medicare Taskforce Report have prompted multiple reviews examining the sector and its role within Australia's health system.

It's too early to tell how the outcomes of these reviews will change Australia's health care system, the primary healthcare sector and the role of general practice within it. The only certainty is, there has never been a more important time for the Royal Australian College of General Practitioners (RACGP) to advocate strongly and consistently on behalf of its members during this substantial reform period.

The RACGP's 2024–25 Advocacy Plan has been developed to guide the College through this cycle of reform. It will be a compass to ensure our advocacy is clear, consistent, and focused. Its advocacy priorities and objectives have been developed collaboratively between our state and territory based and national faculties, our RACGP expert committees and the College's own internal expertise.

### The Plan identifies four strategic priority areas for RACGP advocacy:

- the central role of general practice in the health system
- ensuring the viability of general practice
- supporting the primary care workforce
- advocating for a system of quality and safety.

Each of these priorities articulate areas of particular focus and list initial (2024–25) advocacy objectives intended to move us closer to where we want to be as a profession, so we can continue to play a central role improving the health of our nation.

In pursuing these priorities and objectives, the RACGP will actively work to build strong and constructive advocacy partnerships with key stakeholders, including other professional health organisations and colleges, consumer advocacy groups, Primary Health Networks (PHNs), universities, and other key agencies.

We will also seek to empower our members to be more actively involved with our advocacy efforts.

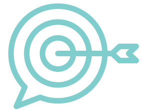
At the highest level, the College's strategic priorities and advocacy objectives articulated within the plan strive to:

- Assert the importance of safe, comprehensive, continuous and coordinated primary care to the health of Australia.
- Recognise the value of general practitioners and the central role of general practice within the health care system.
- Restore and enhance the viability of general practice in remote, regional and metro areas.
- Demonstrate the value of RACGP Fellowship (FRACGP) and the Rural Generalist Fellows (FRACGP-RG) within primary health care settings and the broader health system.
- Articulate how the RACGP can support areas of workforce shortage.

Ultimately, the RACGP's mission is to improve the health and wellbeing of all people in Australia by supporting general practitioners (GPs), general practice registrars and medical students in their pursuit of excellence in patient care and community service. Through strong and proactive advocacy, aligned to clear strategic priorities, we will continue to deliver on this mission.

Finally, our Plan is not intended to inhibit the RACGP's ability to respond to emerging issues impacting members and their patients. Rather, it's designed to facilitate proactive, strong advocacy on the issues that matter most and reduce reactivity that, at times, throws us 'off course'.

For more information about any of the advocacy objectives contained in this Plan please email: healthreform@racgp.org.au



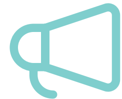
# Purpose

RACGP members have consistently told the College they expect it to advocate strongly on their behalf. Through our 2023 Member Engagement Survey, 96% of members told us advocacy is important to them.

## The purpose of the 2024–25 Advocacy Plan is to:

- articulate to our members with **clarity and transparency** whole of College advocacy priorities
- **empower** our members to get involved in pursuing our advocacy objectives should they wish, **and encourage** them to let us know if something is missing
- provide an **accountability** measure for the College so we can more effectively report on our advocacy efforts to members and the RACGP board.

96% of members told us **advocacy is important to them.**



# How we advocate

The RACGP advocates to all levels of government about issues that are important to our members and their patients.

The foundation of the RACGP's advocacy is our strong relationships with policy makers from across the spectrum at every level of government. These relationships are built on an open and honest flow of information which ensures we are positioned as trusted advisors on a range of health issues.

We engage with stakeholders in many ways, including submissions, correspondence, hosting and attending events, regular meetings and through public campaigns, where necessary.

We also work across the health sector to build coalitions with other advocacy and interest groups to amplify and extend our advocacy voice.

Our political engagement is based on a 'no surprises' policy, will be consistently articulated across all levels of government and have a feedback loop to members embedded, ensuring they remain informed and engaged in our advocacy progress.

# Get involved – join our GP Advocate Network

Direct advocacy to local government representatives from people with lived experience of how a government's policies and decisions impact the profession is one of the most powerful and effective methods of achieving desirable outcomes from government.

The RACGP's GP Advocate Network is a national network of GP advocates who work to build strong, enduring relationships with their local Federal and State MPs and senators. Advocates will have regular contact with the politicians in their community to advocate for RACGP priorities as well as being a voice on local community health issues.

Advocates receive training and support to ensure they have the tools and skills to build relationships with their MPs. If you would like to learn more about joining the RACGP's GP Advocate Network please email: gpadvocate@racgp.org.au

**Advocacy Plan Priority**

# The central role of GPs in our health system

At its heart, this priority is around highlighting the unique role that GPs and practices have in understanding patients in the community, and the role we have in advocating for people in need of better care, priority populations and changing health needs.

### This priority area seeks to:

- assert the importance of safe, comprehensive, continuous and coordinated primary care to the health of Australia
- recognise the value of general practitioners and the central role of general practice within the health care system.

## Our focus:

## *Embed cultural safety for Aboriginal and Torres Strait Islander practitioners and patients*

Within the social and historical context of colonisation, systemic racism and intergenerational trauma, it is imperative that Aboriginal and Torres Strait Islander people are able to receive culturally safe, accessible and responsive healthcare that is free of racism – wherever they seek care.

The RACGP acknowledges the strengths and successes of Aboriginal Community Controlled Health Organisations (ACCHOs), many of which were established in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary healthcare.

Embedding cultural safety across the whole healthcare system supports patients to access health services and experience better outcomes. It also supports health practitioners to work safely.

Culturally safe practice requires ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Institutional racism is a key driver of poorer health outcomes and a barrier to increasing the Aboriginal and Torres Strait Islander health workforce. Health services need mechanisms in place that recognise and respond to institutional racism and the barriers Aboriginal and Torres Strait Islander people face – in accessing healthcare and in becoming GPs.

**Institutional racism is a key driver of poorer health outcomes** and a barrier to increasing the Aboriginal and Torres Strait Islander health workforce

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Implement specific strategies to recruit and maintain a culturally safe workforce working in Aboriginal and Torres Strait Islander communities.
- Implement recommendations in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 and evaluate programs that recruit, train and retain Aboriginal and Torres Strait Islander people in all roles across the primary care workforce.
- Implement and evaluate Priority 8: Identify and eliminate racism in the National Aboriginal and Torres Strait Islander health plan 2021–2031
- Fully implement the Closing the Gap priority reform areas.
- Northern Territory (NT) Faculty – given the unique challenges and urgent need for workforce in the NT, develop salary benchmarks for the NT Indigenous Health Training Program with increased remuneration based on remoteness for registrars training in Indigenous health.

### All levels of government to:

- Commit to co-design policy that affects Aboriginal and Torres Strait Islander people.
- Perform and publish an assessment of the likely impact on Aboriginal and Torres Strait Islander people of significant changes to health and other policy.

# *Support at-risk populations*

Many population groups experience disparities in access to healthcare and health outcomes. This includes but, is not limited to, patients experiencing socioeconomic disadvantage, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, rural and remote populations, people with disability, those with mental health conditions, older people, those suffering from addiction, members of LGBQTI+ community and those not eligible to access Medicare.

The true measure of any society is how it treats its most vulnerable. However, these groups are often disadvantaged by the current MBS fee structure that rewards shorter consultations. In areas of disadvantage, there is often a complex mix of multimorbidity and social challenges where longer consultations are required. These groups are often unable to afford the co-payments, which many general practices have been forced to introduce to remain viable.

As the most accessible and accessed part of the health system, general practice plays a central role in meeting the needs of at-risk populations, but it must be supported to do so. GPs are perfectly positioned to ensure that no one in Australia is left without access to high quality, affordable care.

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Increase Medicare rebates for GP mental health items by 20%.
- Decouple GP Focused Psychological Support (FPS) items from the Better Access Initiative.
- Implement universal annual child health checks via MyMedicare registration during the first 2000 days to support optimal development.
- Remove condition-specific item numbers and provide time-based MBS items for antenatal care.

- Remunerate GPs for completing paperwork associated with the National Disability Insurance Scheme (NDIS), preferably through a properly funded voluntary patient registration model, and ensure GPs have a copy of their patient's NDIS plan (where patients consent).
- Direct specific funding to primary care/general practice in disadvantaged areas, to accommodate the shortfall available through Medicare revenue for more complex multimorbidity and mental health.
- Examine the impact of the payroll tax on practices by socioeconomic disadvantage, and ensure the policy does not worsen health equity.
- Ensure vulnerable people experiencing opioid addiction can continue to access long-acting opioid dependence treatments in supportive settings.

### State and Territory governments to:

- Allow GPs to prescribe ADHD medication in all jurisdictions.
- Expand vaccine funding to ensure more Australians are protected from potentially fatal influenza, RSV and meningococcal infections.
- *Tasmanian Faculty* – establish and staff a dedicated Mother and Baby Service for all of Tasmania via a public/charitable partnership.
- *Western Australian (WA) Faculty* – fund the delivery of the West Australian GP ADHD Care Pilot to support earlier, more affordable diagnosis of ADHD.
- *Victorian Faculty* – reimburse foster carers in Victoria for the cost of medicines required by the children in their care.
- *Victorian Faculty* – provide incentives to encourage more GPs in Victoria to prescribe medication assisted treatment for opioid dependence.

### Both levels of government to:

- Fund and evaluate innovative GP-led multi-disciplinary team models of care that provide primary care workforce in areas of socioeconomically disadvantage and rural and remote areas.
- Ensure national harmonisation of scope of practice does not limit delivery of primary health care through multi-disciplinary teams in remote areas, and areas of workforce need as has occurred with allied health providers.

## *Safeguard human health from the risks of climate change*

Climate change is already having widespread impacts on the health of individuals and communities across Australia. More frequent and severe heatwaves, bushfires, floods, storms and droughts have had profound impacts on affected communities and caused a wide range of short and long-term physical and mental health problems. Climate change is also driving the spread of mosquito-born diseases and threatening the security of food, water and shelter, with the risk that entire communities could be displaced. There is an urgent need to increase community and health system resilience to climate change and reduce fossil fuel emissions, including within the healthcare sector.

Ensuring equitable access to sustainable general practice care improves population health and resilience and reduces health sector emissions, by preventing the use of resource-intensive, hospital-based services. GPs provide essential support to communities before, during and after disasters. However, general practice is not consistently represented in Federal, state and territory or local disaster management planning. To increase community resilience, GPs must be included in disaster planning, mitigation, response and recovery at all levels.

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Fully fund the implementation of the National Health and Climate Strategy.
- Introduce legislation to require government to consider the health and wellbeing of current and future children when making decisions likely to result in substantial greenhouse gas emissions increases and contribute to climate change.
- Establish an Aboriginal and Torres Strait Islander Coalition on Climate and Health as recommended by the Lowitja Institute.
- Allocate dedicated funding directly to general practices for preparation, response and recovery from emergencies and disasters. This could be via a program like the Strengthening Medicare – General Practice Grants Program with funding allocated based on practice location, accreditation status and the GP FTE per practice.

### State and Territory governments to:

- Recognise general practice as essential services for disaster and emergency management in all states and territories.

### All levels of government to:

- Adopt a 'health in all policies' approach that maximises the synergies between good climate policy, health policy and the wider determinants of health.
- Formally include GP representation in national, state/territory and local government disaster and emergency planning groups and committees, including the National Emergency Management Agency.
- Minimise administrative red-tape for GPs who are willing and able to contribute as part of disaster response including:
- allowing the portability of provider numbers for as long as required, particularly where GPs are displaced, rather than just the current two-week period before an emergency provider number needs to be obtained
- exemptions from Medicare compliance activities while a disaster declaration is in place which may result in Medicare billings that fall outside of normal practice – with increased, longer consultations and more telehealth consultation required to ensure the healthcare needs of local populations are met.
- Commit to a 'net zero' healthcare system by 2040 with the majority of greenhouse gas emission cuts by 2030.
- End expansion of any new fossil fuel infrastructure and production, phase out existing production and use of fossil fuels and remove fossil fuel subsidies, investing in renewable energy.
- Fast-track a just transition that addresses the needs of individuals, communities and countries to move away from fossil fuel energy systems towards a more diverse, resilient and inclusive economy powered by renewable energy.

**Advocacy Plan Priority**

# Ensuring the viability of general practice

After decades of underfunding, including a devasting Medicare freeze, the viability of general practice is at risk. Undoing the damage that's been done to our sector will take enormous effort.

This priority area seeks to address key issues impacting general practice viability, so every community across the country has access to high-quality care, and no patient misses out on the care they need.

## Our focus:

### *Restore the viability of general practice*

Greater support for general practice is associated with lower hospital use and reduced health costs. However, general practice funding comprises less than 7% of total health expenditure.

Under-investment and inadequate indexation means Medicare patient rebates have long ceased to reflect the actual costs of delivering care.

Practices face significant risks to ongoing viability and we have seen a large number of practices close in recent years, especially in vulnerable communities.

These cost pressures compound other issues facing general practice, like increasing administrative burden, growing complexity of disease and a stagnant funding model exacerbate GP burnout and the risk of practice closure – especially in rural practices.

Australia's ageing population and a growing burden of chronic disease will continue to increase demand for primary healthcare. Sustained, long-term investment in general practice is imperative to restoring viability and boosting GP efficiency.

## On behalf of our members, the RACGP is asking:

**The Federal government to:**

- Reduce the complexity of the Medicare Benefits Schedule (MBS) by limiting the introduction of disease-specific MBS items, issuing clear and consistent guidance in MBS item descriptors and explanatory notes, and promoting educational resources and tools (eg fact sheets, eLearning modules) to support correct MBS billing.

- Amend the Health Insurance Act 1973 to remove and/or update outdated sections that prevent efficient general practice and collaborative care.
- Adapt government forms used by GPs to better integrate with clinical and practice software.
- Ensure Medicare compliance activities like targeted letters and audits are fair, appropriate, and based on accurate data and information.
- Implement robust processes for dealing with frivolous and vexatious notifications made about health professionals to the Australian Health Practitioner Regulation Agency (Ahpra), including directing affected providers to appropriate support services.
- Increase the Workforce Incentive Payment – Practice Stream of the Practice Incentives Program with a proportion of funds dedicated to the employment of a general practice-based pharmacist.
- Increase all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations by 20% and apply an additional increase to MMM 3–7 (as per the distribution of the bulk billing incentive).
- Remunerate GPs for time spent on quality improvement activities, preparing reports and other relevant documentation (eg completing housing, NDIS, Centrelink and driver's licence medical reports and forms) when patients are not present.
- Review the impact of removing tax incentives for people working in remote areas and consider schemes that encourage essential workers into hard to fill positions without the entire cost being felt by the employer.
- Implement streamlined statewide or national hospital credentialing rather than relying on multiple individual institutions to facilitate this.

### State and Territory governments to:

- Commit to not collecting retrospective payroll tax liabilities on the earnings of independent practitioners.
- Impose a moratorium on payroll tax obligations on independent practitioners to allow practices and practitioners time to adjust their business models while payroll tax liabilities are clarified, and federal funding reforms are being progressed.
- Introduce annual stipends, payable to the RACGP, to reimburse GPs who provide expert advice to advisory bodies.
- Recognise that mainstream general practices as essential services in rural, regional and remote areas, especially where they are the only general practice in the community.
- Recognise GPs as specialists within state and territory government local health service structures and facilitate access for GPs as VMOs or employees within hospitals (admitting rights, access to day surgery units or local hospital lists).

### All levels of governments to:

- Implement a nationally coordinated approach to payroll tax on independent practitioners to maintain harmonised cross-jurisdictional alignment in administrative practices, (with the Queensland government Public Ruling PTAQ000.6.3 on what constitutes a relevant contract for independent practitioners).

Advocacy Plan Priority

# Supporting the primary care workforce

The solution to improving access to quality health care for patients is to support the training and retention of more GPs working in communities across the country. It takes ten years to train a GP so we must start now to meet future needs.

This priority area seeks to:

- Grow the GP workforce by attracting more medical students into general practice speciality training.
- Ensure registrars are well supported on their journey to Fellowship.
- Retain and support our GPs currently working in community practices across the country.

## Our focus:

### *Grow and sustain the GP workforce*

Each year, almost 9 in 10 Australians visit a GP. They are the cornerstone of Australia's health system, offering accessible, comprehensive care that keeps our communities thriving. Australia faces a projected 11,392 (full time equivalent) GP shortage in the next eight years (Deloitte General Practitioner workforce report 2022). Addressing this shortfall requires an urgent increase in Australian medical graduates and enhancing skilled migration for International medical graduates (IMGs).

Junior doctor interest in general practice has dropped from 50% in the 1980s to 13% in 2023, underscoring the urgency to reverse this trend and return to 50% for workforce stability. Government leadership and support are crucial for a robust response, especially for all rural and remote healthcare. Failure to act urgently (and at a scale), may jeopardise Australia's ability to attract and sustain a world-class model of primary care.

A collaborative approach is essential, and the RACGP is actively contributing to ongoing efforts and advocating for comprehensive strategies to secure and maintain a robust GP workforce in Australia. We do this by working closely with the Federal and state/ territory health departments, the Australian College of Rural and Remote Medicine (AACCRM), PHNs, workforce agencies, universities, peak bodies and general practices to map, model and grow the general practice workforce.

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Review the effectiveness of university medical training in meeting the needs of general practice particularly in regional, rural, remote and outer metropolitan Australia.

### State and Territory governments to:

- Work with medical schools and professional bodies to provide clear, accessible pathways into general practice, highlighting the opportunities, benefits, and career satisfaction levels.
- WA Faculty – attract more GPs to train in WA by funding the proposed General Practice Community Residency Program.

### Both levels of government to:

- Convene a task-force where all levels of government and relevant stakeholders are represented to develop a strategy to coordinate and consolidate data collection and timely reporting to inform a more coordinated plan for GP attraction and workforce initiatives.
- Continue incentivising programs for high-priority areas to attract more GP registrars to rural and remote locations.
- Invest in staff housing for registrars in remote communities.
- Deliver world class training pathways for GPs.

## *Delivering world class training pathways for GPs*

The RACGP is responsible for training 90% of GP registrars training in urban, remote and rural Australia. Over 40,000 RACGP members hold FRACGP or FRACGP-RG, underpinning the delivery of general practice primary care throughout Australia. Following the return to College-led training, the 2023 Medical Training Survey revealed 88% of RACGP and rural generalist registrars reported 'excellent' or 'good' clinical supervision and 84% would recommend their current training position to other doctors, (both above the national average).

GPs are an integral part of rural communities. Training pathways must continue to be enhanced and expanded even further to ensure we meet the needs of communities now and into the future. This includes supporting IMGs in training and assessment while on the pathway, as well as providing support to them when Fellowed. At present there is a gap of 2000 GPs across Australia where community need is not being met. This will grow to a projected national shortfall of more than 11,000 (FTE) GPs in the next eight years unless urgent measures are put in place (Deloitte General Practitioner workforce report 2022).

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Undertake structural change to the training pipeline to set and meet general practice quota of 50% of medical students choosing general practice as a speciality.
- As a matter of urgency, allocate funding to improve working conditions for junior doctors and ensure they are on par with those working in hospitals.
- Provide additional funding and support for rural, remote and Aboriginal and Torres Strait Islander health supervision.
- Boost funding for GP training and address acute shortages of GPs in regional, rural and remote areas of Australia through investment in the Fellowship Support Program (FSP) (500 participants) and the Practice Experience Program Specialist Program (PEP-Sp) (600 participants) to better support both homegrown GPs and IMGs achieve Fellowship.
- Increase funding to support career pathways for academic GPs, and employment opportunities within university departments of general practice and medical schools to increase early exposure to high-quality and evidence-based general practice teaching and role models during medical school.
- Allocate funding to develop a nationally consistent supervisor training program to ensure a consistent standard of supervision for all registrars.

### State and Territory governments to:

- Prioritise hospital training rotations for GP registrars so they can commence work in the community in a timely manner.
- Expand and support community-based training rotations.
- Provide financial incentives to encourage junior doctors to train as GPs in regional, rural and remote areas via the Australian General Practice Training (AGPT) program and the FSP.
- Include general practice in local health workforce strategies and fund local research and programs to support the development of stronger attraction strategies and supported pathways into general practice.

### Both levels of government to:

- Commit to national consistency on GP workforce planning and training pathways to:
  i. enable an increased number of junior doctors to undertake training and
  ii. be part of short, medium and long term nationally consistent pipelines resulting in strong distribution numbers to areas of high priority need in rural and remote communities.
- Recognise Single Employer Models (SEM) are smaller scale local solutions to the national issue of portability of entitlements and remuneration and should only be implemented in very specific circumstances.
- Ensure rural and remote communities have equitable access to high-quality general practice.

## *Ensure rural and remote communities have equitable access to high-quality general practice*

Consumers living in rural and remote communities represent a complex healthcare demographic with higher rates of mortality and morbidity, poorer health outcomes, lower household income, and limited access to healthcare services. Historical disadvantages due to geographic isolation and a lack of flexible and responsive policy have contributed to the health inequities rural and remote consumers face.

Significant barriers to rural and remote practice reported by members in the 2023 Health of the Nation report included compatibility with family (45%), social and professional isolation (39%), work-life balance (38%), insufficient resources and healthcare support services (35%), and anticipated high workloads (31%).

More must be done to attract and support practitioners working in these communities to ensure the almost 7 million Australians living in rural and remote Australia can access high-quality health care.

### On behalf of our members, the RACGP is asking:

#### The Federal government to:

- Support and encourage universities to develop a positive and truly rural general practice curriculum and experience.
- Recognise the burden on GPs working in private practice in areas of extreme workforce shortage, and implement funded programs to ensure they can access locums at a reasonable cost.
- Reintroduce item numbers for telephone consultations for existing patients without appropriate technology to enable a video consultation.
- Invest in telecommunications infrastructure to address barriers to accessing telehealth consultations in rural and remote areas (low internet speeds and poor phone coverage).

#### State and Territory governments to:

- Collaborate with the RACGP on critical to workforce planning and policies that incentivise GPs to work in rural and remote regions.
- Invest in research and data collection that can provide valuable insights and guide evidence-based strategies to improve health services for rural and remote communities.
- Ensure safe and adequate housing and other community supports are provided to GPs and GP Registrars (regardless of their employer) working in remote areas.
- Queensland Faculty – allocate funding in coming Queensland government budget to increase awareness of 'The Queensland Virtual Integrated Practice (VIP)' partnership program in collaboration with University of Queensland.

#### Both levels of government to:

- Continue to provide grant funding to support general practices access and use telehealth through supported training, process implementation and acquisition of appropriate technology and equipment.

Advocacy Plan Priority

# Advocating for health system quality and safety

Australia's healthcare system is considered among the best in the world. However, the system is far from perfect. It was developed at a time when acute medical conditions were the main focus of healthcare, and is not fit for purpose in a society where half the population now have chronic health conditions.

This priority area seeks to:

- maintain high safety and quality standards in contemporary patient care
- ensure the importance of safe, continuous, comprehensive and co-ordinated care is understood and valued
- position the patient at the centre of care in partnership with their GP and a multidisciplinary care team each working to their top of scope.

## Our focus:

### *Uphold safety and quality standards in modern primary care*

Only general practice delivers the four features of quality primary care: first contact access; continuous long-term person (not disease) focused care; comprehensive care for most health needs; and coordinating care when it must be sought elsewhere.

The RACGP has set and upheld quality and safety standards for education and practice. In addition to GP training and Continual Professional Development (CPD), two key components of Australia's general practice quality and safety infrastructure are the RACGP's standards for general practices (the Standards) and general practice clinical guidelines.

Government reforms must recognise general practice specialty by supporting the RACGP standards and practice accreditation. Medical literature grows rapidly and there is a pressing need to synthesise evidence to support treatment recommendations through 'living' clinical practice guidelines. Without government safeguarding the features of good primary care and supporting RACGP's Standards and guidelines, there is serious likelihood of wasted financial investment, lost opportunities and costly outcomes for patients and the health system.

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Maintain RACGP Standards as the only standards by which a general practice can receive accreditation and access government incentives and entry into schemes like MyMedicare.
- Facilitate more general practices to become accredited against the RACGP Standards, and eligible for government incentives, by providing grants and other supports for the attainment and maintenance of accreditation.
- Increase the number of MBS supported point of care tests available (PoCT) in general practice and make funding at least equivalent to the Quality Assurance for Aboriginal Medical Services Program (QAAMS), to increase access to testing in rural and remote areas.
- Allocate funding for the RACGP to deliver preventive health living guidelines.
- Ensure new models of care involving prescription of medications is in accordance with National Medicines Policy, Medical Board of Australia Best Practice Guidelines and RACGP Standards.
- Simplify the online PBS authority system to remove and streamline a wider range of authority prescriptions and to enhance the user experience of the system, including integration into clinical information systems.
- Improve health equity through harmonisation of MBS item numbers to provide the same rebate for services provided by GP and non-GP specialist medical practitioners and removing artificial restrictions to PBS medications.
- Ensure patient screening services are provided consistent with RACGP guidelines and do not encourage screening for single risk factors outside of comprehensive primary care provided by general practice.

### Both the State and Federal governments to:

- Facilitate patient and GPs access and ability to track health data through the development and improvement of digital systems including:
  - i. Ensuring all current and future screening programs connect seamlessly to and can be supported by a person's GP clinic.
  - ii. A digital pregnancy health record to give Australians a safer and more convenient way of storing and sharing key pregnancy health information.
  - iii. A national digital child health record to give parents the option of choosing between a digital copy and a hard copy to store and track a child's key health data.
  - iv. Integration of clinical software with external registries (eg AIR, NCSR, Safescript) to reduce duplication of work by streamlining data processes.
  - v. Integrating evidence-based digital decision support into GP clinical software to support implementation of best practice guidelines.
  - vi. Increased practitioner access to local community and hospital health data (eg antibiotic resistance and infectious disease data) and other disease information and evidence to enable care tailored to the local community.
  - vii. NSW Faculty – NSW's Single Digital Health Record to integrate general practice input.

## *Improve care transitions in general practice and the wider health system*

Care transitions are a critical part of healthcare and which GPs continue to highlight as a point where care quality and safety standards lapse. Our members hold significant concerns regarding transfer of care, notably GP transfers of care to hospitals and aged care providers and transfers back into the community.

Effective integrated and shared care models reduce fragmentation of care and improve health system efficiencies. When transfers of care are handled well, patients feel informed and in control of their care.

Evidence shows seeing a GP within seven days after discharge from hospital can reduce the chance of readmission within 28 days by 7%, and seeing a GP within four weeks of discharge reduces readmissions within 90 days by 22%. Improving care transitions is critical to reducing preventable hospital admissions.

### On behalf of our members, the RACGP is asking:

#### The Federal government to:

- Improve billing and communication processes to better enable GP participation in Hospital in the Home and other virtual admitted services.
- Allocate funding to support coordination of care by a patient's regular GP for non-indigenous patients aged 75 years and over with multiple comorbidities and all Aboriginal and Torres Strait Islander patients aged 55 years and over via MyMedicare.
- Allocate funding to support GPs to see their patient within seven days of an unplanned hospital admission or emergency department (ED) presentation.
- Provide a plan for the future development of MyMedicare beyond the existing incentives and ensure it is developed and refined with feedback from GPs.
- Improve interoperability across general practice clinical information systems, My Health Record and other systems used within the healthcare sector by developing standards and an accompanying accreditation framework in collaboration with the healthcare sector and software vendors.
- Recognise GPs as specialists with key agencies like Centrelink, workers compensation bodies, Department of Veteran Affairs, Australian Bureau of Statistics and the National Disability Insurance Agency.

#### State and Territory governments to:

Set hospital key performance indicators to ensure clinical handover documentation is provided to GPs within 24 hours of patient being discharged from inpatient, emergency department or ambulatory care.

Establish primary care advisory councils, that bring senior PHN and District Health Service executives together with GPs and other primary care representatives to improve coordination of care at a local level.

End the practice of requesting mandatory named referrals in public hospitals.

Allocate funding to develop electronic referral systems between general practice and other areas of the healthcare sector.

#### Both levels of government to:

- Streamline healthcare funding streams so that state and territory governments can incorporate general practice into their local health service structure.
- Implement streamlined statewide or national hospital credentialing rather than relying on multiple individual institutions to facilitate this.

- Review pharmacy location and ownership rules, allow GPs to dispense/GP dispensary, dispensing general practice-based pharmacists.
- Ensure the RACGP can inform the implementation of recommendations from the National Health Reform Agreement Addendum 2020–2025 Mid-term Review final report.
- Fund hospital-based GP liaison officers in every hospital.

## *Unlock the value of general practice through enhanced research.*

General practice research creates the evidence that informs care, health service policy and planning, and education. Without appropriate research and data, the success of public health reforms cannot be monitored or guide policy modifications. Prioritising and investing in general practice research is essential for evidence-based reforms and a resilient healthcare system.

There is currently a mismatch between where research is conducted and where most Australians access healthcare. GP-led research, conducted in general practices, ensures issues specific to the general practice environment and patient population are addressed, such as managing uncertainty, multimorbidity, and polypharmacy, and the facilitation of translation into practice.

One of the key challenges for effective research to support decision making related to healthcare policy is the limited access to the rich data held in general practice and primary healthcare more broadly. The lack of access to this data hampers the ability of researchers to create data linkages with information collected across the public and private tertiary sectors.

Strategic investment in general practice research will reduce hospitalisation rates, enhance preventive care, and deliver positive patient outcomes for a healthier Australia.

## On behalf of our members, the RACGP is asking:

### The Federal government to:

- Boost the percentage of Medical Research Future Fund and National Health and Medical Research Council funding to general practice and primary care led research projects from FY25, including specific funding to support the pipeline of GP researchers and strengthen general practice research capacity, for example scholarships and fellowships.
- Allocate funding to establish a national practice-based research network (PBRN).
- Work with the RACGP and university departments of general practice to develop a plan to provide ongoing access to primary health care data for general practice researchers and a structured framework for its use.

### Asking State and Territory governments to:

- Include general practice research in health and medical research strategies and grant funding programs.
- Include GPs in co-design of all state-based strategies and projects involving general practice to ensure the outcomes are fit for purpose.
- WA Faculty – set aside a percentage of funds from the Future Health Research and Innovation Fund to support general practice research.

### Asking governments of all levels to:

- Support GPs to install near-real time data extraction and analysis tools that are purpose built to enable research and continuous quality improvement.
- Implement legislative frameworks and funding models to facilitate data-linkages across primary and hospital care.

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