

# RACGP response:

National plan to end the abuse  
and mistreatment of older  
people 2024-34.

February 2025



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## 1. Executive Summary

The abuse and mistreatment of older people (often referred to as 'elder abuse') is a complex health, social, and justice issue with serious physical, mental, financial, and emotional consequences for individuals, families, and communities.

All Australian governments recognise the need to do more to prevent and respond to elder abuse. The National Plan builds on the progress made under the first National Plan to Respond to the Abuse of Older Australians (2019–2023).

The RACGP supports the vision of the National Plan but notes that general practice and the role of general practitioners (GPs) have been overlooked. Given that GPs provide essential care for most Australians, their involvement must be acknowledged.

Additionally, while the draft Plan includes useful discussions on definitions and key concepts, a clearer structure and earlier presentation of recommendations would improve readability and impact.

## 2. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the national peak body for specialist GPs in Australia, representing over 50,000 members. For more than 60 years, the College has set the educational standards and advocated for high-quality, patient-centred care in both urban and rural communities. Following the re-establishment of college-led training in 2023, the RACGP now trains over 90% of Australia's GPs.

The RACGP provides guidance and resources to support GPs in preventing, identifying, and responding to elder abuse. Key resources include:

- *The RACGP White Book – Abuse of Older People*
- *RACGP Aged Care Clinical Guide*
- *Family Abuse and Violence* (specific resources for Aboriginal and Torres Strait Islander communities)
- Australian General Practice Curriculum – units on abuse and violence
- RACGP Specific Interests groups in Abuse and Family Violence, Aged Care Medicine (including dementia), and Gender and Transgender Diverse Health Care.

### 3. RACGP Requests

The RACGP recommends the following key changes to the National Plan:

- Recognition of general practice – GPs are central to the care of older Australians and must be explicitly included in the Plan to reflect their crucial role in identifying and managing elder abuse.
- Increased Medicare funding – A 40% increase in longer consultation items and a 25% increase for mental health items to allow GPs to provide comprehensive, high-quality care for older patients and their families while reducing out-of-pocket costs.
- Greater use of RACGP resources – Increased support for education and training for GPs on elder abuse prevention and response, with RACGP contributing to the development of the Plan.

### 4. RACGP Feedback on the National Plan

#### 4.1 The Role of the Specialist GP

The RACGP welcomes the opportunity to contribute to the National Plan to End the Abuse and Mistreatment of Older People (2024–2034).

GPs provide whole-person, family-centred care and often act as patient advocates in home and residential aged care settings. More than 95% of older Australians and their carers regularly see a GP, making them critical in identifying and responding to abuse. However, the current draft Plan only briefly references primary care, with little detail on its role.

Other key healthcare professionals, such as geriatricians, are also underrepresented in the document. These professionals provide essential care and should be appropriately recognised alongside GPs.

The Plan correctly identifies dementia as a key issue in elder abuse. However, it should acknowledge that abuse of people with dementia can sometimes occur unintentionally due to inadequate support for carers and residential care providers. More research and community support are needed to reduce the risk of neglect or unintentional harm.

Elder abuse commonly manifests as neglect but can also include physical, emotional, sexual, and financial abuse. It most frequently occurs in home settings by family members or paid carers, as well as in residential aged care facilities. The risk of abuse increases with frailty, dependency, and dementia.

Financial abuse, including scams and fraud targeting older Australians, also requires greater recognition in the Plan.

#### 4.2 Specialist Continuing Professional Development

The Plan's focus areas 1 (Increasing whole-of-community awareness) and 3 (Strengthening service capacity and capability through education and training) mention professional education but fail to acknowledge specialist GPs.

Education alone is insufficient. Systematic support is needed to ensure:

- GPs and geriatricians can undertake preventative care, such as assisting with advance care planning, enduring powers of attorney, and guardianship. Cost barriers must be addressed, particularly for low- and middle-income older Australians.

- GPs can identify and respond to at-risk patients, requiring appropriate Medicare funding and case conferencing support.
- GPs and geriatricians have access to essential support services, such as the Elder Abuse Helpline, Aged Care Assessment Teams (ACAT), and Guardianship Tribunals.

The RACGP is committed to expanding education and resources for GPs on elder abuse and looks forward to contributing to the final National Plan.

For further information or discussion on RACGP feedback, please contact:

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## 5. References

RACGP (2021). *Abuse and Violence: Working with our patients in general practice, 5th edition (The White Book)*  
Available online

Australian General Practice Training – RACGP Curriculum - <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/abuse-and-violence>.