RACGP
Royal Australian College of General Practitioners

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17 August 2026

Mr Brian Kelleher
Assistant Secretary
Private Hospitals Branch, Health Systems Strategy Division
Department of Health, Disability and Ageing

Reform Opportunities and Committee Support Section

Via email: private.hospitals@health.gov.au

Dear Mr Kelleher,

RE: Department of Health, Disability and Ageing (DoHDA) Private Health Reforms – Consultation Paper 1

The Royal Australian College of General Practitioners (RACGP) thanks the DoHDA for the opportunity to provide a submission in response to the Private Health Reforms – Consultation Paper 1.

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.

As reforms progress, it will be critical to ensure they strengthen, rather than fragment, continuity of care. GPs play a central role in coordinating care across the health system, and reforms must support timely communication between private hospitals, health services such as Hospital in the Home (HITH), other specialists, allied health and a patient's usual GP. The RACGP also recognises that GPs are an integral part of providing holistic, safe and collaborative care during all phases of maternity care.

It is important to recognise that many GPs practise across multiple settings, including community general practice and private hospitals. This is particularly relevant in rural and regional areas, where GPs often provide hospital inpatient care (including in private hospital settings), and for GP proceduralists, including GP Obstetricians and other procedural GPs, whose roles extend beyond community-based practice.

As such, GPs should be integrated into the various models of maternity care, including these proposed reforms. In addition, simplifying private health insurance (PHI) products has the potential to improve consumer confidence and ensure Australians are better able to select cover that meets their healthcare needs.

We would welcome the opportunity to discuss these recommendations further and provide any additional information that may assist. Please contact Samantha Smorgon, Head of Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au if you have any questions or comments regarding our submission.

Yours sincerely

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DoHDA Private Health Reforms Consultation Paper 1

RACGP submission – August 2026

Recommendations

The RACGP recommends government:

- Work to improve public understanding of the range of maternity care options available across the public and private health systems
- Work with the RACGP to develop innovative, flexible solutions to support the integration of GPs into all models of maternity care, with consideration to models of care that better utilise the skills and expertise of GP Obstetricians (GPOs) within the private maternity sector
- Remove the restriction on admitted HITH patients accessing MBS services from their GP
- Issue clear and nationally consistent guidance to state/territory health departments and their hospitals regarding:
    - GP liaison upon patient admission
    - GP referrals
- subsequent billing practices
- Prioritise improving care transitions between general practice and the wider health system to promote patient safety and optimal health outcomes
- Simplify PHI products for those who continue to hold private cover – ensuring products are simple, transparent and easy to compare.

Response

Prioritising contemporary models of care

1.2.3 Proposed reform initiatives to PHI for maternity care

Initiative 1: Sector education

The RACGP supports greater awareness and understanding of innovative models of maternity care. However, these initiatives should include and emphasise the role of general practice in providing holistic, continuous care during all phases of the maternity continuum. GPs are integral to collaborative, community-based support, often offering preconception, antenatal and postnatal care, coordinating referrals, and supporting women and families throughout their pregnancy journey. The ongoing relationship with a GP often also last long beyond the pregnancy period.

Educational initiatives should reinforce the value of integrating GPs into multidisciplinary models of care and clarify how existing regulatory frameworks enable collaboration between GPs, obstetricians, midwives and other health professionals. This includes promoting referral pathways to support continuity of care across the multidisciplinary healthcare team and exploring opportunities to further support GPs in rural and remote areas that often play a significant role in maternity care.

Improving public understanding of the range of options available across the public and private health systems is essential. Accessible information on the relative costs, models of care and associated maternal and infant outcomes

would support informed decision-making by expectant parents, while also equipping governments, funders and policymakers with the evidence needed to assess value and inform future investment and service planning.[1]

Initiative 2: Increased access and choice to different models of private maternity care

The RACGP recognises the need for patients to make an educated choice on the provision of their maternity care. They are often required to choose between public and private maternity care before they have sufficient information to make an informed decision. Early in pregnancy, many are unable to anticipate future care needs should their pregnancy become more complex, and there is widespread misunderstanding of private health insurance coverage, exclusions and likely out-of-pocket costs for maternity care.

GPs are well positioned to support informed decision-making. However, this role is limited by a lack of accessible information and education regarding hospital billing practices, private maternity funding arrangements and expected patient costs. Incorporating and supporting GP's with clear, standardised resources would improve the quality of counselling and enable more informed patient choice.

By promoting genuine collaboration with other maternity care providers including midwives, GPOs, public and private obstetricians and child health nurses, GPs can help bridge the gaps before, during and after birth. Regardless of the model of care, the RACGP recommends the development of innovative, flexible solutions to support the integration of GPs into all models of care.

The RACGP would welcome the opportunity to contribute to the design, implementation and evaluation of future models of care, including through the development of shared-care pathways, education and guidance for GPs, along with any initiatives that strengthen integration between general practice and private maternity services. Any new models must be evidence-based, with clearly defined roles and responsibilities, and ultimately support safe, high-quality, patient-centred care for women.

Consideration should also be given to models of care that better utilise the skills and expertise of GPOs within the private maternity sector. While GPOs play a significant role in the provision of maternity care in the public system, opportunities to provide private maternity care are limited, particularly in metropolitan settings where hospital credentialling and service models often do not support GPO-led intrapartum care. This can result in an underutilisation of procedural GP skills, particularly when GPOs relocate from rural or regional areas to larger centres.

The development of innovative models of care should also explore opportunities for greater GP involvement in private maternity care. In addition to obstetrician- and midwife-led models, GP shared care arrangements in the private sector should be considered, recognising the established role of GPs in public maternity shared care. The feasibility, safety and sustainability of such models should be evaluated to determine whether they could improve continuity of care, increase workforce participation and expand consumer choice.

We support the development and implementation of innovative, collaborative models of maternity care involving GPs, obstetricians, midwives and other practitioners, provided they are underpinned by appropriate consultation with peak organisations, including the RACGP, governance, credentialling and funding arrangements.

Pregnancies should be managed under a shared-care model with the patient's nominated GP, supported by appropriate additional funding. This reflects the increasing complexity of pregnancy care, the growing prevalence of chronic disease, and the substantial long-term health benefits of strong, continuous primary care. Investing in GP involvement during pregnancy has the potential to improve outcomes not only for mothers and babies, but across the lifespan.

Initiative 5: Review of risk equalisation arrangements ***(See questions under Section 2: Delivering better value for consumers)***

The exclusion of maternity care from the risk equalisation pool should be reconsidered as an equity issue. Maternity care is uniquely disadvantaged within private health funding arrangements, creating a gender-based inequity that is not seen in other areas of healthcare.

1.3.4 Considerations identified by the department when implementing HITH

Consideration 4: MBS considerations

Any new funding arrangements should support safe, continuous care and ensure that patients can access affordable and timely support in the most appropriate setting. Improving care transitions between general practice and the wider health system is a strategic priority for RACGP. It is important that HITH models promote effective communication and information sharing between hospitals and a patient's usual GP. General practice plays a critical role before, during and following HITH episodes. Funding arrangements must support integrated, coordinated care and timely clinical handover to promote patient safety and optimal health outcomes.

Funding and billing arrangements should avoid unintended consequences, duplication or cost-shifting between the Commonwealth, private health insurers and patients, while ensuring clinicians are appropriately remunerated for the care they provide. Concerns about cost sway many people's decisions about the healthcare they do or don't receive. Under current arrangements, admitted HITH patients must pay the full fee when attending an appointment with their regular GP in the GP clinic, or if a GP attends the patient at home, and are meant to be reimbursed later by the hospital system. However, in practice, our members have advised this system creates confusion for patients and GPs, and the reimbursement approach is not practical. GPs must be allowed to bill Medicare and co-manage their patients care, for example requests for regular scripts or referrals unrelated to the reason for admission such as a routine cardiology appointment. The RACGP recommends the government remove the restriction on admitted HITH patients accessing MBS services from their GP. Changes should be accompanied by clear guidance to ensure billing arrangements are transparent, avoid duplication of funding, and support coordinated care between HITH providers, treating specialists and the patient's usual GP. In future consultations, government should further consider arrangements around telehealth access for patients in hospital to maintain continuity of care with their GP.

Consideration 5: Telehealth

During a primary hospital admission both the hospital and GP services are funded through the MBS, which in principle should simplify arrangements and enable GPs to claim MBS items for HITH patients. Telehealth can improve access to timely clinical review, particularly for patients with mobility, geographic or health-related barriers. Again. the RACGP recommends the government remove the restriction on admitted HITH patients accessing MBS services, including telehealth, from their regular GP. Failing to support continuity and appropriate shared care presents a risk to patient safety and outcomes (see consideration 4 section above).

Consideration 6: Aftercare

RACGP members have regularly raised concerns that action is needed to achieve more consistency in policy and guidance on the role of GPs when their patients are admitted into the HITH program and subsequent billing practices.

To support this we strongly recommend the Federal Government and the Department of Health, Disability and Ageing (DoHDA) issue clear and nationally consistent guidance to state/territory health departments and their hospitals regarding:

- GP liaison upon patient admission
- GP referrals
- subsequent billing practices.

HITH reforms require clear clinical governance, with defined responsibility for coordinating care, managing results, responding to deterioration and follow-up, to avoid fragmented care.

The success of any care transition arrangements depend on timely information sharing. In the absence of interoperable electronic medical records, there is a significant risk that GPs may not receive critical clinical information in a timely manner, potentially compromising continuity, patient safety and quality of care. Improving digital interoperability should therefore underpin any expansion of HITH services.

This is imperative for improving clarity and consistency on the requirements, expectations and principles for funding across the general practice and hospital interface and ensuring safe and continuous care for all patients. As HITH

models expand, it will be important to ensure that current aftercare rules do not create unintended barriers to accessing high quality and affordable care, such as in general practice.

Delivering better value for consumers

2.2 PHI product simplification

Initiative 1: Simplifying PHI product structure

The RACGP supports the intent to simplify PHI products. Rising premiums, coupled with broader cost-of-living pressures, have reduced the affordability of PHI for many Australians. For those who continue to hold private cover, products should be simple, transparent and easy to compare. This would enable consumers to better understand what they are covered for, enabling them to make informed decisions about their healthcare and potentially minimise unexpected out-of-pocket costs. Simplifying PHI products has the potential to improve consumer confidence and ensure Australians are better able to select cover that meets their healthcare needs.

The RACGP asserts that any reform must not compromise universal access, equity or the integrity of Medicare. The RACGP supports policies and legislation that strengthen rather than fragment the health system.

References

[1] Callander E, Enticott J, Mol B et al. Maternal and Neonatal Outcomes and Health System Costs in Standard Public Maternity Care Compared to Private Obstetric-Led Care: A Population-Level Matched Cohort Study. BJOG, 2026. 133(1):72-82. Available via: https://pmc.ncbi.nlm.nih.gov/articles/PMC12676196/