Our plan to improve the health of Australia

Pre-Budget Submission 2025-26

Royal Australian College of General Practitioners

January 2025

RACGP

Contents

Executive summary

Every year more than 22 million Australians see a GP for their essential health care – making specialist GPs the most accessed health professional in the country.

Now, more than ever, Australians need investment in general practice to support cost effective, high-quality care from specialist general practitioners (GP) they know and trust. There is no substitute for the quality care you get from a GP who knows you and your history.

The Royal Australian College of General Practitioners (RACGP) has a plan to make general practice care more accessible and more affordable. This plan, made up of 18 individual initiatives included in this budget submission will:

- **increase the bulk billing rate to 85%,**
- **deliver an additional 6.2 million bulk billed appointments,**
- **halve out-of-pocket costs for those who aren't bulk billed – saving them around $268 million per annum.**

It will also relieve pressure on the hospital system through reduced hospitalisation, emergency department visits and improved long term health, leading to an estimated saving of around $481.4 million per annum.

This is the time to invest in the health of our nation, starting with general practice.

People must be supported to see their regular GP not just when they are sick but also to seek support to stay healthy. Improvements in overall health and wellbeing will boost productivity and participation at a population level.

The 2025-26 Federal Budget presents an opportunity to reinvest substantially in general practice**,** implementing the Strengthening Medicare Recommendations to safeguard a primary care system which is accessible, world class and fit for purpose.

Developed in line with government priorities, including the Strengthening Medicare Taskforce Report, the RACGP Pre-Budget Submission 2025-26 seeks to improve access and affordability across five key priorities:

Making general practice more affordable:

- **Priority 1 – Affordable general practice care for all Australians**

Making general practice more accessible:

- **Priority 2 – Ensure Australia has enough GPs for the future**
- **Priority 3 – Equitable health outcomes through research-informed preventive health and healthcare**
- **Priority 4 – Prevent the health impacts of racism and racism in the healthcare system**
- **Priority 5 – Introduce an Accessible Medicines Policy for all**

Deloitte Access Economics have assisted in the preparation of this submission by:

- Validating the RACGP's costing methodology for applicable initiatives.
- Estimating the benefit to the health system for all initiatives (Note: The measurable cost-savings to the healthcare system and patients are included. Broader economic benefits such as increased productivity or societal gains from improved health (i.e. reduced morbidity and mortality) are not included).

Part A of the submission provides detail on each initiative, including the economic benefits and alignment to government strategy.

Part B of this submission contains a high-level summary of the RACGP's recommended initiatives.

Should you wish to discuss further detail on any initiative, please contact RACGP Chief Advocacy Officer, Shayne Sutton on 0410 508 541 or Shayne.sutton@racgp.org.au.

Part A: Budget initiatives in detail

Making general practice more affordable

Priority 1 – Affordable general practice care for all Australians

1.1 Budget initiative: Make longer consultations more affordable.

Purpose: To ensure people who need more time with their GP can still access affordable care.

With sixty-one percent of Australians living with at least one chronic health condition[1], longer consultations are needed to manage chronic diseases and complex health concerns. However, patient rebates are lower per minute for longer consultations, financially disadvantaging people who require more time with their GP. Currently, many patients seeking bulk billed care can only access shorter consultations, exacerbating access issues for those most in need.

Increasing MBS rebates by 40% for all standard general practice consultations longer than 20 minutes (level C and D items) would:

- deliver an additional 4.6 million bulk billed appointments each year, increasing the bulk billing rate to 85%
- halve average out-of-pocket patient costs for level C and D items – saving patients $215.7 million per annum
- facilitate an additional 2.6 million longer GP appointments per annum providing additional support for people with complex health needs, including for the elderly and the most vulnerable.

Who will this benefit?

- People with chronic disease who need longer consultations with their specialist GP.
- People with complex health concerns, or multiple health concerns, who need more time with their GP.
- People in need of mental health support.
- Women who require support from their GP to identify and manage women's health concerns, sexual and reproductive healthcare information, diagnosis, treatment and services
- Rural and remote communities, which are significantly more likely to report barriers to accessing GPs compared with other Australians.
- Female GPs who do the bulk of longer consultations, resulting in a gender pay gap.

Economic benefits

$330.6 million in savings annually to the healthcare system through lower costs and improved access to primary care, through reduced GP costs, improved access to GPs, more cost effective care and improved long-term health outcomes including:

- 3,885 less ED presentations and 11,227 less hospital admissions saving the health system $63.3 million per annum.
- improved preventative care, early diagnosis, and management of chronic conditions due to increased access to longer GP appointments, resulting in avoided health service costs valued at $51.6 million per annum.

These estimates assume that all additional GP appointments demanded can be met by current supply.

Investment

Measure	Estimated investment required ($m)				
	2025-26	2026-27	2027-28	2028-29	Total over 4 years
40% increase to all Medicare rebates for Level C and Level D GP consultations	$734.6m - $1,070m*	$734.6m - $1,070m*	$734.6m - $1070m*	$734.6 m - $1070m*	$2,938.4m – $4,280m*

*Range provided as cost is dependent on the level of induced demand

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people with one or more selected chronic health conditions.
- Strengthening Medicare Taskforce Report
  - Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service, with funding for longer consultations and incentives that better promote quality bundles of care for people who need it most.
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.

1.2 Budget initiative: Make mental healthcare more affordable.

Purpose: To improve access to affordable mental health care no matter where people live.

GPs play a crucial role in Australia's mental health system. For patients who face financial disadvantages or live in rural or remote areas, their GP may be the only mental health professional they can access.

Specialist GPs have reported psychological issues to be the most common reason for patient presentations for the last seven years and almost half (42.9%) of Australians aged 16-85 years have experienced a mental health condition during their life.[2, 3] Specialist GPs receive education in treating mental health conditions throughout their 10+ years of training, and 90% of GPs have undertaken Mental Health Skills Training to be eligible to provide GP Mental Health Plans under the MBS.[4]

Increasing funding for mental health consultations by 25% will:

- deliver an additional 530,801 million bulk billed appointments each year
- reduce patients' out-of-pocket costs for mental health care by $19.4 million per annum.

Who will this benefit?

- People with mental health conditions who require specialised support from their GP.
- People living in rural or remote areas where their GP is the only mental health professional they can access.
- People facing financial disadvantage who may have difficulty accessing mental healthcare anywhere else.

Economic benefits

$44.9 million in savings annually to the healthcare system through lower costs and improved access to primary care, including reduced GP costs, improved access to GPs and more cost effective care including:

- increasing the number of GP mental health appointments by 369,090 per annum.
- 2,530 less ED presentations and 4,351 less hospital admissions due to increased access to GP mental health appointments, saving the health system $25.4 million per annum.

These estimates assume that all additional GP appointments demanded can be met by current supply.

Investment

Measure	Estimated investment required ($m)				
	2025-26	2026-27	2027-28	2028-29	Total over 4 years
25% increase to Medicare rebates for GP mental health items	$84.1m - $111.5m*	$84.1m - $111.5m*	$84.1m - $111.5m*	$84.1m - $111.5m*	$336.4m – $446m*

* Range provided as cost is dependent on the level of induced demand

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people who experienced high or very high levels of psychological distress.
- Strengthening Medicare Taskforce Report
  - Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service, with funding for longer consultations and incentives that better promote quality bundles of care for people who need it most.
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.

1.3 Budget initiative: Extend the tripled bulk billing incentive for people 34 & under.

Purpose: To address the growing trend of young people delaying seeing a GP due to cost.

Between 2021-22 and 2023-24, the proportion of people delaying GP care due to cost increased from 3.5% to 8.8%.[5] Young people are the most likely to delay seeing a GP when needed due to the cost, 15-24 years (10.5%) and 25-34 years (15.4%).[5]

When patients are able to see their specialist GP for preventive care and early treatment, they are able to stay healthy and active in their families, workplaces and communities. The tripling of the bulk billing incentive for Commonwealth concession card holders and children under 16 years of age was a valuable investment in general practice but many young people missed out under this initiative and further investment is needed.

Extending the tripled bulk billing incentive for all people aged 34 years and under will:

- contribute to an additional 1.09 million bulk billed appointments each year for people under 34
- reduce patient out-of-pocket costs by $27.8 million per annum due to an increase in the MBS rebates.

Who will this benefit?

- Young adults seeking preventive healthcare, including screening and early intervention, who would otherwise delay general practice care due to cost.
- GPs and their young adult patients who will have the opportunity to build an ongoing relationship.

Economic benefits

$119 million in annual savings to the healthcare system through lower costs and improved primary care access resulting in:

- 3,182 less ED presentations and 9,194 less hospital admissions due to increased access to GP appointments, saving the health system $48.9 million per annum.
- improved preventative care, early diagnosis, and management of chronic conditions due to increased access to longer GP appointments, resulting in avoided health service costs valued at $42.3 million per annum.

These estimates assume that all additional GP appointments demanded can be met by current supply.

Investment

Measure	Estimated investment required ($m)				
	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Extend the tripled bulk billing incentive to all people aged 34 years and under	$390.6m - $557.8m*	$390.6m - $557.8m*	$390.6m - $557.8m*	$390.6m - $557.8m*	$1,562.4m- $2,231.2m

* Range provided as cost is dependent on the level of induced demand

Alignment with government strategy

- Strengthening Medicare Taskforce Report
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.

1.4 Budget initiative: Make women's healthcare more affordable.

Purpose: To ensure women can access affordable, specialised care to manage complex heath issues.

In the previous 12 months, one in 25 females delayed seeing, or did not see, a GP when needed because of cost reasons, in comparison to one in 40 males.[6, 7] Women are more likely than men to have multiple chronic conditions and the proportion of the female population in older age groups has been increasing.[6] This suggests care demands from women for increasingly complex consultations will continue to grow.

Adding women as a target group for GP health assessment items will make healthcare more affordable and accessible for the women who are disproportionately avoiding healthcare due to cost and better manage specific women's health conditions by allowing more time for assessment of chronic conditions, such as endometriosis and persistent pelvic pain.

Who will this benefit?

- Women who require support from their GP to identify and manage women's health concerns.
- Women seeking access to sexual and reproductive healthcare information, diagnosis, treatment and services.
- Women with chronic conditions like endometriosis and persistent pelvic pain and those managing menopause and perimenopause.

Economic benefits

- Increases early diagnosis of women's health issues, leading to cost savings for the healthcare system, as well as improving patient health outcomes and satisfaction.
- Improved access to care by women and improved management of care over time.
- Reduced gender bias in the healthcare system.
- Improved patient outcomes and reduced reliance on tertiary care.

Investment

Measure	Estimated investment required ($m)				
	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Expand MBS health assessment items to include women's health issues	$147.3m	$147.3m	$147.3m	$147.3m	$589.2m

Alignment with government strategy

- Strengthening Medicare Taskforce Report
  - Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service, with funding for longer consultations and incentives that better promote quality bundles of care for people who need it most.
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.
- National Women's Health Strategy 2020-2030
  - Increase access to sexual and reproductive healthcare information, diagnosis, treatment and services.
  - Increase awareness and primary prevention of chronic conditions and associated risk factors for women and girls and embed a life course approach in policy and practice.
  - Invest in targeted prevention, timely detection and intervention of chronic conditions affecting women and girls.
  - Reduce the prevalence and impact of endometriosis and associated chronic pelvic pain.

1.5 Budget initiative: Support mothers and babies.

Purpose: To provide a package of affordable care for women and children during the early years of life.

Evidence indicates pregnancy and the first five years of life are a critical period. General practice plays a significant role in providing ongoing care to women, children and their families during these years. Current Medicare fee-for-service payments are inadequate, with women facing the challenge of increasing out-of-pocket costs. This funding gap impacts demand on hospital services, including antenatal clinics and emergency departments.

Funding for general practice to support women and children is an investment in the future health and wellbeing of individuals and society. Providing incentives for specialist GPs and their teams to deliver comprehensive preconception, antenatal, postnatal and early childhood care can be achieved through MyMedicare. Building an ongoing relationship with a trusted GP will enable continuous and comprehensive care, which is **vital to addressing the decline in childhood vaccination coverage.**[8]

Who will this benefit?

- Women and children who require ongoing care and support from their GP through a critical period of life.
- Children who will experience improvements in their early life experiences, health and development.
- GPs and young families who will have the opportunity to build an ongoing relationship.
- Communities through increased childhood vaccination rates as a result of high-quality general practice care.

Economic benefits

- More cost-effective provision of care: The maternal and child healthcare incentive is likely to deliver ante and postnatal care at a lower rate than current, mid-wife led models in public hospitals.
- Improves access to maternity and child healthcare, leading to better maternal and child health outcomes.
- Decreases health inequities in children by increasing access to primary cares services, such as vaccinations and development checks.

Investment

	Estimated investment required ($m)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Better support mothers and babies for pre-conception to postnatal care, 5 identified phases for up to 5 years via MyMedicare	$614m	$614m	$614m	$614m	$2,456m

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of children who are developmentally on track in all five domains of the Australian Early Development Census.
- National Women's Health Strategy 2020-2030
  - Increase access to sexual and reproductive healthcare information, diagnosis, treatment and services.
  - Support enhanced access to maternal and perinatal healthcare services.

1.6 Budget initiative: Make contraception more affordable.

Purpose: To ensure women can access affordable LARCs in general practice.

Specialist GPs play a vital role in the provision of contraception advice and services. It is the most cost-effective 'front door' and a woman's most accessible health setting to perform intrauterine device (IUD) insertion. However, the number of specialist GP providers delivering long-acting reversible contraceptives (LARCs) is still relatively low, particularly in rural and remote areas.[9]

The rebate for IUD insertion is currently $77.65. The low value placed on the service contributes to the decision of GPs to perform an activity that usually takes 30 minutes and which requires additional training and specialised equipment. It is also an example of **medical misogyny:** when comparing the rebate for IUD insertion with MBS item 37623 for vasotomy or vasectomy (which has a patient rebate of $222.65). Both services are classified as Group T8 surgical operations with similar time allocations.

Increasing the Medicare rebate for introduction (insertion) of an IUD (MBS Item 35503) to $222.65 is needed to ensure the rebate truly reflects the cost of providing this service in general practice.

Who will this benefit?

- Women who will be able to more readily access GP support to identify and manage suitable contraception.
- Women seeking access to sexual and reproductive healthcare information, diagnosis, treatment and services.
- Women in rural and remote communities where there are currently low rates of service provision for IUD introduction.

Economic benefits

- Reduced out-of-pocket costs: An increase in the rebate could reduce out-of-pocket costs by $5.04 million per annum, or by 80%, significantly increasing access to the service.
- Improves access to sexual and reproductive healthcare.
- More cost-effective care over time, such as cost savings from increased uptake of LARCs and reduced rate of unintended pregnancies.

Investment

	Estimated investment required ($m)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Increase the Medicare patient rebate for introduction/insertion of an IUD (item 35503) to $222.65	$14m	$14m	$14m	$14m	$56m

Alignment with government strategy

- Strengthening Medicare Taskforce Report
  - Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service, with funding for longer consultations and incentives that better promote quality bundles of care for people who need it most.
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.
- National Women's Health Strategy 2020-2030
  - Increase access to sexual and reproductive healthcare information, diagnosis, treatment and services.

1.7 Budget initiative: Affordable iron deficiency treatment in general practice.

Purpose: To improve affordable access to iron infusions in general practice and reduce potentially preventable hospitalisations

Patients with sufficiently low iron for an ongoing period can develop anaemia and may need to be hospitalised. Iron deficiency anaemia is one of the most common potentially preventable hospitalisations (PPHs), accounting for 54,339 same-day admissions in 2021-22.[10] Iron infusions can be provided in general practice. However, with no specific MBS rebate to subsidise iron infusions in general practice, most general practices privately charge over $200 for this service.

Introducing a new MBS item with a rebate of $200 would allow a specialist GP to spend up to 15 minutes calculating the iron dosage and educating the patient, followed by the administration of the iron infusion for at least 15 minutes by a clinical team member. Supporting the delivery of iron infusions in GP clinics through a new Medicare item could deliver savings to government of as much as $73.7 million per annum. It would also reduce out-of-pocket costs for patients and keep people out of hospital.

Who will this benefit?

- People with low iron levels, most commonly women, who need iron infusions.
- The hospital sector by reducing potentially preventable hospitalisations.

Economic benefits

- Cost savings from avoided hospital admissions: Avoiding approximately 60% of the expected 58,100 preventable hospitalisations in 2025-26 would save the health care system between $38.9 million and $73.7 million per annum.
- Positive economic outcomes from reduced iron deficiency:

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Introduce a Medicare patient rebate for iron infusions and related consultations for those experiencing chronic and clinical iron deficiency	$39.2m	$39.2m	$39.2m	$39.2m	$156.8m

Alignment with government strategy

- Strengthening Medicare Taskforce Report
  - Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.

- National Women's Health Strategy 2020-2030
  - Increase awareness and primary prevention of chronic conditions and associated risk factors for women and girls and embed a life course approach in policy and practice.
  - Invest in targeted prevention, timely detection and intervention of chronic conditions affecting women and girls.

Making general practice more accessible

Priority 2 – Ensure Australia has enough GPs for the future

2.1 Budget initiative: Train more GPs by attracting more medical students to specialise in general practice.

Purpose: To make specialising in general practice more attractive to junior doctors.

Junior doctors face a salary drop of approximately $32,500 when they leave hospital settings to train in the community as specialist GPs. They also lose access to paid parental and study leave. This salary drop is a significant disincentive for junior doctors to specialise in general practice and many continue working in a hospital setting instead. The loss of entitlements like paid parental and study leave is also a significant disincentive to attracting junior doctors and often delays entry of junior doctors into GP training.

Introducing a commencement incentive of $32,500 in the first six months of community general practice placement (during GPT1) would address this salary discrepancy. The introduction of paid parental leave would support gender equity and workforce diversity.

Based on evidence from similar training incentives implemented in Victoria and Queensland, it is estimated that these training incentives will lead to a 21% increase in GPT1 training intake each year, assuming the places are available to support this increase. This equates to an average annual increase in the GP supply of 557 FTE each year over the next five years.

Who will this benefit?

- Local communities who need access to high-quality general practice care.
- Junior doctors interested in general practice as a speciality.
- GPs in training who will receive financial support and direct leave entitlements.

Economic benefits

$71.9 million in savings annually to the healthcare system through improved access to primary care. An increase in GP supply could lead to:

- Improved access to GPs: improve timely access to GPs for approximately 97,927 Australians.
- More cost-effective care: avoid 2,453 ED presentations and 7,089 hospital admissions due to increased supply to health care for 97,927 Australians, saving the health system $40.0 million per annum.
- Improved long-term health: improve preventative care, early diagnosis, and management of chronic conditions due to increased supply to health care for 97,927 Australians, resulting in avoided health service costs valued at $31.9 million per annum.

These benefits would only be realised if there were sufficient AGPT training places available to support these GPs to enter the workforce.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
GP Attraction Incentive a) GPT1 incentive at a cost of $32,500 per registrar b) Parental leave at a cost of $35,830 per registrar c) Study leave at a cost of $5,118.68 per registrar	$74.2m (total) a) $43,875,000 b) $9,459,342 c) $20,889,333	$74.2m	$74.2m	$74.2m	$296.8m

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people who at least once delayed or did not see a GP when needed due to cost, proportion of people waiting longer than they felt acceptable for an appointment with a GP.
- National Medical Workforce Strategy 2021 – 2031
  - Priority Five: Build a flexible and responsive medical workforce.
- Closing the Gap Priority Reforms
  - Priority Reform Two – Building the Community-Controlled Sector, including Sector Strengthening Plans focusing on health and workforce.

2.2 Budget initiative: Train more GPs by boosting the Australian General Practice Training Program (AGPT).

Purpose: To train more GPs in Australia through the AGPT Program to improve access to GP care.

Australia's predicted specialist GP shortfall is at least 6,000 and could be as high as 12,000 full time equivalent (FTE) GPs by 2032.[11, 12] International medical graduates (IMGs) currently make up 50% of the GP workforce and provide a helpful short-term solution. However, IMGs are not an appropriate long-term workforce solution. We need to train more 'home grown' GPs to address acute workforce shortages.

Funding 100 additional AGPT Program Registrars year on year, for five years (1500 over 5 years), would address this shortfall and enable more doctors to practise on both rural and general pathways, increasing GP Registrars in areas of need and by remoteness. This is critical for communities where strong population growth and increasing chronic health issues are creating outer metro corridors of priority workforce shortage.

Who will this benefit?

- Local communities who need access to high-quality general practice care.
- Junior doctors seeking to choose general practice as a speciality.

Economic benefits

$63.7 million in savings annually to the healthcare system through improved access to primary care. An increase in GP supply could lead to:

- Improved access to GPs: more timely access to GPs for approximately 86,974 Australians due to an increase in GP supply by 1.8 FTE per 100,000 people.
- More cost-effective care: avoid 2,179 ED presentations and 6,296 hospital admissions due to increased supply to health care for 86,974 Australians, saving the health system $33.5 million per annum.
- Improved long-term health: improve preventative care, early diagnosis, and management of chronic conditions due to increased supply to health care for 86,974 Australians, resulting in avoided health service costs valued at $28.2 million per annum.

Investment

	Estimated investment required ($m pa)					
Measure	2025-26	2026-27	2027-28	2028-29	2029-30	Total over 5 years
Boost funding to support an additional 100 training places each year for 5 years in the AGPT Program (1500 over 5 years)*	$13.5m	$27m	$40.5m	$54m	$67.5m	$202.5m

*1st year – 100 additional places, 2nd year – 200 additional places, 3rd year – 300 additional places, 4th year – 400 additional places, 5th year – 500 additional places

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people who at least once delayed or did not see a GP when needed due to cost, proportion of people waiting longer than they felt acceptable for an appointment with a GP.
- National Medical Workforce Strategy 2021 – 2031
  - Priority Five: Build a flexible and responsive medical workforce.
- Closing the Gap Priority Reforms
  - Priority Reform Two – Building the Community-Controlled Sector, including Sector Strengthening Plans focusing on health and workforce.

2.3 Budget initiative: Train more GPs by linking medical degree places to general practice outcomes.

Purpose: Incentivise universities to improve graduate participation outcomes in general practice training

The current and projected shortfall of specialist GPs demonstrates the need to expand medical training to meet demand. Junior doctor interest in general practice has dropped from 50% in the 1980s to 17.5% in 2024 (10.5% excluding rural generalism).[13] We cannot grow Commonwealth Supported Places (CSP) for medical places without resolving the current trend of declining rates of junior doctors selecting general practice training.

Simply increasing the number of CSP places for medical students to train in universities will not solve the shortfall.[14] CSP funding must be contingent on individual universities achieving graduate participation outcomes in general practice training. Establishing a quota for each university of up to 50% of medical graduates selecting general practice training would address the GP shortfall and help promote the pathway from university medical training into general practice.

Who will this benefit?

- Local communities who need access to high-quality general practice care.
- University students seeking to study medicine and train as a specialist GP.

Economic benefits

$40.6 million in savings to the health care system through improved access to primary care in underserviced regions. An increase in 365 CSP places annually could lead to an increase of 152 GP FTE supply resulting in:

- Improved access to GPs: improve timely access to GPs for approximately 55,403 Australians in underserviced regions due to an increase in GP supply by 20.9 FTE per 100,000 people.
- More cost-effective care: avoid 1,388 ED presentations and 4,011 hospital admissions due to improved access to GPs for approximately 55,403 Australians in underserviced regions, saving the health system $22.6 million per annum.
- Improved long-term health: improve preventative care, early diagnosis, and management of chronic conditions due to improved access to GPs for approximately 55,403 Australians in underserviced regions, resulting in avoided health service costs valued at $18.0 million per annum.

These estimates assume that all additional CSPs will be filled and will occur once students are in practice.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
CSP funding (365 places per annum) for medical degree places to be linked	$11.8m	$11.8m	$11.8m	$11.8m	$47.2m

to general practice graduate outcomes					

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people who at least once delayed or did not see a GP when needed due to cost, proportion of people waiting longer than they felt acceptable for an appointment with a GP.
- National Medical Workforce Strategy 2021 – 2031
  - Priority Five: Build a flexible and responsive medical workforce.
- Closing the Gap Priority Reforms
  - Priority Reform Two – Building the Community-Controlled Sector, including Sector Strengthening Plans focusing on health and workforce.

2.4 Budget initiative: Better GP care for rural communities

Purpose: To improve care for rural communities who need access to GPs.

People living in rural and remote areas have shorter lives, higher levels of disease and injury, and poorer access to healthcare services.[15] Many rurally located general practices report they are unable to source sufficient numbers of specialist GPs to meet community needs and provide coverage for practice staff during periods of leave and illness. Together, these factors are contributing to a requirement for rural general practices to rely heavily on expensive locum support, with the cost contributing to the unfeasibility of general practice and practice closures.

Funding to support the establishment, implementation and subsequent running of a national 'Pathways to Rural' program will increase exposure to rural general practice for urban GPs by facilitating recurring locum opportunities in underserved rural and remote communities. Flexible funding will support training, accommodation and travel, mentoring and program coordination. Improved support for regularly returning locums will enable rural communities to access coordinated and continuous care, from a consistent general practice team.

Who will this benefit?

- Rural communities who need access to high-quality general practice care.
- People with chronic or complex health needs that require coordinated and holistic GP care.
- Urban GPs seeking to broaden their skills and experience.
- Rural GPs who are better supported to take leave and prevent burn out.
- The hospital sector by avoiding preventable hospitalisations.

Economic benefits

- Increases the number of GPs working in regional and rural settings.
- Better retention of existing rural GPs: Research identified the availability of locums to relieve workloads as the most effective incentive for attracting and retaining rural GPs.
- Upskilling of urban GPs: Training in rural and remote areas can enhance GPs' learning and development.
- Cost-savings from reduced use of locums: The 'Pathways to Rural' program is projected to save the healthcare system at least $4.4 million per year.
- Improved health outcomes for rural communities through increased access and utilisation of primary care.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
'Pathways to Rural' program funding to increase exposure to rural	$2.78m	$2.29m	$2.57m	$2.84m	$10.48m

general practice for urban GPs by facilitating locum opportunities					

Alignment with government strategy

- Measuring What Matters
  - Equitable access to quality health and care services, proportion of people who at least once delayed or did not see a GP when needed due to cost, proportion of people waiting longer than they felt acceptable for an appointment with a GP.
- National Medical Workforce Strategy 2021 – 2031
  - Priority Two: Rebalance supply and distribution.
  - Priority Five: Build a flexible and responsive medical workforce.

2.5a Budget initiative: Build general practice-based Multidisciplinary Care Teams (MDCTs).

Purpose: To support collaborative, team-based care in general practice.

Patient care is becoming more complex as the population ages and the prevalence of chronic disease increases.[1] MDCTs, which enable coordinated, continuous, preventive, whole of person care, can address this challenge. Evidence shows team-based care contributes to reduced hospital readmission rates and emergency department presentations.[16]

The full benefits of multidisciplinary primary care can only be achieved in teams that include a specialist GP. Increased funding through the Workforce Incentive will enable general practices to employ, coordinate and provide oversight to a team of qualified health professionals, including nurses, nurse practitioners, pharmacists and allied health professionals.

Who will this benefit?

- People with chronic disease who need multidisciplinary care.
- GPs and their MDCTs working collaboratively to their full scope of practice.

Economic benefits

- Improves workflow efficiencies through appropriate task allocation and improved care coordination.
- Improves care management of patients, leading to reduced ED admissions and hospitalisations.
- Improves long-term patient health, reducing overall reliance on the tertiary healthcare system.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Double the planned investment in the WIP-PS to $712 million over four years	$178m	$178m	$178m	$178m	$712m

Alignment with government strategy

- Measuring What Matters
  - Enabling GPs, nurses, and allied health professionals to deliver multidisciplinary team care and work to their full scope of practice.
- Strengthening Medicare Taskforce Report

  - Increase investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, improving responsiveness to local need, increasing accountability and empowering each team member to work to their full of scope of practice.
- Closing the Gap Priority Reforms
  - Priority Reform Two – Building the Community-Controlled Sector, including Sector Strengthening Plans focusing on health and workforce.

2.5b Budget initiative: Build MDCTs by targeting additional funding to pharmacists working in general practice.

Purpose: To support GPs and pharmacists working collaboratively in general practice.

Increased funding to establish and support MDCTs in general practice is vital to improving outcomes for patients and the health system. However, the composition of those teams is also important. General practice-based pharmacists, in particular, can contribute to higher prescribing quality and lowered prescribing costs.[16] Pharmacists in general practice work collaboratively with specialist GPs to support quality use of medicines, however, funding is a barrier to employing more pharmacists in general practice.[17]

Economic analysis has demonstrated that integrating non-dispensing pharmacists within general practice could deliver an estimated $545 million in net savings to the health system over four years, primarily through fewer preventable hospital admissions and a reduction in the use of medications.[18] Targeting additional WIP funding to general practice-based pharmacists will support the attraction and retention of pharmacists within the MDCT setting.

Who will this benefit?

- People with chronic disease who take multiple medications and have complex health needs.
- GPs and their MDCTs working collaboratively to their full scope of practice.
- The state/territory health system by avoiding medication misadventure.
- Pharmacists who will have additional opportunities for career progression.

Economic benefits

- Improves patient outcomes by addressing medication-related issues and enhancing chronic disease management.
- Improves workflow efficiencies through appropriate task allocation and improved care coordination.
- Reduces hospitalisations through reduced medication-related harm and adverse events.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Target additional WIP funding to pharmacists working in general practice	$17.0m	$27.0m	$38.1m	-	$82.1m

Alignment with government strategy

- National Medicines Policy 2022
  - Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.
  - Quality use of medicines and medicines safety.
- Strengthening Medicare Taskforce Report

- Increase investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, improving responsiveness to local need, increasing accountability and empowering each team member to work to their full of scope of practice.

Priority 3 – Equitable health outcomes through research-informed preventive health and healthcare

3.1 Budget initiative: Establish a national practice-based research network (PBRN), enhancing high-quality general practice care.

Purpose: To ensure general practice care is high-quality and evidence-based

Funding, infrastructure and capacity for research has been progressively moved away from general practice. The bulk of current health research underway is irrelevant to primary care. While general practice sees over 90% of the Australian population annually, only 18% of primary care activity is informed by research from consistent, high-quality studies.[19] A significant barrier to generating high quality evidence, or evaluating policy effectiveness in general practice, is the lack of a national PBRN.

A national PBRN will build general practice research capacity to address important research questions and increase Australia's capability to undertake general practice clinical trials. Investing in the PBRN is critical to support the re-establishment of a national general practice dataset which will be used to understand general practice activity, inform policy and decision-making, as well as contributing to the evaluation of general practice reforms.

Who will this benefit?

- Patients who will receive evidence-based, high-quality general practice care.
- General practice as a speciality by building a strong GP academic workforce and research culture, raising the status of the discipline.
- Healthcare funders who can utilise evidence to inform efficient and cost-effective policy and practice.

Economic benefits

- Enhances real-world evidence by ensuring it is relevant and applicable to real patients in general practice.
- Improves patient quality of care and health outcomes by providing healthcare professionals with more precise, evidence-based tools and treatment approaches.
- Improves workflow efficiencies in GP services, recognising the diverse patient populations and broader context of general practice.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Establishment of a national practice-based research network (PBRN) via Medical Research Future Fund (or other relevant agency)	$2.4m	$2.4m	$2.4m	$2.4m	$9.6m

Alignment with government strategy

- Strengthening Medicare Taskforce Report
  - Learn from both international and local best practice, and invest in research that evaluates and identifies models of high value primary care excellence.
  - Invest in better health data for research and evaluation of models of care and to support health system planning. This includes ensuring patients can give informed consent and withdraw it, and ensuring sensitive health information is protected from breach or misuse.
- Australian Medical Research and Innovation Strategy 2021-2026
  - Equitable health outcomes through research-informed preventive health and healthcare across the spectrum from primary to tertiary care.

3.2 Budget initiative: Develop and test models of MDCTs by establishing a clinical governance taskforce.

Purpose: To ensure team-based care in general practice is high-quality and evidence-based.

The RACGP has been collating case studies of MDCTs in general practice to understand existing structures and their strengths and limitations. The models of MDCTs in general practice vary significantly depending on community need, workforce availability, skill mix, business structure and available funding. However, legislative barriers, as well as medical and professional liability being not well defined, limits scope of practice.

The clinical governance taskforce would work collaboratively with key stakeholders to develop a flexible model for implementing coordinated MDCTs where all members are enabled to work to their full scope of practice to provide high-quality, whole person-centred, continuous care in the general practice setting. It would determine appropriate controls and protocols for general practice MDCTs, including clinical governance and change management arrangements.

Who will this benefit?

- People with chronic disease who need and will benefit from multidisciplinary care.
- Specialist GPs and their MDCTs working collaboratively to their full scope of practice.
- Healthcare funders who can utilise the model to implement best-practice MDCTs.

Economic benefits

- Improves workflow efficiencies through task allocation and improved care coordination.
- Improves care management of patients, leading to reduced ED admissions and hospitalisations.
- Improves long-term patient health, reducing overall reliance on the tertiary healthcare system.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Establishment of a clinical governance taskforce to develop, test and evaluate models of MDCTs in general practice and consider change management arrangements	$2.1m	$2.1m	$2.1m	-	$6.3m

Alignment with government strategy

- Measuring What Matters
  - Enabling GPs, nurses, and allied health professionals to deliver multidisciplinary team care and work to their full scope of practice.
- Strengthening Medicare Taskforce Report
  - Increase investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, improving responsiveness to local need, increasing accountability and empowering each team member to work to their full of scope of practice.

Priority 4 – Prevent the health impacts of racism and racism in the healthcare system

4.1 Budget initiative: Monitor and prevent racism in general practice.

Purpose: To establish tools to monitor and measure racism in primary care environments and improve access to culturally safe healthcare.

Researchers have calculated that in Australia racism costs almost $38 billion a year due to the health impacts.[20] Experiences of racism are common for people from culturally and racially marginalised groups and especially prevalent among Aboriginal and Torres Strait Islander people, including in healthcare settings, and the link between racism and health is well established.[21-25] In addition, a higher proportion of oversees trained doctors report being very stressed by racism, than doctors trained in Australia (4.3% and 0.74% respectively).[26]

There is a need to eliminate racism in general practice and to protect patients and specialist GPs who are from groups negatively impacted by racism. Furthermore, culturally safe health environments are essential for Aboriginal and Torres Strait Islander GPs, as well as for patients, to ensure they can access the care they need. At present, there is no objective way to monitor and measure racism in primary care environments.

The RACGP is well positioned to develop tools and guidance to prevent the health impacts of racism for all negatively racialised groups, including supporting processes to follow if a GP or staff member experiences racism from a patient and measuring and fostering anti racist practice in general practice. This initiative will incorporate a GP learning module for continuing professional development, a tool for monitoring and measuring racism in general practice, training for use of the tool and a quality improvement activity explaining how to protect patients and staff.

Who will this benefit?

- All patients, who have the right to access healthcare that is free from racism, especially those from culturally and racially marginalised groups.
- All GPs, who have the right to enjoy a career free from racism, especially those from culturally and racially marginalised groups.

Economic benefits

- Increases utilisation of primary care by creating a more inclusive and respectful healthcare environment.
- Improves health outcomes as people can access care which is culturally appropriate and responsive to their needs.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Develop a tool for monitoring and measuring racism in general practice and primary healthcare, including training for GPs and their teams, and the development of supporting processes and guidance	$500,000	$500,000	$500,000	-	$1.5m

Alignment with government strategy

- National Aboriginal and Torres Strait Islander Health Plan 2021-2031

  - Identify and eliminate racism – Individual and institutional racism across health, disability and aged care systems is identified, measured and addressed under a human rights–based approach.
- The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
  - A strategy that aims to eliminate racism from the health system.

Priority 5 – Introduce an Accessible Medicines Policy for all

5.1 Budget initiative: Improve access to medicines by harmonising Drugs and Poisons legislation.

Purpose: To improve access to medicines for people living with ADHD, severe acne, dementia or anaphylaxis.

Each Australian jurisdiction has its own Drugs and Poisons legislation which determines who can prescribe different medicines, and under what circumstances.[27] This inconsistency impacts workforce mobility, skills portability and consumer access to care, and can make it difficult for health practitioners working in border towns. Harmonisation of legislation should include PBS authority prescriptions, prescription duration and prescription monitoring systems, and alternative models of medicines access in general practice and Aboriginal Community Controlled Health Organisations (ACCHOs). Equitable access to medicines for Aboriginal and Torres Strait Islander people is critical.

Specialist GPs are well-positioned to improve medicine accessibility. The following medications should be considered for GPs to initiate and/or continue:

- stimulant medication for people living with attention deficit hyperactivity disorder (ADHD)
- oral isotretinoin for people living with severe acne
- cholinesterase inhibitors for people living with dementia
- adrenaline autoinjectors for anaphylaxis.

Who will this benefit?

- People with specific medical conditions who may struggle to access a non-GP specialist for essential medication.
- People living with ADHD, severe acne, dementia or anaphylaxis.
- GPs and their MDCTs working collaboratively to their full scope of practice to ensure patients can access the right medication at the right time.
- GPs and communities located close to state or territory borders.

Economic benefits

- Reduces administrative burden to GPs, streamlines workflows and improves workflow efficiencies.
- Improves workforce mobility by enabling professionals to transition between regions more easily.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Harmonise Drugs and Poisons legislation, including medications to be considered for GPs to initiate and/or continue	$2.5m	$2.5m	-	-	$5.0m

Alignment with government strategy

- National Medicines Policy 2022
  - Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.

- Quality use of medicines and medicines safety.

5.2 Budget initiative: Improve access to medicines by expanding the Prescribers Bag.

Purpose: To improve access to essential medicines which may need to be administered urgently by a GP.

Specialist GPs may be required to provide urgent and emergency care in the practice or community. Medicines may also need to be administered urgently when usual supply via a pharmacy is impractical or impossible (e.g. outside standard pharmacy business hours, in rural and remote areas). There are also times when it may be necessary for GPs to supply or administer medicines directly to their patients to avoid exacerbation of an urgent condition that may require transfer to hospital if left untreated.

The RACGP has identified a list of medicines which should be incorporated into the Prescribers Bag to improve access to medicines for acute conditions, increasing convenience and improving health outcomes. This list includes medicines for acute infections, cardiac symptoms, anaphylaxis, anaesthesia, acute pain management, acute nausea and vomiting, acute psychosis, acute episodes associated with chronic diseases and aged care and emergency contraception.

Who will this benefit?

- People who require urgent and emergency care from their GP, ensuring patients can access the right medication at the right time.
- People who are restricted through mobility or disability, and/or living a distance from a pharmacy.
- Patients who need to initiate medicines in a timely manner to impact health outcomes (e.g. acute pain management).

Economic benefits

- Improves access to essential medicines.
- Improves patient outcomes and prevents long-term complications from untreated illnesses.
- Improves equity in healthcare access, ensuring that vulnerable populations are not left without the medicines they need to manage their health.

Investment

	Estimated investment required ($m pa)				
Measure	2025-26	2026-27	2027-28	2028-29	Total over 4 years
Increase the number of medicines in the Prescribers Bag	$24.8m	$24.8m	$24.8m	$24.8m	$99.2m

Alignment with government strategy

- National Medicines Policy 2022
  - Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford.
  - Quality use of medicines and medicines safety.

Part B: Summary of budget initiatives

Making general practice more affordable

Priority area 1 – Affordable general practice care for all Australians		
Budget initiative	**Estimated investment required ($m pa)**	**Benefits**
1.1 40% increase to all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations.	$734.6m - $1,070m*	• $330.6 million in savings annually to the healthcare system through lower costs and improved access to primary care, including reduced GP costs, improved access to GPs, more cost effective care and improved long-term health outcomes.
1.2 25% increase to Medicare rebates for GP mental health items.	$84.1m - $111.5m*	• $44.9 million in savings annually to the healthcare system through lower costs and improved access to primary care, including reduced GP costs, improved access to GPs and more cost effective care.
1.3 Extend the tripled bulk billing incentive to all people aged 34 years and under.	$390.6m - $557.8m*	• $119 million in savings annually to the healthcare system through lower costs and improved access to primary care, including reduced GP costs, improved access to GPs, more cost effective care and improved long-term health outcomes.
1.4 Expand access to the MBS health assessment items to include women's health.	$147.3m	• Increased early diagnosis of women's health issues, leading to cost savings for the healthcare system, as well as improving patient health outcomes and satisfaction.
1.5 Introduce funding to support a maternal and child healthcare incentive via MyMedicare.	$614m	• More cost-effective provision of care, improved access to maternity and child healthcare leading to better health outcomes, and decreased health inequities in children by increasing access to primary cares services, such as vaccinations and development checks.
1.6 Increase the Medicare rebate for introduction/insertion of an intrauterine device (IUD) (item 35503) to $222.65.	$14m	• Reduced out-of-pocket costs, improved access to sexual and reproductive healthcare, and more cost effective care.
1.7 Introduce a Medicare rebate for iron infusions and related consultations for those experiencing chronic and clinical iron deficiency.	$39.2m	• Improved access to iron infusions, cost savings from avoided hospital admissions and positive economic outcomes from reduced iron deficiency.

Making general practice more accessible

Priority area 2 – Ensuring Australia has enough GPs for the future		
Budget initiative	**Estimated investment required ($m pa)**	**Benefits**
2.1 GP Attraction Incentive a) GPT1 incentive at a cost of $32,500 per registrar. b) Parental leave at a cost of $35,830 per registrar. c) Study leave at a cost of $5,118.68 per registrar.	$74.2m (total) a) $43,875,000 b) $9,459,342 c) $20,889,333	• $71.9 million in savings annually to the healthcare system through improved access to primary care. An increase in GP supply could lead to improved access to GPs, more cost-effective care and improved long-term health outcomes.
2.2 Boost funding to support an additional 100 training places each year for 5 years in the AGPT Program (1500 over 5 years)	$13.5m (in 2025-26)	• $63.7 million in savings annually to the healthcare system through improved access to primary care. An increase in GP supply could lead to improved access to GPs, more cost-effective care and improved long-term health outcomes.
2.3 Commonwealth Supported Place (CSP) funding: Support medical degree places linked to general practice graduate outcomes.	$11.8m	• $40.6 million in savings to the health care system through improved access to primary care in underserviced regions. An increase in GP supply could lead to improved access to GPs, more cost-effective care and improved long-term health outcomes.
2.4 Pathways to Rural program a) Training of 150 participants to ensure rural-appropriate skillset. b) Accommodation and travel support for participants. c) Mentoring, platform development and program coordination	$2.78m (in 2025-26)	• Cost-savings from reduced use of locums: The 'Pathways to Rural' program is projected to save the healthcare system at least $4.4 million per year. • Upskilling of urban GPs and better retention of existing rural GPs. • Improved health outcomes for rural communities through increased access and utilisation of primary care.
2.5a Build General Practice-based Multidisciplinary Care Teams (MDCT) through an increase in the Workforce Incentive Program – Practice Stream.	$178m	• Improved workflow efficiencies and care coordination, improved care management leading to reduced hospital demand and improved long-term health outcomes.
2.5b Target additional WIP funding to pharmacist working in general practice.	$17.0m (in 2025-2026)	• Improved patient outcomes by addressing medication-related issues and enhancing chronic disease management, and reduced hospitalisations through reduced medication-related harm and adverse events.
Priority area 3 – Equitable health outcomes through research-informed preventive health and healthcare		
Budget initiative	**Estimated investment required ($m pa)**	**Benefits**

3.1 Establishment of a national practice-based research network.	$2.4m	• Improved patient quality of care and health outcomes by providing healthcare professionals with more precise, evidence-based tools and treatment approaches which are relevant and applicable to real patients in general practice.
3.2 Clinical governance taskforce to develop, test and models of MDCTs in general practice.	$2.1m	• Improved workflow efficiencies and care coordination, improved care management leading to reduced hospital demand and improved long-term health outcomes.
Priority area 4 – Preventing the health impacts of racism and racism in the healthcare system		
Budget initiative	**Estimated investment required ($m pa)**	**Benefits**
4.1 Develop a tool for monitoring and measuring racism in general practice and primary healthcare.	$500,000	• Increased utilisation of primary care by creating a more inclusive and respectful healthcare environment and improved health outcomes as people can access care which is culturally appropriate and responsive to their needs.
Priority area 5 – Introduce an Accessible Medicines Policy for all		
Budget initiative	**Estimated investment required ($m pa)**	**Benefits**
5.1 Harmonisation of Drugs and Poisons legislation by funding a taskforce/process that will focus on harmonisation of legislation, including medications to be considered for GPs to initiate and/or continue.	$2.5m	• Improved access to equitable care, improved workforce mobility and more streamlined GP workflows to improve efficiencies.
5.2 Increase the number of medicines in the Prescribers Bag.	$24.8m	• Improved access to essential medicines, improved patient outcomes and prevention of long-term complications from untreated illnesses, and improved equity in healthcare access.

* Range provided as cost is dependent on the level of induced demand

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