



Overview of the Federal Budget 2026-27 (Health)

13 May 2026

Overview

The 2026-27 Federal Budget (the Budget) was released on Tuesday 12 May 2026. The Budget outlines the Australian Federal Government's priorities and funding allocations for the forward estimates.

The primary focus of the budget was on tax and housing reform, as well as boosting productivity and reducing regulatory costs. With regards to health, this budget was a mixed bag.

The Royal Australian College of General Practitioners (RACGP) acknowledge the Government's commitment to including several new health initiatives in the budget despite an increasingly difficult fiscal environment. A key win for specialist general practitioners (GPs) was re-establishing three-year-old health checks and an expanded Comprehensive Health Assessment Program as part of its Thriving Kids initiative, which was an area of focus in the [RACGP Pre-Budget Submission 2026-27](#).

Further measures relevant to general practice include:

- \$119.3 million in extended funding for quality improvement in general practice through the Practice Incentives Program Quality Improvement Incentive
- \$449.3 million in Respiratory Syncytial Virus (RSV) funding for all Australians over 75 and Aboriginal and Torres Strait Islander people over 60 as part of the National Immunisation Program
- \$144.1 million over the next two years to meet urgent infrastructure needs of the Aboriginal Community Controlled Health Services sector to deliver better health services to First Nations people
- \$598.3 million to support the continued enhancement of My Health Record.
- \$99.5 million over five years from 2026–27 for a National Digital Child Health Record.

With funding allocated to make Medicare Urgent Care Clinics (UCCs) permanent, the RACGP is committed to working with the Government to ensure a focus on quality, continuity of care and cultural safety, including through [the development of profession-led urgent care standards](#).

There was also significant funding to 'enhance compliance and fraud detection' within the Department of Health, Disability and Ageing and Services (DoHDA) Australia. The RACGP will proactively engage with the Federal Government on this initiative to ensure its membership will guide the implementation of this measure.

Concerningly, the budget also included \$25.3 million over three years from 2026–27 to deliver up to six fully bulk billing general practice clinics in the Central Coast, Newcastle, Lake Macquarie, and Hunter regions. The RACGP has consistently argued that distorting health markets is not going to do anything for health access or to create sustainable general practice. We will continue to strongly advocate against this kind of measure with Government at every opportunity.

Where to next?

The Royal Australian College of General Practitioners (RACGP) will continue to advocate for affordable general practice care for all Australians, building the general practice workforce, improving research-informed healthcare, and preventing the health impacts of racism in the healthcare system.

RACGP is disappointed at the missed opportunity to better support GPs and general practices and the increasingly complex we provide to our patients. We continue to ask the Government [to properly fund long consults](#) with a 40% increase to Medicare rebates for Level C and Level D consultations. We also will continue to call for funding to support multidisciplinary team based care.

The full Federal Budget documents are available on the Federal Government [Budget webpage](#). If you have any insights or feedback on the budget you would like to share, please do not hesitate to contact healthreform@racgp.org.au.

Key expenses relevant to general practice

Federal Budget topic area	Selected measures of note
Medicare and primary care	<p>\$1.8 billion over five years from 2025–26 (and \$580.2 million per year ongoing) to fund Medicare UCCs on an ongoing basis to support Australians to access bulk-billed care for urgent, but not life-threatening, conditions.</p> <p>\$119.3 million over three years from 2026–27 to extend the Practice Incentives Program Quality Improvement Incentive for two years until 30 June 2028 to support general practices to achieve continuous quality improvement.</p> <p>\$25.3 million over three years from 2026–27 to deliver up to six fully bulk billing general practice clinics in the Central Coast, Newcastle, Lake Macquarie, and Hunter regions to provide greater access to bulk billing in these regions.</p> <p>\$43.4 million over four years in savings from 2026–27 by capping Extended Medicare Safety Net benefits for a small number of Medicare Benefits Schedule items at 80 per cent of the Schedule fee.</p>
Women’s health	<p>\$0.2 million funding over three years from 2025–26 to establish a Ministerial Expert Panel on Women’s Health, with an initial focus on women’s cardiovascular health.</p> <p>\$2.8 million funding over two years from 2026–27 to continue support for Endometriosis and Pelvic Pain Clinics to provide specialist care for women experiencing endometriosis, pelvic pain, perimenopause and menopause.</p>
Aboriginal and Torres Strait Islander health	<p>\$144.1 million over two years from 2026–27 to continue to meet urgent infrastructure needs of the Aboriginal Community Controlled Health Organisation (ACCHO) services sector.</p>
Access to medicines	<p>\$449.3 million over five years from 2025–26 (and \$60.9 million per year ongoing) to support the addition of the RSV vaccine Arexvy® to the National Immunisation Program (NIP) for older Australians aged 75 and over and Aboriginal and Torres Strait Islander people aged 60.</p>
Disability	<p>\$2.0 billion funding over five years from 2026–27 for the Thriving Kids program. This includes:</p> <ul style="list-style-type: none"> • \$126.1 million over five years from 2026–27 to support the early identification of children with developmental delay or neurodevelopmental difference through a Medicare funded three-year old health assessment and an expanded Comprehensive Health Assessment Program • \$60.8 million over five years from 2026–27 to support workforce development and training, including dedicated funding for the First Nations workforce.
Aged care	<p>\$5.5 million in 2026–27 to extend the Palliative Aged Care Outcomes program and the Program of Experience in the Palliative Approach to continue to upskill the aged care and primary care workforce.</p>
Digital health	<p>\$99.5 million over five years from 2026–27 for a National Digital Child Health Record.</p> <p>\$598.3 million over two years from 2026–27 to support the continued operations and enhancement of My Health Record.</p>

Detailed overview of relevant measures

Medicare and primary care

Medicare Urgent Care Clinics

The Federal Government will provide \$1.8 billion over five years from 2025–26 (and \$580.2 million per year ongoing) to fund Medicare UCCs on an ongoing basis. There are currently 135 Medicare UCCs across Australia, with an additional two clinics due to open by the end of June 2026.

Medicare UCCs are an evolving component of the Australian healthcare system that require ongoing evaluation to ensure alignment with high-value general practice care. It is vital they are integrated with existing primary care services, including general practice.

The RACGP will develop profession-led, nationally consistent Standards for UCCs to ensure all Australians can access safe, high-quality urgent care, no matter where they live. Well-designed Standards must reinforce the importance of continuous, coordinated care, particularly handover processes between UCCs and a patient's usual GP, to prevent fragmentation of care.

The RACGP is calling for flexible funding models to support the equitable provision of urgent care. This is particularly important for communities without a Medicare UCC, including rural and remote areas. If more specialist GPs and general practices are supported to deliver urgent care, patients will be able to access care from their usual GP, improving continuity of care and reducing demand on hospitals.

Expansion of the Quality Improvement Incentive within the Practice Incentives Program

The Federal Government will be providing \$119.3 million over three years from 2026–27 to extend the Practice Incentives Program Quality Improvement Incentive for two years until 30 June 2028 to support general practices to achieve continuous quality improvement.

The RACGP welcomes the extension of the Practice Incentives Program Quality Improvement Incentive and supports continued investment in quality improvement in general practice, recognising that high-quality, data-driven care is fundamental to improving patient outcomes, and strengthening preventive care.

Primary Health Network After Hours and Homelessness Access programs

The Federal Government will provide \$54.5 million over three years from 2025–26 to support the Primary Health Network (PHN) After Hours and Homelessness Access programs for two years until 30 June 2028 to maintain access to primary care for at-risk health populations.

The RACGP supports funding to provide after-hours care in the community. It is important to reduce the risk of fragmented care and service duplication by prioritising coordination and continuity. Specialist GPs and general practices must be incorporated into any service offering care after-hours.

The RACGP supports funding to improve access to primary care for people experiencing, or at risk of, homelessness. Every person requires safe, stable and secure housing to reach and maintain optimal health. General practice expertise needs to be embedded into program planning to support people experiencing homelessness and housing instability.

100% bulk billing GP clinics in the Hunter Region

The Federal Government will provide \$25.3 million over three years from 2026–27 to deliver up to six fully bulk billing general practice clinics across the Central Coast, Newcastle, Lake Macquarie, and Hunter regions to improve access to bulk billed care.

The RACGP has fed back multiple times to Government that distorting health markets is not going to do anything for health access or to create sustainable general practice. This measure risks duplicating existing general practice infrastructure and redistributing an already limited GP workforce rather than increasing overall workforce capacity. This is a short-term political measure rather than long term investment we need to support patient access to general practice.

The RACGP has consistently advocated for increased Medicare Benefits Schedule (MBS) rebates, workforce incentives, training supports, and targeted action in thin market and underserved communities to support existing practices to remain viable and continue delivering care locally. Sustainable improvements in access will require long-term action to grow the GP workforce and strengthen the viability of existing community general practices.

Commissioning advice to inform future specialist affordability reforms

The Federal Government will be providing \$2.1 million in 2026–27 to commission specialist advice to inform the development of future specialist affordability reforms.

The RACGP acknowledges that while access to general practice remains high, the health system continues to be under pressure. We will identify opportunities to engage with this work to support patient accessibility to specialist care.

Extended Medicare Safety Net (EMSN) benefits

The Federal Government will achieve **savings** of \$43.4 million over four years from 2026–27 by capping EMSN benefits for a small number of MBS items at 80 per cent of the Schedule fee.

The RACGP is concerned at this ‘savings’ measure as it raises important issues for equity of access, and risks increasing out-of-pocket costs for patients who already have high healthcare needs. We seek further detail on which MBS items are included. The EMSN is designed to protect patients facing significant cumulative costs, and even limited changes can disproportionately affect people with chronic and complex conditions.

The RACGP cautions against reforms that shift costs onto patients or reduce access to necessary care. Any savings achieved through changes to the EMSN should be transparently reinvested into strengthening Medicare and general practice, which remains the most accessible and cost-effective part of the health system.

The EMSN is already set at a level that is excessive, with only small numbers of people reaching the EMSN threshold for out-of-pocket costs before they can receive 80 per cent back of gap fees back from the government.

Efficiencies in the PHN program

The Federal Government will achieve **savings** of \$32.2 million over three years from 2027–28 from efficiencies in delivering activities under the PHN program.

The RACGP calls on government to provide more detail on how these efficiencies are being achieved and if they will result in any PHN programs being cut.

The RACGP will insist these savings be reinvested back into general practice. The work of PHNs is intended to support the general practice sector. If money is being withdrawn from PHNs then it needs to be invested back into the practices PHNs are set up to support.

Medicare integrity and compliance

The Government is providing \$146.8 million over four years from 2026–27 (and \$17.6 million per year ongoing) to establish Medicare integrity capabilities in the DoHDA and Services Australia to improve non-compliance and fraud detection, disruption and prevention efforts in relation to the MBS and Pharmaceutical Benefits Scheme (PBS). This is in response to the recommendations of the Independent Review of Medicare Integrity and Compliance.

These measures will enable **savings** of \$674.1 million over four years from 2026–27 (and \$230.8 million per year ongoing) by reducing fraud and non-compliance in the MBS and PBS, and \$146.3 million over two years from 2026–27 through reduced MBS expenditure as a result of avoided duplicative diagnostic imaging and pathology tests.

While detail on these budget measures is currently limited, the RACGP will be seeking clarification from DoHDA’s Benefits Integrity Division at our upcoming quarterly meeting on 25 May 2026.

It is imperative that any fraud reduction measures do not inadvertently target the overwhelming majority of GPs who are doing the right thing. We want to see a sustained focus from DoHDA on education and prevention.

It should be recognised that there is a spectrum of compliance reflecting different practice arrangements. DoHDA must be guided by the medical profession to understand the meaning behind the statistics and the drivers of different billing patterns.

Aboriginal and Torres Strait Islander health

Infrastructure for the Aboriginal Community Controlled Health Services sector

The Federal Government will be providing \$144.1 million over two years from 2026–27 to continue to meet urgent infrastructure needs of the Aboriginal Community Controlled Health Services sector.

The RACGP welcomes this investment which will go some way towards supporting ACCHO infrastructure needs.

First Nations led maternity care

The Federal Government will be providing \$44.4 million over four years from 2025–26 to extend funding for the ten existing Birthing on Country services which provide First Nations-led maternal care.

The RACGP welcomes this investment in First Nations led maternity care.

National Commission for Aboriginal and Torres Strait Islander Children and Young people

The Federal Government will be providing \$42.8 million over five years from 2025–26 (and \$9.3 million per year ongoing) to establish permanent, statutory arrangements for the National Commission for Aboriginal and Torres Strait Islander Children and Young People to support better outcomes for the safety and wellbeing of First Nations children and young people.

The RACGP acknowledges the importance of a National Commission for Aboriginal and Torres Strait Islander Children and Young people as an independent national entity to promote and protect the rights of Aboriginal and Torres Strait Islander young people, especially in the context of lack of progress on Closing the Gap targets as well as punitive youth justice policies in numerous jurisdictions.

13YARN

\$18.9 million over four years from 2026–27 (and \$5.1 million per year ongoing) to help 13YARN manage growing call volumes, continue vital community and digital engagement and train and upskill crisis supporters to deliver text-based support to First Nations people

The RACGP acknowledges the important work of 13YARN and welcomes this investment.

The RACGP also recognises that there is an increase in racism towards Aboriginal and Torres Strait Islander people and calls on all levels of government to prioritise eliminating racism from the healthcare system and resourcing the implementation of the Australian Human Rights Commission's [National Anti-Racism Framework](#).

The RACGP [Pre-Budget submission](#) also called for an investment of \$2 million over four years to establish tools to recognise, monitor, measure and prevent racism in primary care environments and improve access to culturally safe healthcare.

Access to medicines

RSV vaccine – Arexvy®

The Federal Government is funding \$449.3 million over five years from 2025–26 (and \$60.9 million per year ongoing) to support the addition of the RSV vaccine Arexvy® to the National Immunisation Program (NIP) for older Australians aged 75 and over and Aboriginal and Torres Strait Islander people aged 60.

The RACGP welcomes this funding that ensures some of the country's most at-risk groups will be protected from RSV.

The RACGP continues to call for vaccines which are recommended in the National Immunisation Handbook or by the Australian Technical Advisory Group on Immunisation (ATAGI) to be available on the National Immunisation Program (NIP), so these vaccines are funded and available for the people at highest risk.

Pharmacy vaccination

The Federal Government will be providing \$41.2 million over four years from 2026-27 to improve vaccination rates amongst children aged five years and younger by expanding the NIP Vaccinations in Pharmacy program to children under five and continuing the childhood immunisation campaign.

The RACGP is concerned that this program will fragment care for infants and further worsening vaccination rates and health outcomes, by reducing opportunities for regular review by a patient's general practice.

COVID-19 medications

The Government will provide \$5.9 billion over five years from 2025–26 for new and amended listings on the PBS and Repatriation Pharmaceutical Benefits Scheme.

Nirmatrelvir and ritonavir (Paxlovid®) and molnupiravir (Lagevrio®), from 1 February 2026, for the treatment of patients at risk of developing severe COVID-19.

The RACGP supports these medications remaining available under the Pharmaceutical Benefits Scheme (PBS) for patients at high risk of developing severe disease.

Long-acting reversible contraceptive (LARC) services - midwives

The Federal Government is providing \$2.7 million over four years from 2026–27 (and \$0.3 million per year ongoing) in funding for participating midwives to provide LARC services to improve access to care. This includes an associated bulk billing loading item and contraceptive attendance item. It is expected to build on greater access, including for regional and rural women, and deliver 4,600 patient services annually.

The Strengthening Medicare Women's Health Package which came into effect on 1 November 2025, had already increased fees for four LARC items in the MBS. And four new items were also added for nurse practitioners to claim, including access to the bulk-billing incentive. A new 40% loading item (355501) was introduced when the entire LARC service is bulk billed.

The 2026-27 Budget extends LARC provision to participating midwives via new MBS items and extends similar financial incentives (bulk billing and attendance items) for midwives.

Pharmacy prescribing trial

The Federal Government announced it will undertake a trial of pharmacist supplied contraceptives and antibiotics for uncomplicated urinary tract infections (UTIs) at the PBS concessional rate, in accordance with state and territory regulations. The trial, from January 2027, is expected to involve around 250,000 female concession card holders aged 18 to 55 years. It will test whether access to affordable and timely treatment for uncomplicated UTIs and certain hormonal contraception can be done safely and effectively through a time-limited, independently evaluated pharmacy model.

The RACGP has ongoing strong concerns about the roll out of pharmacy trials which have preceded evidence of safety for patients and the health system, and appear politically motivated rather than policy to improve access to high quality care.

Disability, the National Disability Insurance Scheme (NDIS) and Thriving Kids

NDIS

The Government will provide \$1.7 billion over five years from 2025–26 (and \$110.9 million per year ongoing) to support people with disability and the NDIS. Key measures include:

- \$436 million in 2026–27 for the National Disability Insurance Agency (NDIA) to continue supporting NDIS participants
- \$358.5 million over five years from 2025–26 to develop and implement a new enrolment and digital payment system to improve payment integrity and reduce fraud and non-compliant payments
- \$270.1 million in 2026–27 to prepare for the rollout and implementation of new framework planning from 1 April 2027
- \$3.3 million in 2026–27 to establish a Technical Advisory Group to provide expertise on the design of functional capacity assessment tools and instruments.

The RACGP broadly supports measures to protect the integrity of the NDIS and ensure the scheme's long-term financial viability. Enhanced regulation of NDIS providers will help maintain access to supports for NDIS participants and respond to cases of fraud.

The RACGP believes any reforms must acknowledge and reinforce GPs' central role in disability care and support. This includes recognising GPs as medical specialists, funding the completion of NDIS paperwork, and ensuring GPs can communicate with NDIS staff to flag changes to their patients' support needs.

The RACGP is engaged in discussions with DoHDA and the NDIA around new framework planning – now delayed to 1 April 2027 – which will be guided by the I-CAN tool. We want to ensure GP input during the planning process is properly considered. This includes being able to interpret the results of the I-CAN and contribute their clinical expertise, particularly where patients have complex support needs. We are also advocating for any assessors engaged under the new process to be properly trained and have a background in health.

Thriving Kids

The Federal Government will be providing \$2.0 billion funding over five years from 2026–27 to deliver national services, fund enabling supports and contribute to state and territory services for the Thriving Kids program. This includes:

- \$126.1 million over five years from 2026–27 to support the early identification of children with developmental delay or neurodevelopmental difference through a Medicare funded three-year old health assessment and an expanded Comprehensive Health Assessment Program
- \$60.8 million over five years from 2026–27 to support workforce development and training, including dedicated funding for the First Nations workforce.

The RACGP acknowledges and welcomes this significant investment, including dedicated funding for the First Nations workforce. The first 2000 days of a child's life are critical to their long-term health and social outcomes. For most children, their GP is their principal healthcare provider during this period. Health checks ensure children are developing

the key skills (communication, social interaction, motor skills, emotional regulation) needed to thrive in the classroom. Children who receive support early are more likely to engage positively in school, reducing the need for additional educational or healthcare interventions down the line.

The [RACGP Pre-Budget Submission 2026-27](#) called for an annual developmental check at during a child's first 2000 days to better support opportunistic screening and ensure all children can access support when they need it most, improving equity, timely access, and outcomes, especially in rural areas.

Ensuring ongoing GP involvement across all stages of this initiative is vital to ensure the Thriving Kids investment produces optimal and equitable health outcomes for our kids, now and into the future.

Digital health

National digital health reforms

The Federal Government will be providing \$79.2 million over three years from 2026–27 to the states and territories to support implementation of national digital health reforms.

The RACGP supports investment in national digital health reform, including funding to states and territories, where it delivers interoperable, standards-based systems that integrate seamlessly with general practice clinical software and improve patient care.

To be effective, this investment must avoid creating fragmentation or duplicating existing systems and must reduce the administrative burden on general practice. It must build on existing digital health investments and be co-designed with GPs to ensure it delivers meaningful clinical value.

My Health Record

The Federal Government will be providing \$598.3 million over two years from 2026–27 to support the continued operations and enhancement of My Health Record, including delivering targeted system improvements that will underpin implementation of further legislative reforms to expand sharing by default requirements under the *Modernising My Health Record (Sharing by Default) Act 2025*.

The RACGP welcomes investment to enhance My Health Record, particularly where it strengthens interoperability, improves clinical usability and supports better information sharing, while ensuring patient trust and minimising burden on general practice.

Any new "sharing by default" reforms must deliver clear clinical value without increasing the burden on general practice and must be developed by GPs if general practice information is to be shared by default.

National Digital Child Health Record (NDCHR) in My Health Record

The Federal Government will be providing \$99.5 million over five years from 2026–27 to empower parents, carers and kin with the skills to support children with developmental concerns or autism through Mental Health in Primary Schools and the Positive Partnerships Program, and through a National Digital Child Health Record in My Health Record. Partial funding for this measure will be held in the Contingency Reserve until the Government has considered a business case for future stages of the NDCHR.

The RACGP supports the development of a NDCHR as part of the Thriving Kids initiative where it builds on existing work, including NSW's child digital health record program which was always positioned as a foundation for a national solution and proof-of-concept for broader digital child digital health infrastructure.

A NDCHR in My Health Record must adopt existing standards, integrate seamlessly with general practice clinical information systems, enhance My Health Record content quality and use structured child health data to share information across the healthcare sector.

Australian Immunisation Register

The Federal Government will be providing \$2.8 million in 2026–27 to extend the Australian Immunisation Register Gov2Gov data feed to maintain access to critical immunisation data.

The RACGP supports investment to maintain and enhance access to the Australian Immunisation Register, recognising its critical role in supporting safe, effective vaccination delivery in general practice.

Aged care

Improving access to home care

The Government will provide \$1.4 billion over four years from 2026–27 (and \$377.3 million per year ongoing) to improve affordability and access to home care supports, including:

- \$1.0 billion over four years from 2026–27 (and \$336.8 million per year ongoing) to ensure the service type ‘personal care’ (including showering) is fully funded by the government for all care recipients in the Support at Home program
- \$389.8 million over four years from 2026–27 (and \$40.5 million per year ongoing) to implement Support at Home program refinements, including to assessments, hardship applications and the end-of-life pathway, and to bring forward the release of Support at Home program places in 2026–27.

GPs play a key role in providing care for older people, including at home. The RACGP will continue to support members to provide high quality services to older people, and will advocate for increased investment from government for this care.

Extension of the Palliative Aged Care Outcomes program and the Program for Experience in the Palliative Approach

The Federal Government will be providing \$5.5 million in 2026–27 to extend the Palliative Aged Care Outcomes program and the Program of Experience in the Palliative Approach to continue to upskill the aged care and primary care workforce to further embed palliative care capacity in the aged care workforce.

The RACGP acknowledges this investment in upskilling the primary care workforce to deliver more palliative care in the aged care sector. However, what the primary care workforce really needs is greater funding that supports the necessary time it takes to provide high quality palliative care, both in residential aged care and in the community.

Mental health

Extension of the National Mental Health and Suicide Prevention Agreement

The Federal Government will be providing \$277.5 million in 2026–27 to extend the National Mental Health and Suicide Prevention Agreement (the Agreement) to 30 June 2027.

The RACGP acknowledges this extension to an important agreement that supports much needed work coordinate our mental health system and work towards an Australia with zero deaths by suicide.

The RACGP retains concerns regarding services which don’t require a referral from a GP for access. A specialist GP is a patient’s medical home, their role as a referrer is important to ensuring they have a full picture of their patients’ health and can refer them to services that best suit their needs. Where patients visit another service without a referral, the patient’s GP should be informed so that they can remain in the loop on the patient’s care.

The RACGP implores government to consider the recommendations of the Mental Health and Suicide Prevention Agreement Review. Both federal and state governments must come together to create a new agreement that works better for Australians experiencing poor mental health.

Women’s Health

Ministerial Expert Panel on Women’s Health

The Federal Government will be providing \$0.2 million funding over three years from 2025–26 to establish a Ministerial Expert Panel on Women’s Health, with an initial focus on women’s cardiovascular health.

The RACGP welcomes the establishment of a Ministerial Expert Panel on Women’s Health, recognising that women have distinct health needs across the life course, including reproductive and mental health, chronic disease and ageing related issues such as menopause. To be effective, the RACGP emphasises that specialist GPs must be represented on the Expert Panel, as they are central to the prevention, early detection and ongoing management of women’s health conditions.

Endometriosis and Pelvic Pain Clinics

The Federal Government will be providing \$2.8 million funding over two years from 2026–27 to continue support for Endometriosis and Pelvic Pain Clinics to provide specialist care for women experiencing endometriosis, pelvic pain, perimenopause and menopause.

The RACGP welcomes funding for Endometriosis and Pelvic Pain Clinics. However, the RACGP emphasises that GPs must remain central to patient care, with clear communication, shared care arrangements and timely access to clinical notes and management plans from the clinics. The RACGP has also called for other measures to support women’s health, including funding for iron infusions in general practice, which should be considered alongside any measures in this space.

Workforce

The RACGP acknowledges a significant investment in strengthening Medicare, however the 2026–27 Federal Budget contains no new GP workforce growth measures. It funds implementation of previously announced registrar incentives and training expansions, but does not address supervision capacity, retention, distribution, or practice viability which remain core constraints on GP workforce supply.

Other

Designated registered nurse prescribing

The Government is investing \$12.7 million over four years from 2025–26 for necessary enabling changes that support Designated RN prescribers to prescribe PBS listed medicines. This important reform strengthens the health system, empowers RNs to work to their full scope of practice and supports timely access to medicines for women.

The RACGP acknowledges the Government's investment in Designated RN prescribing as part of a multidisciplinary team-based approach to improving access to medicines. As these changes are implemented, we expect strong regulatory frameworks, consistent standards of training and oversight, and alignment with existing prescribing governance to ensure safe, high-quality care.

Bowel cancer screening for 45–49 year olds

The Government is providing \$31.1 million over three years from 2026–27 to continue providing bowel cancer screening to 45 to 49 year old participants as part of the National Bowel Cancer Screening program.

The RACGP welcomes and supports the continuation of funding for bowel cancer screening for people aged 45–49 years. The RACGP continues to support and encourage participation in the National Bowel Cancer Screening Program.

Boosting productivity – promoting research, development and innovation

The Government has also made a provision for future spending of \$508.5 million over four years to increase disbursements from the Medical Research Future Fund, from \$650.0 million in 2025–26 increasing to \$1.0 billion annually from 2030–31, with funding to be held in the Contingency Reserve pending finalisation of the National Health and Medical Research Strategy.

The RACGP welcomes the future increase in disbursements from the Medical Research Future Fund. The [RACGP Pre-Budget Submission 2026-27](#) called for establishment of a national practice-based research network (PBRN) to enhance high-quality general practice care. We will continue to advocate for dedicated funding for general practice research to ensure research reflects where most Australians are seen – in general practice.

Author: Funding and Health System Reform Team

Contact: healthreform@racgp.org.au

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