

WA GP Advisory Panel

Meeting Communique



September 2026

Topic one: Reflections on winter pressures

General practice is a central component of winter health-system capacity, providing accessible acute and preventive care, continuity of care and management of chronic and complex illness, while also reducing avoidable demand on hospitals. The WA Government's winter preparedness activities this year included public messaging on influenza vaccination, expanded immunisation information and support for practices, including the \$2,000 practice grant to support flu clinics.

Members reflected on their experiences of winter pressures, the support provided to practices and opportunities for stronger primary care involvement in future winter planning.

Key points from Panel members included:

- **Earlier involvement in planning:** General practice and primary care should be involved earlier in whole-of-system winter planning. Members felt current engagement often occurs too late and does not fully recognise the role general practice can play beyond vaccination.
- **Vaccine supply and distribution:** Shortages and delayed access to some vaccines disrupted clinics and increased the work involved in cancelling and rebooking appointments. Members also raised concerns about vaccine allocations that did not account for differences in practice size or patient demand.

- **Practice grant funding:** The \$2,000 practice grant helped some practices provide additional clinics, extended hours and nursing support. Members supported direct practice funding for winter preparedness, but funding should reflect actual practice capacity, patient demand and the costs of delivering additional services rather than relying solely on a uniform payment.
- **Consistent arrangements and messaging:** Community members and practices need earlier, clearer and more predictable information about free vaccination programs, eligibility, vaccine availability and timing. At a practice level, late changes can make it difficult to plan clinics, manage stock and give patients, their families and carers consistent advice.
- **FluMist:** Members reported that FluMist provided a useful option for children, including some who may otherwise have missed vaccination. Earlier decisions about eligibility would help practices manage supply and promote the program.
- **Vaccination is not a simple transaction:** Vaccination appointments commonly included preventive care, other vaccinations and updates to patient records. Members emphasised that funding should recognise the extra GP, nursing and reception staff time and resourcing needed to provide this broader care.

Members also highlighted the importance of involving general practice earlier in winter planning processes. Winter preparedness should strengthen, rather than divert, routine general practice capacity.

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Topic two: Understanding and measuring impact of Rural Health West initiatives

Rural Health West is seeking to better understand and measure impact – looking beyond what is currently delivered (recruitment, education, support, locums) to substantiate the difference their work makes for health professionals and communities. Members were asked to provide their insights to help shape what meaningful impact looks like and how it can be measured.

Key points from Panel members included:

Members suggested measuring:

- Retention of permanent clinicians practising in rural communities
- The return rate of locums to the same rural practices and communities
- Continuity of care and the strength of relationships between clinicians, practices and communities
- Whether workforce initiatives make rural practice more sustainable and professionally rewarding
- Whether Rural Health West programs reduce workload pressure on permanent clinicians and help practices remain viable and sustainable
- Improvements in access to care and quality of care for rural communities

Rural recruitment, training and retention

Several barriers and opportunities relating to rural workforce development were identified, including:

- Challenges recruiting and retaining clinicians with the broad skill sets required to care for people in smaller communities.
- Limited pathways for experienced metropolitan GPs who may wish to explore rural work without undertaking major career changes. This could be addressed via structured pathways or bridging programs to enable metropolitan GPs to gradually build confidence and familiarity with rural practice environments.
- The need for more opportunities to refresh procedural, emergency, anaesthetic and other practical skills before entering rural practice. Increased promotion of existing clinical attachment and upskilling programs such as RACGP's recent clinical update day was recommended.

Members also suggested learning from rural practices that have closed. Speaking with former practice owners could help identify what support may have changed the outcome and inform earlier intervention for practices under pressure.

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Collaborative practice models

Members shared examples of successful informal partnerships between metropolitan and regional practices that supported referrals, procedural care and continuity for patients moving between metro and regional locations. It was noted that stronger links between metro and regional practices via formal sister-practice or buddy-practice arrangements could be explored to strengthen professional support, shared learning, patient care and workforce continuity, noting that any model would need to consider the capacity of participating practices.

Future special interest session

Recent establishment of government-funded bulk-billing clinics in areas with low bulk-billing rates in the Eastern states (ACT and the Hunter-New England area) were identified as an emerging issue with potential implications for WA.

A future special interest panel session was proposed focusing on obtaining insights from members on their experiences with the bulk-billing incentive.

Next steps:

This communique will be shared with key staff across the three lead agencies, it will also be posted on WAPHA's website and shared with external stakeholders as part of the WAPHA CEO's monthly Strategic Update.

Please send any suggestions for future agenda topics to communications@wapha.org.au

