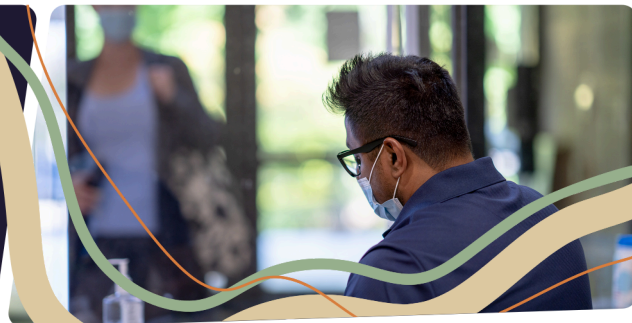


WA GP Advisory Panel

Meeting Communique



April 2026

Topic one: Change support for general practice under current Medicare and urgent care reforms

As Medicare reforms continue to roll out, including Medicare Urgent Care Clinics and changes to bulk-billing incentives, lead agencies sought feedback on the impacts on general practice and where support should be prioritised.

Key points from Panel members included:

Workforce and service impact:

- Urgent care models are contributing to workforce redistribution, with some GPs drawn away from traditional general practice due to more favourable employment conditions, particularly in regional areas.
- This is placing pressure on existing practices without increasing overall GP supply.

Continuity of care and fragmentation:

- Members reported mixed experiences, with some noting effective handover processes from urgent care clinics (e.g. timely summaries and follow-up), while others described fragmented care and duplication of investigations.
- There was concern that urgent care clinics are increasingly being used for non-urgent or chronic conditions, impacting continuity of care.

Scope and role of general practice:

- Members highlighted the importance of maintaining the generalist role of GPs, including urgent care skills within the practice setting.
- Concerns were raised that current models may contribute to de-skilling over time if not addressed.

Patient understanding and public messaging:

- A key theme was the need for clearer, consistent messaging to support patient understanding of when to access urgent care versus their regular GP.
- Members noted that current public information (including campaigns and websites) may unintentionally misrepresent the scope of general practice.
- Chat commentary reinforced ongoing gaps in health system literacy, particularly regarding GP roles and referral pathways, highlighting the need for improved public-facing information.

Bulk billing incentive changes:

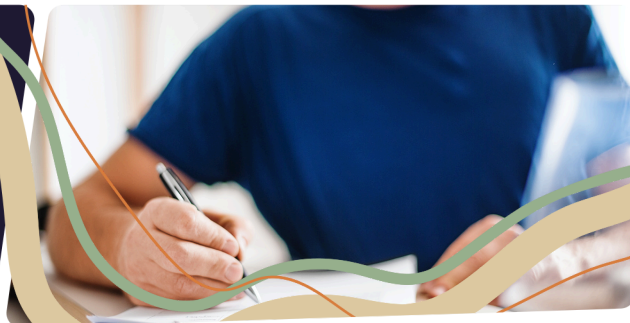
- Many members reported little to no change in practice billing models or patient behaviour following recent reforms.
- Concerns were raised that incentives do not adequately reflect the complexity, duration and cost of delivering care, particularly for mental health and procedural services.
- There was also a perceived gap between publicly reported data and lived experience at practice level, highlighting the need for clearer, contextualised data to inform advocacy.

System and policy considerations

- Members raised limitations in current MBS settings, including constraints on patient-initiated items in WA compared to other jurisdictions.
- These differences may limit practical application in WA and present opportunities for targeted advocacy.
- Chat discussion also reinforced the need for improved data transparency to support more effective advocacy and policy influence.

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Suggested priorities for support and advocacy included:

- Clearer guidance and consistent messaging on the role of urgent care versus general practice.
- Advocacy for funding models that better reflect complexity and support sustainability.
- Improved data and transparency to support evidence-based advocacy.
- Strengthening patient health literacy and system navigation.
- Support for strengthening general practice capability, including multidisciplinary care within practices.

Topic two: GP-led ADHD diagnosis and prescribing in WA

Recent changes enabling trained GPs to diagnose and manage ADHD, including prescribing stimulant medications, were discussed, with a focus on implementation, support needs and future advocacy priorities.

Key points from Panel members included:

Training pathways and future models

- Members discussed whether a secondary training pathway focused on continuation of treatment (rather than diagnosis and initiation) would be beneficial and should be advocated for in WA.
- Consideration was also given to recognition of prior learning models to support experienced GPs.

Equity and access to care

- Significant inequities were highlighted, particularly for patients in lower socioeconomic and rural or remote settings who face barriers to timely diagnosis and treatment.
- Members emphasised the need to ensure expanded GP roles improve access for priority populations.

Clinical governance and safeguards

- Strong emphasis was placed on the need for robust training, clear diagnostic criteria, and defensible documentation practices.
- Members noted that some patients will continue to require ongoing specialist involvement, particularly where presentations are complex or involve comorbidities.

Consistency and practical guidance

- Variation in prescribing guidance and monitoring requirements from specialists was identified as a key challenge for GPs.
- Members highlighted the need for a clear, accessible and consistent set of guidelines for ongoing prescribing and patient management.
- Chat commentary reinforced the administrative burden and uncertainty created by inconsistent expectations, further supporting the need for standardised guidance.

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Workforce and system impacts

- Members noted that enabling GP-led care has the potential to improve affordability and reduce pressure on specialist services.
- It was also noted that this must be balanced with appropriate supports and safeguards to ensure safe, high-quality care delivery.

Supporting resources and system navigation

- There was a strong call for a centralised, easy-to-access source of current rules and pathways, to support both clinicians and patients navigating ADHD care.

Next steps:

This summary will inform ongoing advocacy, program development and support delivered by the lead agencies.

Please send any suggestions for future agenda topics to

communications@wapha.org.au

Suggested priorities for support and advocacy included:

- Development of clear, statewide clinical guidance for diagnosis, prescribing and monitoring
- Continued investment in training, including consideration of additional pathways (e.g. continuation of care stream)
- Strengthening multidisciplinary and shared-care models
- Targeted support for rural, remote and high-demand settings
- Advocacy for funding models that support the complexity of ADHD and broader mental health care in general practice
- Development of accessible guidance resources to improve consistency and reduce administrative burden

