Modernising Referral Pathways

A Department of Health, Disability and Ageing consultation

Cancer Council Australia is Australia's peak national non-government cancer control organisation and advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect and treat cancer.

Survey - General Consultation Questions:

On a scale of 1-5, where 1 means you disagree completely and 5 means you strongly agree, how much do you agree with the below statements?

1. **The current referral process makes it easy for patients to access specialist care.**

   3

2. **Common referral validity periods (12 months for GP referrals, 3 months for specialist-to-specialist referrals) meet health needs.**

   3

3. **Longer or indefinite referral validity periods would improve patient experience and reduce unnecessary costs.**

   5 – strongly agree

4. **Patients should always receive a copy of their referral.**

   5 – strongly agree

5. **Including cost information and links to Medical Costs Finder on referrals would help patients make more informed financial decisions.**

   5 – strongly agree

6. **Patients should be able to switch specialists under the same referral without needing a new referral.**

   5 – strongly agree

7. **The treating non-GP specialist should be required to inform the referring doctor of a patient's treatment progress throughout the duration of the referral.**

   5 – strongly agree

Other multiple-choice questions:

8. **For GP to non-GP specialist referrals, which validity period do you think would be most appropriate (e.g. 12 months, 24 months, indefinite or another period?)**

   Indefinite

9. **For non-GP-specialist to non-GP-specialist referrals, which validity period do you think would be most appropriate (e.g. 3 months, 12 months, 24 months, indefinite or another period?)**
   Indefinite

Open response questions:

10. **What risks or challenges do you foresee with making referrals longer or indefinite by default?**

    Extending referral validity where clinically appropriate, would reduce unnecessary administrative burden for patients and clinicians. A default indefinite referral period could provide greater flexibility for non-GP specialists to manage ongoing treatment and prevent the need for repeat referrals for the management of chronic conditions, promoting greater health system efficiency and reducing fees for the individual associated with obtaining a new referral. This is important in the case of chronic conditions, such as cancer which can require multiple rounds of continuing treatment before referral back to the GP.
    People affected by cancer often require referrals from one non-GP specialist to another to expedite access to another specialty, as management may require multi-modality treatment and multi-disciplinary care with oversight by multiple specialists (e.g. oncologist, radiotherapist, surgeon, nurses, allied health) (Cancer Australia 2024). However, while indefinite referral periods would remove the need for people to return to their GP as frequently to renew referrals, this should be accompanied by requirements for non-GP specialists share regular updates with the GP to ensure that they remain involved in the individual's care throughout the process, providing ongoing support and facilitating continuity of care. Mandating routine information sharing between all clinicians within a patient's care team, including copies of referrals, will offset the over-reliance on the referral framework as a proxy mechanism of interprofessional communication (Deeble Institute Brief, 2020). Formal agreements, such as shared care protocols, should be established to support communication between GPs, non-GP specialists, the patient and their carer, defining roles and responsibilities and outlining the frequency and nature of monitoring and follow-up (RACGP, 2023).
    The proposed changes should also be accompanied by education to drive consumer awareness of their rights with regard to non-GP specialist referrals, and how they can obtain and maintain a valid referral to access affordable care. It is important that patients are provided with information about the potential costs associated with a referral in the case of private health care or invalid referrals.

11. **What do you foresee slowing or stopping the take-up of a future Australia-wide digital referral process?**
    System interoperability is a major barrier due to the lack of integration between different, fragmented healthcare systems (e.g., GP, hospital and private specialist systems). Referrals should be standardised so that information can be shared in a consistent format across all healthcare sectors. A key priority of the Australian Digital Health Agency is that referral systems should connect to national systems, such as the My Health Record. A government mandate that all referrals and non-GP specialist reports be made available in My Health Record would help support wider adoption of digital referral processes. Digital visibility of referrals across primary and secondary care software systems, and automatic upload to My Health Record, would enable shared access to information and reduce duplication and variation in care. This aligns with the recommendations to the Productivity Commission

Consultation on 'Delivering Quality Care More Efficiently' of the Royal Australian College of Physicians (RACP, 2025) and Royal Australian College of GPs (RACGP, 2025).
This would also help support patients with limited health literacy to access these referrals/reports as needed when consulting with other healthcare professionals about their care and track referrals for multiple non-GP specialists as needed in cases of chronic conditions. **By mandating that an electronic version of referrals is provided, this will help support a move away from hardcopy referrals and support faster adoption of digital referral processes** that ultimately will improve patient care if this data is shared more consistently and with all relevant health care stakeholders involved in their care.

12. **Are there any other issues related to referrals that have not been captured in this consultation paper?**
    Data from the Australian Institute of Health and Welfare (AIHW) shows that Australians living in regional, remote and rural areas face challenges in access to GPs. As this can be a barrier to obtaining a GP referral, this should be considered a compelling reason to support making referrals longer or indefinite by default, where obtaining a GP referral could be a barrier to continued cancer treatment.
    In remote and isolated parts of the country, including in Indigenous communities, remote area nurses and nurse practitioners often assume the role of primary care provider and coordinator in the absence of a consistent and accessible GP workforce (National Rural Health Alliance 2017). The limited validity periods that do exist for non-GP specialists create unnecessary duplication within the health system by requiring repeat referrals be provided when the clinical need has already been determined, and care commenced. Enabling flexibility in referrals between non-GP specialists to other non-GP specialists and promoting efficiencies in care in these areas.

13. **Are there any alternative policy options that you would recommend that have not been discussed in this consultation paper?**
    No.

Consultation questions for representatives of peak bodies and research institutes:

On a scale of 1-5, where 1 means you disagree completely and 5 means you strongly agree, how much do you agree with the below statements?

1. **Consumers understand current referral arrangements, including who can issue them, how they can be used, and what their rights as patients are.**
   3
2. **Referrals currently contain enough information for non-GP specialists to provide appropriate care.**
   3
3. **The current referral default/maximum validity periods (12 months for GP referrals, 3 months for non-GP specialist-to-non-GP specialist referrals) reflect the clinical needs of patients.**
   2

4. **Extending referral validity periods would better support patients with chronic and complex conditions.**
   5
5. **Rules around billing initial versus subsequent attendance items are clear.**
   2
6. **Removing or modifying the rule allowing the billing of initial attendance items when a patient hasn't seen their non-GP specialist for more than 9 months would improve billing compliance.**
   3

Other response questions:

7. **What measures do you think would improve patient understanding of referral arrangements?**
   Patient education and literacy around the referral processes, costs and anticipated waiting times associated with a referral to a non-GP specialist are important, so they are aware of their rights concerning selection of a healthcare provider. People affected by chronic conditions, such as cancer, may also require multiple referrals to different non-GP specialists during their care, which they need to manage and keep track.
   Providing information about specialist fees (link to Medical Costs Finder) should be mandatory on all referrals to help patients understand their rights and make informed financial decisions about their care. Additionally, information to support patients informed decision making, including questions to ask prior to booking an appointment, would enable patient empowerment. Being informed about healthcare costs is a key component of high-quality cancer care, empowering patient decision-making to mitigate unexpected out-of-pocket costs and limit financial burden (Cancer Council Australia – Financial Costs of Cancer). Improving transparency of costs is a key strategic objective of the Australian Cancer Plan (Cancer Australia, 2023). Providing information to patients about the AskMBS Advisory to explain non-GP specialist and consultant physician services as part of the referral process (AskMBS Advisory, 2021).
   In addition, mandating that referrals and reports from non-GP specialists are shared by default to My Health Record would enable greater ability of individuals to track their referral arrangements.

8. **Is the rule allowing the billing of initial attendance items when a patient hasn't seen their non-GP specialist for more than 9 months (and the referring GP considers a review is required) clinically necessary?**
   We agree with the recommendations of the Deeble Brief (2020) that issuing indefinite referrals by default and removing specialist remuneration from periods of referral validity, which enables specialists to bill at initial consultation rates each time a referral is renewed even for the same condition and patient, are needed to promote clinically driven practices. Restructuring specialist MBS items to ensure they are based on clinical need, and not linked to referral periods, will also better promote high-value patient-centred care.

9. **What risks and/or benefits do you anticipate if rules change to allow patients to seek a second opinion from a new specialist under the same referral?**
   Enabling people the flexibility to seek a second option from a specialist under the same referral would reduce the associated potential out-of-pocket costs of a GP appointment for a new referral and would enable them to make informed financial decisions about their care if they can obtain a second opinion without incurring additional costs. This would also remove unnecessary demand on primary care services and health system costs through Medicare. The federal government should also require referrals to inform patients that they can use a referral to see any specialist. Patients' rights should be clearer, and this could be done by mandating that referrals include a prominent and easy-to-understand statement that patients can use an alternative to the specialist named on their referral, directing them to the Medical Costs Finder website (Grattan Institute, 2025), and other educational information to empower patients to be informed when making a non-GP specialist appointment. The proposed changes should also be accompanied by education to drive consumer awareness of their rights about obtaining a second opinion with a non-GP specialist, and how they can maintain a valid referral to access affordable care.