

# Overview of the Federal Budget 2024-25 (Health)

15 May 2024

## Overview

The 2024-25 Federal Budget (the Budget) was released on Tuesday 14 May 2024. The Budget outlines the government's priorities and funding allocations for the next three years.

The primary focus of the budget was on cost of living, including broad measures across housing, energy and tax cuts. However, the budget provides little to no relief for Australians struggling to afford essential healthcare.

In an immediate response, the RACGP [expressed strong concerns](#) regarding the lack of funding for general practitioners (GPs), practice teams, and patients. Acknowledging the significant funding for general practice in the previous Budget, we have highlighted to government that this most recent Budget drops the ball for Australians struggling to afford essential healthcare.

Australia has an ageing population and epidemic of chronic disease and mental illness, which means increasing demand for comprehensive, continuous and coordinated GP care. The budget did not provide support to the GP workforce or address the increasing cost of providing care by increasing Medicare rebates, key areas of focus in the [RACGP Pre-Budget Submission 2024-25](#).

Specific measures relevant to general practice include:

- \$16.0 million over four years from 2024-25 to implement system changes to MyMedicare, enabling the payment of incentives to GPs and general practices to support wrap around primary care for frequent hospital users.
- \$57.4 million in funding over two years from 2024-25 to extend Practice Incentive Program Quality Improvement (PIP-QI) incentive payments for an additional year to 30 June 2025.
- \$71.7 million in funding over four years from 2024-25 for wrap around care for people with severe and/ or complex needs in primary care settings, through design and delivery of mental health multidisciplinary services.
- \$227 million funding for 29 additional Medicare Urgent Care Clinics (UCCs). This will bring the total number of Medicare UCCs to 87 Medicare across the country.
- \$90.0 million over three years from 2023-24 to fund the implementation of the health-related recommendations of the Independent review of Australia's regulatory settings relating to overseas health practitioners (the Kruk Review) to grow and support the health workforce.
- Removal of MBS item 2712 for the review of a GP mental health treatment plan from 1 November 2025.

## Where to next?

The RACGP will continue to advocate for increased investment in general practice to strengthen Medicare and rebuild general practice care for patients. The biggest missed opportunity in this budget is the GP workforce challenge. It's about making general practice an attractive career, and this will remain the major focus for our advocacy work.

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Post budget feedback from Government indicates funding general practice will be a priority in the next Federal Budget. We will continue to lobby government to ensure they keep this commitment.

**The RACGP is committed to gathering and representing member views, ensuring our work is focussed on securing optimal outcomes for patients across the health system.**

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

## Key expenses relevant to general practice

Federal Budget topic area	Selected measures of note
<b>Medicare and primary care</b>	<p>\$16.0 million over four years from 2024-25 to implement system changes to MyMedicare.</p> <p>\$57.4 million in funding over two years from 2024–25 to extend Practice Incentive Program Quality Improvement incentive payments for an additional year to 30 June 2025.</p> <p>\$18.1 million over four years from 2024–25 to extend and expand the Government’s response to the Independent Review of Medicare Integrity and Compliance (the Philip Review).</p> <p>\$227 million funding for 29 additional Medicare Urgent Care Clinics.</p>
<b>Workforce</b>	<p>\$90.0 million over three years from 2023–24 to fund the implementation of the health-related recommendations of the Independent review of Australia’s regulatory settings relating to overseas health practitioners (the Kruk Review).</p> <p>Extension of the single employer model trials until 31 December 2028 to help attract and retain GPs in areas of workforce need.</p>
<b>Aboriginal and Torres Strait Islander Health</b>	<p>\$4.0 million over four years from 2024–25 to the Australian Indigenous Doctors’ Association to continue to support First Nations doctors to become medical specialists.</p> <p>\$11.1 million over five years from 2023–24 (and \$2.8 million per year ongoing) to improve access to Pharmaceutical Benefits Scheme subsidised medicines for First Nations people.</p>
<b>Mental health</b>	<p>\$71.7 million in funding over four years from 2024-25 for wrap around care for people with severe and/or complex needs in primary care settings, through design and delivery of mental health multidisciplinary services.</p> <p>\$29.9 million four years from 2024–25 to uplift Head to Health services.</p> <p>\$588.5 million over eight years from 2024–25 to establish a national low intensity digital mental health service that is free of charge and free of need for referral.</p> <p>Removal of MBS items for the review of a GP mental health treatment plan from 1 November 2025.</p>
<b>Access to medicines</b>	<p>\$480.2 million over five years from 2023–24 to reduce patient costs and improve access to medicines. This funding includes \$318.0 million over five years from 2023–24 (and an additional \$166.4 million in 2028–29) as part of the Eighth Community Pharmacy Agreement for:</p> <ul style="list-style-type: none"> <li>• PBS general co-payments to not be indexed between 1 January 2025 and 31 December 2025 (inclusive), with indexation resuming on 1 January 2026.</li> <li>• PBS concessional co-payments to not be indexed between 1 January 2025 and 31 December 2029 (inclusive), with indexation resuming on 1 January 2030.</li> </ul>
<b>Aged care sector</b>	<p>\$610.4 million over four years from 2024–25 for states and territories to invest in initiatives that address long stay older patient challenges, unique to each jurisdiction.</p> <p>\$1.2 billion over five years from 2023–24 for sustainment of, and essential enhancements to, critical aged care digital systems.</p>

Federal Budget topic area	Selected measures of note
Disability sector	\$468.7 million over five years from 2023–24 to support people with disability, including \$129.8 million over two years from 2023–24 for design and consultation work to respond to the findings of the Independent NDIS Review.

## Detailed overview of relevant measures

### Medicare

#### MyMedicare

The Federal Government will provide \$16.0 million over four years from 2024–25 (and \$0.2 million per year ongoing) to implement system changes to MyMedicare, enabling the payment of incentives to GPs and general practices to support wrap around primary care for frequent hospital users.

The RACGP supports MyMedicare and its role in improving continuity of care for complex patients. The RACGP believes there is a significant opportunity to provide greater support for MyMedicare and strengthen this important scheme for general practice. In our pre-budget submission, we called for additional funding for a MyMedicare-linked bundled payment to support coordination of care for non-indigenous patients aged 75 years and over with multiple comorbidities and all Aboriginal and Torres Strait Islander patients aged 55 years and over.

#### Practice Incentive Program Quality Improvement

The Federal Government will provide \$57.4 million in funding over two years from 2024–25 to extend Practice Incentive Program Quality Improvement incentive payments for an additional year to 30 June 2025.

The RACGP welcomes the additional funding to continue the PIP-QI incentive program to general practices to support engagement with valuable quality improvement activities. GPs having ownership of reliable and actionable data will ensure efficient and sustainable general practices and improve patient care.

#### Extending the General Practice Incentive Fund

The Federal Government will provide \$17.4 million in funding for an extension to the General Practice Incentive Fund, up until 30 June 2025, with the continued aim of improving access to primary care in thin markets.

The RACGP is supportive of measures that seek to address the maldistribution of GPs across Australia and seek to retain existing GPs as part of the primary health workforce. Such measures need to be matched with efforts to grow the general practice workforce to create long term sustainability.

#### Medicare integrity and compliance

The Federal Government will provide \$18.1 million over four years from 2024–25 (and \$0.5 million per year ongoing) to extend and expand the Government's response to the Independent Review of Medicare Integrity and Compliance (the Philip Review).

The Government will also achieve efficiencies of \$33.6 million over three years from 2025–26 by reducing the timeframe during which claims for Medicare bulk billed services can be lodged from two years to 12 months after the date of service. This measure is designed to enable quicker responses to Medicare fraud and non-compliance.

The RACGP supports measures to improve the efficiency of compliance processes and ensure interventions are appropriately targeted. The [final report](#) from the Philip Review concluded that the majority of Medicare leakage stems from non-compliance errors rather than deliberate fraud.

The RACGP is involved in regular discussions with the Department of Health and Aged Care's (DoHAC) Benefits Integrity Division and Medicare Integrity Taskforce Branch. Our next meeting is scheduled for June 2024, and we will seek an update on the status of educational tools and resources being developed in response to the Philip Review. We'll keep members updated on any opportunities to provide feedback on these.

We will be seeking further information on the reduced timeframe for lodging bulk billed claims and update members in due course.

### **Medicare Benefits Schedule (MBS) Continuous Review**

The Federal Government will provide \$23.1 million over two years from 2024–25 to extend the MBS Continuous Review program to ensure the MBS remains clinically appropriate.

The RACGP welcomes this funding. It is important that the MBS is regularly reviewed to ensure it remains contemporary and responsive to the healthcare needs of all Australians.

## **Broader primary care**

### **Medicare Urgent Care Clinics**

The Federal Government will provide \$227 million funding for 29 additional Medicare Urgent Care Clinics (UCCs). This will bring the total number of Medicare UCCs to 87 Medicare across the country.

The RACGP is concerned this announcement increases fragmentation of the health system. This funding would have been better directed towards general practice to prioritise the comprehensive, continuous and coordinated care which is provided by a patient's usual GP.

Every general practice has the capacity and expertise to provide urgent care if appropriately funded. General practice requires increased support to provide care outside usual business hours so that patients can benefit from the continuity of care that comes with seeing their usual GP.

There is ongoing concern regarding staffing of Medicare UCCs as they are likely to redirect limited general practice workforce capacity away from regular clinics where they are needed most, worsening the existing workforce shortage. In particular, the RACGP expects that this may impact on the GP workforce in the Aboriginal Community Controlled Health (ACCHO) sector. UCC create no extra GPs but does provide an incentive of higher pay and potentially simpler work, which may draw GPs away from employment in ACCHOs.

### **Preventive Health**

The Federal Government will provide \$22.1 million over two years from 2024–25 to continue support for preventive health and chronic disease research including patient and clinician services for Australians with chronic conditions, in support of the [National Preventive Health Strategy 2021–2030](#).

The RACGP welcomes funding for research into preventive health and chronic disease. We call on the Government to ensure that this research is GP-led and conducted in general practices, so that issues specific to the general practice environment and patient population are addressed. Evidence specific to general practice is lacking in areas such as the recognition and management of early-stage disease, assessment and management of disease risk for prevention, and complexity of care, including multimorbidity. Prevention approaches in low prevalence community populations are different from those in a higher prevalence population such as a hospital clinic.

The RACGP called for funding to support the development of RACGP guidelines over the next three years to make these 'living guidelines' and to encourage implementation. Preventive care is critical in addressing the health disparities faced by disadvantaged and vulnerable population groups.

### **Healthdirect Australia**

The Federal Government will provide \$47.5 million over four years from 2024–25 (and \$14.1 million per year ongoing) to expand Healthdirect Australia to provide national and state-based virtual health services to assist consumers access the most appropriate care.

The RACGP welcomes efficiencies and innovation in the delivery of care but warns against fragmentation. Clinical governance and handover must be included in the expanded program.

### **My Health Record**

The Federal Government will provide \$57.4 million in 2024–25 to continue initiatives under the Health Delivery Modernisation Program and to update My Health Record.

The RACGP welcomes this funding and supports the modernisation of My Health Record.

## Workforce

### **Kruk Review**

The Federal Government will provide \$90.0 million over three years from 2023–24 to fund the implementation of the health-related recommendations of the Independent review of Australia's regulatory settings relating to overseas health practitioners (the Kruk Review) to grow and support the health workforce.

The RACGP acknowledges the work that is underway in relation to the Kruk review and recognises that Australia is facing a looming GP workforce shortage, and that under the current circumstances domestic medical graduates will not be sufficient to meet that shortage in the short term. Ensuring attractive pathways for international medical graduates, including specialist international medical graduates, is critical to serving community needs.

The RACGP insists that the colleges (including the Australian College of Rural and Remote Medicine) remain the profession-led, evidence-based quality controls overseeing registrar training.

The RACGP called on the Government to allocate funding for an incentive payment, parental leave and study leave for GP trainees to incentivise more junior doctors to choose to specialise in general practice. We also called for annual funding to support additional participants in the Fellowship Support Program and Practice Experience Program Specialist Program.

### **Single Employer Model Trials**

The Federal Government will extend existing single employer model trials until 31 December 2028 to help attract and retain GPs in areas of workforce need. The DoHAC has indicated that this measure will be partially met from within their existing resources.

The RACGP acknowledges that the SEM models have taken some time to be implemented and it makes sense to reinvest in funding to extend the trials. SEMs have a role to play as local responses that may be useful in addressing specific areas where workforce need has been difficult to meet and where local health services and community general practices are working together for the benefit of those communities. The funding must be tied to an evidence-base and evaluation of the SEM trials to demonstrate if GP registrar numbers are increasing.

### **Increasing the Indigenous Workforce**

The Federal Government will provide \$4.7 million over five years from 2023–24 for the Northern Territory Medical Program to increase the number of First Nations medical practitioners and to address recruitment and retention challenges in the Northern Territory.

The RACGP welcomes funding directed towards workforce challenges in the Northern Territory and ongoing efforts to increase the number of First Nations medical practitioners.

## Aboriginal and Torres Strait Islander health

### **Australian Indigenous Doctors' Association (AIDA)**

The Federal Government will provide \$4.0 million over four years from 2024–25 to the Australian Indigenous Doctors' Association to continue to support First Nations doctors to become medical specialists.

The RACGP welcomes funding to the AIDA. The RACGP looks forward to continuing our work with them to increase the number of Aboriginal and Torres Strait Islander specialist GPs.

### **Access to PBS medications for eligible Aboriginal and Torres Strait Islander patients**

The Federal Government will provide \$11.1 million over five years from 2023–24 (and \$2.8 million per year ongoing) to improve access to Pharmaceutical Benefits Scheme subsidised medicines for First Nations people.

The RACGP acknowledges that expansion of the Closing the Gap Pharmaceutical Benefits Scheme to all PBS medicines for eligible Aboriginal and Torres Strait Islander people will increase access to medicines for the Indigenous community with or at risk of chronic disease.

The RACGP notes that in order to access a prescription Aboriginal and Torres Strait Islander people need to be able to see a GP, and the RACGP expects that the lack of sustainability of bulk billing, as well as the lack of action on cultural safety in practice, makes this harder for Aboriginal and Torres Strait Islander people to access these prescriptions.

## Mental health

### **Mental health workers for general practices**

The Federal Government will provide \$71.7 million in funding over four years from 2024-25 (and \$24.4 million per year ongoing) for wrap around care for people with severe and/ or complex needs in primary care settings, through design and delivery of mental health multidisciplinary services. Primary Health Networks (PHNs) will receive this funding to commission the services of mental health nurses, counsellors, social workers and peer workers to provide this wrap around care in between their GP and specialist appointments.

The RACGP welcomes additional funding to support the delivery of essential mental health care for those with severe or complex needs in the community via primary healthcare. GPs play a crucial role in Australia's mental health system as an entry point and deliverer of care.

The RACGP acknowledges this funding and await further details about the services PHNs will be commissioning. We believe services in general practices are funded most efficiently when the funding is provided directly to general practices and GPs to deliver the services that their communities need.

### **Mental health services**

The Federal Government will provide \$29.9 million four years from 2024–25 to uplift Head to Health services. Head to Health services will be upgraded to ensure that every centre can provide free access to a psychologist and psychiatrist and establish a network of 61 Medicare Mental Health Centres. These centres will be opened by the middle of 2026. They will be free, they will be walk in, and they will need no referral.

The RACGP supports greater investment in accessible mental health services. The RACGP would like to acknowledge the importance of continuity of care in a patient's relationship with their GP and ensuring GPs have a full picture of a patient's mental and physical health. There is concern that without appropriate clinical handover to support ongoing care provided by a patient's usual GP, measures such as this may lead to fragmentation of care.

### **Digital mental health service**

The Federal Government will provide \$588.5 million over eight years from 2024–25 (and \$113.4 million per year ongoing) to establish a national low intensity digital mental health service that is free of charge and free of need for referral.

The RACGP welcomes increase in availability of digital mental health services but we do not want these to take people away from seeing their GP as the primary provider for comprehensive health services.

### **Child and youth mental health**

The Federal Government will provide \$29.7 million over three years from 2024–25 to improve child and youth mental health services through uplifting workforce capability and co-designing new models of care.

The RACGP acknowledges this funding and awaits further detail to understand how general practice will be involved in any new models of care to support child and youth mental health.

The RACGP called for \$838 million to support universal annual child health checks during the first 2,000 days. General practice is the only medical specialty that care for patients in both childhood and adolescence and continues to care for them and their mental health in adulthood.

### **Extending terminating mental health measures**

The Federal Government will provide \$35.9 million over four years from 2024–25 to extend terminating mental health measures, to enhance the delivery of mental health and suicide prevention services and to provide greater funding certainty for service providers.

### **Mental health MBS items**

The Federal Government is removing MBS items for the review of a GP mental health treatment plan, including MBS item 2712, as of 1 November 2025. The DoHAC has advised that GPs should instead use standard consultation items, including the new Level E item where appropriate. No other changes to the GP mental health treatment plans have been flagged.

The RACGP is opposed to the removal of any funding for mental health care in general practice and will advocate for investment that reflects the central role of GPs as a first point of contact for many people seeking mental health support.

## Rural health

### Royal Flying Doctor Service (RFDS)

The Federal Government will provide \$73.8 million over three years from 2024–25 to support the Royal Flying Doctor Service (RFDS) to deliver essential services to people living in remote communities through access to primary care, aeromedical evacuations and dental health services.

The RACGP welcomes the continued support of RFDS to deliver essential medical services to rural and remote areas across Australia. We look forward to continuing our collaborative work with RFDS through our rural members and joint efforts to increase the rural generalist workforce.

## Aged Care

### Earlier discharge from hospital

The Federal Government will provide \$610.4 million over four years from 2024–25 for states and territories to invest in initiatives that address long stay older patient challenges, unique to each jurisdiction.

The RACGP welcomes this support to help older people leave hospital and have their care managed in the community while increasing hospital capacity. The RACGP will await further detail to understand how general practice can support older people to leave hospital and have their care managed in the community.

### Improving Aged Care Support

The Federal Government will provide \$1.2 billion over five years from 2023–24 for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary and can support the introduction of the new Aged Care Act from 1 July 2025.

The RACGP acknowledges that this funding is to progress the implementation of the 2021 recommendations from the Royal Commission into Aged Care Quality and Safety.

## Access to medicines

### Cost of medicines

The Federal Government will provide \$480.2 million over five years from 2023–24 to reduce patient costs and improve access to medicines. This funding includes \$318.0 million over five years from 2023–24 (and an additional \$166.4 million in 2028–29) as part of the Eighth Community Pharmacy Agreement for:

- PBS general co-payments to not be indexed between 1 January 2025 and 31 December 2025 (inclusive), with indexation resuming on 1 January 2026.
- PBS concessional co-payments to not be indexed between 1 January 2025 and 31 December 2029 (inclusive), with indexation resuming on 1 January 2030.

The \$1 optional discount available on patient co-payments for subsidised prescriptions will be reduced each year by the relevant notional indexation amount until the \$1 discount has been reduced from \$1 to zero.

The Government is providing \$151.1 million over five years from 2023–24 (and an additional \$45.6 million in 2028–29), to increase the Dose Administration Aids cap to 90 per week.

The Government is working to finalise the Eighth Community Pharmacy Agreement, supported by up to \$3 billion in additional funding. As part of the Agreement, instead of rising with inflation, medicines will be kept cheaper through temporary freezes on the maximum patient co-payment.

### Pharmaceutical Benefits Scheme (PBS) listings

The Federal Government will provide \$3.4 billion over five years from 2023–24 on new and amended listings on the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Examples of new and amended PBS listings since the 2023–24 Mid-Year Economic and Fiscal Outlook (MYEFO) include:

- nirmatrelvir and ritonavir (Paxlovid®) and molnupiravir (Lagevrio®), for the treatment of adults with COVID-19



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- dapagliflozin (Forxiga®) from 1 March 2024, for the treatment of chronic heart failure in patients with a left ventricular ejection fraction (LVEF) greater than 40 per cent
- empagliflozin (Jardiance®) from 1 April 2024, for the treatment of chronic kidney disease
- niraparib (Zejula®) from 1 April 2024, for the treatment of patients with newly diagnosed ovarian cancer that is Homologous Recombination Deficiency positive
- mavacamten (Camzyos®) from 1 May 2024, for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy.

The RACGP welcomes any support for patients to better access medicines. Under this new arrangement, no pensioner or concession card holder will pay more than \$7.70 (plus any applicable manufacturer premiums) for their PBS-listed medicines for up to five years.

### Disability

#### National Disability Insurance Scheme (NDIS)

The Federal Government will provide \$468.7 million over five years from 2023–24 (and \$37.9 million per year ongoing) to support people with disability. This includes:

- \$129.8 million over two years from 2023–24 for design and consultation work to respond to the findings of the Independent NDIS Review
- \$83.9 million over two years from 2023–24 to boost fraud detecting information technology systems at the National Disability Insurance Agency (NDIA)
- \$45.5 million over four years from 2024–25 (and \$13.3 million per year ongoing) to establish a NDIS Evidence Advisory Committee, to provide independent advice to Government on the efficacy and cost-benefits of supports funded by the NDIS
- \$20 million over two years from 2024–25 for initial design and consultation work on reforms to help participants and people with disability navigate services.

The Government will also establish a NDIS Implementation Advisory Committee and a NDIS Implementation Working Group, to oversee implementation of reforms recommended by the Independent NDIS Review and agreed by Government.

GPs play a vital role in disability care and management. The RACGP recently provided a [submission](#) in response to the NDIS Amendment (Getting the NDIS Back on Track No. 1) Bill 2024. It emphasises the need for GPs to play a central role in any new NDIS access process, and addresses topics including the use of functional assessment tools, issues with the NDIS Access Request Form, and creation of NDIS navigators as recommended by the [NDIS Review](#).

### Research

#### Medical Research

The Federal Government will provide \$1.4 billion over 13 years from 2024–25 through the Medical Research Future Fund (MRFF) for medical research in Australia, for a total commitment through the MRFF of \$6.4 billion over 13 years.

The RACGP welcomes funding for medical research, however we are advocating for an increased percentage of MRFF funding to be allocated to general practice led projects, to address the current mismatch between where research is conducted and where most Australians access healthcare.

The RACGP called on the Government to allocate funding and support to establish a national practice-based research network (PBRN). A national PBRN will build general practice research capacity to address important research questions and increase Australia's clinical trials capacity. We will continue to advocate for this, to enable high quality, general practice specific research that will inform efficient and cost-effective policy and practice.

### Other

#### Women's Health

The Federal Government will provide \$5.2 million over three years from 2024–25 to support placement costs for health practitioners to undertake long-acting reversible contraception (LARC) insertion and removal training.

RACGP welcomes the funding to support access to training for LARC insertion and removal. This is particularly important in areas of workforce shortages. The RACGP calls for a further increase in the Medicare patient rebate for insertion of an IUD (item 35503) so the rebate truly reflects the cost of providing this service in general practice. The RACGP will be interested to see which health practitioners will be eligible to access the placement support payments to undertake LARC insertion/removal training.

The Federal Government will also be providing \$1.2 million over two years from 2024–25 to support training for health practitioners to better treat, care and manage women's health during menopause.

The RACGP welcomes funding that supports health practitioners to improve women's health outcomes.

### **Specialist gynaecological care**

The Federal Government will also provide \$49.1 million funding for two new items will be added to the Medicare Benefits Schedule (MBS) enabling extended consultation times and increased rebates for specialist gynaecological care. From 1 July 2025 these two new MBS items will provide a higher fee for longer initial gynaecologist consultation (\$168.60 for a minimum of 45 minutes, compared to the standard rate of \$95.60), and a higher fee for longer subsequent consultations (\$84.35 for a minimum of 45 minutes, compared to the standard rate of \$48.05).

The RACGP welcomes the funding which serves as an important acknowledgement of women and their individual health needs. The new items will allow time to discuss the relevant diagnosis and management plan.

### **Chronic disease**

The Federal Government will provide \$2.6 million in 2024–25 to support patient care improvement and GP services, health professional education, condition awareness and digital resources for childhood dementia, juvenile arthritis, stroke, rare diseases and epilepsy.

The RACGP supports measures that will help in raising awareness and improvement in patient care for these chronic conditions. We welcome support for children's healthcare, including childhood dementia and juvenile arthritis. This will support continuity of care, enable early identification of any emerging challenges children are experiencing, and support GPs to provide timely support and advice to families.

### **Vaccination**

The Federal Government will provide \$631.1 million over four years from 2024–25 (and \$112.1 million per year ongoing) to support ongoing access to life-saving vaccines. Funding includes:

- \$490.0 million over four years from 2024–25 (and \$107.4 million per year ongoing) to continue the National COVID-19 Vaccine Program.
- \$82.5 million over three years from 2025–26 to ensure ongoing joint responsibility with states and territories for vaccination programs.
- \$57.7 million over four years from 2024–25 (and \$4.8 million per year ongoing) to expand the eligibility of Shingrix® for the prevention of shingles and postherpetic neuralgia in individuals at moderate to high risk of severe infection.

The Federal Government will provide \$0.9 million over two years from 2024–25 for the expansion of the National Immunisation Program's Vaccinations in Pharmacy Program to allow pharmacists to administer vaccines in residential aged care homes and residential disability services.

The Government will also index payments under the National Immunisation Program's Vaccinations in Pharmacy Program from 1 July 2024, in line with indexation of the MBS.

The RACGP supports vaccination programs. Pharmacists should also be able to administer vaccines in settings like general practices.

### **Nursing and midwifery**

The Federal Government will provide:

- \$427.4 million over four years from 2024–25 (and an additional \$1.2 billion from 2028–29 to 2034–35) to establish a new Commonwealth Prac Payment of \$319.5 per week (benchmarked to the single Austudy rate)

from 1 July 2025 for tertiary students undertaking supervised mandatory placements as part of their nursing (including midwifery), teaching or social work studies.

- \$3.5 million over four years from 2024–25 (and \$0.4 million per year ongoing) to expand the Midwife Professional Indemnity Scheme to include indemnity insurance cover for privately practicing midwives providing low-risk homebirths and intrapartum care outside of a hospital, and for specified entities providing Birthing on Country models of care.
- \$56.5 million over four years from 2024–25 to promote high quality and tailored maternity care by implementing recommendations from the MBS Review Taskforce, for participating midwives.

The RACGP supports measures that will improve access to nurses in general practice.

#### **Antimicrobial resistance**

The Federal Government will provide \$22.3 million over four years from 2024–25 to continue funding for the Antimicrobial Use and Resistance in Australia project which monitors antimicrobial use and resistance.

The RACGP supports approaches which ensure appropriate antimicrobial use and stewardship, which includes efforts to reduce antimicrobial resistance in Australia.

#### **Improving cancer outcomes**

The Federal Government will provide \$71.0 million over four years from 2024–25 to continue support services, programs and research to improve cancer outcomes for Australians, in line with the [Australian Cancer Plan](#). This funding includes:

- \$38.8 million over four years from 2024–25 to the states and territories to continue the Federation Funding Agreement for the Participant Follow-up Function of the National Bowel Cancer Screening Program.
- \$15.0 million over two years from 2024–25 to continue the National Skin Cancer Prevention Campaign.

The Government has also lowered the eligibility for free bowel cancer screening from age 50 to 45 years, so that Australians between the age of 45 and 49 can request a screening kit. This is in line with the RACGP [Guidelines for preventive activities in general practice](#) (Red Book). It is not clear if people will need to request a screening kit or the program will be extended to age 45.

#### **Parkinson's disease**

The Federal Government will provide \$0.8 million over two years from 2024–25 to Parkinson's Australia to deliver a General Practitioner Education Program to better support the Australian Parkinson's community.

The RACGP supports education that will assist GPs in supporting patients with Parkinson's' disease. We do not support mandatory training.

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