

Primary Health Care Congress

Leaders shaping the future of primary health care



Beyond the rhetoric: Strengthening primary health care reform beyond general practice

Purpose of this Statement

This statement sets out a clear argument: Australia's primary health care reform agenda must fully reflect the breadth and diversity of primary health care, and recognise, support, and fund the professionals and services Australians rely on every day. This statement outlines the current challenges, emphasises person-centred care as the foundation for system reform, and provides a clear call to action for government and system leaders.

What Primary Health Care Is

Primary health care is the foundation of Australia's health system. The World Health Organization (WHO)/UNICEF states that primary health care is:

*"..a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment"*¹

In Australia, primary health care has been defined in a range of ways, including that primary health care:

"is generally the first point of contact for individuals, families and communities with health services and brings health care as close as possible to where people live and work. It constitutes a large and essential

¹ WHO and UNICEF. [A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals](#). Geneva: World Health Organization and the United Nations Children's Fund; 2018.

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part of the health care system. Primary health care includes health promotion, prevention, early intervention, treatment of acute conditions, management of chronic conditions and end of life care.”²

Primary health care services can include:

- General practices
- Aboriginal Community Controlled Health Services
- Community pharmacies
- Allied health services
- Mental health services
- Drug and alcohol services
- Medicare Urgent Care Clinics
- Community nursing and community health
- Nurse practitioner services
- Maternal and child health services
- Sexual health clinics
- Dental services

Individuals seeking primary health care support present with widely varying health concerns requiring tailored interventions.

These interventions are delivered by a broad workforce. While general practitioners remain central, nurses, midwives, pharmacists, paramedics, allied health practitioners, and others all provide high-quality health care that keeps communities well.

A Multidisciplinary Primary Health Care System

Effective primary health care relies on multidisciplinary teams (MDTs). Aboriginal Community Controlled Health Organisations (ACCHOs) are a powerful example, with the Grattan Institute noting they:

“...deliver holistic, comprehensive, and culturally appropriate primary healthcare... with continuous and empowering relationships with patients

² Australian Commission on Safety and Quality in Health Care. [National Safety and Quality Primary and Community Healthcare Standards](#). Sydney: ACSQHC; 2021.

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through a team-based workforce model.”³

Many other services, particularly in rural and regional Australia, operate using MDTs due to limited or inconsistent access to general practitioners.

Why Broader Reform Is Needed

The Scope of Practice Review⁴ provides a clear blueprint for modernising the primary health care sector: strengthening integrated MDTs, removing regulatory barriers, and enabling all health professionals to work to their full scope.

While general practitioners and general practice remain essential, the opportunity to improve access, quality, equity and efficiency lies in strengthening the whole primary health care sector – recognising that each profession contributes uniquely and collaboratively to people’s care.

Australia’s primary health care workforce includes:

- Over 100,000 nurses and midwives working outside hospitals
- ~33,000 general practitioners
- ~20, 000 pharmacists
- Tens of thousands of allied health professionals, and paramedics.

Many of these roles are not reflected in Medicare Benefits Schedule (MBS) data, despite delivering essential primary health care every day – often outside traditional general practice hours.

Key Barriers That Must Be Addressed

To achieve meaningful reform, we must move beyond the rhetoric and act on the following priorities:

1. Fund Services Beyond General Practice

Current funding models — largely shaped around MBS structures — tend to centre on medical services, which can make it harder for other parts of the primary health care sector to access appropriate and sustainable funding. Block funding programs (e.g., Workforce Incentive Program – Practice Stream) rely on general practice accreditation standards, excluding broader primary health care.

Reform must ensure that funding and accreditation frameworks support the *full*

³ Breadon P, Romanes D, Fox L, et al. [A new Medicare: strengthening general practice](#). Melbourne: Grattan Institute; 2022.

⁴ Unleashing the potential of our health workforce: Scope of Practice Review. [Final report](#). 2024.

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primary health care sector.

2. Enable Direct MBS-Eligible Referrals

Requiring a general practitioner referral for most specialist and diagnostic services can sometimes introduce additional steps or delays for people seeking care. Implementing Scope of Practice Review Recommendation 12 would allow nurses, pharmacists, and allied health professionals to make appropriate referrals.

3. Embed Primary Health Care in Professional Curricula

Primary health care remains underrepresented in many training programs. Stronger curriculum design and placement models will improve workforce pipelines and readiness.

Our Call to Action

To deliver a stronger, more accessible health system, governments and health sector leaders must commit to reform that recognises and resources the full breadth of primary health care. This includes:

- **Rebalancing funding** so all primary health care services are supported — not only those billable under the MBS.
- **Enabling full scope of practice** for all health professionals through regulatory and funding reform.
- **Strengthening multidisciplinary teams** as a core model of primary health care delivery.
- **Updating accreditation and curriculum frameworks** to reflect the reality of Australia's primary health care workforce.
- **Acting on the Scope of Practice Review** recommendations to modernise care pathways and remove unnecessary bottlenecks.

Australia cannot achieve its health reform ambitions if primary health care continues to be viewed solely through the lens of general practice. A broader, more accurate understanding — supported by structural reform — will deliver better health outcomes and a more sustainable system.

Conclusion

The opportunity for meaningful primary health care reform is clear: support every part of the sector, remove barriers, modernise funding, and enable MDTs to deliver the care Australians need.

Now is the time to move beyond the rhetoric — and act.