

Response ID ANON-YYVH-XPJJ-C

Submitted to Modernising Referral Pathways
Submitted on 2026-03-05 22:23:46

General Consultation Questions

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

1 - Strongly disagree

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

1 - Strongly disagree

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

4 - Somewhat 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 What risks or challenges do you foresee with making referrals longer or indefinite by default?

Open response field to answer the question - "What risks or challenges do you foresee with making referrals longer or indefinite by default?":

If the referral was based on diagnostic results, there may be a need for the consumer to be aware that they may have to have the tests repeated closer to the time of the appointment. Otherwise, they could risk an expensive specialist appointment, only to be told – go and get these tests done.

8 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

9 For GP to non-GP specialist referrals, which validity period do you think would be most appropriate?

Other (Please use below text box)

For GP to non-GP specialist referrals, which validity period do you think would be most appropriate:

It may depend on the issue for the referral – option should be indefinite; but less if clinically warranted (based on agreed clinical guidelines – not individual clinical preference).

10 For non-GP specialist to non-GP specialist referrals, which validity period do you think would be most appropriate?

Other (please use below text box)

For non-GP-specialist to non-GP-specialist referrals, which validity period do you think would be most appropriate:

It may depend on the issue for the referral – option should be indefinite; but less if clinically warranted (based on agreed clinical guidelines – not individual clinical preference).

11 What do you foresee slowing or stopping the take up of a future Australia wide digital referral process?

Open response field to answer the question - "What do you foresee slowing or stopping the take up of a future Australia wide digital referral process?":

The lack of information available to consumers to make truly informed decisions about their preferred referral options. There is almost no information consumers can use to determine the quality of care they might receive for any particular clinicians. For communities who are often served by overseas trained doctors, their treating doctor may not have any knowledge or pre-existing relationships to inform their recommendation.

This could be addressed by requiring clinicians to publish information about any complaints they receive (noting that not all consumers have the emotional energy to go through the administratively heavy Ahpra notification process). Or to strengthen the Ahpra annual registration process to require evidence of consumer feedback in some way.

While google reviews may be inadequate, they are sometimes the only publicly available information for consumers to use as they try to make an informed decision.

Perhaps a model like <https://www.bestlawyers.com/methodology> could be explored for medical specialists? And/or require any clinician receiving any Medicare funding to be registered with Care Opinion www.careopinion.org.au

12 Are there any other issues related to referrals that have not been captured in this consultation paper?

Open response field to answer the question - "Are there any other issues related to referrals that have not been captured in this consultation paper?":

It is important that consumers are able to access neutral information about things to consider when looking for a specialist. The "service" is highly technical, and the "market" is diffuse and confusing to navigate. There's a risk that "good bedside manner" could become the standard for decision making in the absence of consumers being able to access other information about other quality measures they could consider.

13 Are there any alternative policy options that you would recommend that have not been discussed in this consultation paper?

Open response field to answer the question - "Are there any alternative policy options that you would recommend that have not been discussed in this consultation paper?":

That any policy should be supported by significant investment in ensuring consumers are supported to make fully informed decisions. For example, all referrals could be required to include mandatory wording directing consumers to online information about how to make a decision, and what questions to ask about their options.

Information about making informed decisions should be co-designed by consumers, and could be included in consumer-led training delivered by state based consumer peak bodies.

Recent media accounts – Four Corners – have made it very clear that our healthcare system cannot be based on doctors policing themselves. While many are trustworthy people who deliver high quality care, it is clear that where this is not the case, the consumer has little hope of receiving honest feedback about colleagues from their own doctors.

14 Which of the following descriptions best suits you?

I am a representative of a peak body or research institute.

Consultation Questions for Representatives of Peak Bodies and Research Institutes

46 Consumers understand current referral arrangements, including who can issue them, how they can be used, and what their rights as patients are.

2 - Somewhat disagree

47 Referrals currently contain enough information for non-GP specialists to provide appropriate care.

3 - Neither agree nor disagree

48 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.

3 - Neither agree nor disagree

49 Extending referral validity periods would better support patients with chronic and complex conditions.

4 - Somewhat agree

50 Rules around billing initial versus subsequent attendance items are clear.

1 - Strongly disagree

51 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 - Neither agree nor disagree

52 What measures do you think would improve patient understanding of referral arrangements?

Open response field to answer the question - "What measures do you think would improve patient understanding of referral arrangements?":

Mandating the provision of information in plain language that has been written by consumers for consumers that outlines the process, their rights, and what they can expect – i.e. informed financial consent – and where to go if they have questions. This could be on a website – similar to the Choosing Wisely

program.

53 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?

Open response field to answer the question - "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?":

Not qualified to answer

54 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?

Open response field to answer the question - "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?":

This would be enormously beneficial for patients. In the current "market" consumers are significantly disadvantaged and disempowered by limited access to information on which to base their decisions. Being able to access a second opinion is likely to have a significantly positive impact.

If this is able to be coupled with powerful AI-powered consumer healthcare decision tools, this will be a game-changer in terms of re-empowering consumers.