

# GP Referral Drivers Survey

Understanding factors influencing the referral of patients to non-GP specialists

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Highlight of key findings

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## Background and context

To support a well-informed and evidence-based stakeholder discussion about specialist cost and access, there is a need for robust data on how General Practitioners (GPs) make referral decisions in practice, and the extent to which cost is considered alongside other factors such as clinical need, physical access, and patient preference.

While policy discourse increasingly emphasises transparency and affordability, there is limited empirical evidence on the real-world weighting of cost within GP referral decision-making. This research is designed to address that gap and provide a neutral, data-driven foundation to inform stakeholder dialogue.

The Australian Government has introduced the Medical Costs Finder website as a key transparency initiative aimed at improving patient visibility of specialist fees and out-of-pocket costs. While this policy is intended to support informed decision-making, its practical impact will depend on awareness, usability, and integration into clinical workflows. This research will therefore explore GP attitudes toward the initiative. The research also explores attitudes towards the broad concept of a quality website amongst GPs, to explore their early responses to this initiative.

A consumer perspective is also relevant to the discussion. Patient knowledge, expectations, and behaviours can materially influence referral outcomes.

This report contains the findings of a survey of 357 practising GPs who have made at least one referral via the private pathway in the past month and 503 Australians 18+ years old who have received at referral to a non-GP specialist within the past 12 months.



# Research objectives

## GP perspective

### Primary Objectives

- Identify key drivers influencing GP referral decisions across different clinical and practice contexts.
- Quantify the weighting of cost compared to other referral factors (e.g. clinical urgency, wait times, specialist reputation, patient preference, location).
- Understand how and when cost considerations enter the referral process, and whether this varies depending on referral type or patient cohort.

### Secondary Objectives

- Understand decision-making differences by GP characteristics, including factors such as years of experience, practice setting, practice model, access to local specialist networks and availability.
- Evaluate GP familiarity with, and attitudes toward, cost transparency tools (e.g. Medical Costs Finder), including perceived usefulness and barriers to integration into practice.
- Identify structural and systemic constraints affecting referral choice (e.g. wait times, availability, administrative burden, patient complexity).
- Assess GP attitudes toward their role in managing patient financial burden, including views on informed financial consent and responsibility for discussing costs.

## Consumer perspective

### Objectives

- Assess patient understanding of referral choice
- Measure awareness of out-of-pocket costs
- prior to specialist consultation.
- Identify behaviours related to seeking cost
- Understand perceived barriers to cost-related decision-making.

# Research methodology

## Module 1: Qualitative interviews with GPs

### Purpose

Identify the full range of referral drivers (including latent and unarticulated factors) and inform the language, framing, and attributes used in the quantitative survey.

### Approach

- 16 x 25 to 30-minute semi-structured interviews
- Recruited by Avant, coordinated & booked by Navigators. Incentives provided by Avant.
- Recruited to obtain a spread across gender, career stage, socio-economic context, geography and practice model

## Module 2: Quantitative online survey with GPs

### Purpose

Quantify GP referral decision-making and establish the relative importance of cost compared to other drivers across different referral contexts.

### Approach

- Online survey, ~15 minutes
- Sample n = 357 GPs (101 from Ekas market research panel, 256 Avant members)
- Screening criteria: GPs who have made at least one private specialist referral in the past month
- Each GP reported on 2 recent referrals, allowing for 694 referral occasions to be reported on

## Module 3: Quantitative online survey with consumers

### Purpose

Quantify the experience of patients with respect to referrals to non-GP specialists and the factors that were taken into consideration in this process.

### Approach

- Online survey, ~15 minutes
- Sample of 503 consumers who have seen a GP and received a specialist referral in the past 12 months

## Referral decisions are primarily clinical, but access and affordability shape outcomes

The evidence indicates that cost is important but generally acts as a secondary consideration after clinical suitability and access, particularly when choosing between public and private pathways.

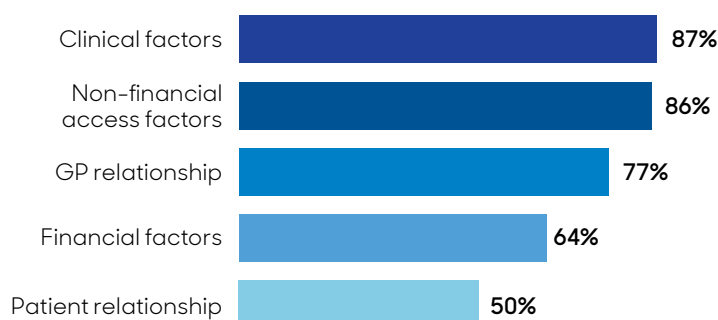
GPs report that referrals are first and foremost driven by:

- Clinical appropriateness and specialist expertise.
- Previous experience with specialists and established referral networks.
- Patient circumstances and preferences.
- Access considerations such as waiting times and specialist availability.

Amongst the 694 recent private referrals:

- 87% were influenced by clinical factors.
- 86% were influenced by non-financial access factors.
- 77% were influenced by GP-specialist relationships.
- 64% were influenced by financial factors.

For this **most recent private referral** to a [type of specialist], which of the following factors influenced this referral?



"It depends what the problem is... I'll think about who is the best fit clinically for this particular patient – which sub-specialist, what kind of practice they run, how complex the case is."

"Sometimes it just comes down to who can see them soon enough. If it's semi-urgent, I might pick a different specialist than I would for a routine review because the wait is months."

"You get a feel from patients over time about who is very expensive and who is more reasonable, and that definitely influences who I offer as options."

## Cost influences pathway choice more than specialist choice

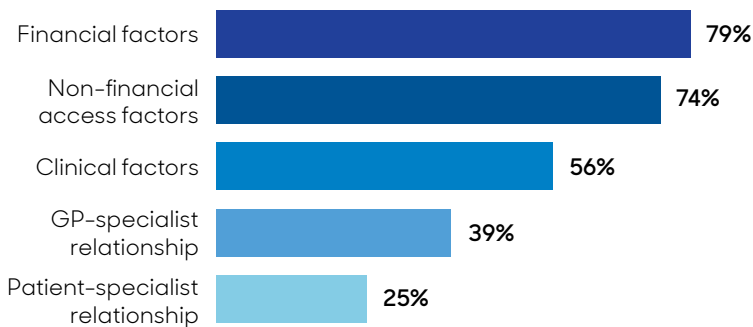
When financial considerations affect referrals, they most commonly influence whether a patient is referred through the public or private system.

GPs reported that:

- Cost, affordability or private health insurance was discussed in 61% of referral consultations.
- GPs themselves initiated these discussions more often than patients.
- Cost influenced the choice between public and private pathways in 57% of referrals where financial factors were relevant.

The findings suggest that affordability is often a determinant of pathway to access, rather than a determinant of specialist quality or clinical selection.

When deciding whether **to refer a patient to public or private pathway**, what three factors are most influential in your decision?



### 61%

The % of referral consultations where cost, affordability or private health insurance was raised, most often by the GP

### 57%

Cost influenced the choice between public and private pathways where financial considerations were relevant



A big factor is can the patient afford to go privately. If the gaps are huge and they're already struggling, I'll lean towards a public clinic or a specialist I know keeps the out-of-pocket reasonable.

# Waiting times and non-financial access barriers are the dominant system problems

Both GPs and patients consistently identified non-financial access barriers as the most significant challenge in the referral system.

GP findings:

- Satisfaction with private referral pathways is high.
- Satisfaction with public referral pathways is substantially lower.
- Dissatisfaction with waiting times is widespread, particularly in regional and remote areas.
- Nearly half of GPs (48%) report often or very often managing conditions themselves because non-GP specialist access is a barrier to referral.

Patient findings:

- 59% experienced at least one access-related challenge.
- 62% identified shorter waiting times as the single most important improvement that could be made to the referral system.
- One-third of patients waited more than three months for specialist care or were still waiting.

The data indicates that workforce capacity and specialist availability may have a greater impact on patient outcomes than referral process issues alone.

## General Practitioners

**68%**

Dissatisfied with the functioning of the public referral pathway

**48%**

Often/very often manage conditions themselves because access is a barrier to referrals

**47%**

Dissatisfied with wait times to see a non-GP specialist in their area (69% MMM3-7)

## Patients

**59%**

Experienced at least one access-related challenge

**62%**

Identified better access as most important improvement to the referral system

**34%**

Waited more than three months for the consult after receiving the referral

## Specialist quality is not a concern among GPs or patients

Both GPs and patients report high confidence in specialist quality.

<b>GPs</b>	Satisfaction with quality of non-GP specialists in my area	<b>94%</b>
<b>GPs</b>	Confidence in quality and expertise of non-GP specialist for most recent referral	<b>95%</b>
<b>Patients</b>	Satisfaction with quality of non-GP specialists in your area	<b>75%</b>

Quality assessments are largely based on:

- Patient feedback
- Clinical outcomes
- Communication from specialists
- Established professional networks/referral experience

GPs expressed strong scepticism about a government-sponsored specialist quality rating website.



38% negative to the idea vs 32% positive



Only 16% open to regular use



98% mention a barrier to use mainly lack of credibility



**I think it's a terrible idea, because to me, that's something that's incredibly subjective... you'll have people who... might not be the safest or best people to go to, and you'll have the best people who... will be pushed to the bottom despite being actually the better people.**

Concerns included:

- Difficulty measuring quality fairly
- Risk-adjustment challenges
- Perverse incentives
- Potential misinterpretation of ratings
- Limited additional value compared with existing referral network

## Patients continue to place high trust in GP referral advice

The GP remains the central decision-maker in the referral process.

Patient survey results show:

- 93% trust their GP's advice regarding specialist referrals.
- 77% said referral decisions were either GP-led or made jointly with their GP.
- Only 17% reported choosing the specialist themselves.

Similarly, GPs reported that:

- The decision to refer is often shared with patients.
- Patients have meaningful influence over specialist selection in around four in ten consultations.

This suggests that policies aimed at influencing referral decisions are likely to be most effective if they support GP-patient discussions.

# Responsibility for financial consent is viewed as resting with specialists

While many GPs discuss costs with patients, they do not see themselves as primarily responsible for obtaining informed financial consent.

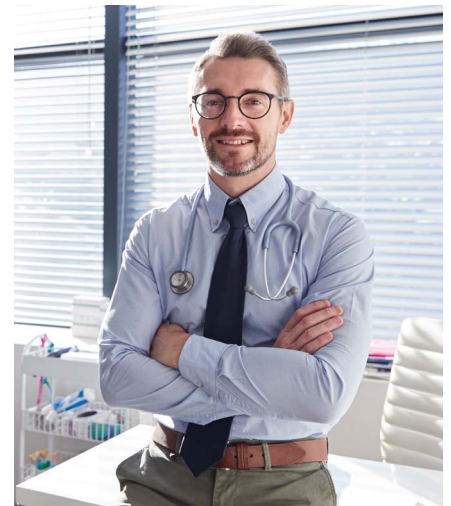
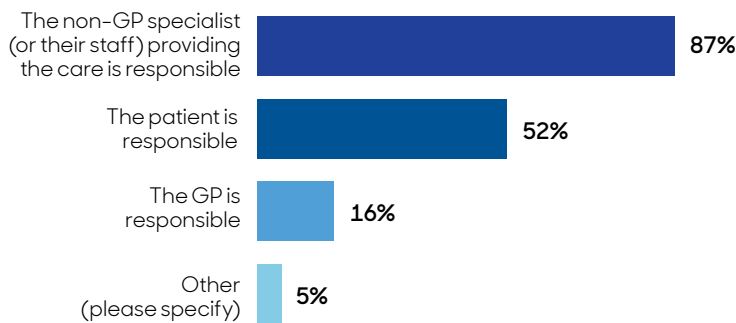
Key findings:

- Only 16% believe responsibility for informed financial consent rests with the GP.
- 87% believe responsibility rests with the specialist or specialist practice.

Patients largely share this view, expecting specialists and their clinics to explain likely out-of-pocket costs before treatment.

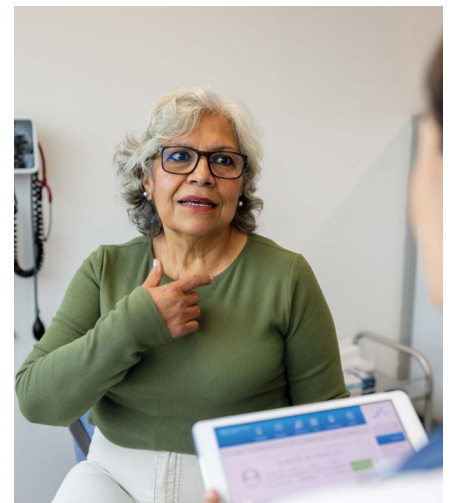
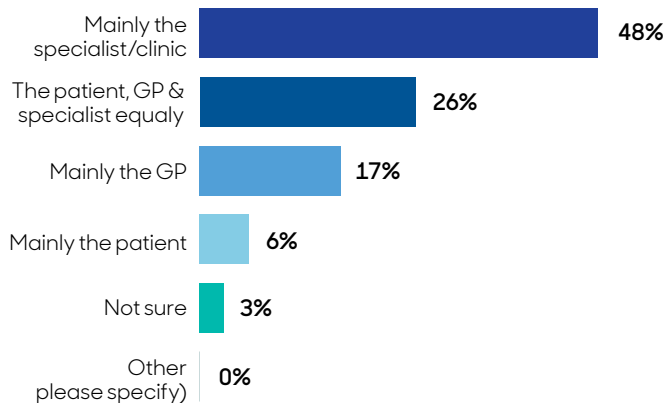
## General Practitioners

Who do you think is **responsible for informed financial consent** regarding non-GP specialist care?



## Patients

Who do you think is most responsible for helping patients **understand the likely out-of-pocket costs of non-GP specialists**?



## Medical Costs Finder is viewed positively in principle, but adoption barriers are substantial

The proposed Medical Costs Finder transparency initiative received qualified support, with strong opposition to mandated use in consults. The findings suggest the strongest policy opportunity may be positioning Medical Costs Finder as a patient-facing transparency tool, rather than expecting routine GP use during consultations.

63%

Positive about the concept

94%

Identified at least one barrier to use

27%

Expected to use it regularly

65%

Thought they would direct their patients to the website

### Quality assessments are largely based on:

- Patient feedback
- Clinical outcomes
- Communication from specialists
- Established professional networks/referral experience

### The principal barriers were:

1. Time pressures during consultations.
2. Additional workload.
3. Poor integration with existing referral workflows.
4. Belief that confirming costs is ultimately the responsibility of patients and specialists.
5. Concerns about accuracy and currency of fee information.



“

Honestly, my immediate thought is that it's not our job... If it was something that we needed to add into what we do... that's extra time, that's extra effort... I can understand the idea, but I feel like it's just another like, 'Oh, the GP will sort that out. The GP will do this. GP will do that.' We feel incredibly disrespected as a cohort.



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