

GP Referral Drivers Survey

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



11 June 2026

The Navigators



Summary of Key Policy Insights

This research, commissioned to inform a policy discussion on specialist referrals and cost transparency, surveyed 357 practising GPs, reflecting on 694 recent private referrals and 503 patients who had received a specialist referral within the previous 12 months. The findings suggest that while affordability is an important consideration, referral decisions are primarily driven by clinical appropriateness and access considerations. The greatest system pressures identified by both GPs and patients are specialist availability, waiting times, and out-of-pocket costs, rather than concerns about specialist quality.

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

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.

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.

Summary of Key Policy Insights

2. 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.

3. 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.

Summary of Key Policy Insights

4. Specialist quality is not a concern among GPs or patients

Both GPs and patients report high confidence in specialist quality.

Among GPs:

- 94% are satisfied with the quality of specialists available in their area.
- 95% are confident in the quality of specialists they refer to.

Quality assessments are largely based on:

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

GPs expressed strong scepticism about a government-sponsored specialist quality rating website, citing concerns about:

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

More GPs were negative than positive about the concept, and intended usage was low.

Summary of Key Policy Insights

5. 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.
- 63% 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.

6. 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.

Summary of Key Policy Insights

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

The proposed Medical Costs Finder transparency initiative received qualified support.

GP attitudes:

- 63% were positive about the concept.
- Only 27% expected to use it regularly.
- 94% identified at least one barrier to use.

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.

Importantly:

- 65% said they would likely direct patients to use the website themselves.

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.

Summary of Key Policy Insights

8. Geographic and socioeconomic disparities remain significant

Challenges are consistently worse in:

- Regional and remote communities.
- Areas of greater socioeconomic disadvantage.

GPs in these areas reported:

- Lower satisfaction with public referral pathways.
- Greater difficulty accessing specialists.
- Longer waiting times.
- More frequent need to manage conditions themselves because referral options are limited.

Patients in these communities similarly reported greater access difficulties and affordability challenges.

Implications for Policy Discussion

The evidence points to five broad conclusions:

- Clinical appropriateness remains the dominant driver of referral decisions.
- Cost matters, but primarily through its impact on pathway selection rather than specialist choice.
- Waiting times, specialist availability and workforce capacity are the most significant system pressures.
- There is broad support for greater cost transparency, but limited appetite for solutions that increase GP workload.
- Specialist quality transparency appears to be a lower policy priority than affordability and access, given the high levels of confidence already reported by both GPs and patients.

Overall, the research suggests that the primary challenge facing the specialist referral system is access to specialist care, driven by workforce capacity constraints, specialist availability, and long waiting times. These issues are consistently identified by both GPs and patients as the greatest barriers to timely care and are particularly acute in regional, remote and socioeconomically disadvantaged communities.

Affordability represents a second major challenge, with out-of-pocket costs influencing pathway decisions, delaying care for some patients, and contributing to widespread dissatisfaction with the cost of specialist services.

Concerns about specialist quality appear to be relatively low. Both GPs and patients report high levels of confidence in specialist quality, and there is limited support for policy interventions focused on quality ratings or quality transparency.

The evidence therefore suggests that policy efforts are likely to have the greatest impact if they focus first on improving specialist capacity and access, followed by affordability and cost transparency, rather than on mechanisms intended to help patients identify higher-quality specialists.

GP Referral Drivers Survey

Background and methodology

Background and context



Avant Mutual will host a roundtable discussion forum in Canberra in June with government stakeholders, policymakers, and sector representatives.

To support a well-informed and evidence-based discussion, 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 roundtable 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 information or alternative options.
- 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
- Conducted via video call
- 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 GPs sourced from Ekas market research panel and 256 sourced from 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
- Questions focused on a recent referral to a specific specialist which was selected on a least filled basis to ensure the survey reflected experiences across a broad range of non-GP specialist referrals.

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
- Respondents sourced through Octopus Group online panel

Survey of General Practitioners

Findings based on a survey of 357 General Practitioners, providing information on 694 recent private referrals to non-GP specialists

The Navigators



Survey of General Practitioners

Section 1: Sample details



Survey of 357 GPs across Australia

The sample is comprised of 357 GPs who are practising in Australia, and have made at least one referral to a non-GP medical specialist through the private pathway within the last month.

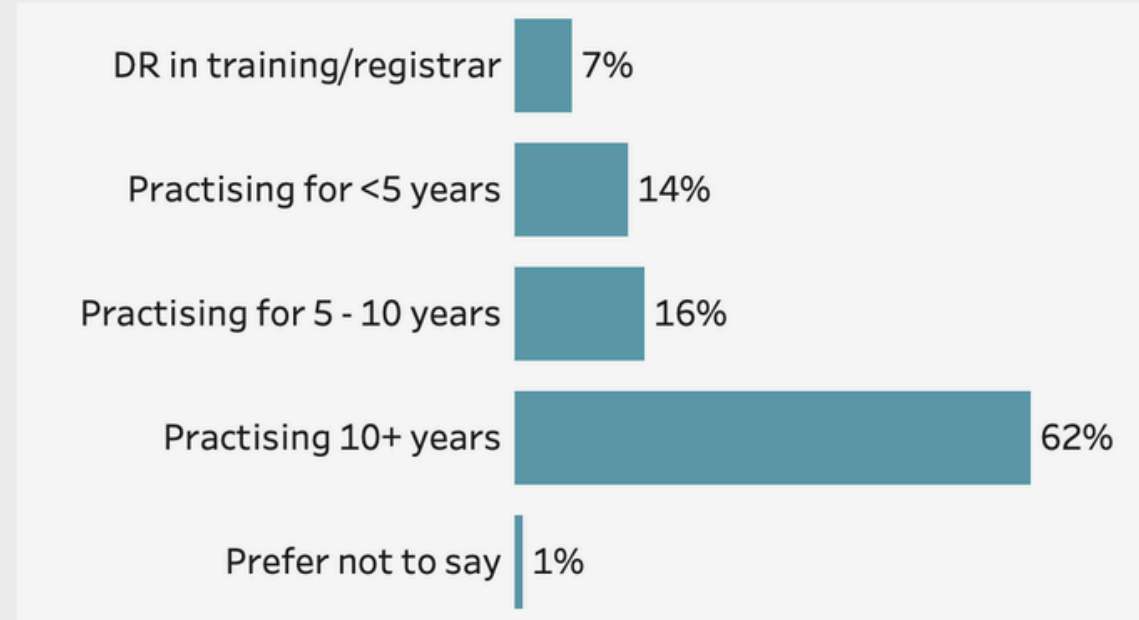
The sample was sourced from combination of Avant members (n=256) and GPs on the Ekas market research GP panel (n=101).

The gender profile of the sample reflects the profile of the GP workforce in Australia.

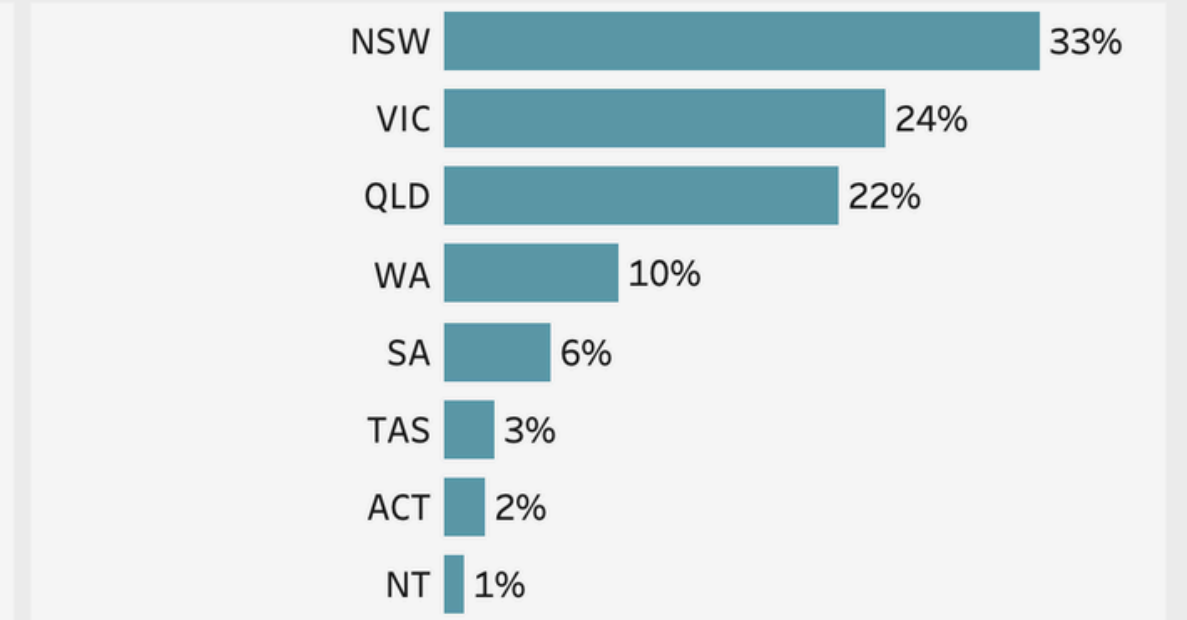
MMM1 is slightly overrepresented, and International Medical Graduates are underrepresented in line with this geographic skew.

Sample composition

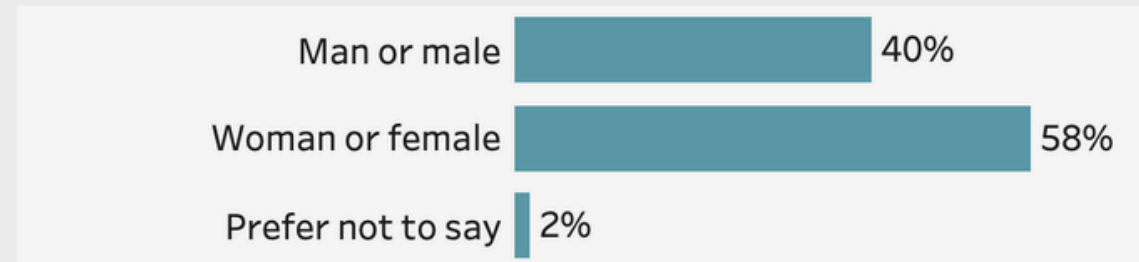
Which best describes your career stage as a GP?



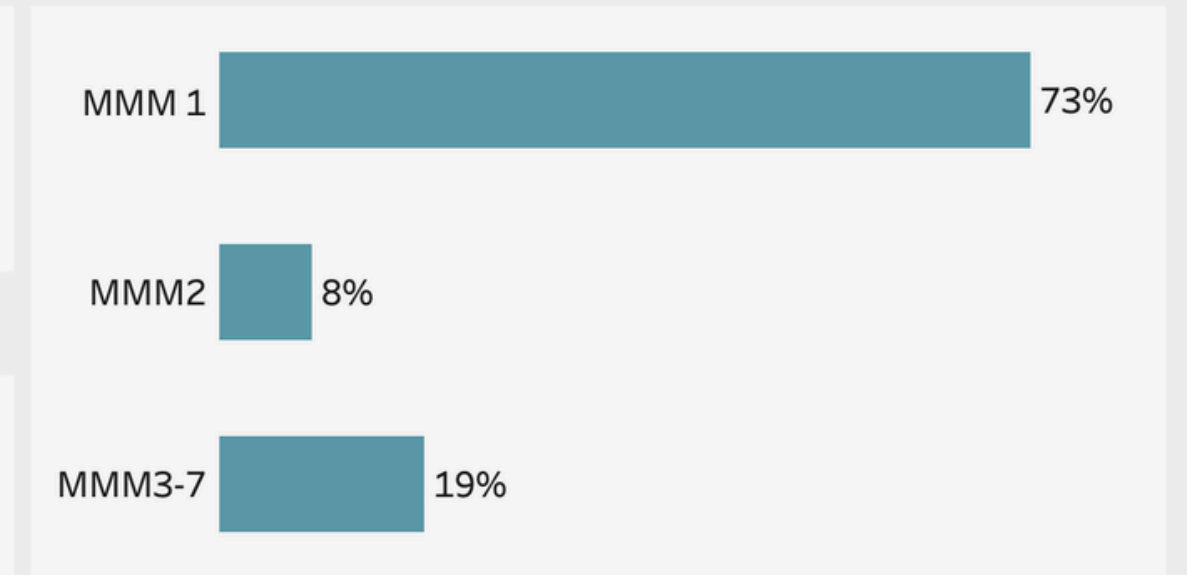
State (based on postcode where currently practise)



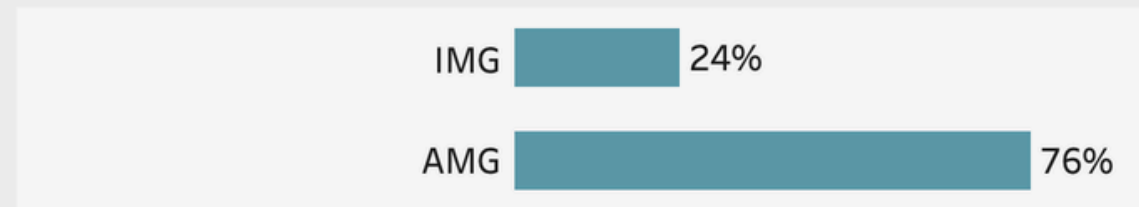
How do you describe your gender?



Modified Monash Model (based on postcode)



Where did you obtain your medical qualifications?



Sample: GPs who have made a non-GP specialist referral in the last month n=357

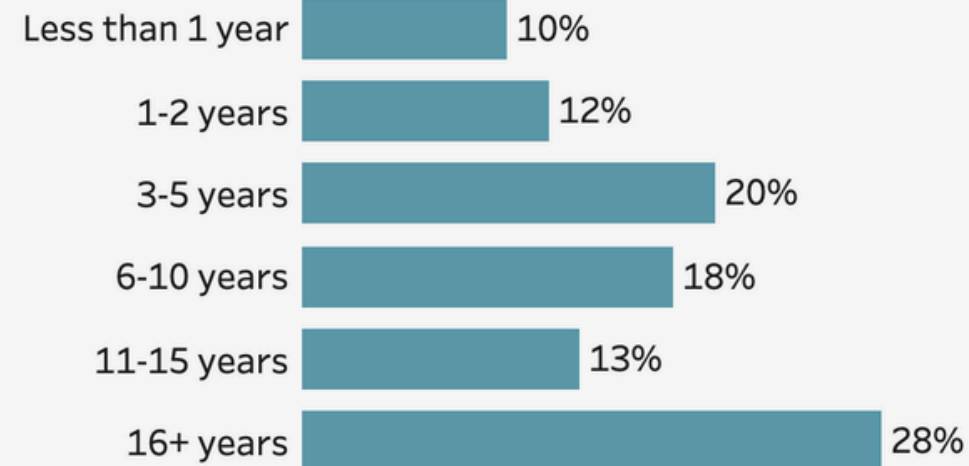
Survey of 357 GPs across Australia

The Index of Relative Social Disadvantage (IRSD) is an Australian Bureau of Statistics measure that ranks geographic areas according to the relative level of socio-economic disadvantage experienced by people living there. In this report, the quintiles refer to the Australian population postcodes, ranging from the 20% most disadvantaged areas to the 20% most advantaged areas, allowing comparison of referral experiences across different socio-economic communities.

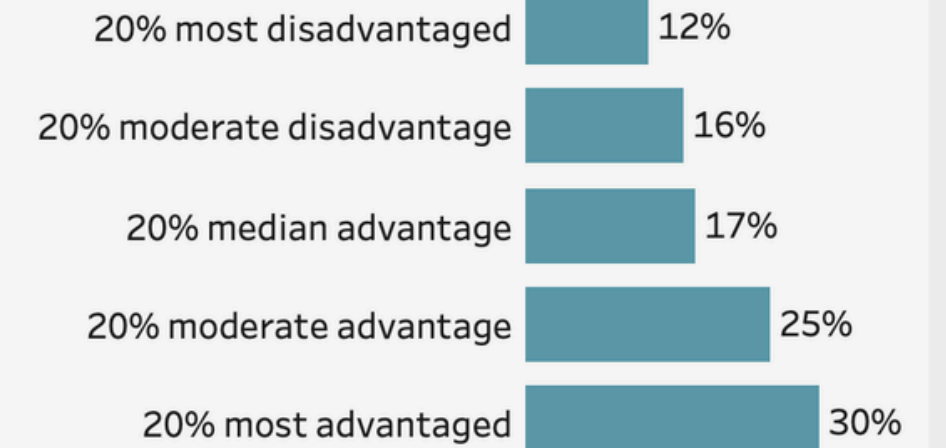
The survey sample is overrepresented amongst the more advantage cohorts (see the MMM skew to MMM1 on the previous page).

Sample composition

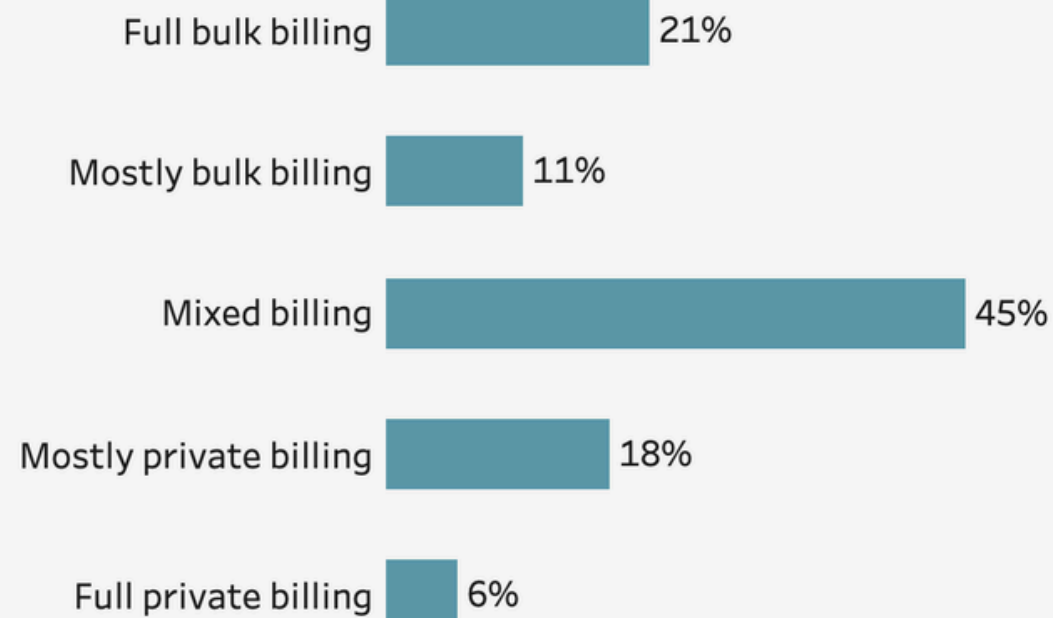
Length of time practising in local area



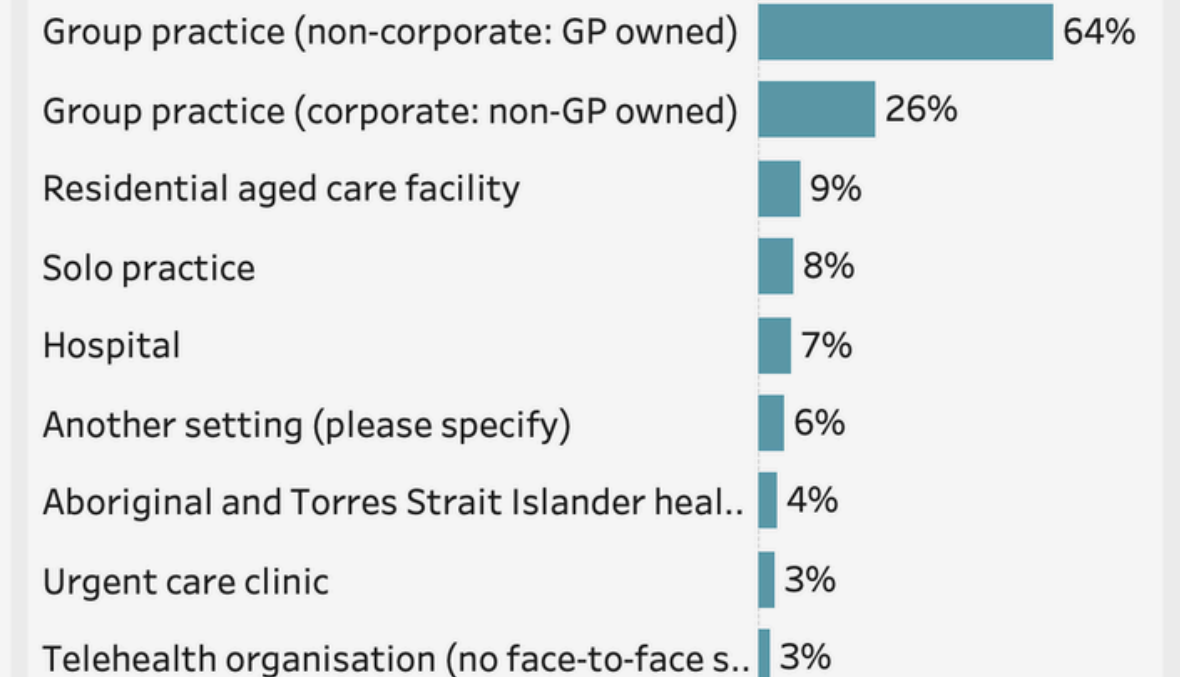
Index of Relative Social Disadvantage (based on practice postcode)



Which of the following best describes the billing model of your main practice?



In which of the following settings have you practised in the past month?



Sample: GPs who have made a non-GP specialist referral in the last month n=357

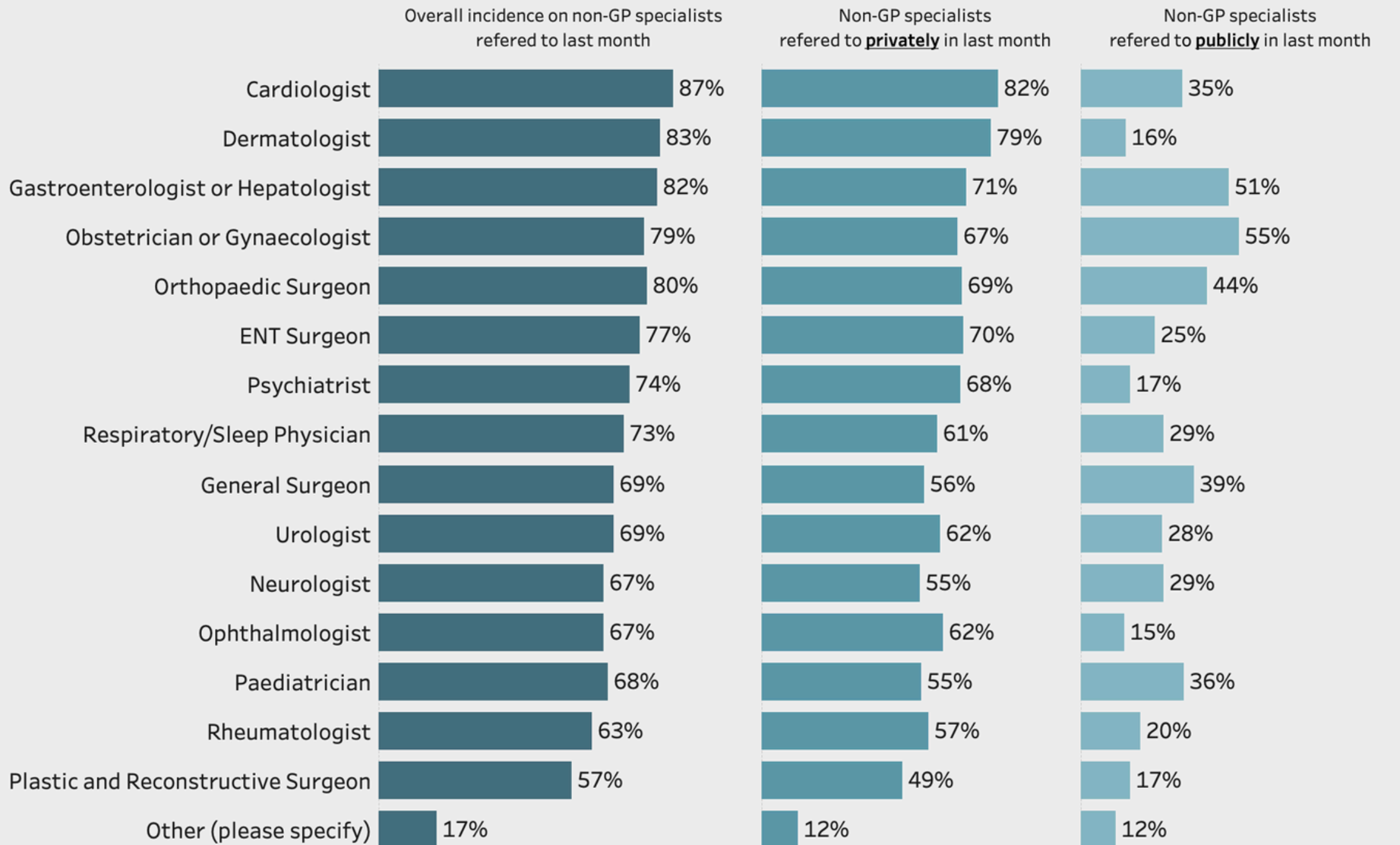
Survey of General Practitioners

Section 2: Referral context

Broad cross-section of specialities covered in the survey

The survey captured referrals across a broad range of specialties, with cardiologists, dermatologists and gastroenterologists among the most commonly referred specialists.

Which of the following types of non-GP specialists have you referred to in the past month as new condition referrals through the public pathway? And through the private pathway?



Sample: GPs who have made a non-GP specialist referral in the last month n=357

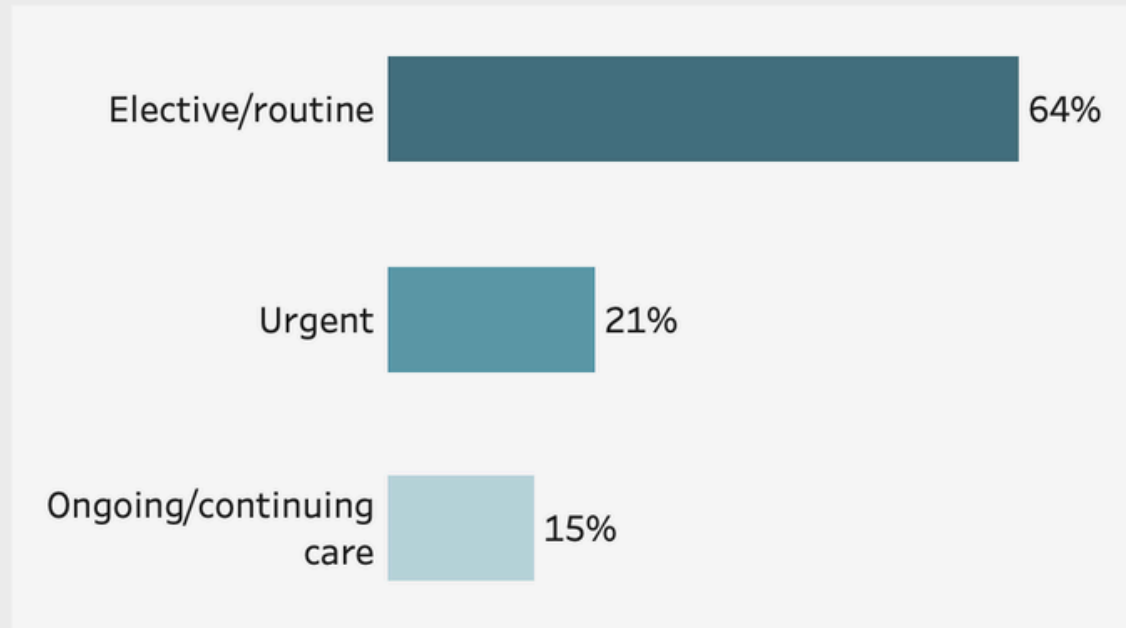
Most recent private referrals were elective

Note that these questions refer to the most recent private referral.

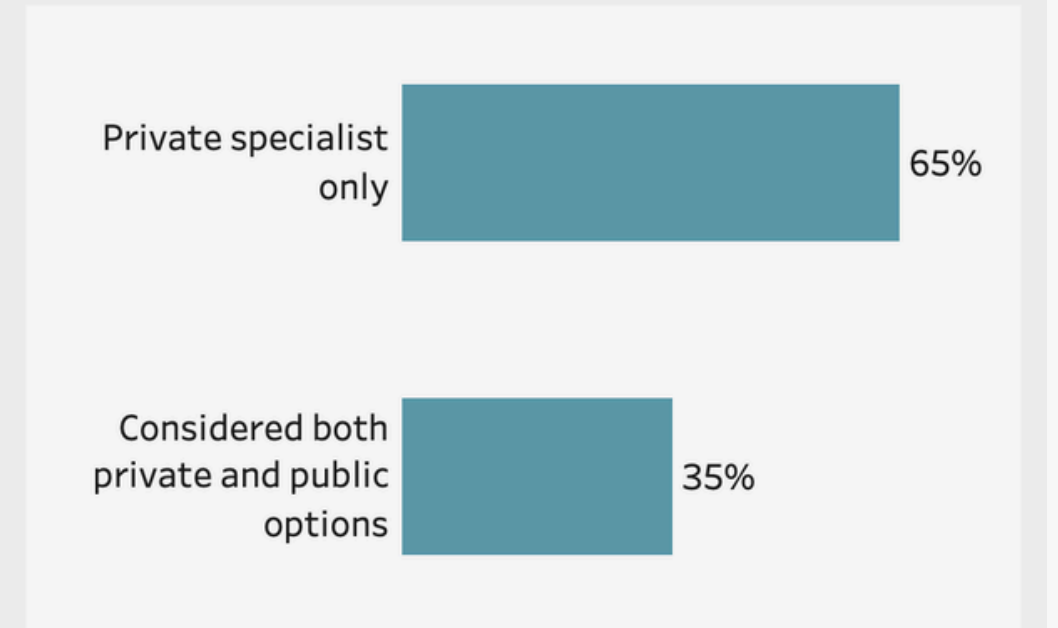
Nearly two-thirds of recent private referrals were elective or routine, and most involved consideration of private specialists only.

In 35% of referrals, although they were private, both the public and private pathways were considered.

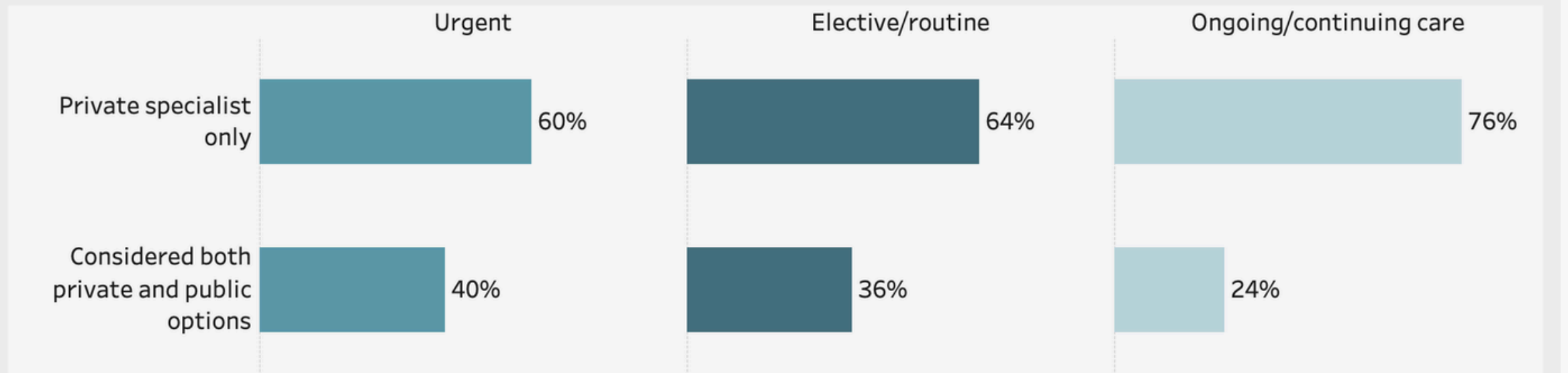
Please think about the most recent private referral to a [SPECIALIST]. Which of the following could be used to describe the referral?



Please think about the most recent private referral to a [SPECIALIST]. Which pathways did you consider for this referral?



Please think about the most recent private referral to a [SPECIALIST]. Which pathways did you consider for this referral?

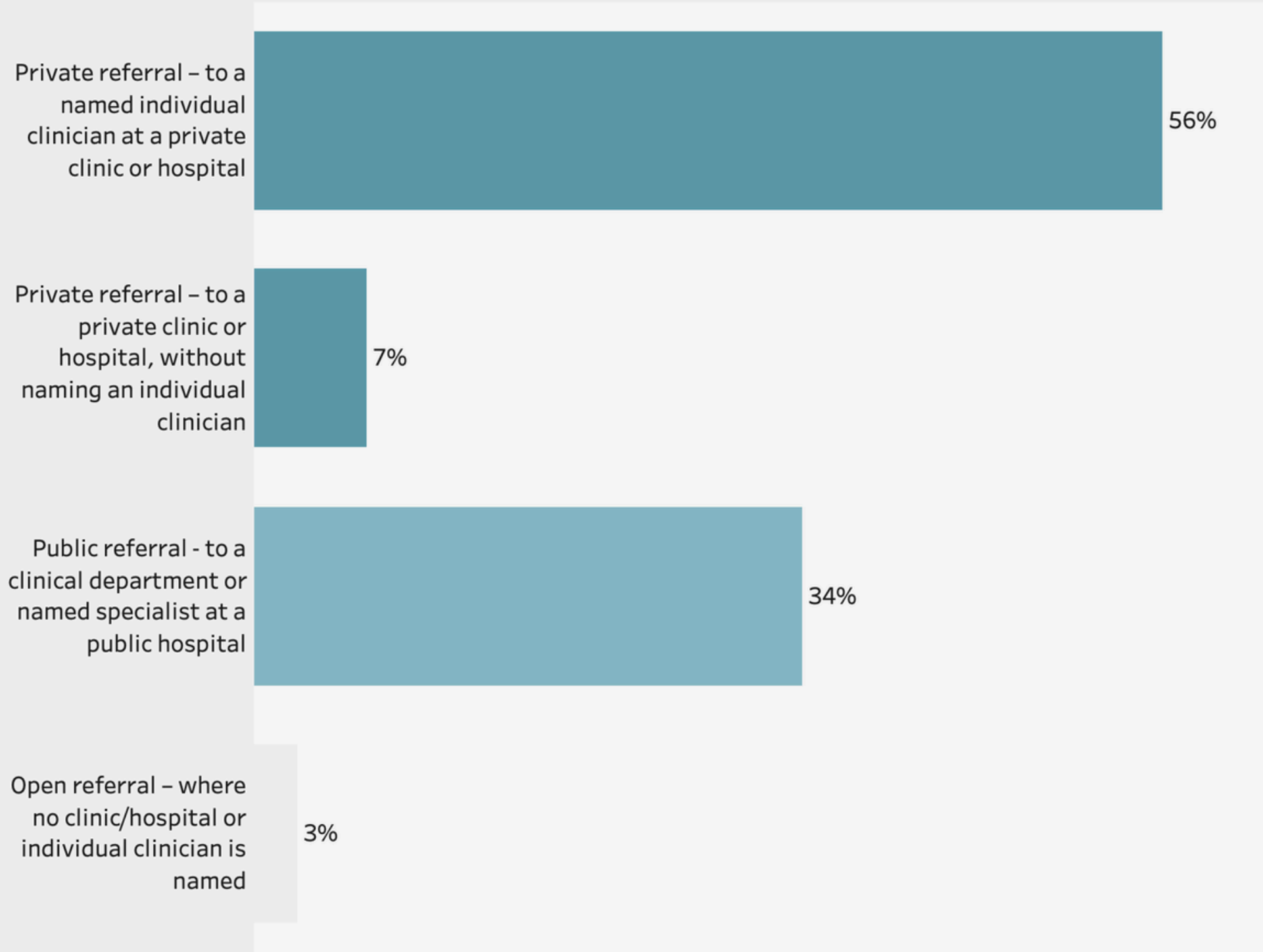


Sample: Private referrals to non-GP specialists in the last month n=694

Private named referrals dominate specialist referrals

Most referrals are directed to a named private specialist, with private referrals accounting for almost two-thirds of all specialist referrals.

Thinking about the referrals you make as new conditions to non-GP specialists, approximately what percentage fall into each of the following categories?



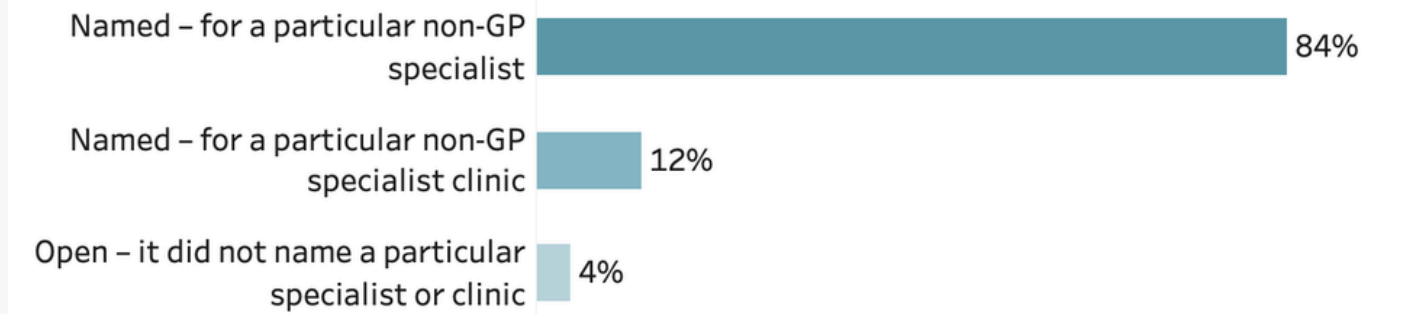
63%
of non-GP referrals are for the private pathway

Sample: GPs who have made a non-GP specialist referral in the last month n=357

The voice of the GP: Unnamed /open referrals

GPs have inconsistent and often incorrect understandings of whether a referral can be used with a different specialist or as an “open” referral. Practice is driven more by local norms and admin requests than by a clear grasp of the formal rules.

Please think about the most recent private referral to a [SPECIALIST]. Was this referral named or open?



Some believe referrals are “locked” to the named doctor

“My understanding is if I write it to Dr X, they have to see Dr X... if they want to see someone else, I need to do another referral.”

Very few think referrals are effectively open by specialty

“From what I’ve been told, if I write to a psychiatrist, the patient can take that to any psychiatrist in Australia... it doesn’t have to be that one person.”

Many only feel confident about flexibility within a group or clinic

“If I write to someone in a big group, they’ll often book them with whoever has space... I assume that’s okay within the practice, but I’m not sure about other practices.”

Public vs private treated differently in practice

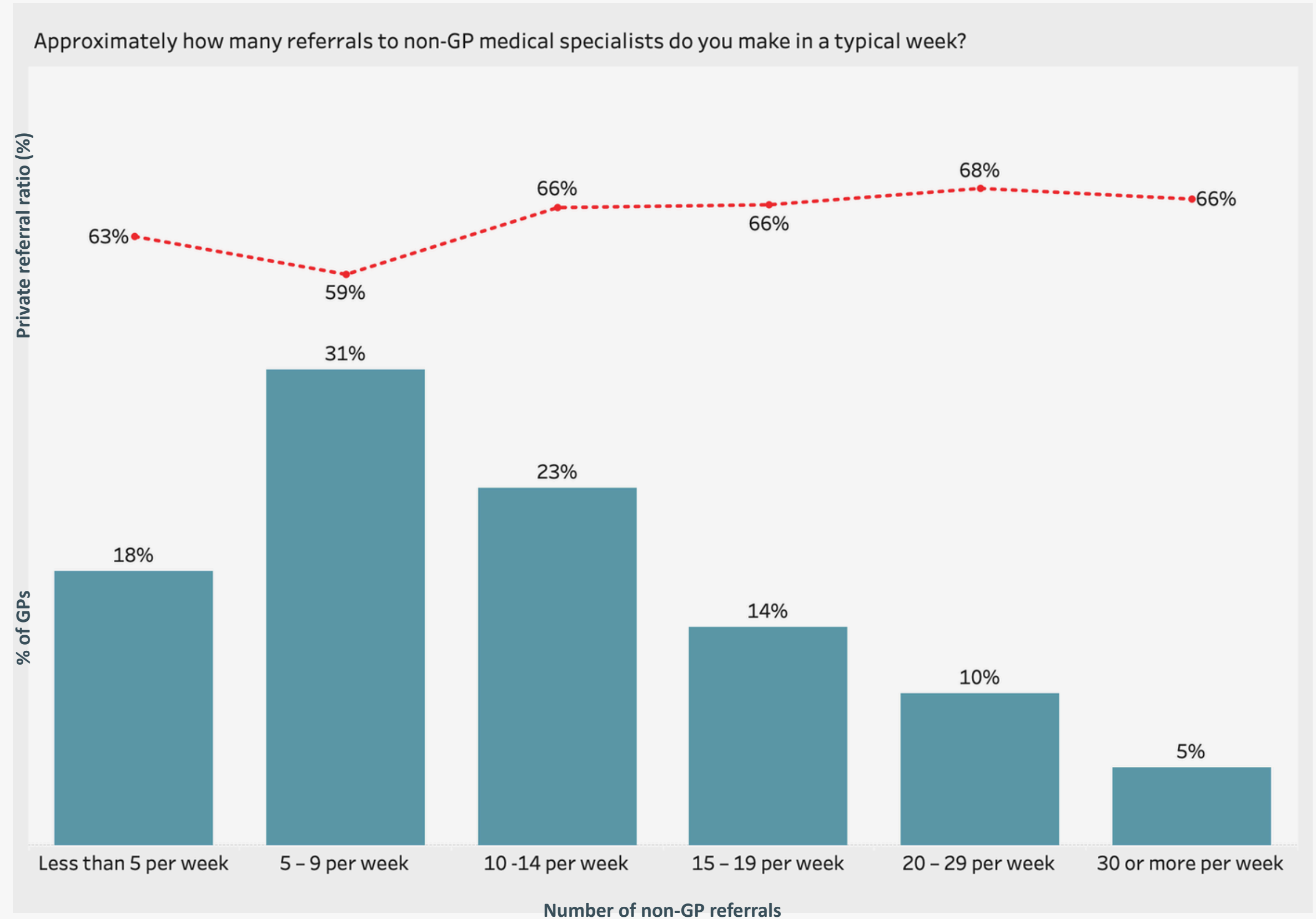
“For the public hospital I’ll just write to the department or clinic... but for private I usually put a name because that’s what they tell us they need for billing.”

Net effect: confusion and local work-arounds

“I don’t think any of us are completely clear on the rules – we mostly go by what the clinics ask for and what seems to work for the patient.”

Most GPs make fewer than 15 specialist referrals per week

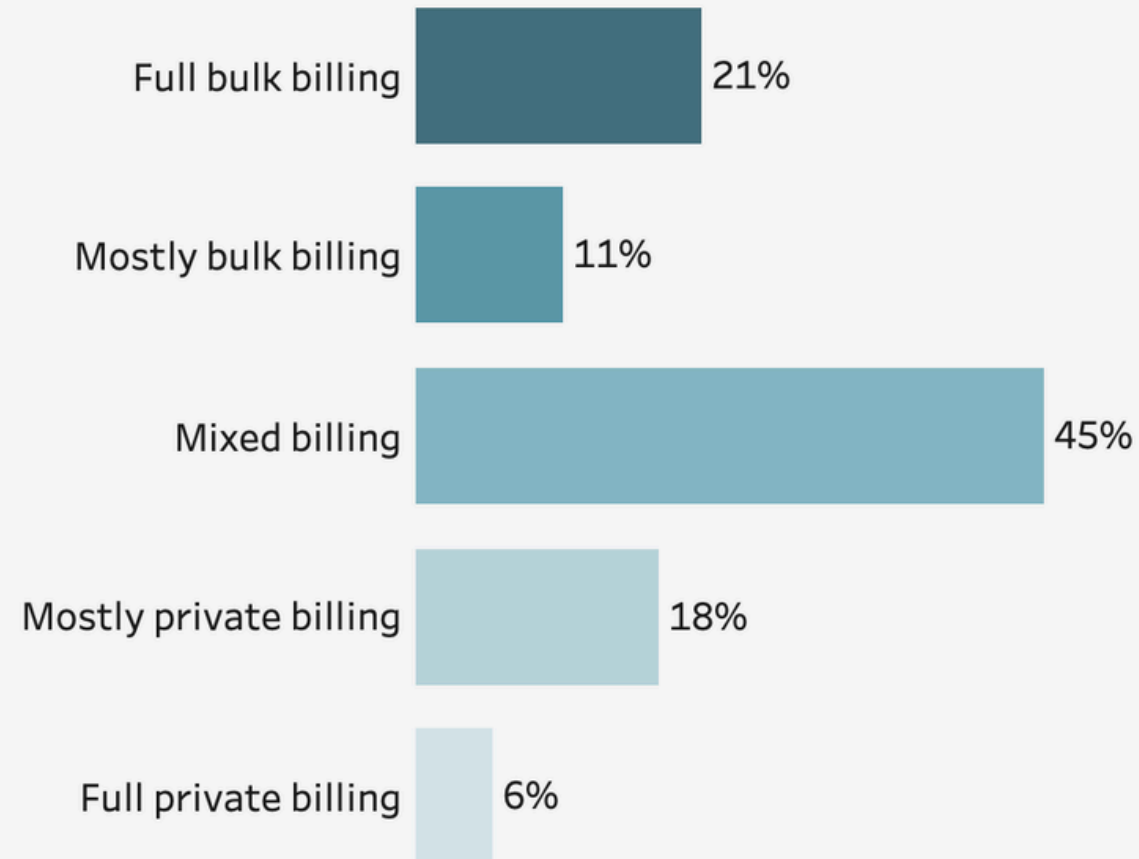
Referral volumes vary considerably, although most GPs report making between 5 and 14 specialist referrals in a typical week.



Sample: GPs who have made a non-GP specialist referral in the last month n=357

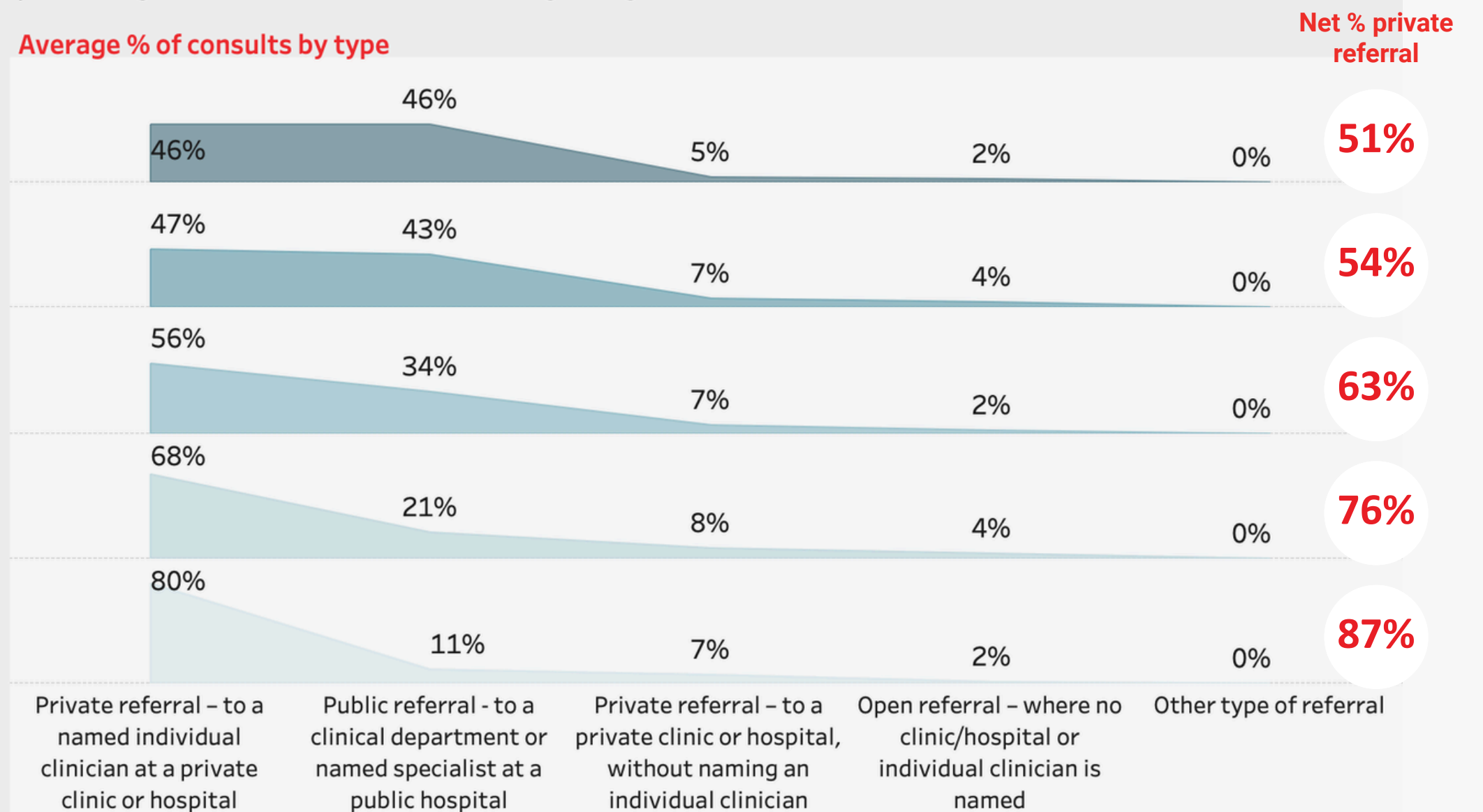
Private referrals increase as practices become more privately billed

Which of the following best describes the billing model of your main practice?



Thinking about the referrals you make as new conditions to non-GP specialists, approximately what percentage fall into each of the following categories?

Average % of consults by type



Sample: GPs who have made a non-GP specialist referral in the last month n=357

Survey of General Practitioners

Section 3: Factors influencing referral choices

Overview: Factors influencing referrals

Clinical judgment drives referrals, but access pressures shape outcomes

Referral decisions are primarily driven by clinical appropriateness, specialist expertise and established referral relationships. However, access factors, including wait times, specialist availability and patient affordability, play a critical role in determining who patients are ultimately referred to and whether they enter the public or private system.

Key highlights

- Clinical factors influence 87% of private referrals
- Non-financial access factors influence 86% of referrals
- GP-specialist relationships influence 77% of referrals
- Financial factors influence 64% of referrals
- Cost most commonly influences the choice between public and private pathways rather than specialist selection itself

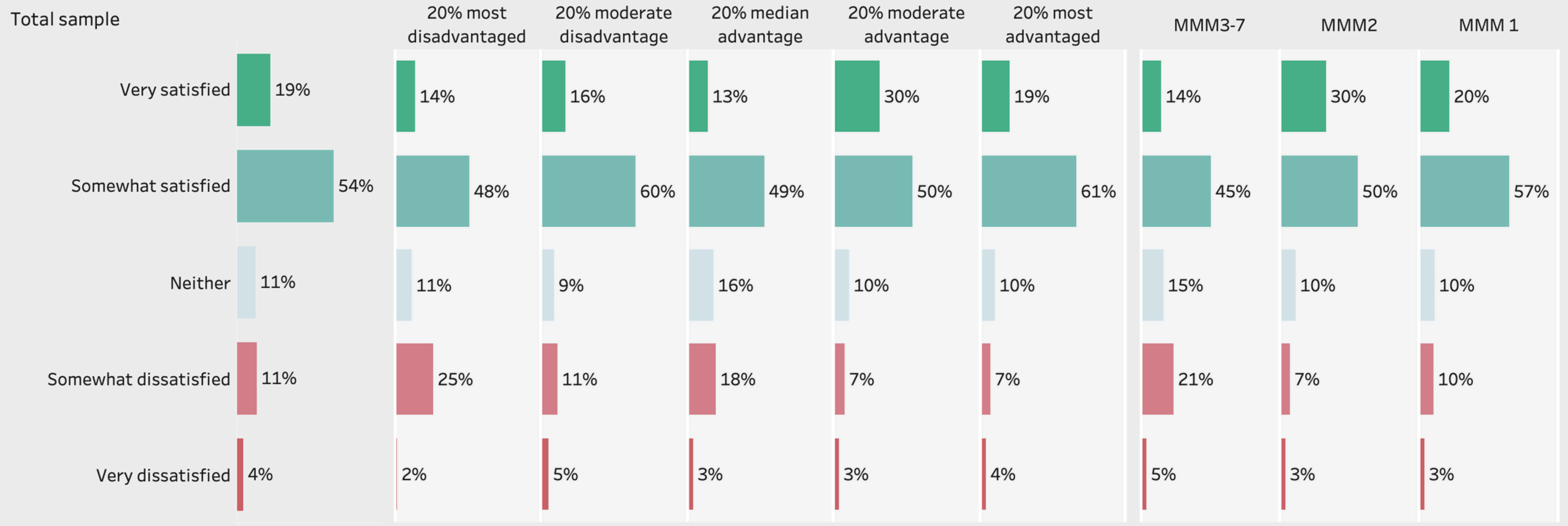
The findings suggest referral decisions are not constrained by a lack of clinical confidence or specialist quality, but increasingly by access, wait times and affordability.

Most GPs are satisfied with the referral system, but satisfaction is often qualified

Overall sentiment towards the specialist referral system is more positive than negative, with 73% of GPs reporting that they are either very or somewhat satisfied. However, the dominant response is "somewhat satisfied" rather than "very satisfied", suggesting many GPs see the system as functioning reasonably well while recognising significant shortcomings.

Satisfaction is generally higher in metropolitan and more advantaged communities, while dissatisfaction is more prevalent in disadvantaged and regional areas.

Overall, how satisfied are you with the current system for referring patients to non-GP specialists?



Sample: GPs who have made a non-GP specialist referral in the last month n=357 | 20% most disad 44 * | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105 | MMM3-7 66 | MMM2 30 * | MMM1 260

*Caution small base sizes <50

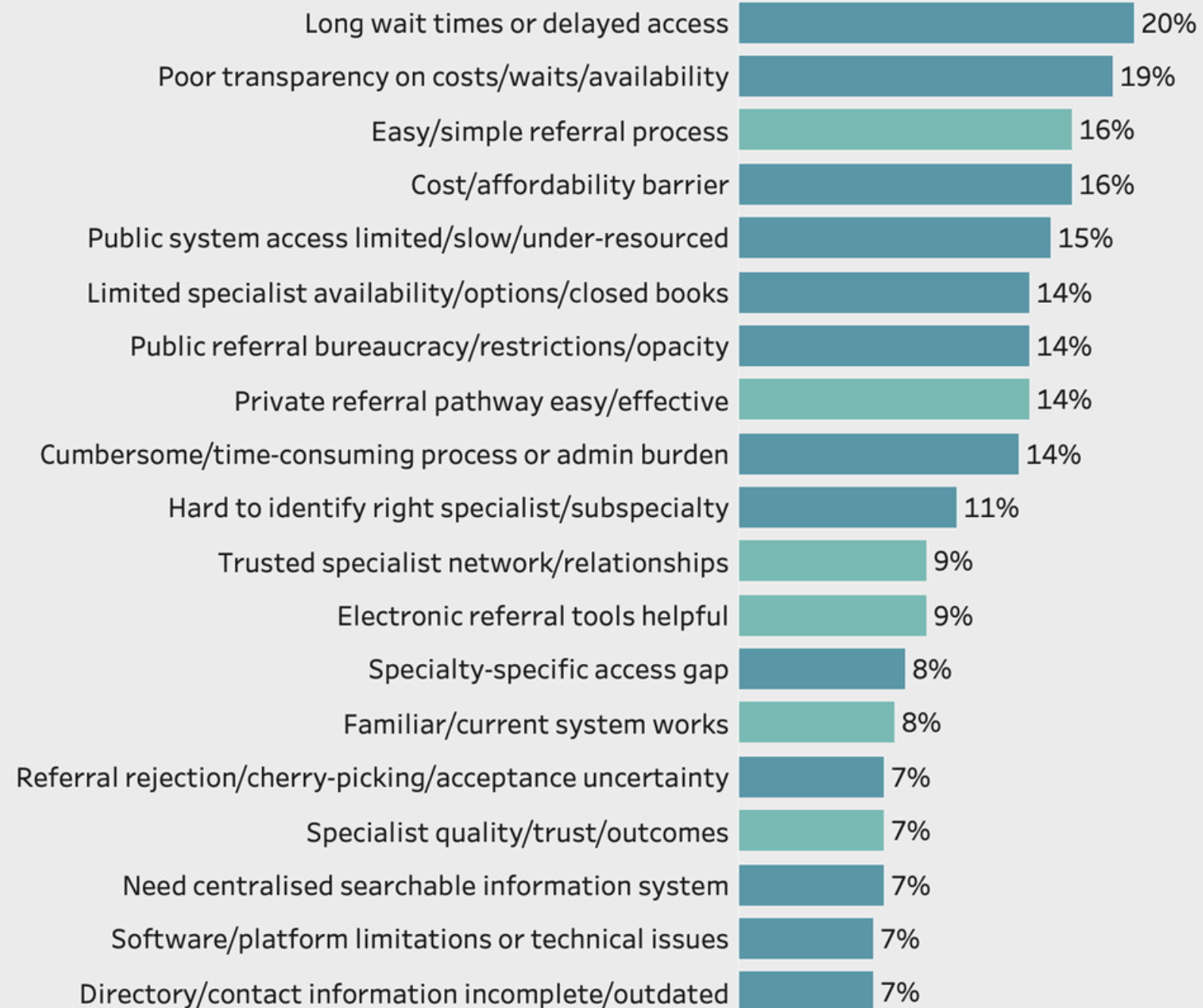
'Somewhat satisfied' GPs see room for improvement

Among somewhat satisfied GPs, long wait times, specialist availability and affordability remain the most commonly identified weaknesses of the referral system.

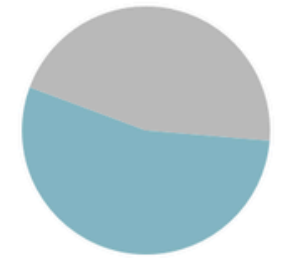
At the same time, many acknowledge strengths in the current system, including a straightforward referral process, established specialist networks and an effective private referral pathway.

Why do you rate the current system for referring patients to non-GP specialists in that way?
(Somewhat satisfied)

Mentions <5% not shown



54% of GPs are somewhat satisfied



Because I have a good network of specialists to refer to, as I've been working in the area so long. Waiting times and financial constraints still remain an issue though.

Electronic referrals make the referral process very easy. The only challenge is finding the right specialist with open books

Sample: GPs saying somewhat satisfied n=193

Cost and access drive dissatisfaction

Among dissatisfied GPs, affordability, delays in accessing specialist care, limited availability and perceptions that the public system is under-resourced are the leading reasons for negative perceptions of the referral system.

Why do you rate the current system for referring patients to non-GP specialists in that way? (Somewhat or very dissatisfied)



15% of GPs are dissatisfied



The out of pockets expenses for patients is a major burden for them. The public system is under resourced and therefore wait times are too long for public outpatient clinics.

For public hospital, waiting time is not reasonable. The private specialists are very expensive.

Sample: GPs are dissatisfied n=54

The voice of the GP: factors influencing which non-GP specialist to refer to

GPs describe referral choice as a complex, case-by-case judgment balancing clinical fit, their own experience with specialists, patient needs and preferences, and the realities of access, cost and the health system. Rather than relying on a single metric, they draw on trusted relationships, patient feedback and practical constraints to decide who is the “right” specialist for each patient.

Factors influencing choice of specialist

1. Clinical fit and expertise

Appropriate specialty / sub-specialty: GPs prioritise matching the patient’s specific problem to the right specialty and, where relevant, sub-specialty (e.g. particular cancer type, joint, procedural vs non-procedural care)
Perceived clinical quality: Referrals are steered toward specialists GPs believe are clinically strong, based on patient outcomes, letters, and peer reputation rather than formal ratings

“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.”

“For some cancers or tricky joints I’ve got a specific person in mind because I know that’s their area... I won’t just send those to anyone.”

2. Prior experience and relationships

Past experience with the specialist: Positive prior experiences (good outcomes, clear plans, seeing the patient back) strongly reinforce ongoing referrals; negative experiences push GPs to refer elsewhere
Communication quality: Specialists who send timely, informative letters, are reachable by phone/email, and collaborate respectfully are favoured. Poor or absent communication is a major deterrent
Responsiveness/accessibility to the GP: Being willing to “fit in” urgent patients or give informal advice (e.g. over the phone) builds strong loyalty from GPs

“I tend to go back to the people where I’ve had good outcomes and good communication – they write back, they’re clear about the plan, and I feel like we’re working as a team.”

“If I’ve referred a few times and I either never get a letter or the letters are useless, I’m much less likely to send to that person again.”

The voice of the GP: factors influencing which non-GP specialist to refer to

3. Patient factors and preferences

Patient preference & previous experience: If patients have seen a specialist before, or express a clear preference (positive or negative), GPs typically respect that and steer referrals accordingly

Financial situation & insurance status: Ability to pay, private insurance, and likely out-of-pocket costs heavily shape whether GPs refer public vs private, and which private specialists they consider

Location, travel and mobility: Proximity to the patient's home, transport constraints, and whether the specialist consults locally or requires long travel are major considerations, especially in regional/rural settings

Language, culture, gender and "fit": For some patients, gender of the specialist, language, cultural background or interpersonal style (kindness, listening, bedside manner) are important, and GPs try to align referrals accordingly

"If a patient has seen someone before and they're happy, I'll usually honour that preference. If they tell me, 'I never want to see that doctor again,' I factor that in as well."

"Things like gender, language and personality matter for some people... if it's a sensitive issue, I'll try to find someone they're going to feel comfortable with."

4. Access, wait-times and service configuration

Waiting times/capacity: Appointment delays are a key driver: short waits can trump other factors when issues are urgent; very long waits can push GPs to alternative specialists or public clinics

Urgency and clinical risk: Higher-risk or urgent cases may go to whichever competent specialist can see the patient fastest or to hospital-based services, even if that's not the GP's usual first choice

Public vs private pathways: GPs constantly weigh public clinic wait-lists vs private access, considering urgency and cost. For some problems, they may start in public even if private is theoretically available, or vice versa

"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."

"In theory I might have a 'first choice', but if the wait list is ridiculous, I'll look for someone else who's competent and can see them in a reasonable timeframe."

The voice of the GP: factors influencing which non-GP specialist to refer to

5. Cost and transparency considerations

Out-of-pocket costs and gaps: Known bulk-billing or low-gap providers are attractive for patients with financial strain; high fees and unpredictable gaps can deter referrals unless there is strong perceived clinical value

Informal cost knowledge: GPs often rely on informal knowledge (patient stories, practice staff, relationships with specialists) rather than formal tools when judging affordability

“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.”

“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.”

6. Information sources and “quality signals”

Patient feedback: Repeated patient experiences (positive or negative) strongly influence future referrals—patients “report back” on how they were treated, the clarity of explanations, and perceived outcomes

Colleague and network recommendations: Word-of-mouth from other GPs and specialists, MDTs, and hospital contacts acts as a major quality signal

Letters and communication style as proxies for quality: Detailed, thoughtful correspondence and clear plans are used as proxies for competence and drive repeat referrals

“Most of my sense of ‘quality’ comes from what patients tell me afterwards – did they feel listened to, was the plan clear, did things improve – and from colleagues’ experiences.”

“It is word-of-mouth, letters, outcomes – that’s how you build up a picture of who you’re happy to send to.”

7. Practicalities and system constraints

Acceptance of new patients/referral barriers: Whether a specialist is actually accepting referrals, referral criteria, and how “easy” the process is (forms, triage rules, admin friction) shape choice

Hospital affiliations and service linkages: Links to particular hospitals, services (e.g. rapid access clinics), or multidisciplinary teams influence which specialists are practical options

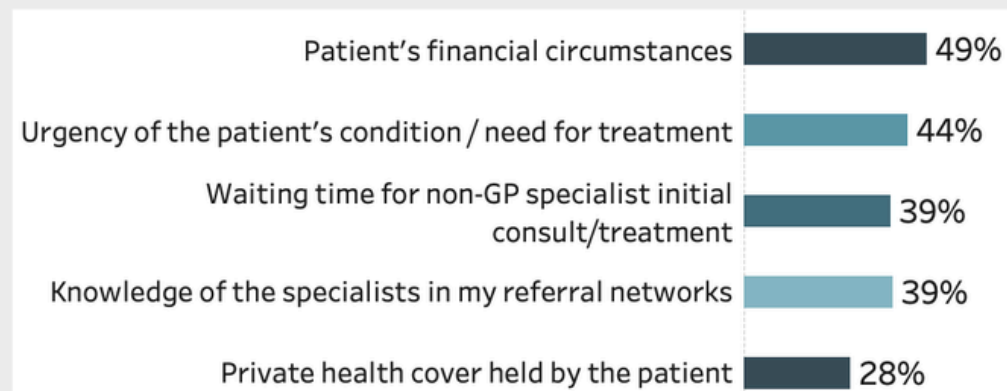
“There’s also the question of who is actually taking new patients... some clinics are effectively closed, so even if they’re excellent, they’re not a real option right now.”

“Hospital links matter – if I know a specialist is well embedded in a particular service or MDT, that can make the whole pathway smoother for the patient.”

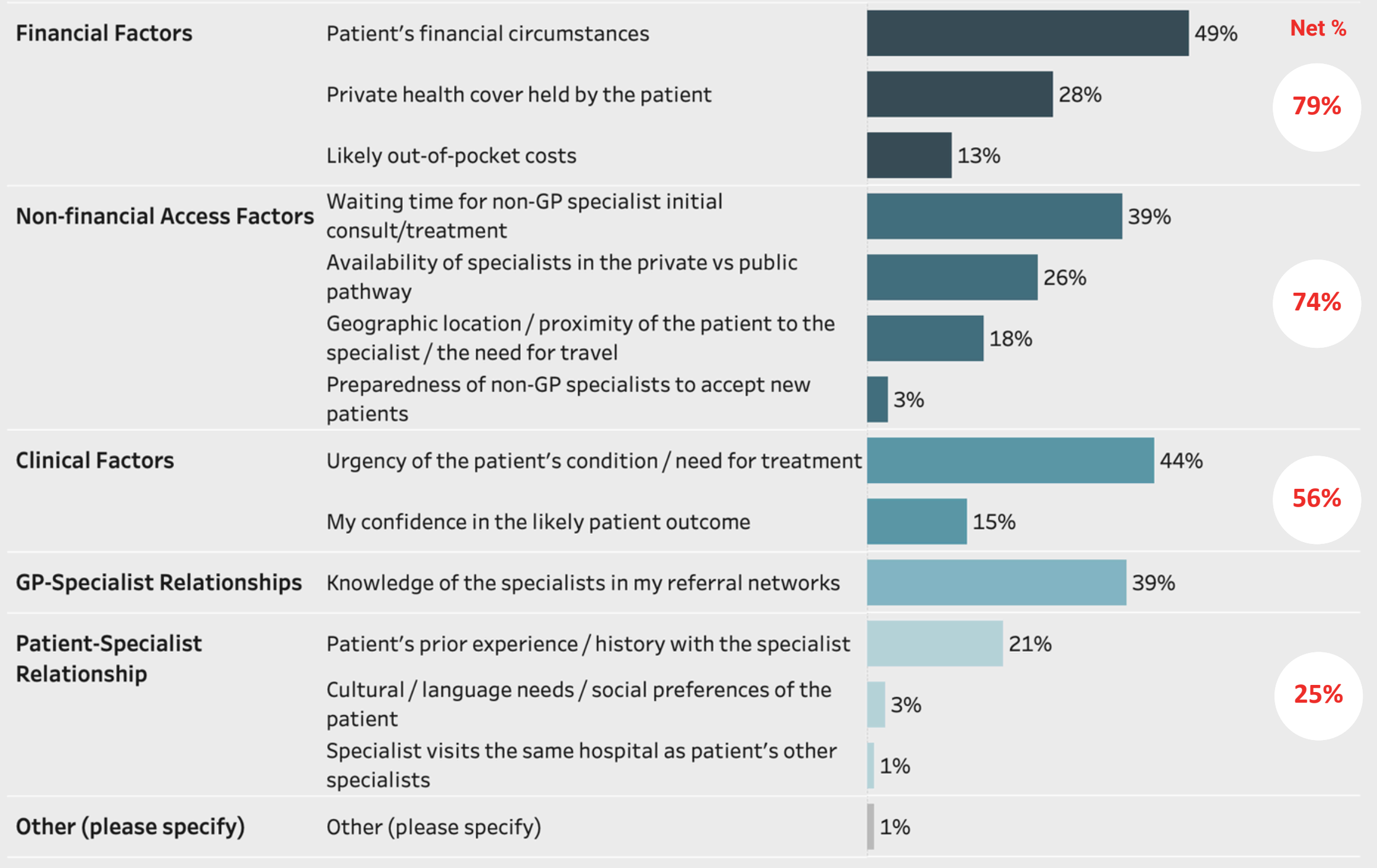
Financial and access factors are primary influencers of public vs private pathways

When asked what three factors are most influential in deciding between the public and private referral pathway, the patient's financial circumstances, urgency of the situation, waiting times and knowledge of the specialists in their network are the most frequently mentioned.

Five most frequently mentioned factors



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

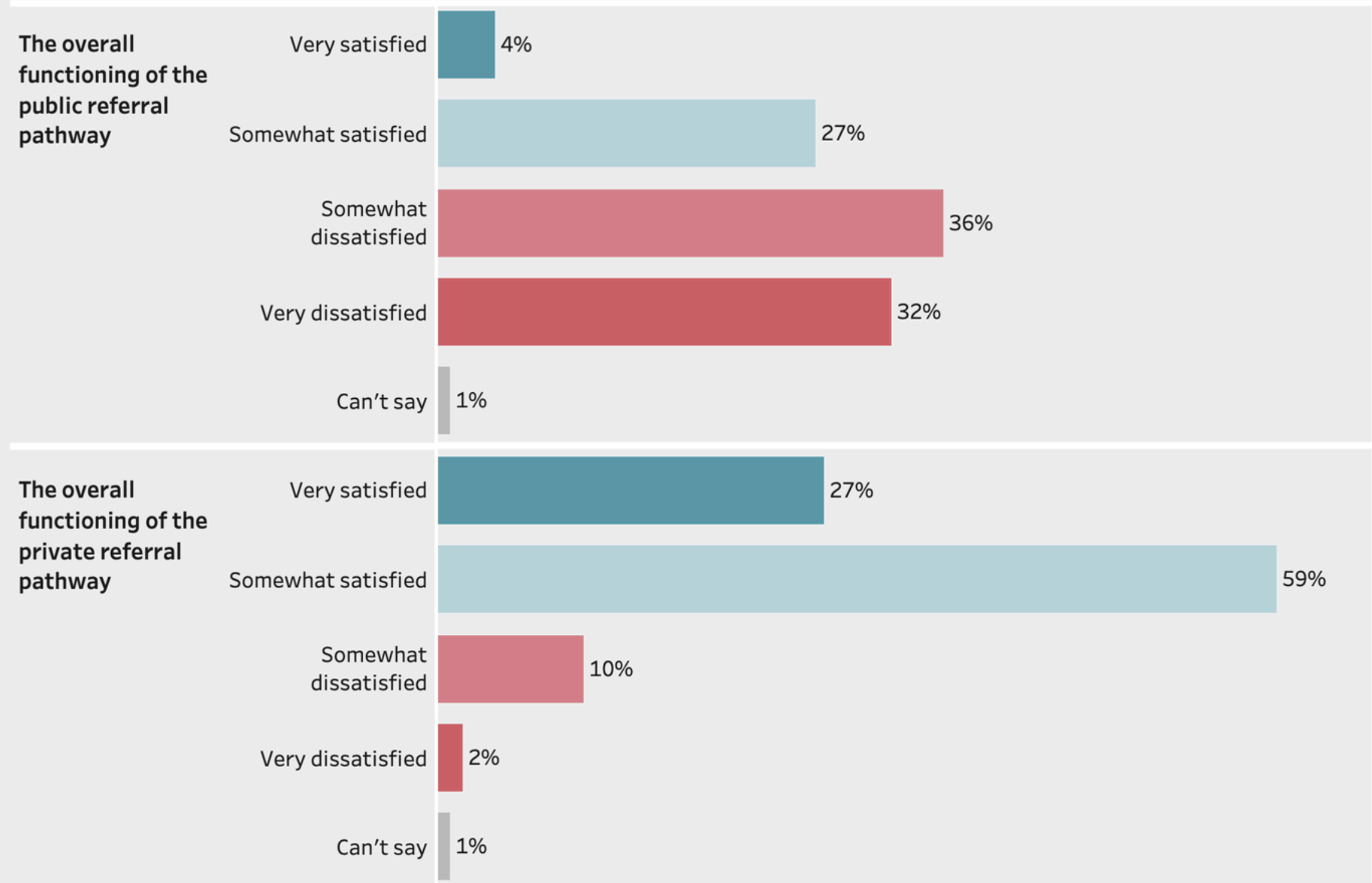


Sample: GPs who have made a non-GP specialist referral in the last month n=357

Divide between satisfaction with the public versus private referral pathway

Satisfaction with private referral pathways is substantially higher than satisfaction with public referral pathways.

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?

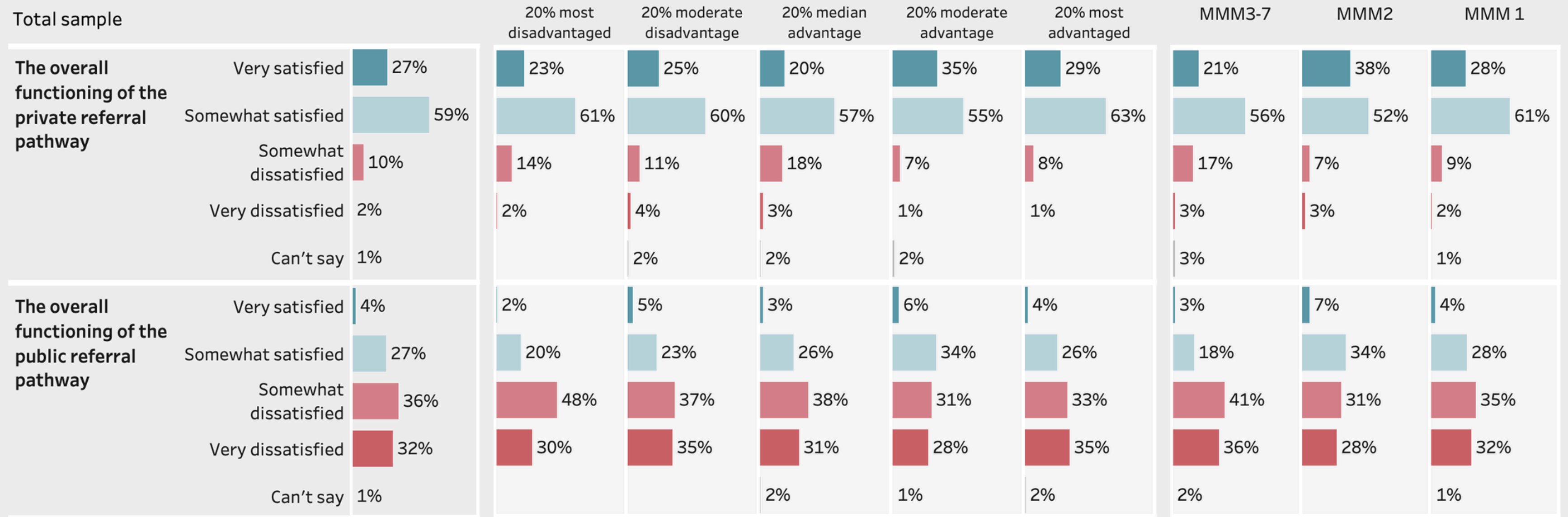


Sample: GPs who have made a non-GP specialist referral in the last month n=357

Dissatisfaction with public pathways is widespread

Dissatisfaction with the functioning of the public referral pathway is widespread, but particularly prevalent in areas of greater disadvantage (based on the IRSD) and more regional and remote areas (MMM3-7).

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?



Sample: GPs who have made a non-GP specialist referral in the last month n=357 | 20% most disad 44 * | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105 | MMM3-7 66 | MMM2 30 * | MMM1 260

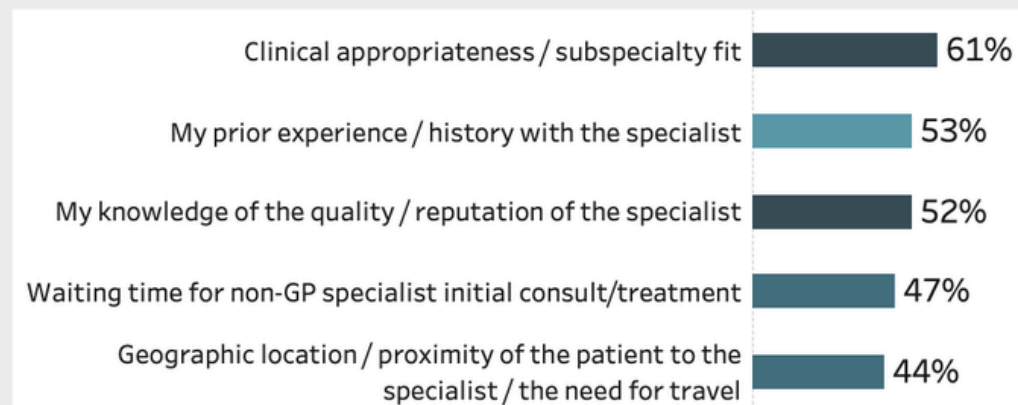
*Caution small base sizes <50

Clinical and non-financial access factors are the strongest influencing referrals in the private system

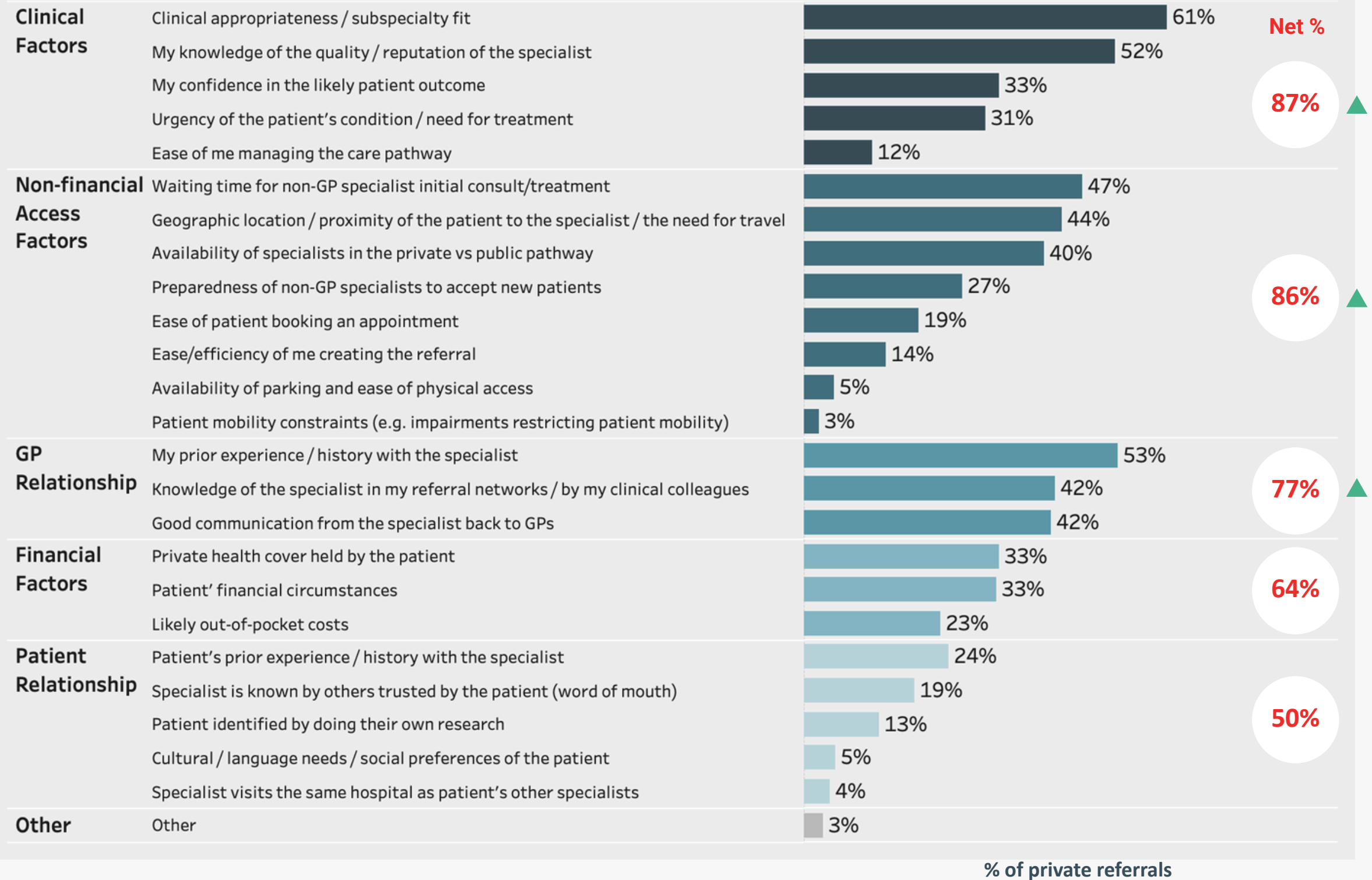
Significantly more GPs mention clinical factors (87%), non-financial access factors (86%) or relationship factors (77%) as influencers when making referrals to a private specialist than do financial factors (64%).

The three most frequently mentioned factors influencing the private referral included the clinical appropriateness, the GPs prior experience with the specialist and their knowledge of the quality of the specialist.

Five most frequently mentioned factors



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

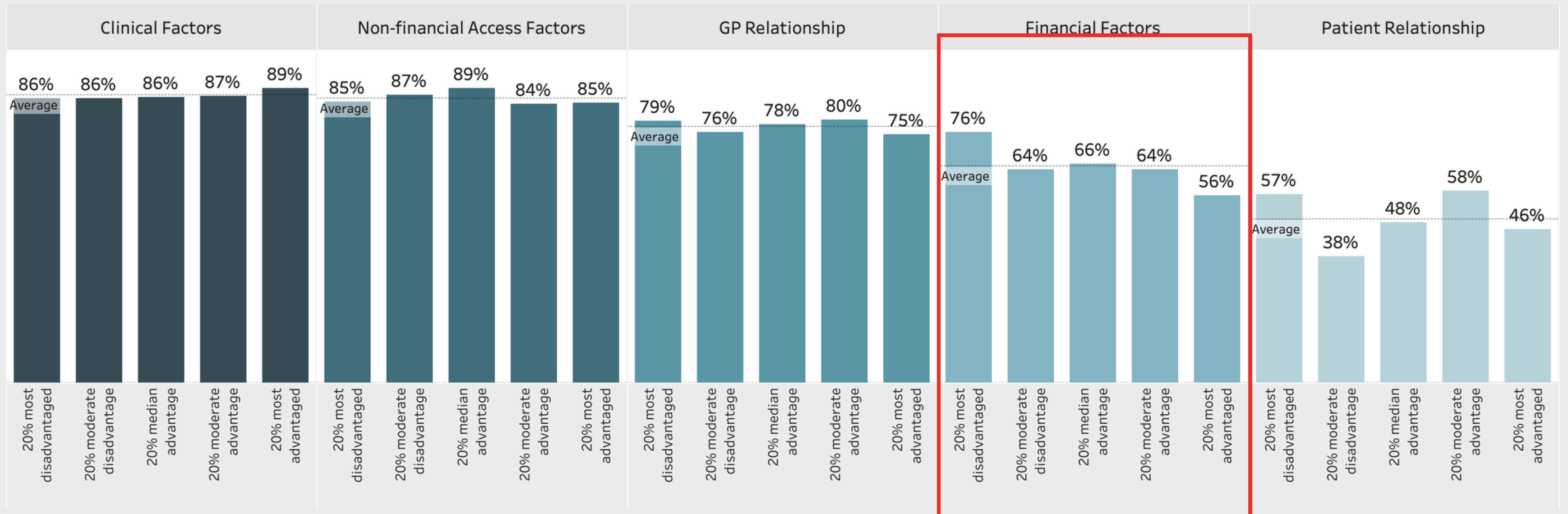


Sample: Private referrals to non-GP specialists in the last month n=694

Indicates a statistically significant difference at the 95% level of confidence.

Financial considerations are more prominent in disadvantaged communities

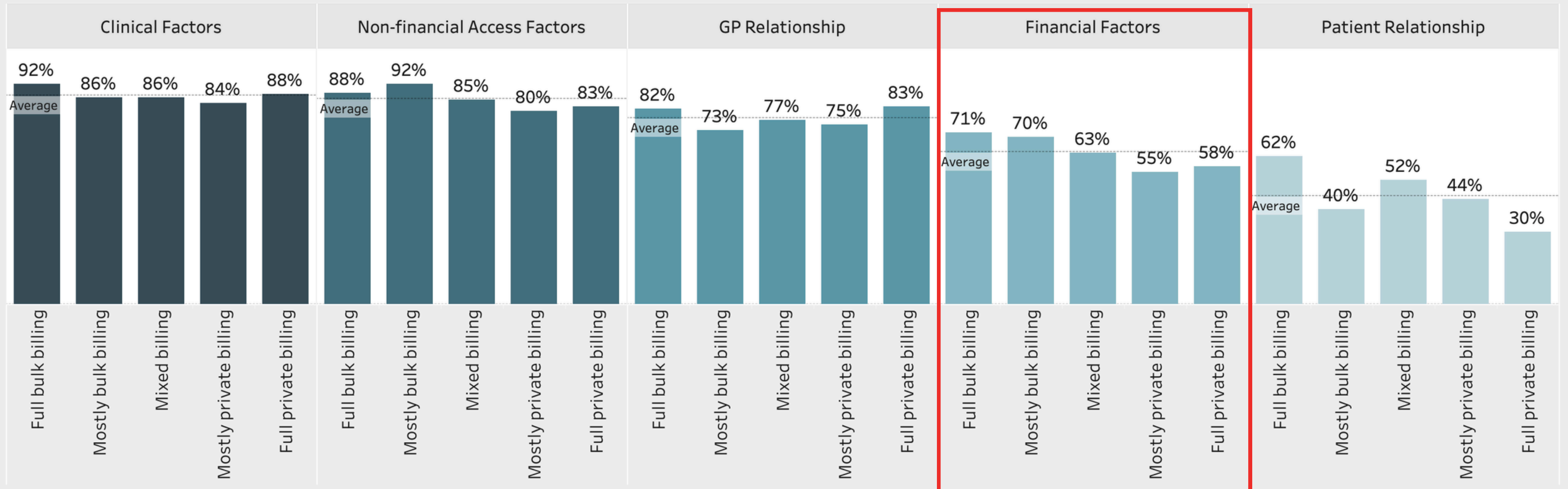
For this most recent private referral to a [specialist], which of the following factors influenced this referral?
Data shown by Index of Relative Social Disadvantage (IRSD)



Sample: 20% most disad 44 | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105

Financial considerations are more prominent amongst bulk billing GPs

For this most recent private referral to a [specialist], which of the following factors influenced this referral?
Data shown by billing model of the GP practice

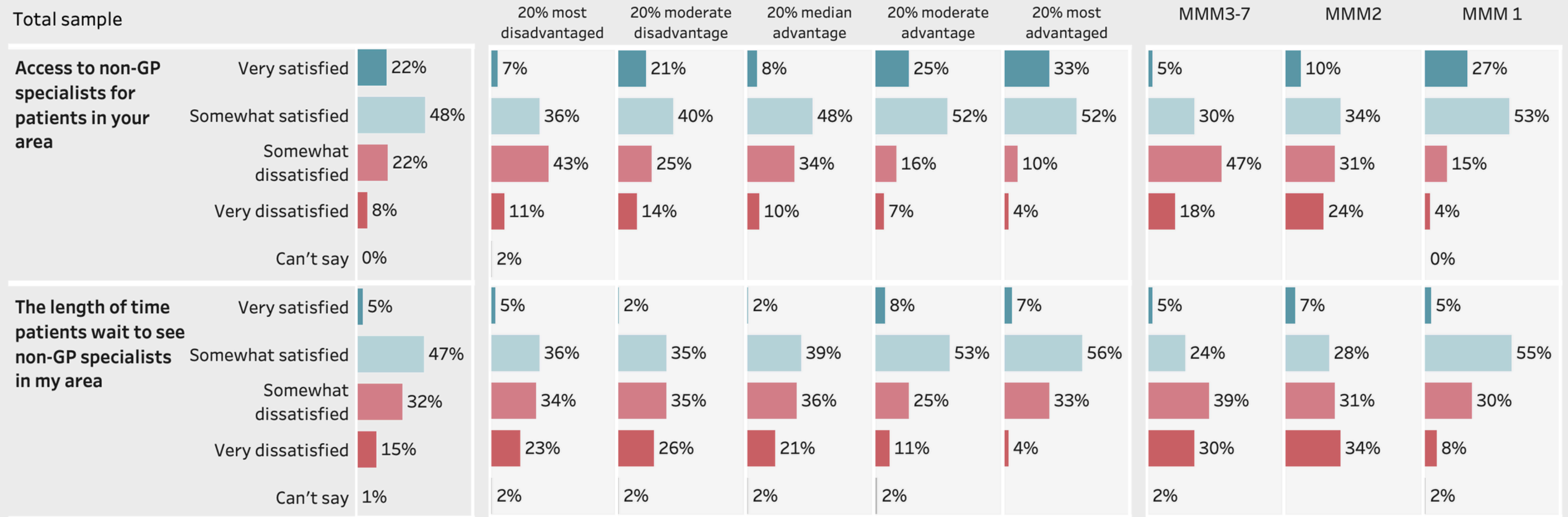


Sample: 20% most disad 44 | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advan 105

High levels of dissatisfaction with access, particularly outside of MMM 1 areas

Outside of MMM 1 areas there are more GPs who are dissatisfied with access to non-GP specialists than are satisfied. 47% of GPs are dissatisfied with wait times to see non-GP specialists and 47% are somewhat satisfied. Dissatisfaction with wait times is particularly high outside of MMM 1, where than two thirds of GPs are dissatisfied with wait times.

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?



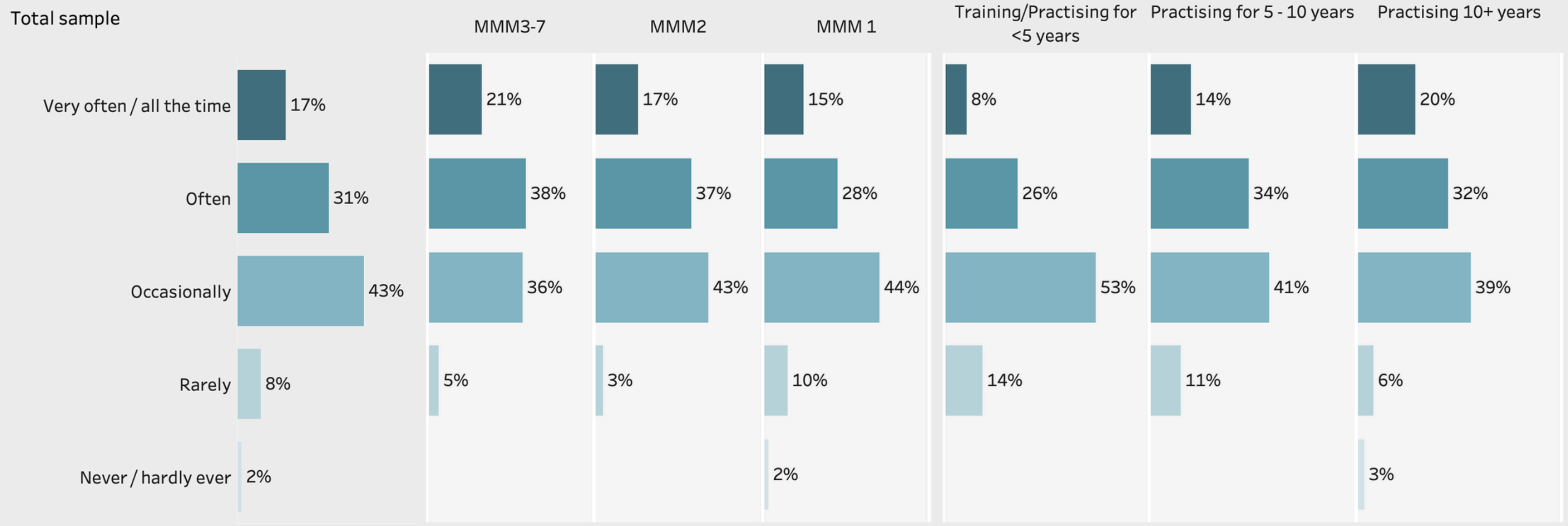
Sample: 20% most disad 44 * | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105 | MMM3-7 66 | MMM2 30 * | MMM1 260

*Caution small base sizes <50

One in two GPs compensate by personally managing conditions

48% of GPs report that they very often or often personally manage conditions for patients that might otherwise be referred to a non-GP specialist because of access or cost barriers. This is more prevalent amongst GPs in more remote areas (59% in MMM3-7) and amongst GPs who have been practising for longer.

How often do you personally manage conditions for patients that might otherwise be referred to a non-GP specialist because of access or cost barriers?

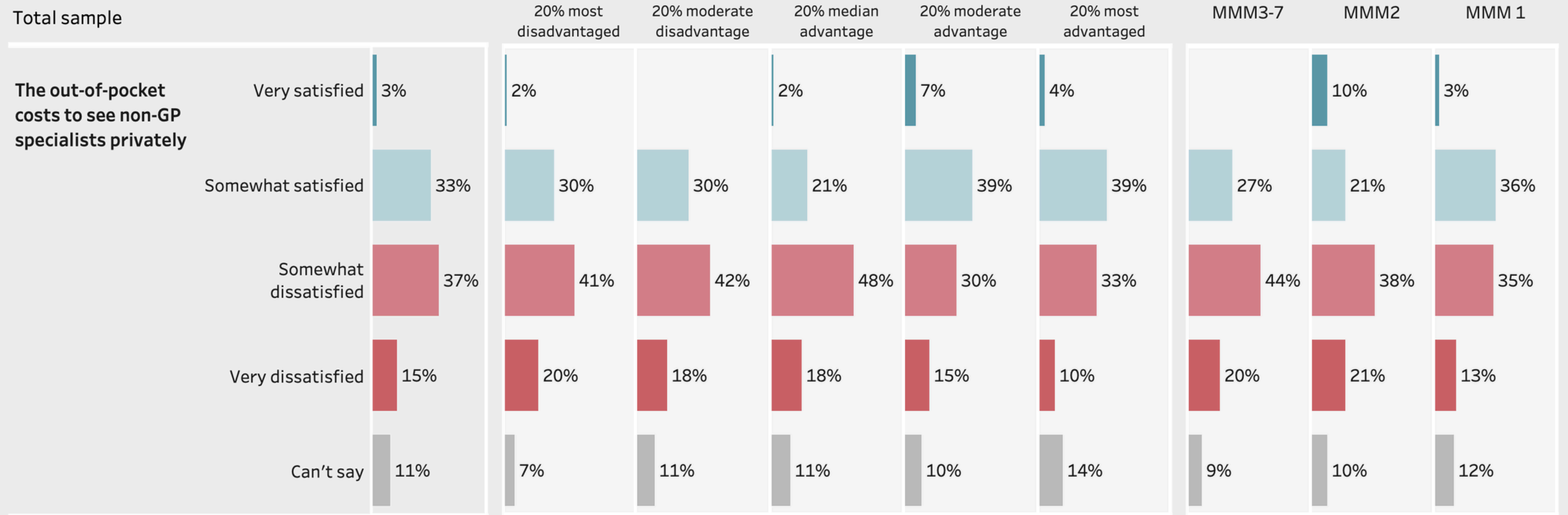


Sample: MMM3-7 66 | MMM2 30 * | MMM1 260 | Prac <5yrs 74 | 5-10 yr 56 | 10+ yr 222
 *Caution small base sizes <50

Dissatisfaction with out-of-pocket costs is high

Across all areas there are more GPs who are dissatisfied with out-of-pocket costs to see non-GP specialists private than are satisfied.

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?



Sample: 20% most disad 44 * | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105 | MMM3-7 66 | MMM2 30 * | MMM1 260

*Caution small base sizes <50

Costs are discussed in 61% of referral consultations

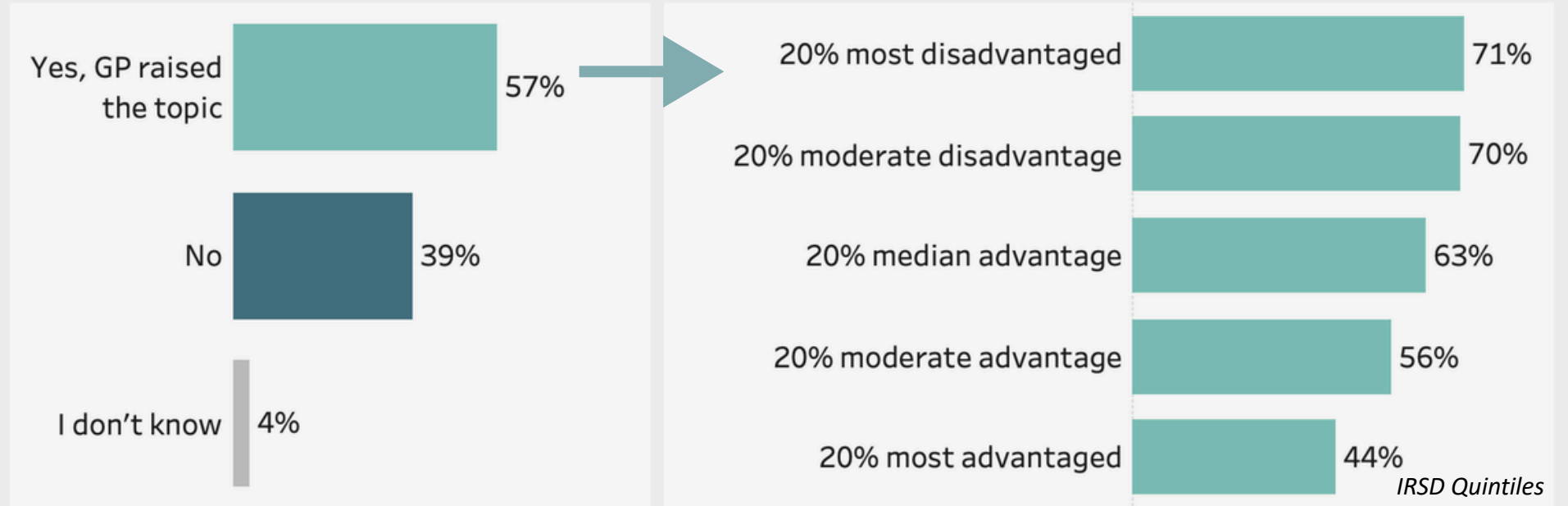
GPs report that in 61% of consultations involving a discussion about a referral, the topic of out-of-pocket costs, affordability or private health insurance was raised.

In most cases the GPs report that they raised the topic (57% of consultations). GPs report that patients raise the topic in 25% of consultations.

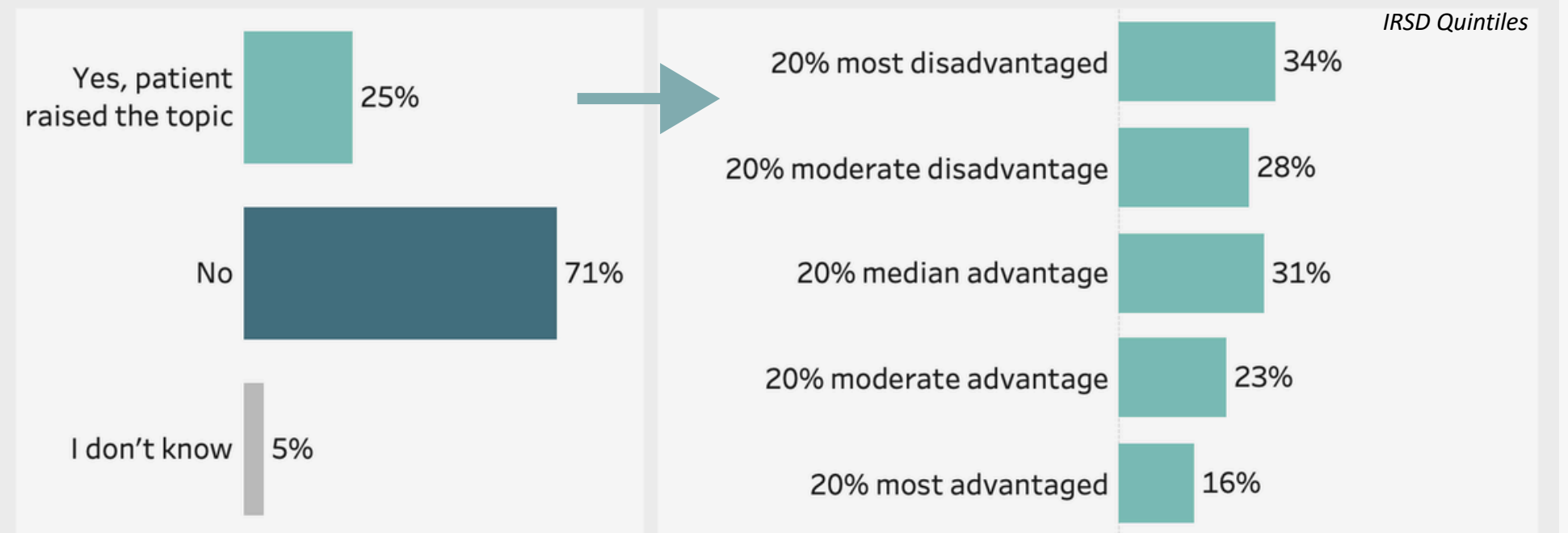
There is a strong correlation with socio-economic disadvantage (based on IRSD), with 70% or more of GPs practising in areas that are more disadvantaged raising the topic, as compared with 44% in the quintile of suburbs with greatest advantage.

OOPC discussed in **61%** of referrals

Did you raise the topic of out-of-pocket costs, affordability or private health insurance during the referral discussion?



Did the patient specifically ask you about out-of-pocket costs or affordability during the referral discussion?



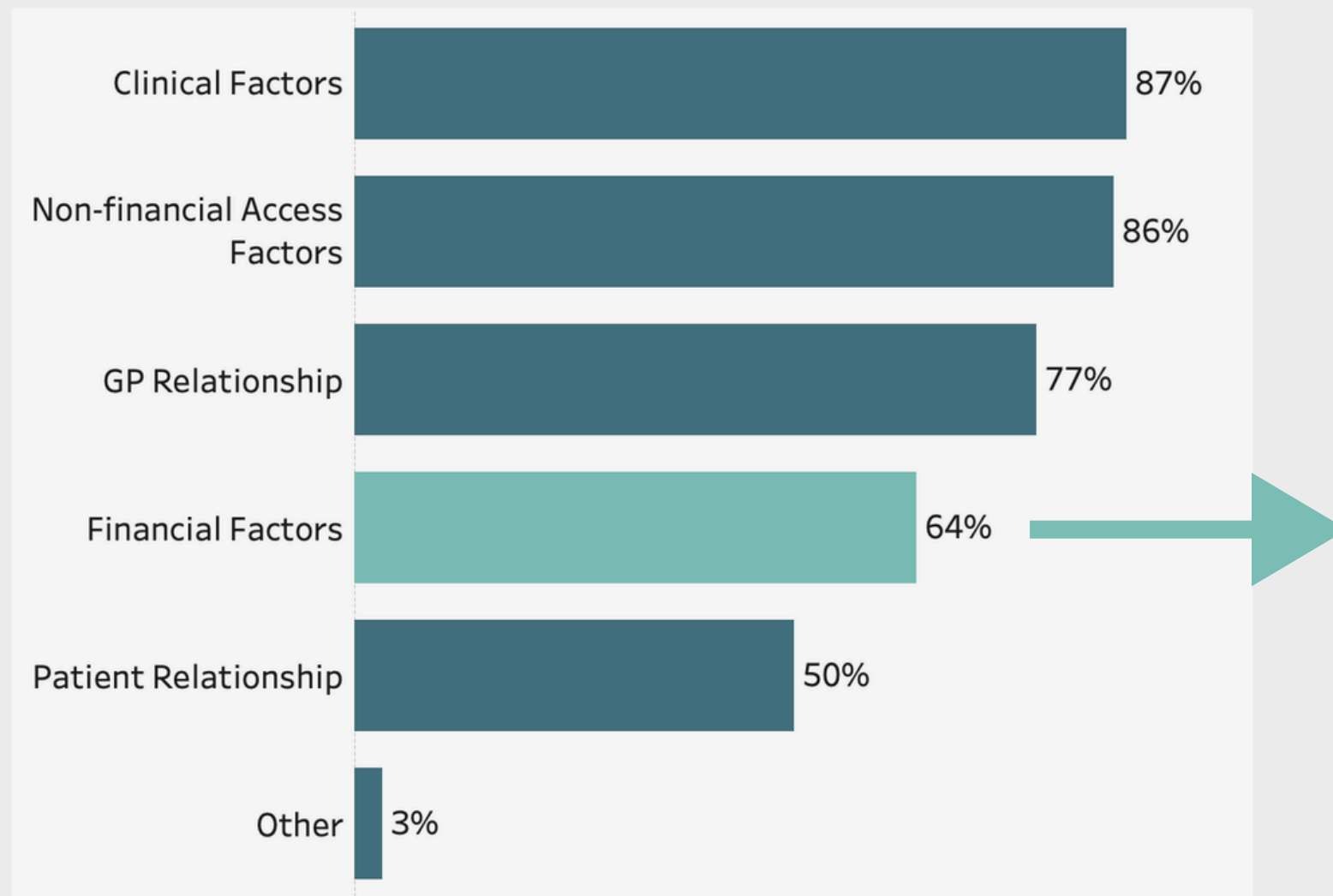
Sample: Private referrals to non-GP specialists in the last month n=694

Sample: 20% most disad 44 * | 20% moderate disad 57 | 20% median disad 61 | 20% moderate advan 88 | 20% most advant 105

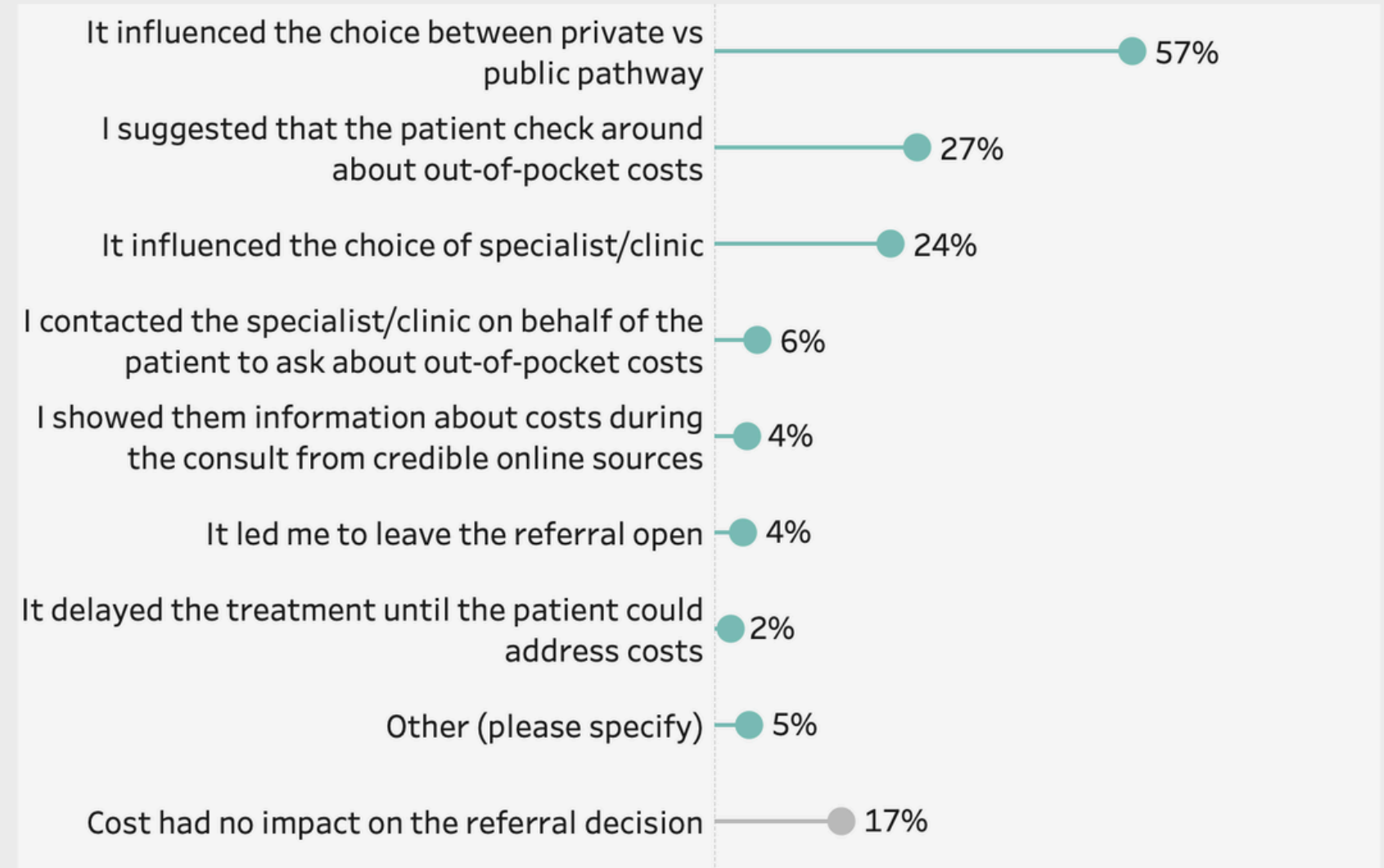
Cost most often influences public versus private choice

When cost is a factor that has influenced the referral to a private non-GP specialists, it is most often influencing the choice between the private versus public pathway (57% of the instances where financial factors were an influence, or 36% of the total sample). In 27% of the cases the GP suggested the patient explore out-of-pocket costs (17% of the total sample) and in 24% of the cases it influenced their choice of specialist or clinic (15% of the total sample).

Factors influencing referral decision for most recent **private referral**
(Combined mentions of attributes relating to factor)



Earlier in the survey you indicated financial factors were influential for your most recent private referral to a [SPECIALIST]. Which of the following describes the impact financial factors had on the referral decision?



Sample: Private referrals to non-GP specialists in the last month n=694

Sample: Private referrals to non-GP specialists where costs were mentioned as an influencing factor n=444

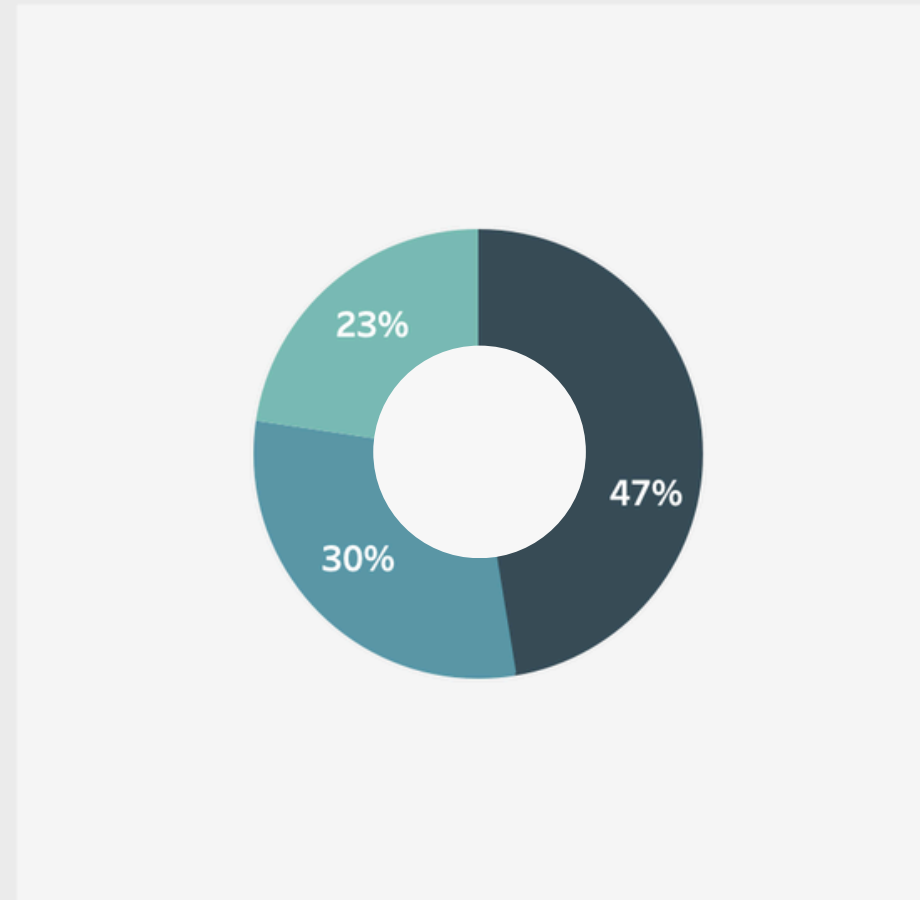
Referral decisions are shared with patients

While GPs usually guide referrals, patients play an active role in both referral initiation and specialist selection.

In terms of the need to refer to a non-GP specialist, in 47% of consults it is the GP's recommendation, 30% it is a combination of the patient and GP and in 23% of consults the referral to a non-GP specialist is at the request of the patient.

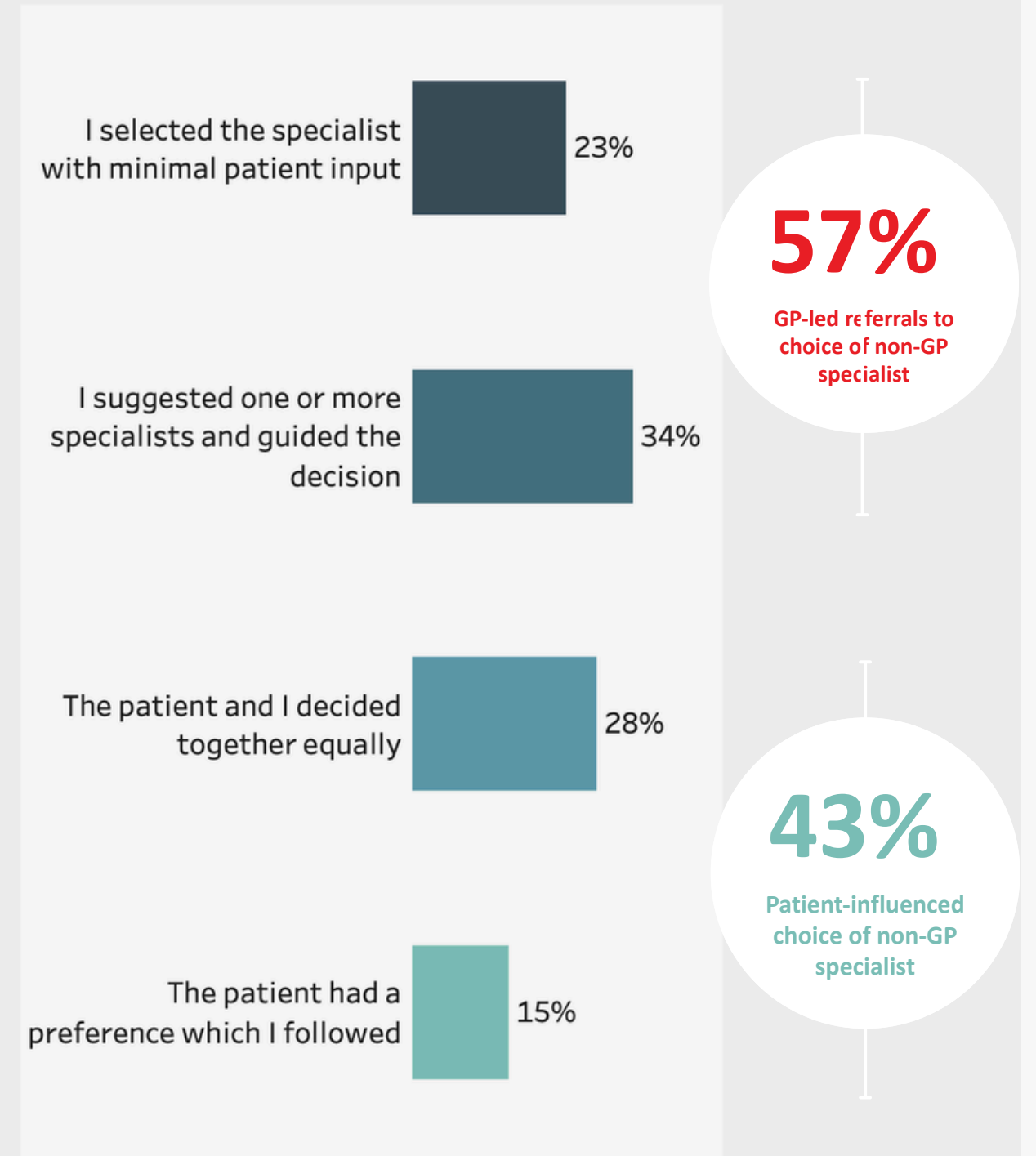
GPs report that in 43% of consults patients lead the decision or have equal say in which doctor is referred to.

Did the patient request referral to a non-GP specialist, or did you suggest they see one?



- You suggested/recommended a referral to the non-GP specialist
- A mixture of both
- Patient requested/suggested that they be given a referral

Which of the following best describes the patient's input on which doctor they were referred to?



Sample: Private referrals to non-GP specialists in the last month n=694

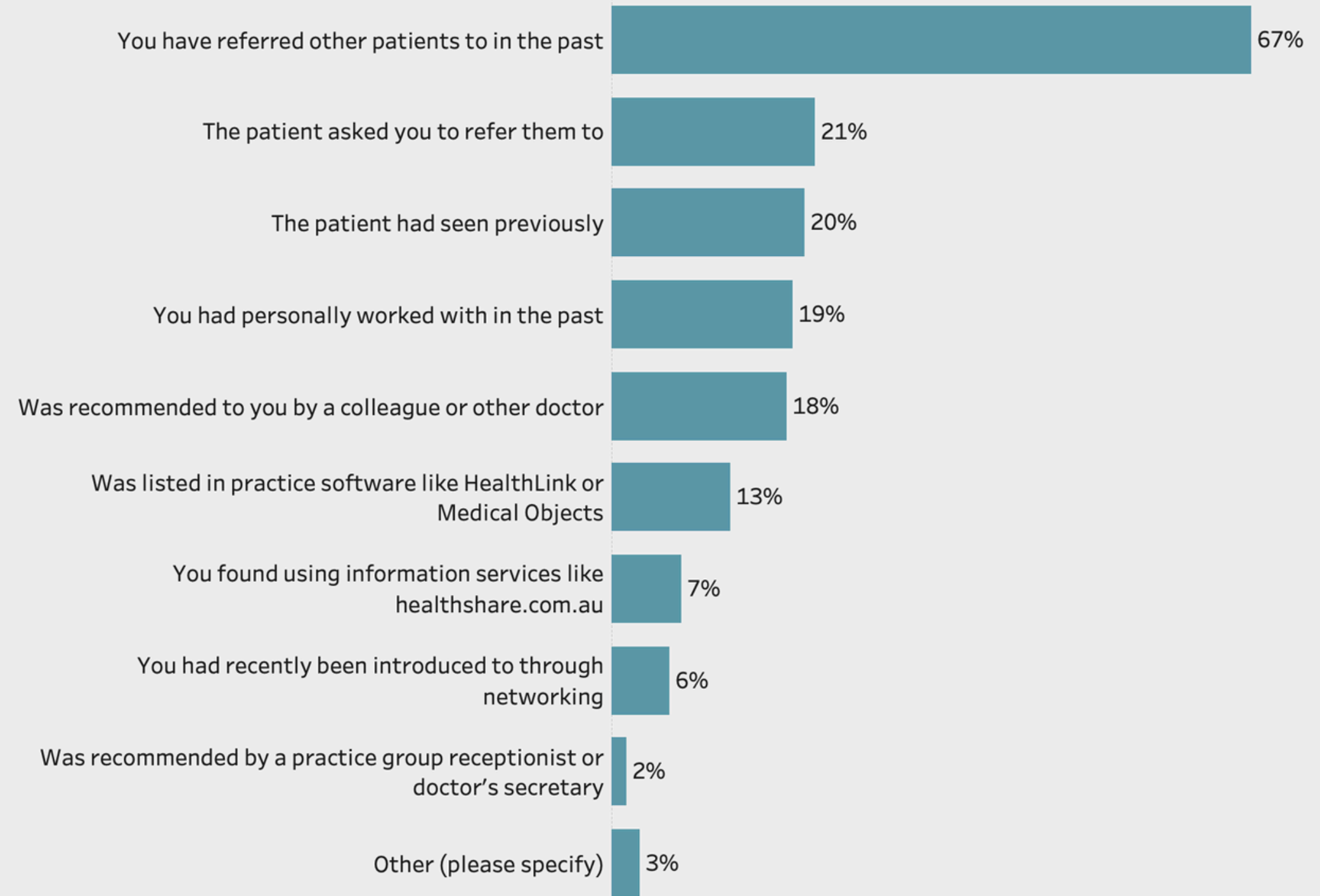
Existing relationships strongly influence referrals

Most referrals are made to specialists the GP has used previously, highlighting the importance of established referral networks.

GPs report that in 67% of consults they have referred to a doctor they had used in the past, 19% mentioned having worked with the non-GP specialist in the past and 18% say they were recommended by a colleague. Similarly, the patient's knowledge of or experience with the non-GP specialist is often mentioned.

There is little mention of the doctor being referred to being found via practice software (13% mention) or information sources like healthshare (7%).

Was the [SPECIALIST] you referred the patient to a doctor that ...?



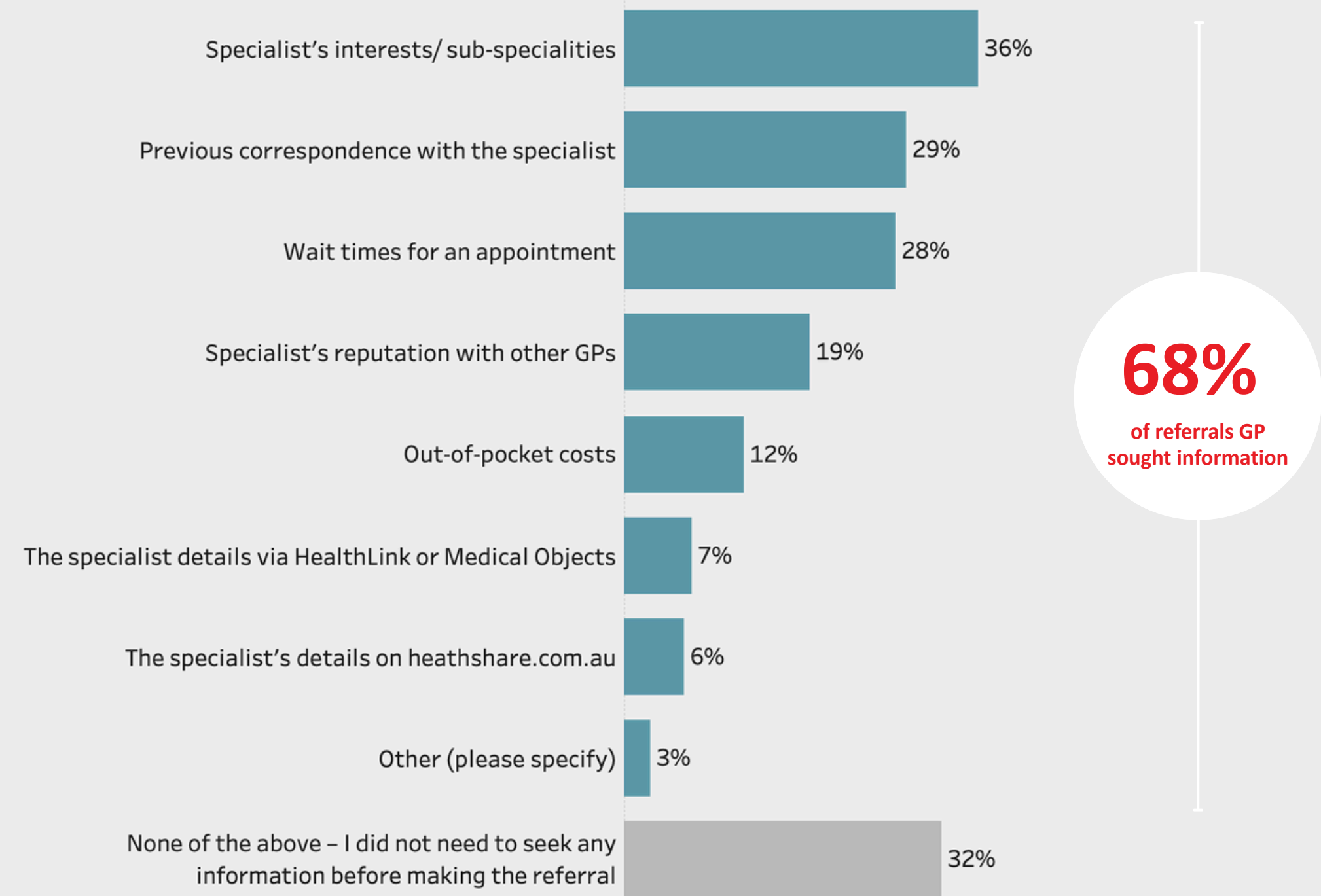
Sample: Private referrals to non-GP specialists in the last month n=694

GPs often seek additional information before referring

GPs report that in 68% of consults they did seek some form of information before making the referral. Most often it was the sub-speciality of the non-GP specialist (36%), previous correspondence (29%) or wait times for an appointment (28%).

Information regarding out-of-pocket costs was sought out in 12% of consults.

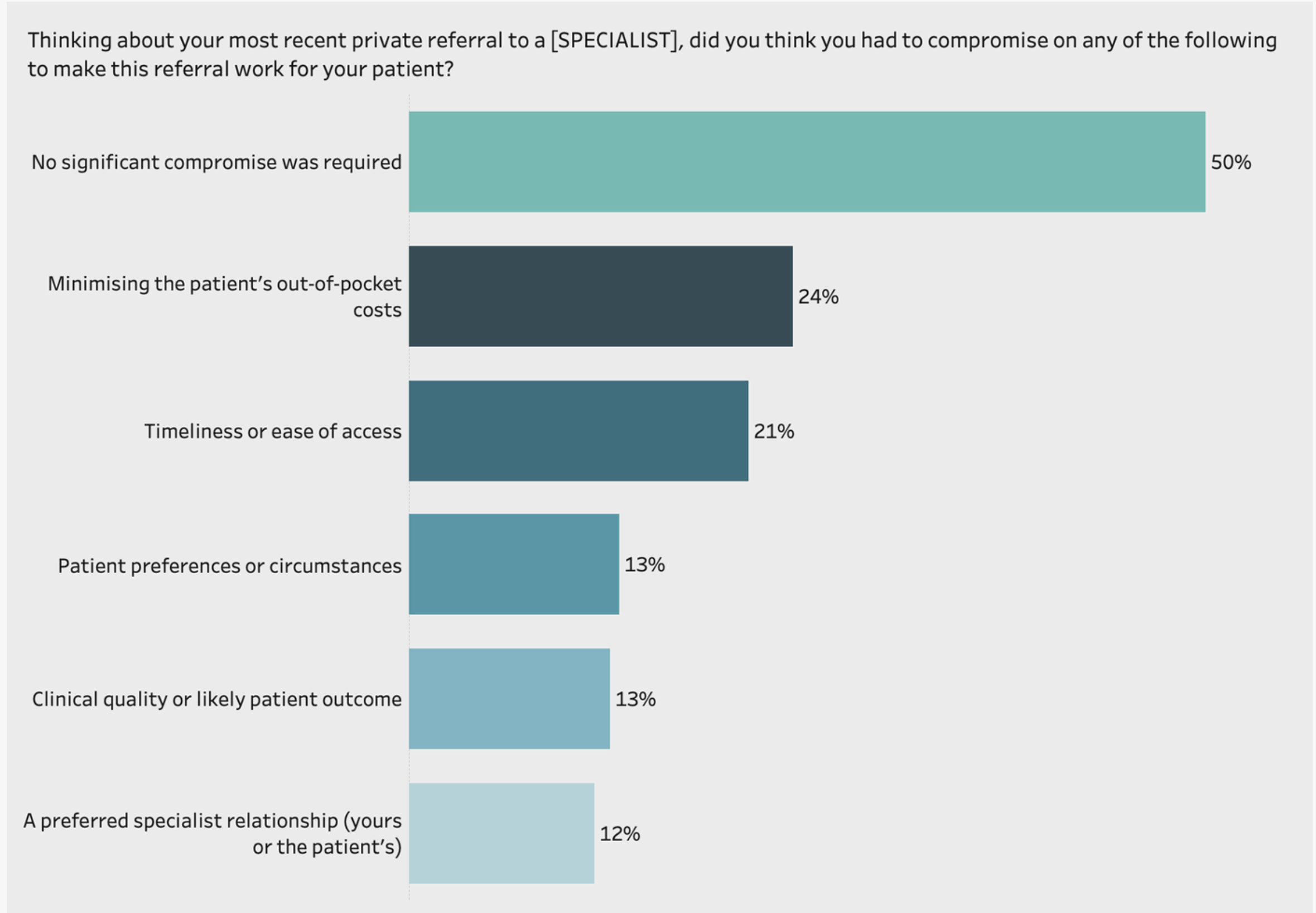
Which, if any, of the following did you seek information about before making your most recent private referral to a [SPECIALIST]?



Sample: Private referrals to non-GP specialists in the last month n=694

Most referrals require no significant compromise

Half of recent referrals involved no major trade-offs, although affordability and access were the most common areas of compromise when they occurred.



Sample: Private referrals to non-GP specialists in the last month n=694

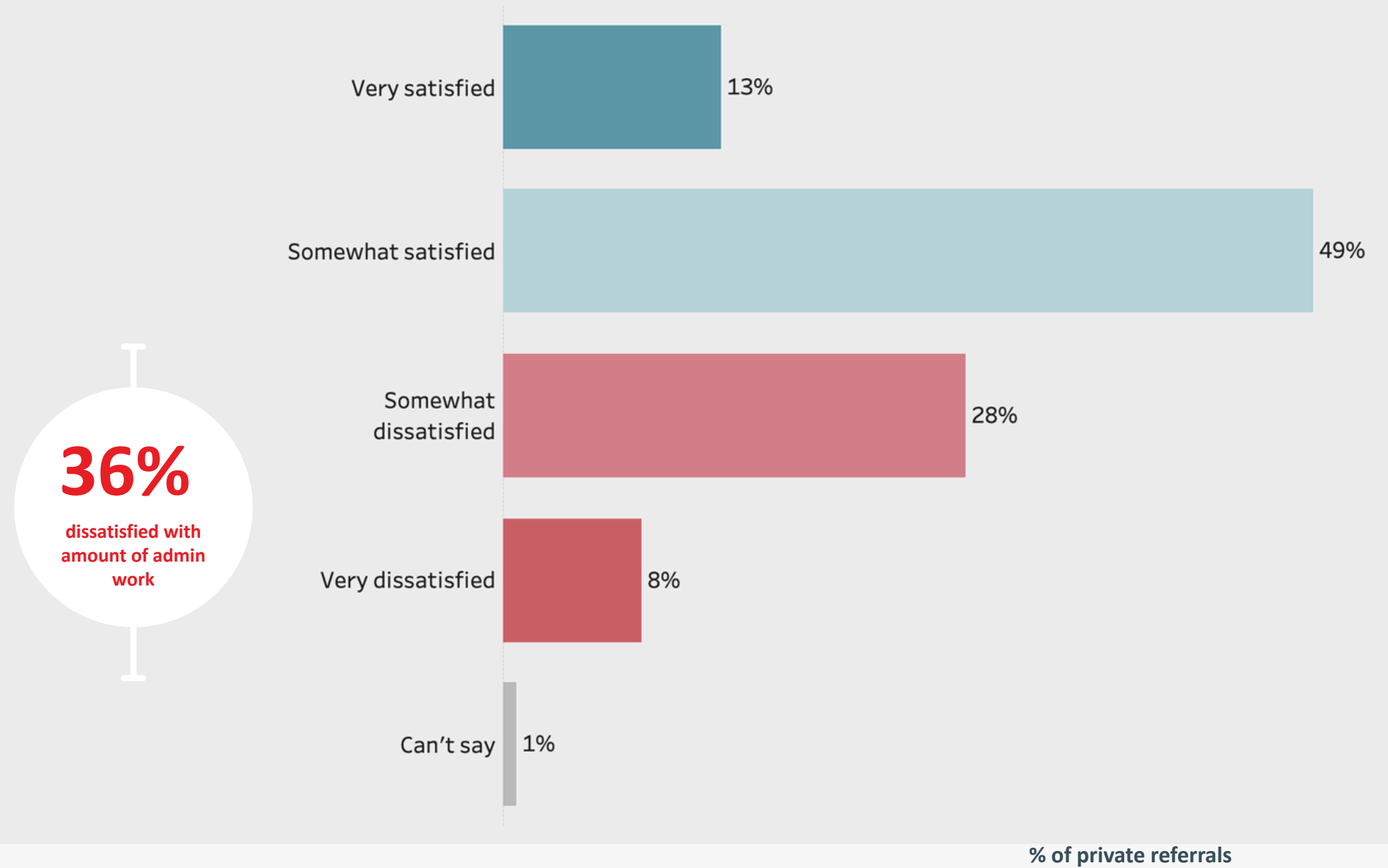
◆ Indicates a statistically significant difference at the 95% level of confidence.

1/3 dissatisfied with administrative burden

One third of GPs are very or somewhat dissatisfied with the amount of administrative work involved in creating referrals.

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?

The amount of administrative work involved in creating referrals for my patients



Sample: GPs who have made a non-GP specialist referral in the last month n=357

Survey of General Practitioners

Section 4: Response to Medical Costs Finder website

Overview: Medical Cost Finder website

GPs support transparency, but not additional workload

Medical Costs Finder is viewed positively in principle because it may help improve transparency around specialist costs. However, enthusiasm for the concept is substantially stronger than intended use, reflecting concerns about workflow burden, consultation time and responsibility for cost discussions.

Key highlights

- 63% are positive about the concept
- Only 27% expect to use it regularly
- 94% identify barriers to use
- 65% would direct patients to the website instead of using it themselves

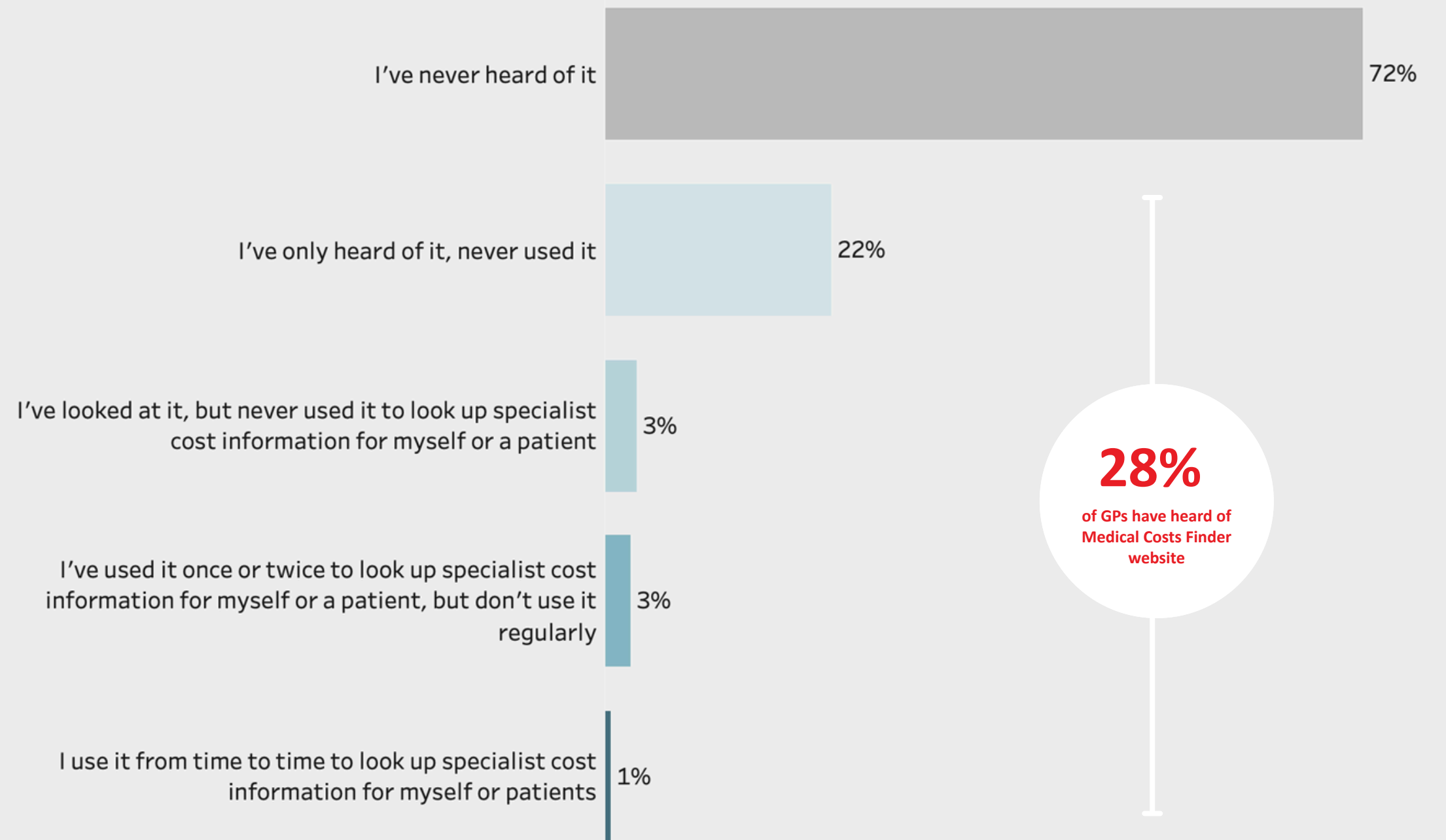
The opportunity appears stronger as a patient-facing resource than as a consultation tool for GPs.

Awareness of Medical Costs Finder website is not widespread

28% of GPs say they have heard of the website, but few have looked at it or used it.

Before today, had you ever heard of the Medical Costs Finder website (medicalcostsfinder.health.gov.au)?

Which of the following best describes your experience with the Medical Costs Finder website (medicalcostsfinder.health.gov.au) before today?



Sample: GPs who have made a non-GP specialist referral in the last month n=357

Support for the Medical Costs Finder concept exceeds likely usage

Respondents to the survey were shown the description of 'a new version' of the Medical Costs Finder website, as outlined to the right.

Many GPs view the proposed Medical Costs Finder concept positively, however fewer expect they would use it regularly when making referrals.

Sentiment toward the idea as described here is mostly positive (63%) or neutral (27%).

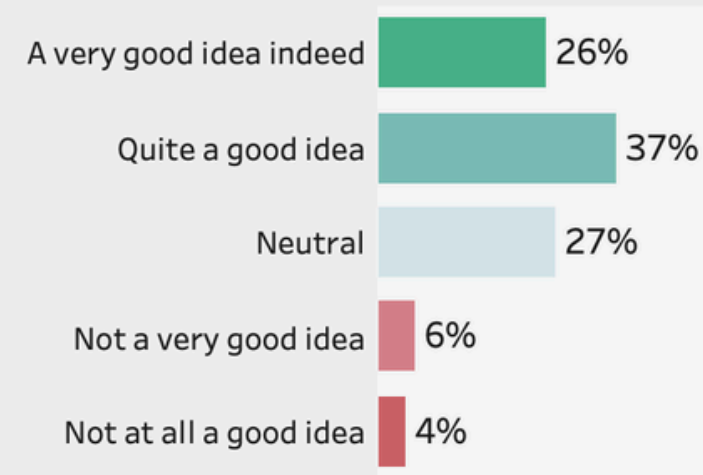
However, the anticipated use is more subdued, with only 27% expecting to use it for all or most of their referrals. 47% say they might use it and 27% believe they probably would not use it.

The intersection of these two questions suggests that 26% of GPs are positive about the idea open to using it regularly, 46% are ambivalent (uncertain about use, even if positive to the concept), and 27% have a low likelihood of update even though they might not be negative about the idea.

If a new version of the Medical Costs Finder website provided the following:

- Information on out-of-pocket costs for each individual medical specialist
- Covering all individual medical specialists, and
- Searchable by specialty, areas of interest (sub-specialty) and geography

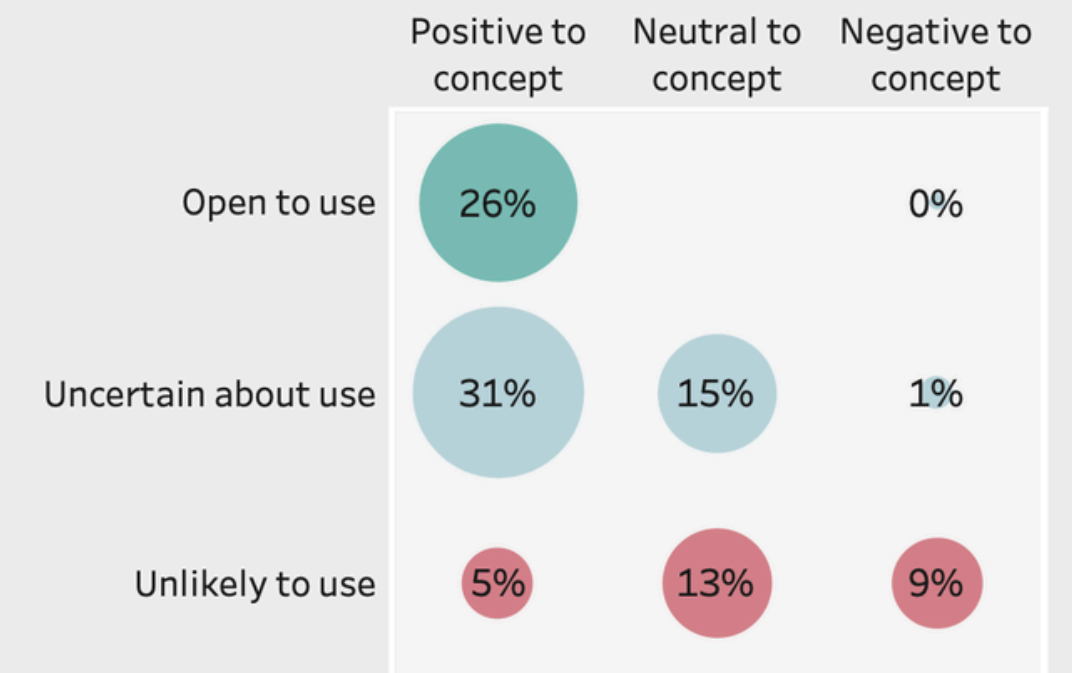
How good an idea do you think this is?



How likely would you be to use such a website when referring patients to non-GP specialists?



Intersection between attitude to concept and likelihood of using



- Open and willing to use
- Ambivalent
- Unlikely to use

Sample: GPs who have made a non-GP specialist referral in the last month n=357

Voice of the GP: Discussion of Medical Cost Finder concept

Overall sentiment:

GPs see a Medical Cost Finder concept as valuable in principle: improving transparency of specialist fees and likely out-of-pocket costs is viewed as a good idea, especially for patients under financial pressure. The perceived benefits are that it could help patients and GPs get a realistic gauge of costs when discussing referrals and options, it could support more informed decision-making about choice of specialist and timing of care and some GPs would be willing to use such a tool where it clearly adds value in specific cases (e.g. when costs are a major concern). **There is very strong opposition to this being mandated for GPs to use.**

Design requirements from the GP perspective: GPs have strong conditions for it to genuinely useful

Practical in workflow:

Needs to be quick and easy to use (e.g. “under a minute”) and, ideally, integrated into referral software rather than a separate, clunky process.

Optional support tool:

They express strong resistance to any model where use of the site is mandated in every consult or becomes a formal GP obligation, seeing that as misaligned with their core clinical role and adding to workload.

Accurate and up-to-date:

Needs to provide reliable, current fee information, ideally at the level of individual specialists or at least tightly defined ranges.

Locally relevant coverage:

Must reflect the realistic local options for patients (not just distant specialists) and cover a meaningful proportion of providers.

Supports, doesn't replace, consent:

Information from the site should complement, not replace, direct financial consent and discussions between patient and specialist; GPs would not treat it as “gospel”.

The voice of the GP: Medical Cost Finder concept - positive sentiment



So yes, it's a government website that will provide information on specific specialist fees and the likely out of pocket costs... I would use it... if it gave specific information about each specialist, then I would find it useful.

I mean, it's probably good to give patients a gauge, and also us, I suppose, because when patients ask us, 'How much will it cost?'... that could be useful.

It would need to be quick to use and easily accessible... if I thought it was accurate and... I could do it in under a minute, then I would use it... you wouldn't use it all the time, but it could be a useful tool.

The voice of the GP: Medical Cost Finder concept - negative sentiment



I don't think that's best use of our time, to be honest... that's not necessarily what most GPs have gone into work as a GP for – to look at finances and costs and things for patients... actually having to go in and look at it and go through it with a patient I don't feel is something we should be expected to do.

How much time do you think we've got? We do not have time for that.... I think it's like any service – the patient should make their own choices, and it's got nothing to do with us how much it's going to cost.

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.

Their stupid portal, which never works properly... Any every single government site... is just a complete disaster.

I think the patient, if they want, will go and check... Another thing – every time I hear 'GPs are well placed to do this and that,' I want to punch the person.

Strong structural barriers to implementation of Medical Costs Finder

When asked what, if any, barrier there would be to using the Medical Costs Finder website, 94% of GPs mentioned a barrier. Even amongst those who were open to the idea (positive about the concept and thought they might use it), only 18% said there was no barrier to use.

The primary barrier is a time constraint. 69% say there is not enough time during consults to be looking up a website like this, 42% say it would add considerably to their workload and 38% say it would not fit into their workflow with the patient.

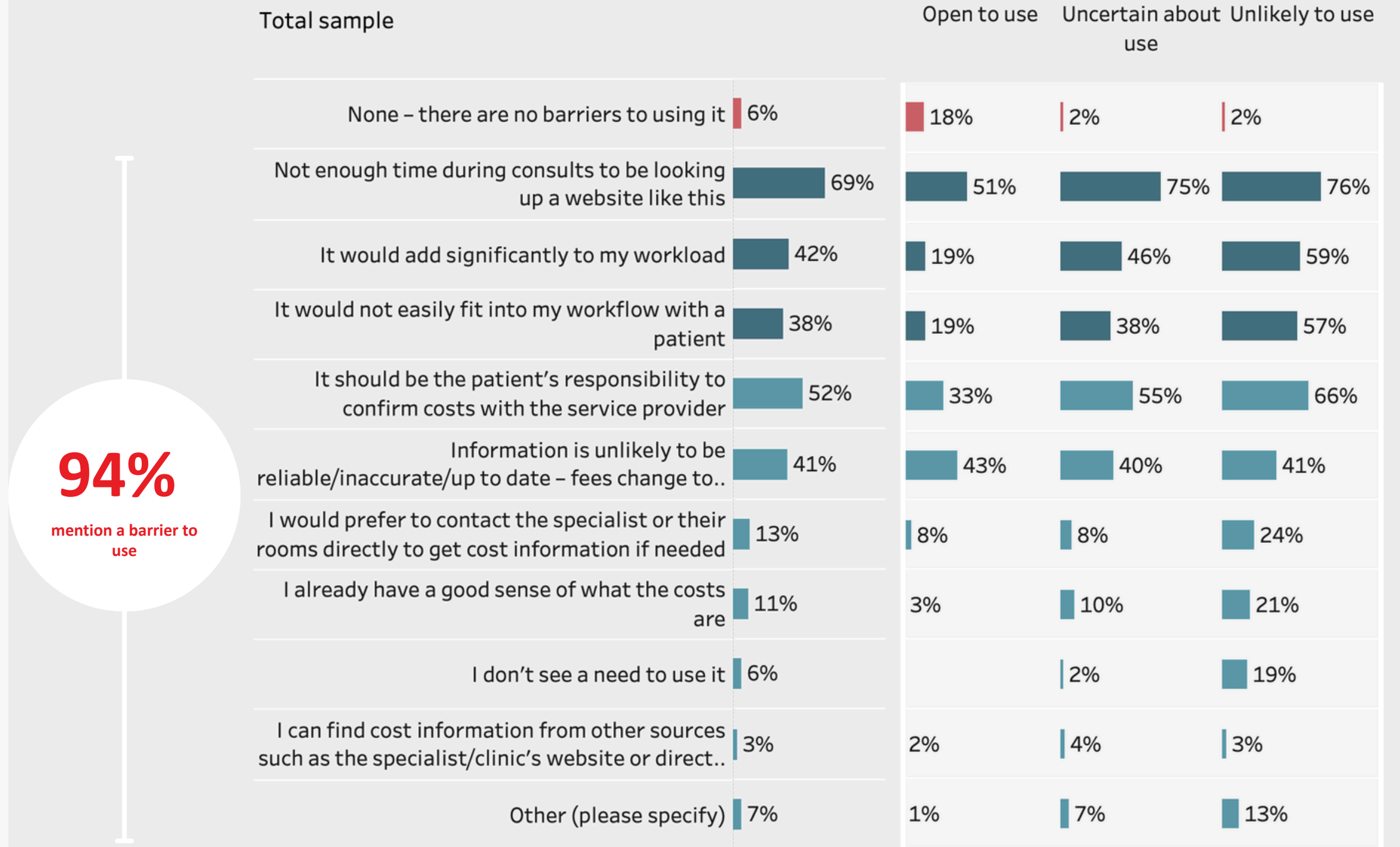
Even amongst those who are positive about the idea and open to using it, 51% say there is not enough time during consults.

It is reported in the 2025 Health of the Nation report, published by the RACGP*, that 69% of GPs report that the main issue they are facing is increased complexity of presentations and 55% report managing the workload as an issue (3rd highest mention of issues faced). It is therefore not unexpected to find that GPs mention a lack of capacity as a barrier to using a tool such as this.

Other than capacity, the two other primary barriers are the belief that it is the patient's responsibility to confirm costs with the service provider (52%) and lack of confidence in the reliability and accuracy of the tool (41%). The lack of confidence is evident even amongst those who are open to the idea.

*<https://www.racgp.org.au/health-of-the-nation-2025/chapter-4-current-workforce-and-the-future/gp-perceptions-of-the-profession>

Which, if any, of the following would be barriers to using the Medical Costs Finder website?



Sample: GPs who have made a non-GP specialist referral in the last month n=357 | open to use 94 | uncertain 168 | unlikely to use 95

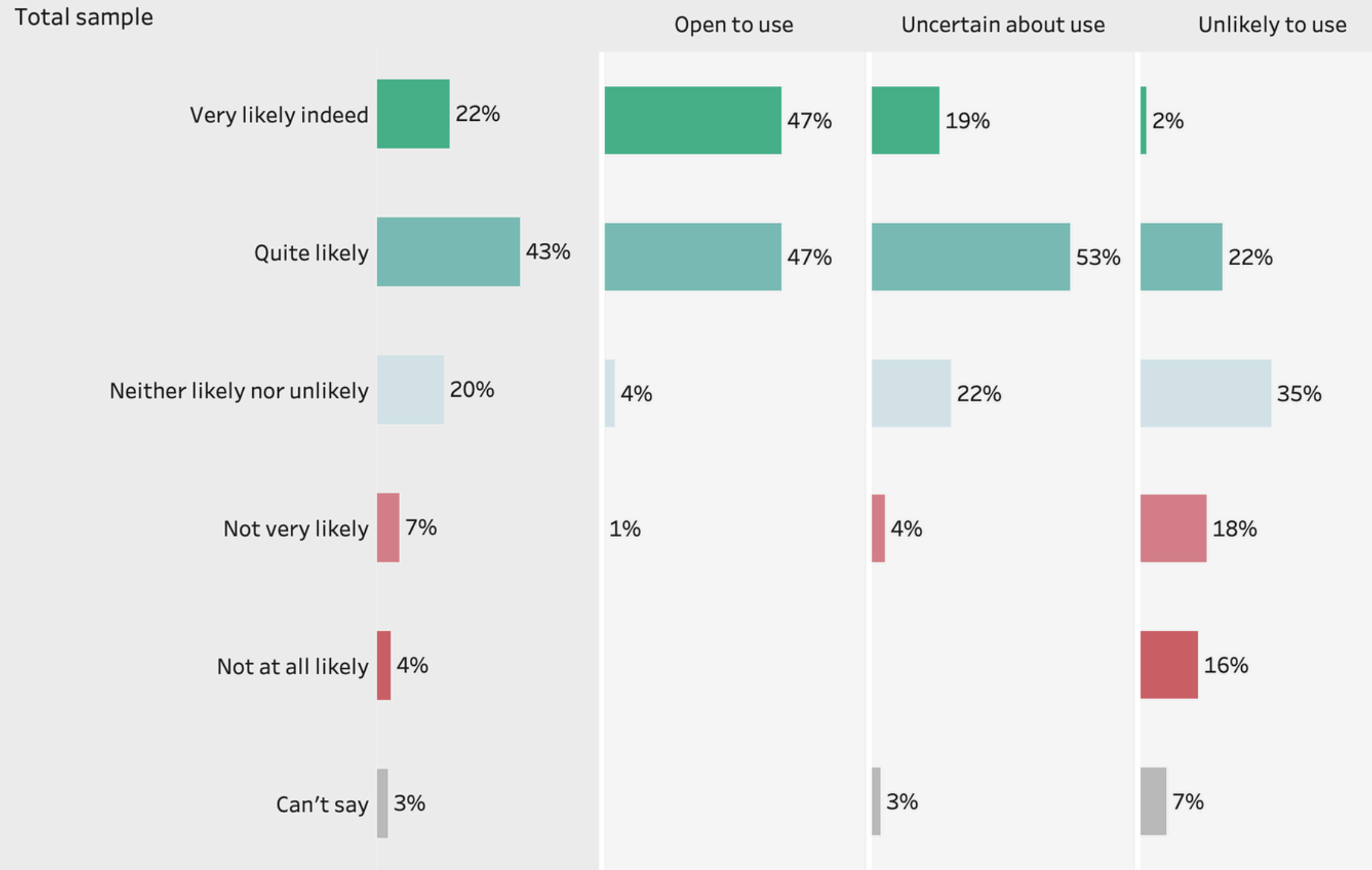
Indicates a statistically significant difference at the 95% level of confidence.

The appetite exists to direct patients to Medical Costs Finder website

65% of GPs say they are very or quite likely to direct patients to use the Medical Costs Finder website.

Those GPs who are open to using it themselves are also most open to directing their patients to it. Those who are uncertain about using it themselves are largely open to directing patients to it (72% claim they are likely to.)

How likely would you be to direct patients to this new Medical Costs Finder website?



Sample: GPs who have made a non-GP specialist referral in the last month n=357 | open to use 94 | uncertain 168 | unlikely to use 95

GPs support cost discussions but face practical constraints

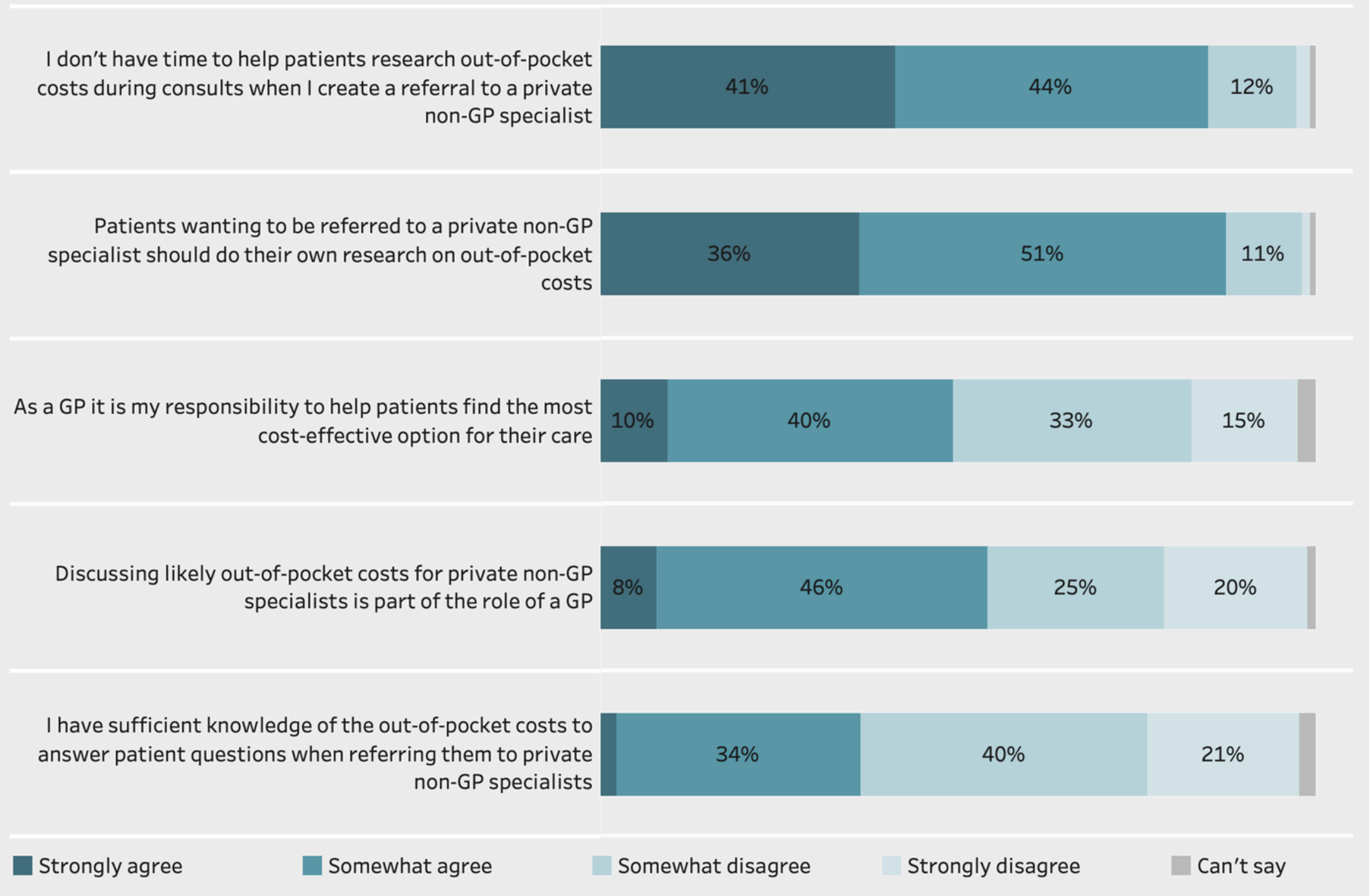
50% of GPs agree that it is their responsibility to help patients find the most cost-effective option for their care, and 54% agree that discussing likely out-of-pocket costs for private non-GP specialists is part of the role of a GP. (Note that earlier data showed that in 64% of consults financial factors play an influencing role in referrals and in 57% of consults the GP raised the subject of out-of-pocket costs, affordability or private health insurance.)

However, 41% of GPs strongly agree and 44% agree (total 85% agreeing) that they do not have time to help patients research out-of-pocket costs during consults when they create a referral to a private non-GP specialist.

36% strong agree and 51% agree that patients should do their own research on out-of-pocket costs.

61% of GPs disagree that they sufficient knowledge of out-of-pocket costs to answer patient questions.

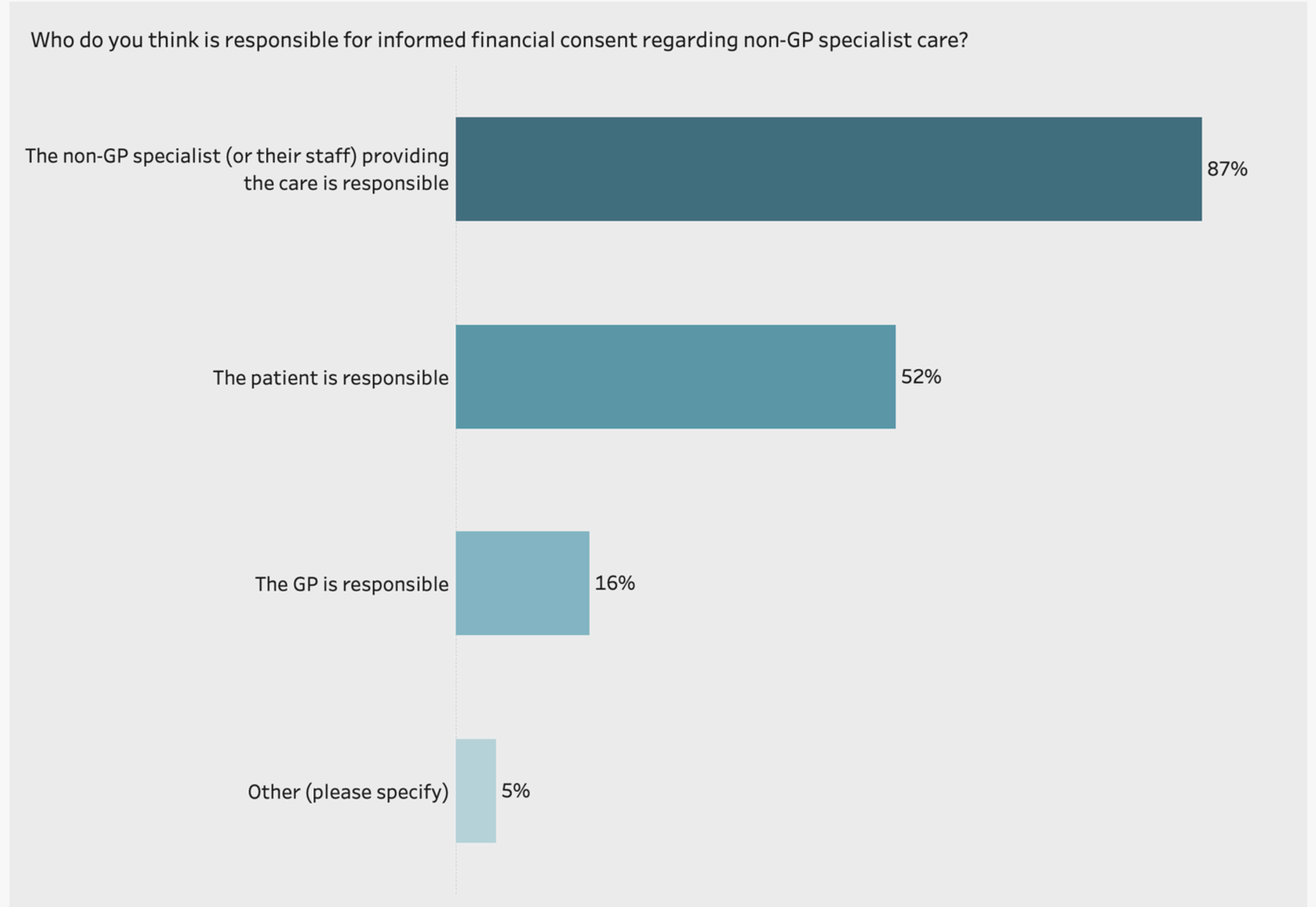
Please indicate whether you agree or disagree with each of the following statements.



Sample: GPs who have made a non-GP specialist referral in the last month n=357

Financial consent is viewed as a specialist responsibility

Few GPs (16%) believe that the GP is responsible for informed financial consent regarding non-GP specialist care. 87% believe the responsibility lies with the non-GP specialist or their staff.



Sample: GPs who have made a non-GP specialist referral in the last month n=357

Survey of General Practitioners

Section 5: Response to Specialist Quality Website concept

Overview: Quality Website Concept

GPs see limited need for a specialist quality website

Unlike cost transparency, where a clear information gap exists, GPs report high confidence in their ability to assess specialist quality through existing referral networks, clinical experience and patient feedback. As a result, the proposed quality website receives limited support and low intended use.

Key highlights

- 94% are satisfied with specialist quality in their area
- 95% are confident in the quality of specialists they refer to
- More GPs are negative (38%) than positive (32%) about the concept
- 98% identify barriers to use
- More than 90% believe quality ratings could create unintended consequences

Most GPs believe existing referral networks already provide better indicators of specialist quality than a public rating system.

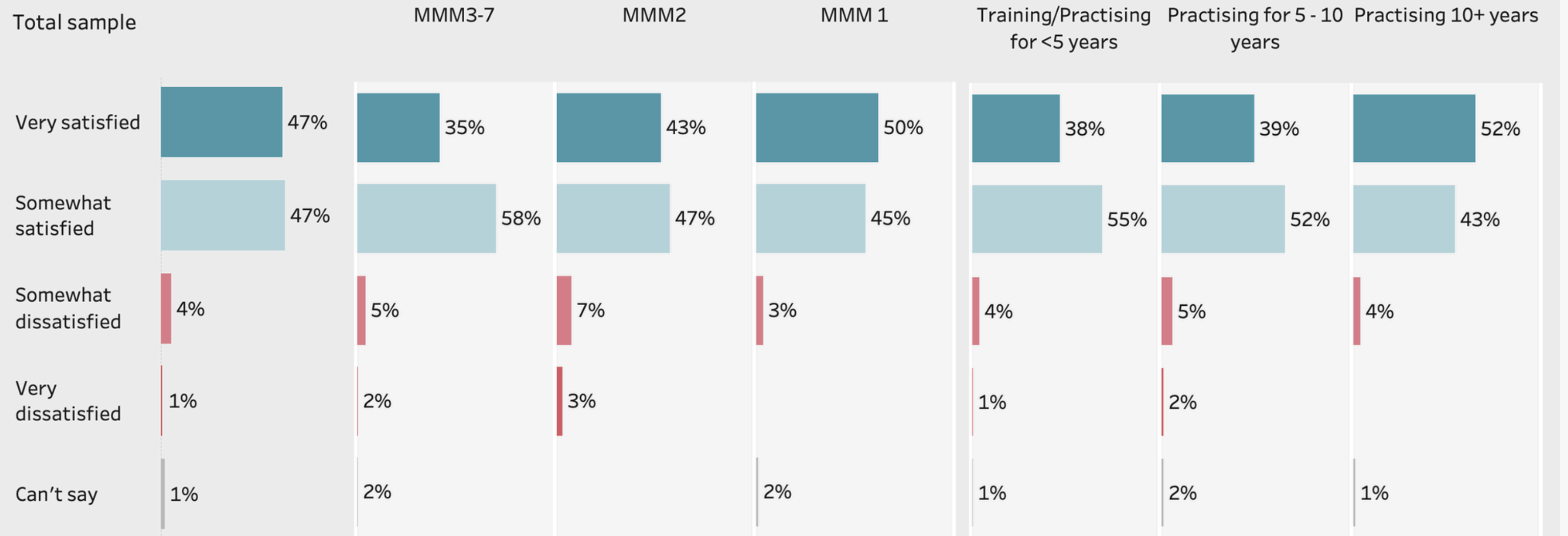
Satisfaction with specialist quality is high

Overall, the perception of quality of specialists in their area is favourable, with 47% of GPs being very satisfied and 47% somewhat satisfied.

Overall, how satisfied are you with the following aspects of the current system for referring patients to non-GP specialists?

The quality of non-GP specialists in my area

94%
satisfied with non-GP specialist quality in area



Sample: GPs who have made a non-GP specialist referral in the last month n=357 | MMM3-7 66 | MMM2 30 * | MMM1 260 | Prac <5yrs 74 | 5-10 yr 56 | 10+ yr 222

*Caution small base sizes <50

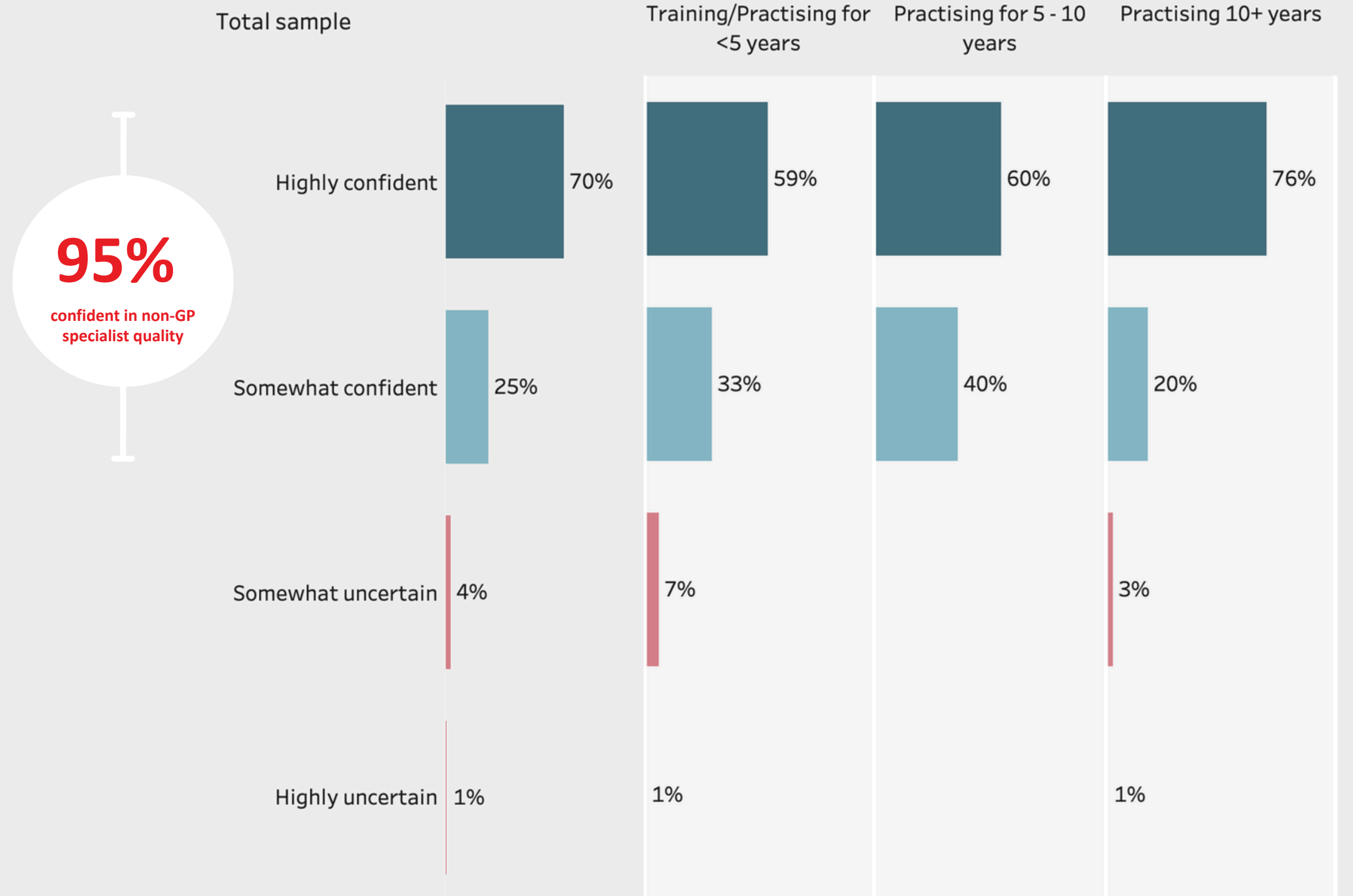
Confidence in referred specialists is very strong

Similarly, GPs have a high degree of confidence in the quality and expertise of the non-GP specialist for their most recent referral.

For 70% of recent referrals GPs felt highly confident, with a further 25% feeling somewhat confident.

Confidence is slightly lower, but nonetheless favourable, amongst GPs with a shorter tenure in the profession.

For your most recent private [SPECIALIST] referral, how confident were you in the quality and expertise of the specialist?

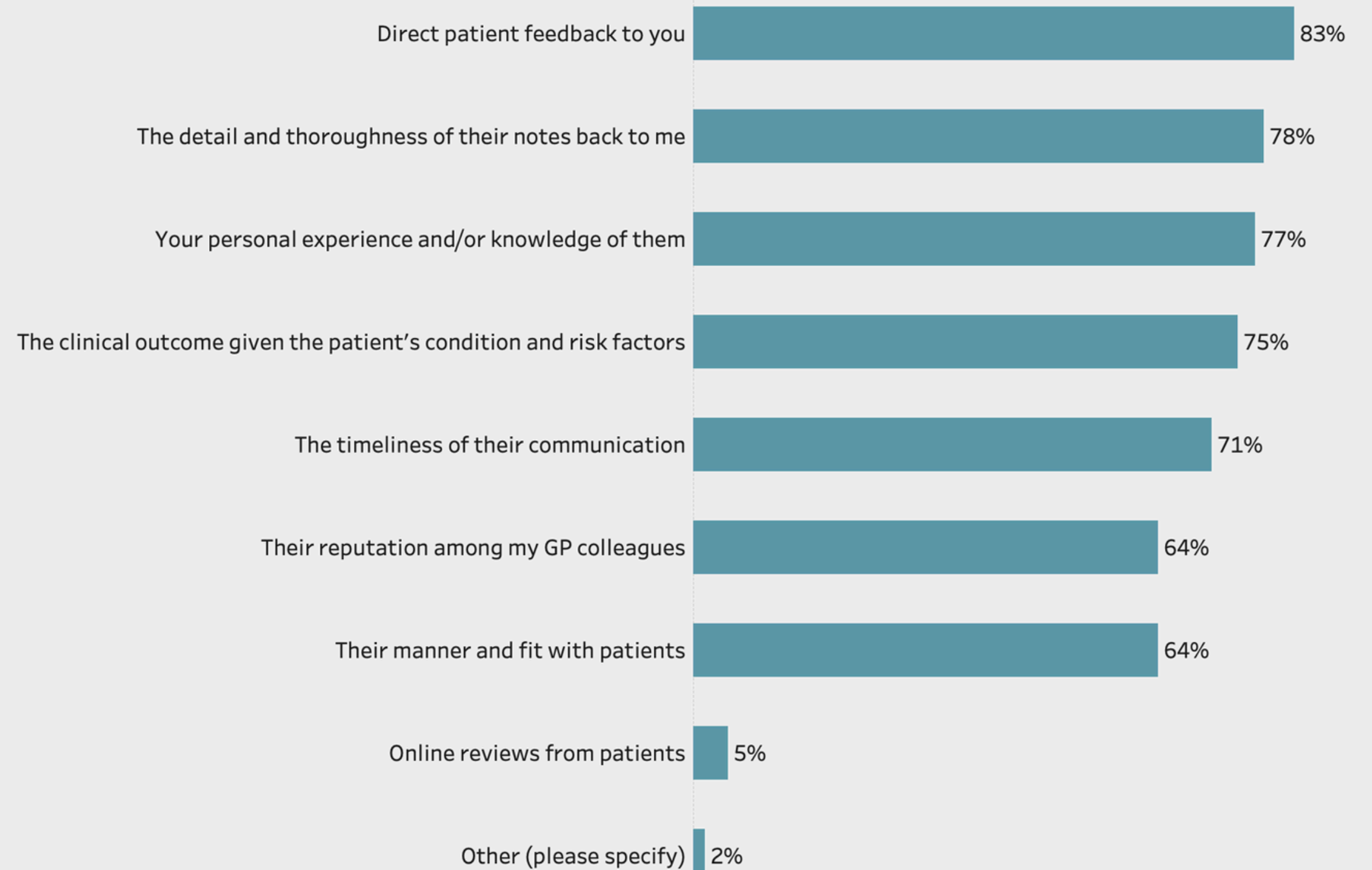


Sample: Private referrals to non-GP specialists in the last month n=694 | Prac <5yrs 74 | 5-10 yr 56 | 10+ yr 222

Quality perceptions are built through experience

Patient feedback, communication, clinical outcomes and prior experience all contribute to GPs' assessments of specialist quality.

Which, if any, of the following influences your perceptions of the quality of a non-GP specialist?



Sample: GPs who have made a non-GP specialist referral in the last month n=357

The quality website concept receives a mixed response

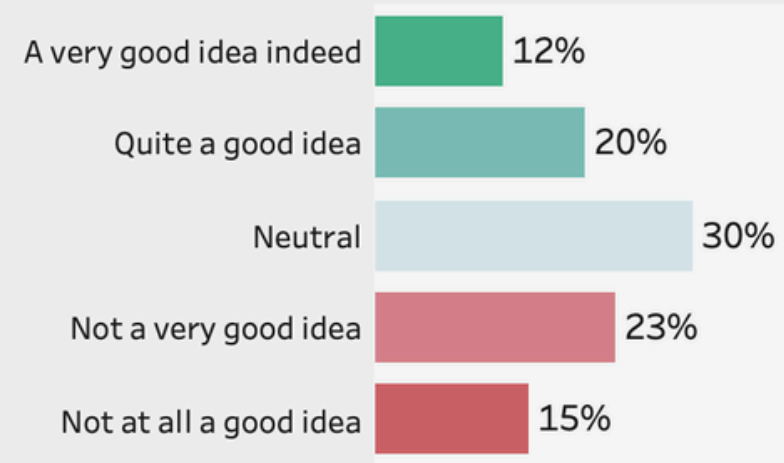
GPs were shown the concept of the quality website (see the detail on the right) and asked how good an idea they thought it was and how likely they would be to use it.

More GPs were negative (38%) than positive (32%) about the concept, with many being neutral. Anticipated use is weak, with 16% thinking they might use it on a regular basis, and 44% leaning away from using it.

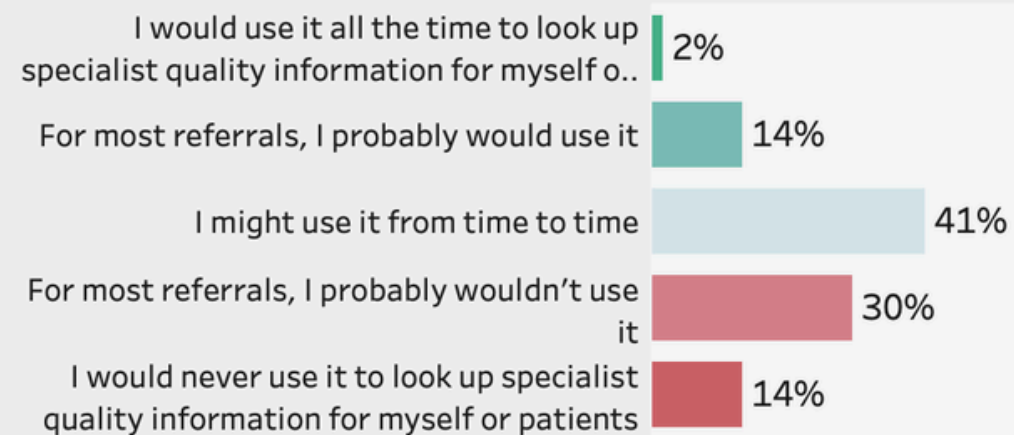
If a website provided information on the following:

- Quality of specialists using a quality score on a combination of measures (possible measures might include patient reported outcomes, readmission rates and complication rates)
- For all individual specialists
- Searchable by specialty, areas of interest (sub-specialty) and geography..

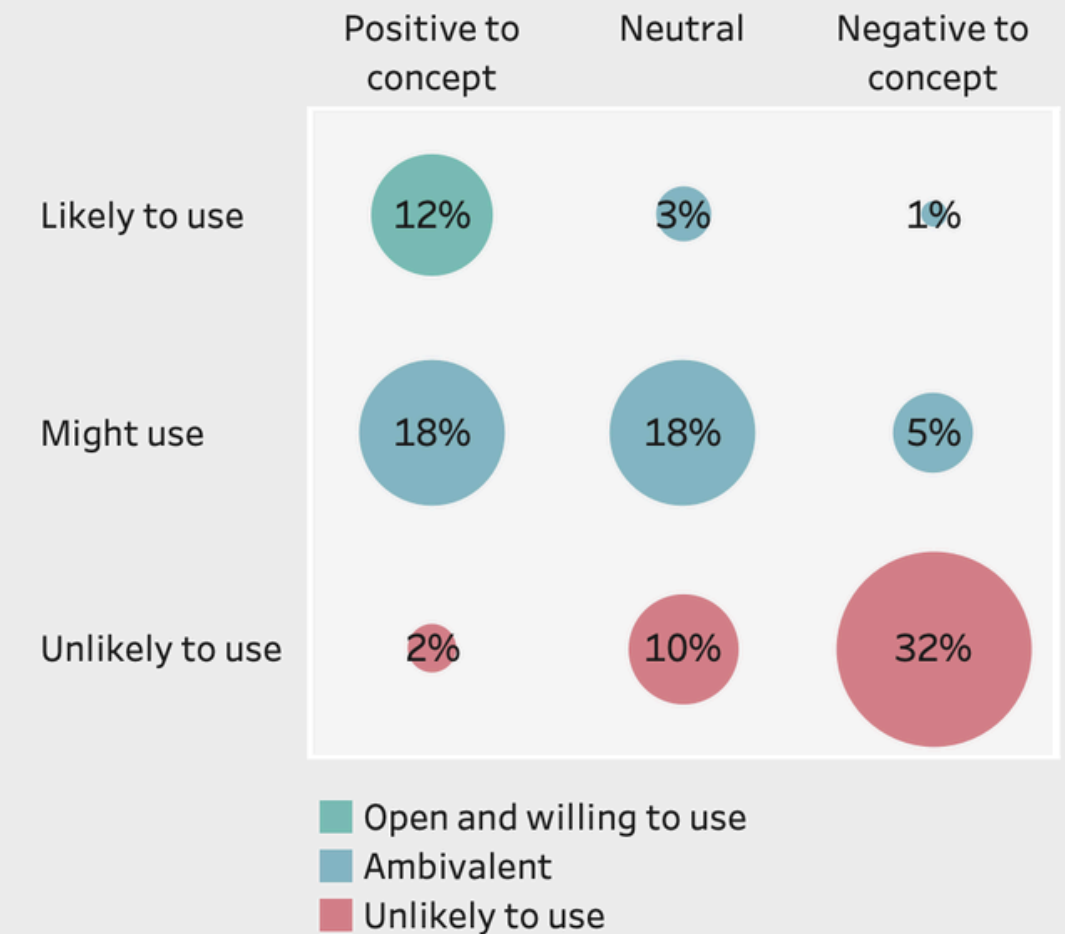
How good an idea do you think this is?



How likely would you be to use such a website when referring patients to non-GP specialists?



Intersection between attitude to concept and likelihood of using



Sample: Private referrals to non-GP specialists in the last month n=694

Indicates a statistically significant difference at the 95% level of confidence.

Voice of the GP: Quality Website concept

Overall sentiment:

Concept is **understandable but not welcomed**: GPs see why policymakers/patients like the idea of more transparency, but are **largely sceptical** about making a government quality website work fairly in practice. Any support is highly conditional on robust, risk-adjusted methods and meaningful clinical indicators; even then, enthusiasm is muted

Key concerns:

Fairness & measurement:

“Quality” is very hard to measure across different specialties and case-mixes; crude outcome metrics risk penalising specialists who take on the hardest cases while rewarding those who “cherry pick the easy stuff”

Perverse incentives & gaming:

GPs worry public scores would drive specialists to avoid complex or high-risk patients to protect ratings, and that data could be gamed rather than improving care.

Oversimplification & misinterpretation:

A single number or “star rating” is seen as too blunt, likely to be over-interpreted by patients and bureaucrats without context, and potentially damaging to good clinicians working in constrained settings.

Mistrust of government schemes & added burden:

GPs are wary of politicisation and extra reporting/compliance with unclear benefit for front-line care, against a backdrop of already stretched consultations.

Perceived added value:

Most GPs feel a quality website would add limited value over existing referral signals (patient outcomes, letters, responsiveness, word-of-mouth reputation) that they already rely on heavily.

Voice of the GP: Quality Website concept



Fairness & measurement:

I find it an interesting concept, but I think... getting an accurate Quality Rating and how that's judged... I can't even imagine how you would do that... A specialist who gets the really hard, tricky cases is going to have a worse failure rate than someone who just cherry picks the easy stuff... It's a really, really tricky thing to judge.

Perverse incentives & gaming:

They might not get complex or cases with poor prognosis... they want their scores to be high... and, you know, over-treat the conditions that are going to get better anyway.

Oversimplification & misinterpretation:

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.

Mistrust of government schemes & added burden:

Government manipulation of it to suit their own political objectives. Don't trust them in the slightest. Don't trust them in what they're doing with general practice. I think they would... find a way to promote specialists that they feel will suit their political objectives.

Perceived added value:

I think I'd use my gut feeling... I just don't see it being necessarily that accurate... I think there would be a lot of specialists who are very good doctors that might not measure so well... so I don't know if I would trust any [score]

Barriers to use are almost universal

Almost all GPs mentioned a barrier to using the quality website. Even amongst those who said they were likely to use it 87% mentioned a barrier.

The barriers centre around:

- Credibility of attempts to quantify 'quality'
- Personal knowledge and referral systems are well entrenched
- Poor fit with workflow and time constraints

98%
mention a barrier to use

Which, if any, of the following would be barriers to using a tool like the quality website...?

| Total sample | | Likely to use | Might use | Unlikely to use |
|--|-----|---------------|-----------|-----------------|
| None - there are no barriers to using it | 2% | 13% | 1% | |
| Specific selective data is not indicative of overall quality | 58% | 33% | 53% | 72% |
| It is too hard to quantify the quality of medical specialists | 56% | 42% | 54% | 63% |
| Information is unlikely to be reliable/accurate/up to date | 54% | 38% | 47% | 65% |
| I prefer to rely on specialists familiar to me and whose quality I already know | 52% | 27% | 51% | 61% |
| I prefer to rely on quality recommendations coming from GP colleagues/people I trust | 48% | 29% | 41% | 62% |
| I can find information on the quality of non-GP specialists from other sources such as the specialist/.. | 4% | 9% | 2% | 3% |
| Not enough time during consults to be looking up a website like this | 51% | 45% | 58% | 46% |
| It would not easily fit into my workflow with a patient | 33% | 20% | 36% | 35% |
| Other (please specify) | 8% | 4% | 6% | 11% |

Sample: Private referrals to non-GP specialists in the last month n=694

Indicates a statistically significant difference at the 95% level of confidence.

Most GPs see significant limitations in quality ratings

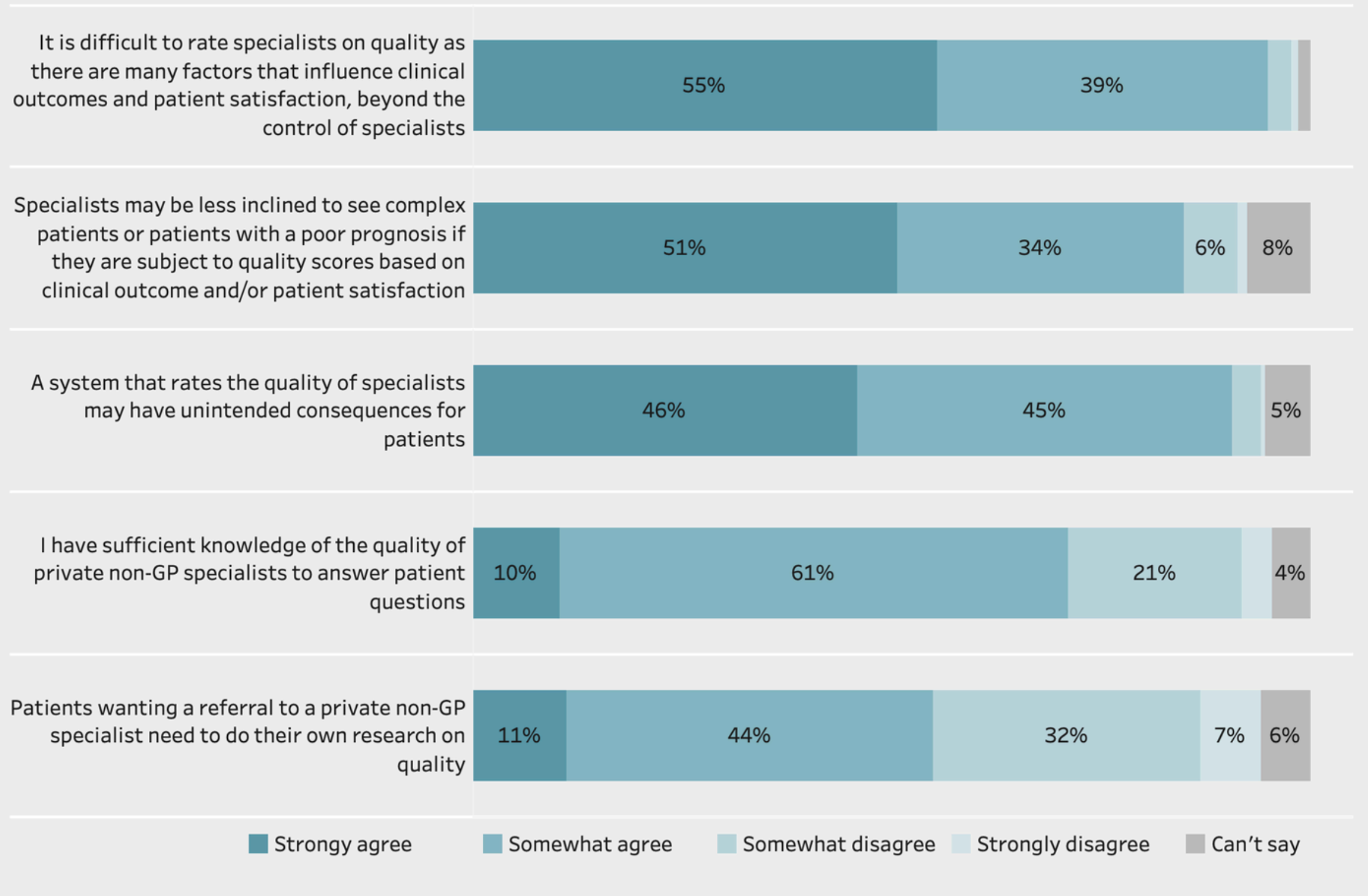
Respondents were asked whether they agreed or disagreed with each of these statements. GPs widely agree that measuring specialist quality is complex and may create unintended consequences that are not captured by simple rating systems.

Over 90% agreed that rates the quality of specialists might have unintended consequences for patients, 85% agreed that it may impact specialists' inclination to see more complex cases or those with a poor prognosis.

94% agreed that this rating was a difficult task, with many factors that influence patient satisfaction and clinical outcomes that are beyond the control of the specialist.

Over 70% of GPs agreed that they have sufficient knowledge of the quality of private non-GP specialists to answer patient questions.

Please indicate whether you agree or disagree with each of the following statements.



Sample: Private referrals to non-GP specialists in the last month n=694

Indicates a statistically significant difference at the 95% level of confidence.

Survey of Patients

Findings based on a survey of 503 Australians who had received a referral to a non-GP specialist in the last 12 months

 The Navigators



Survey of Patients

Section 1: Sample composition



Patient sample composition

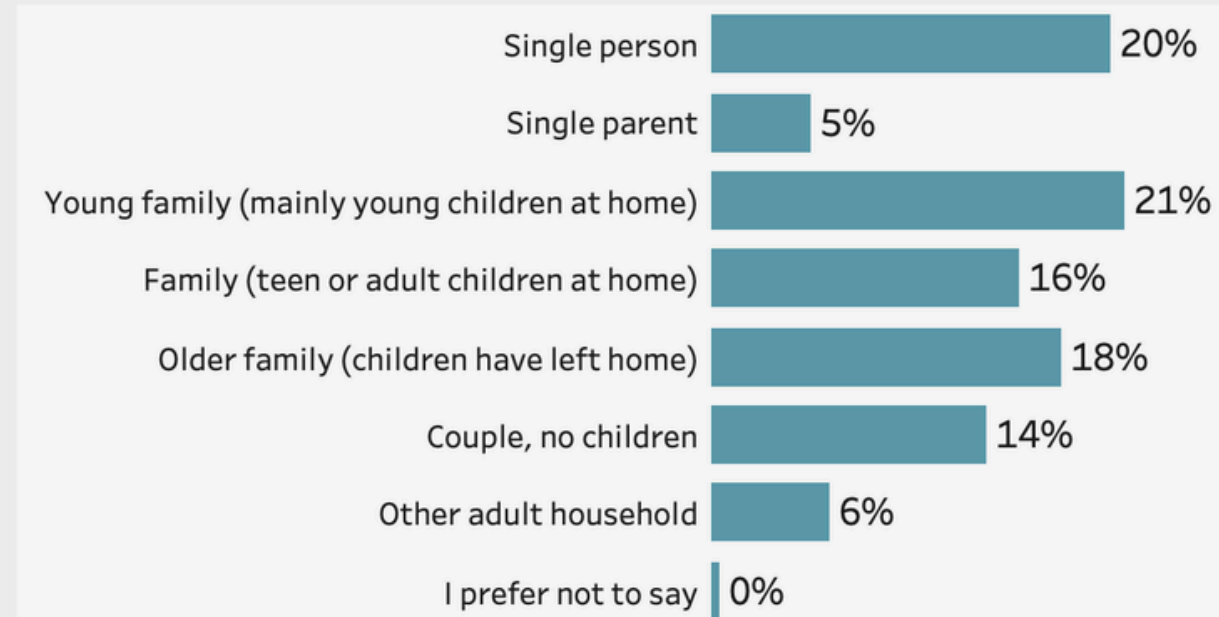
The survey included 503 Australians who had received a referral to a non-GP specialist within the previous 12 months.

Respondents represented a broad mix of age groups, household types and employment situations.

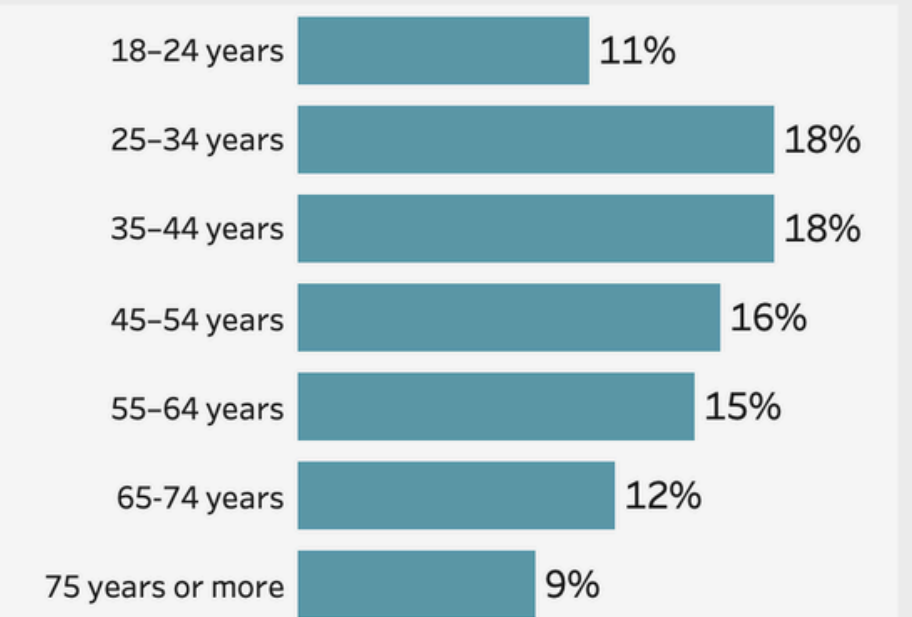
While most respondents reported managing financially, four in ten indicated they were experiencing some degree of financial pressure, providing an important perspective on the affordability challenges associated with specialist care.

Sample composition

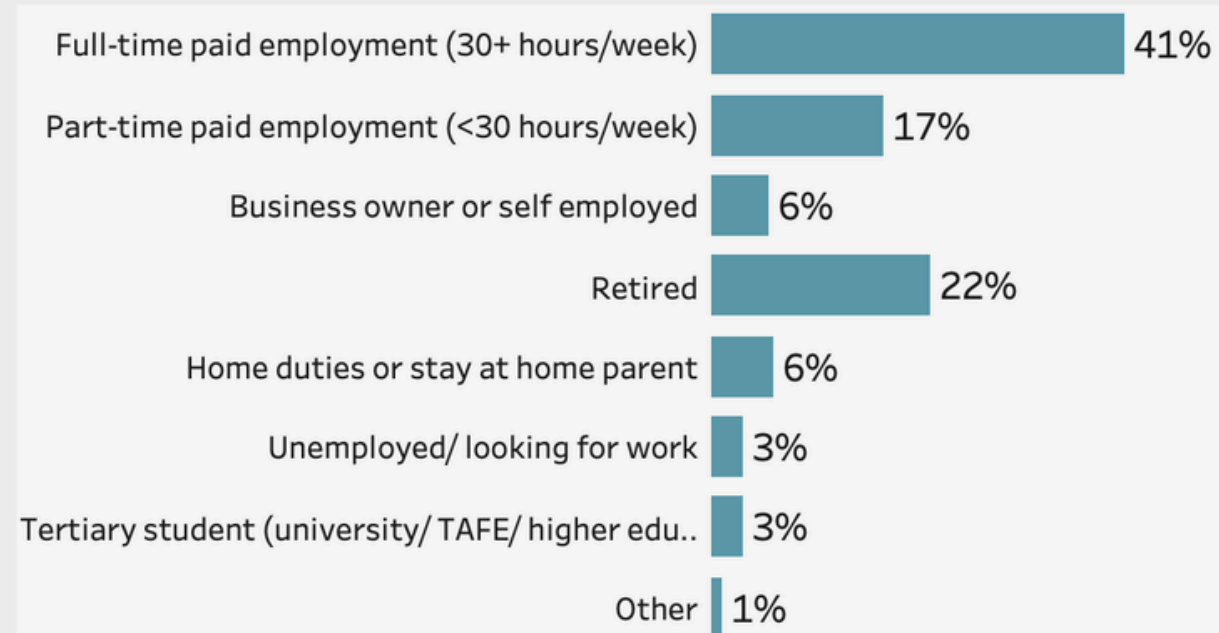
Which best describes your household?



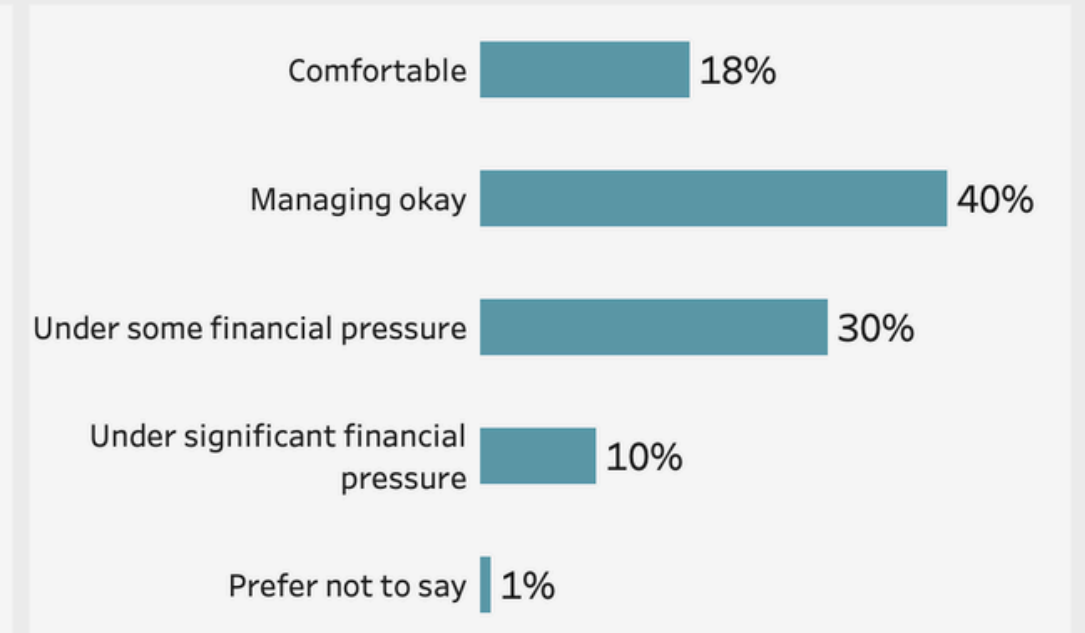
Which of the following age groups do you fall into?



Which of the following best describes you?



Which describes household's current financial situation?



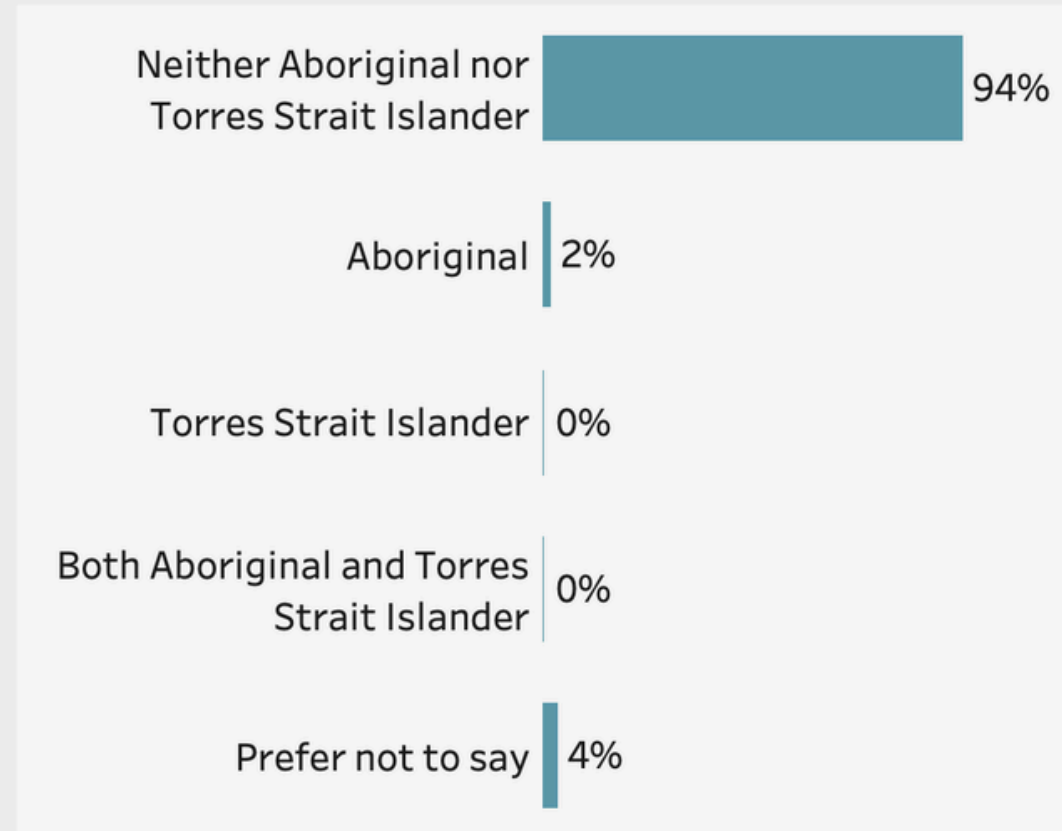
Patient sample composition

Respondents were drawn from across Australia, with representation from all states and territories and an even gender split.

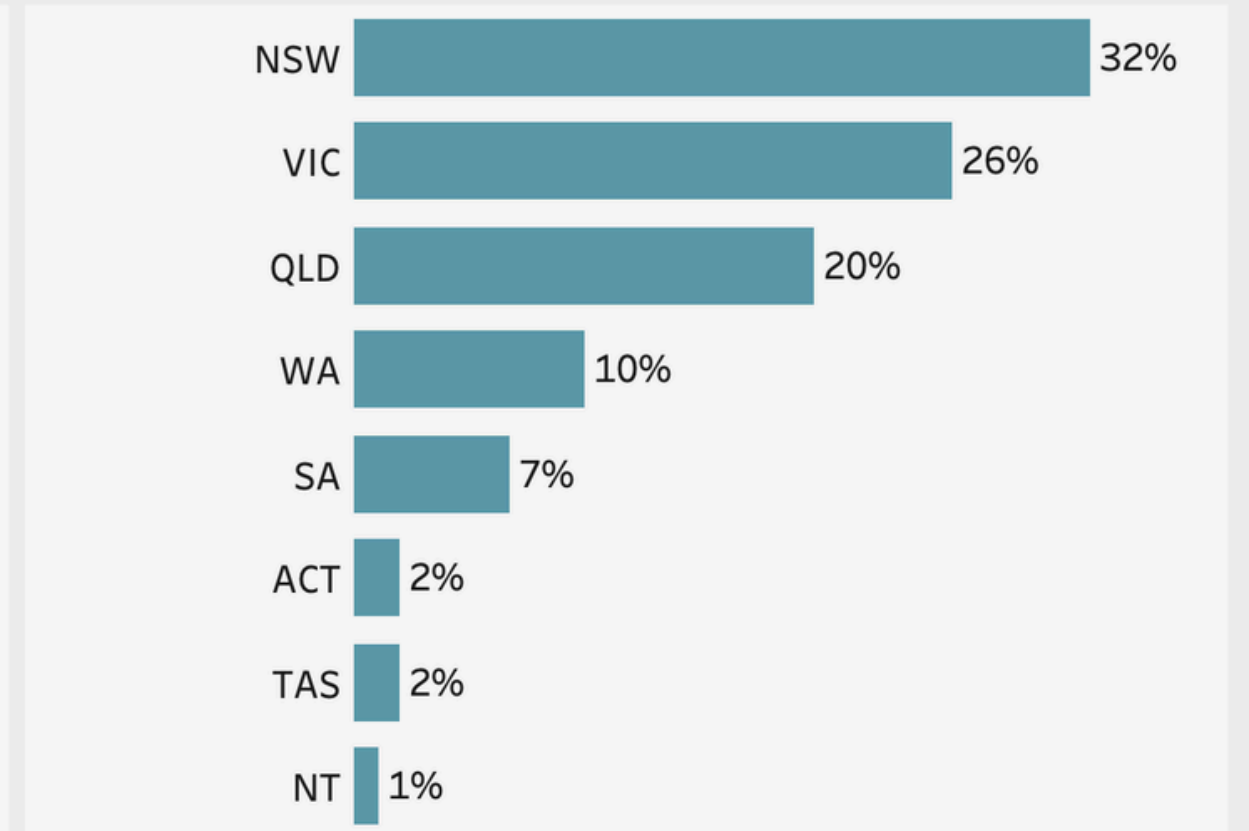
Nearly one in five respondents spoke a language other than English at home, providing insight into referral experiences across a diverse range of communities and backgrounds.

Sample composition

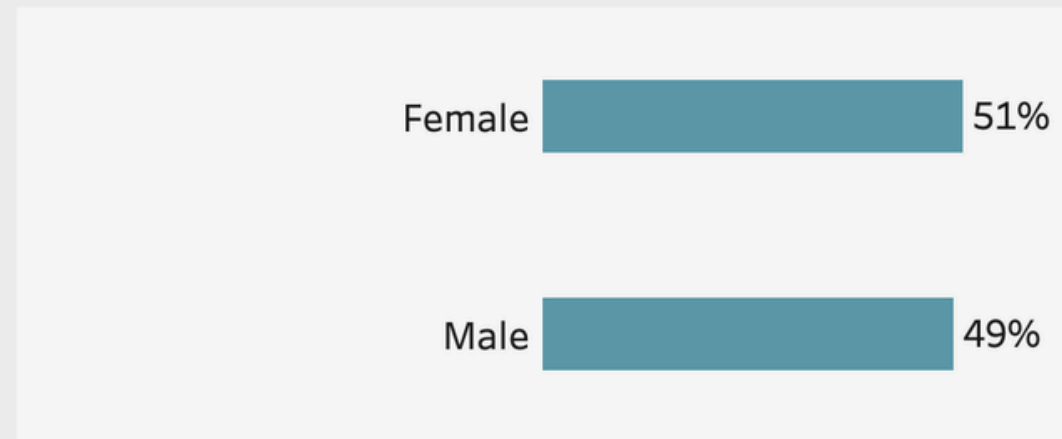
Do you identify as...?



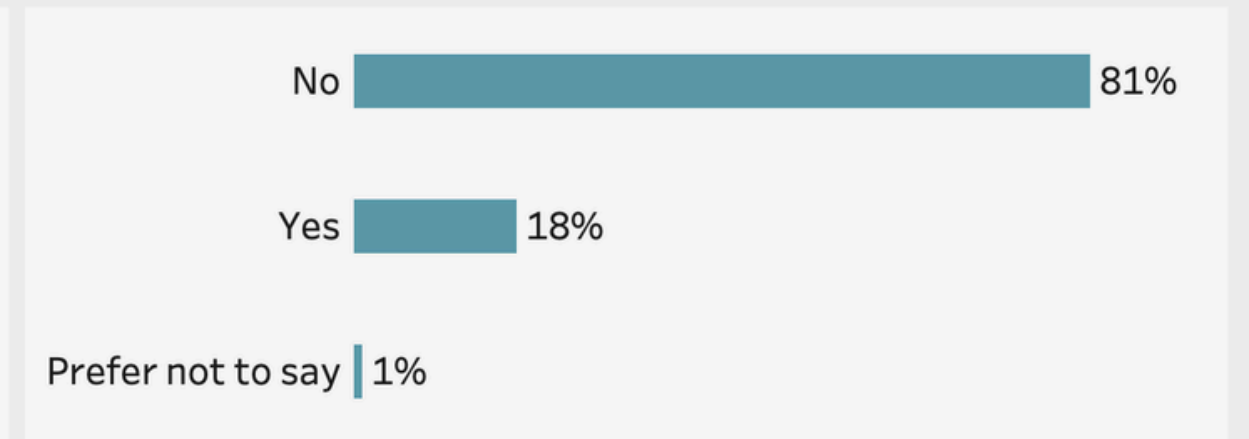
State (based on residential postcode)



Do you identify as...?



Do you speak any other languages at home apart from English?



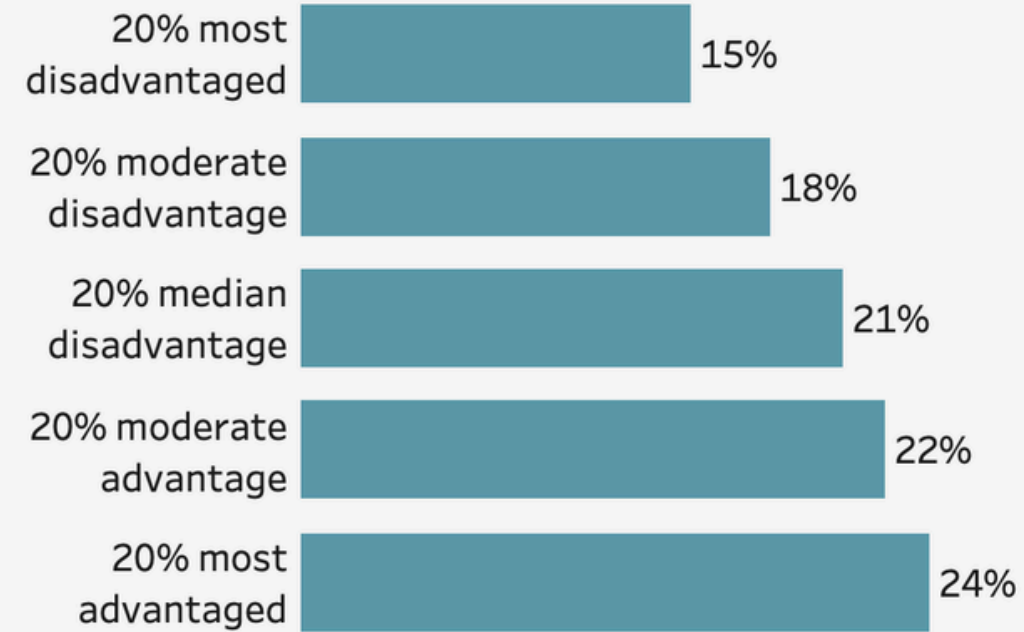
Sample: Patients n=503

Patient sample composition

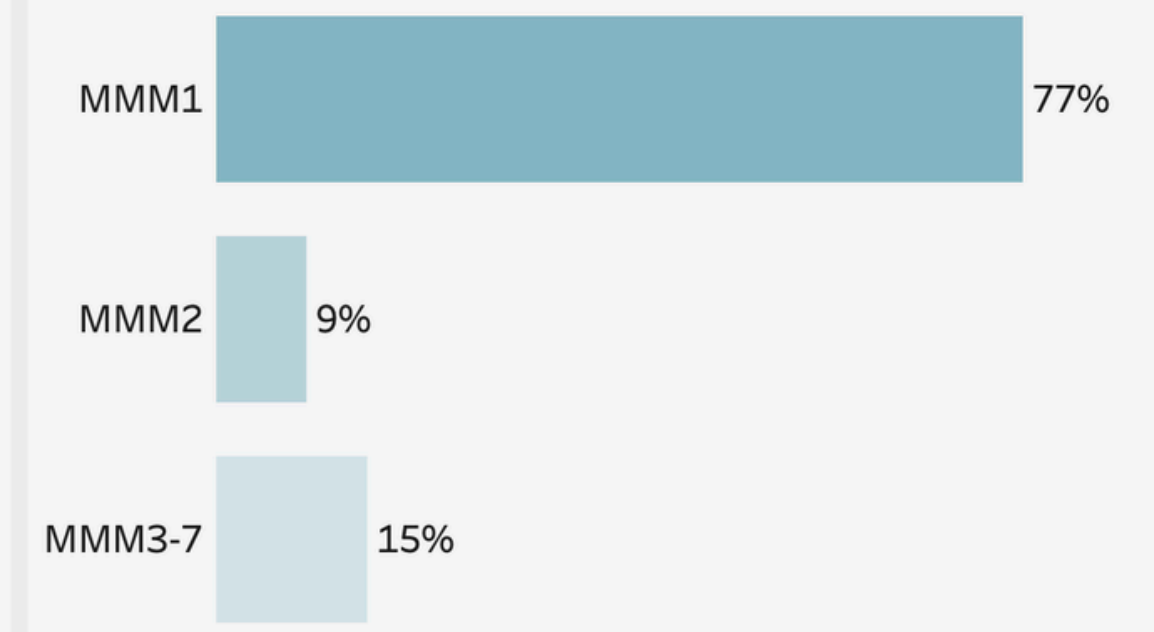
The sample includes respondents from a broad range of geographic and socioeconomic settings, including metropolitan, regional and remote communities and areas spanning the full spectrum of socioeconomic disadvantage. This diversity allows referral experiences to be examined across different population groups and access contexts.

Sample composition

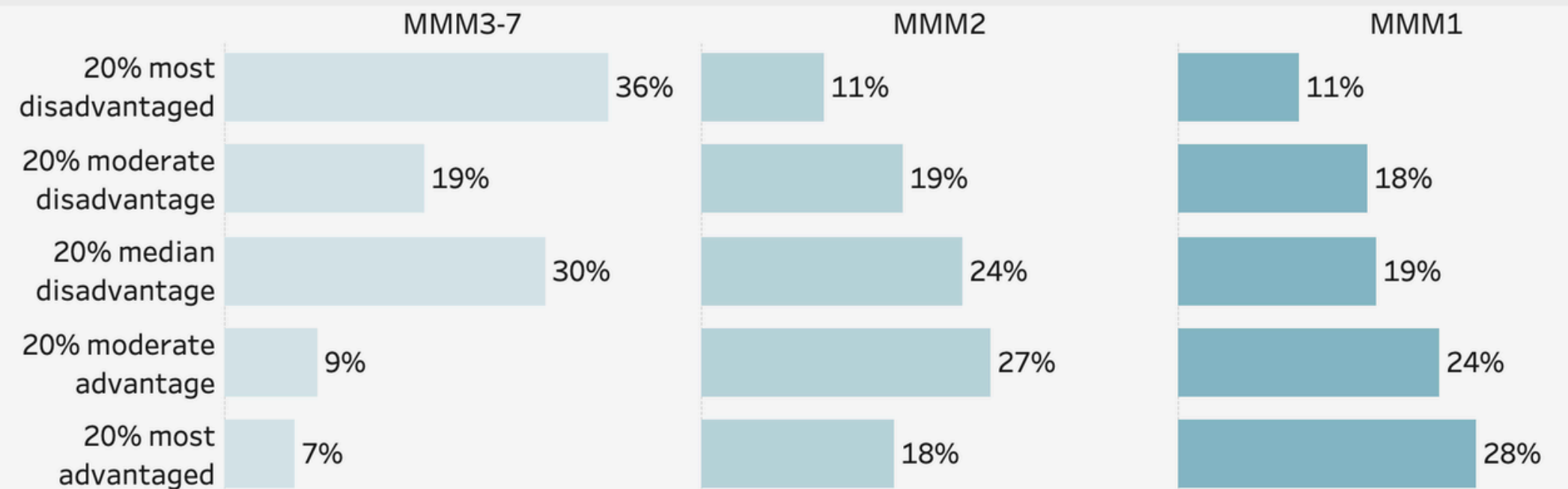
Index of Relative Social Disadvantage (based on postcode)



Modified Monash Model (based on residential postcode)



MMM x IRSD



Sample: Patients n=503 | MMM3-7 81 | MMM2 40 * | MMM1 380
 *caution, small base size <50

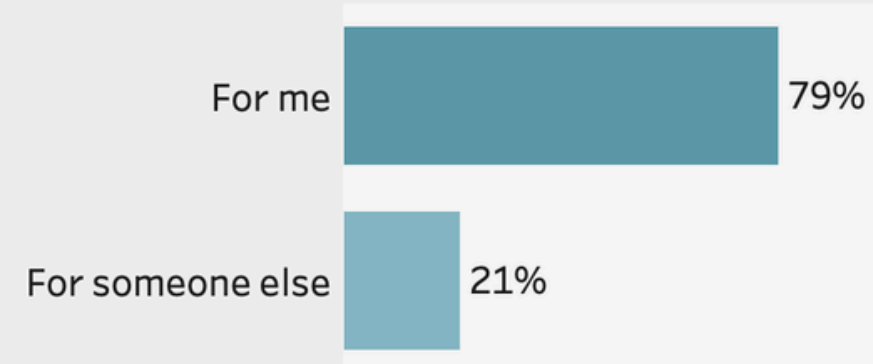
Survey of Patients

Section 2: Referral context

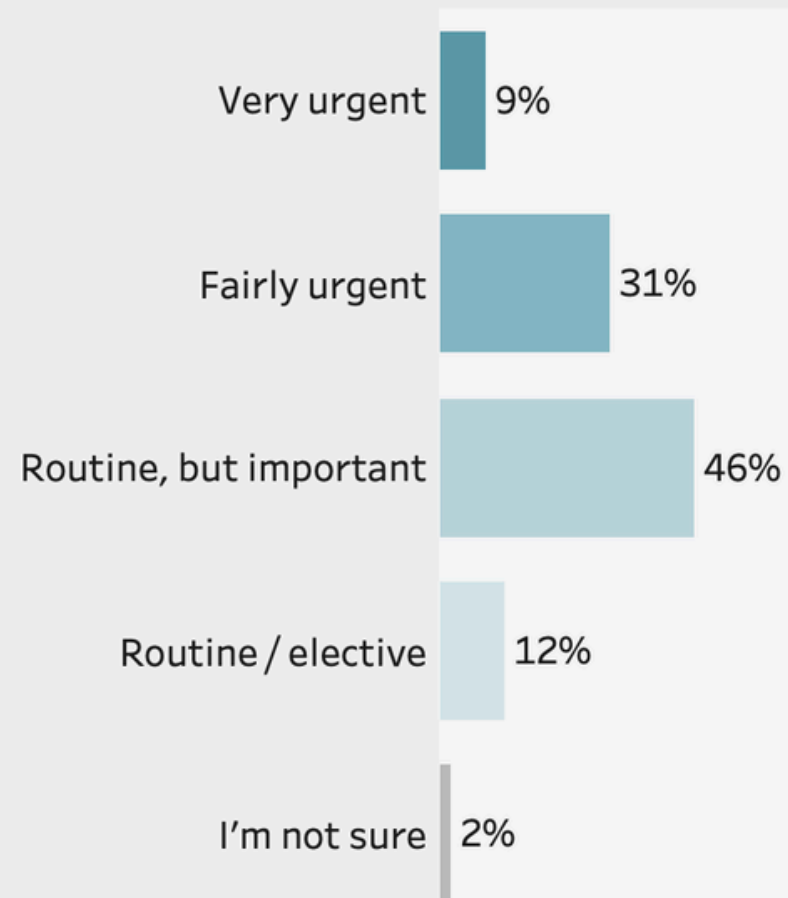
Most referrals are for the patient's own care and are routine rather than urgent

Most respondents were referred for their own care (79%), with referrals primarily described as routine but important (46%) or fairly urgent (31%). Referrals were generally recent, with over a third having seen a specialist within the previous three months.

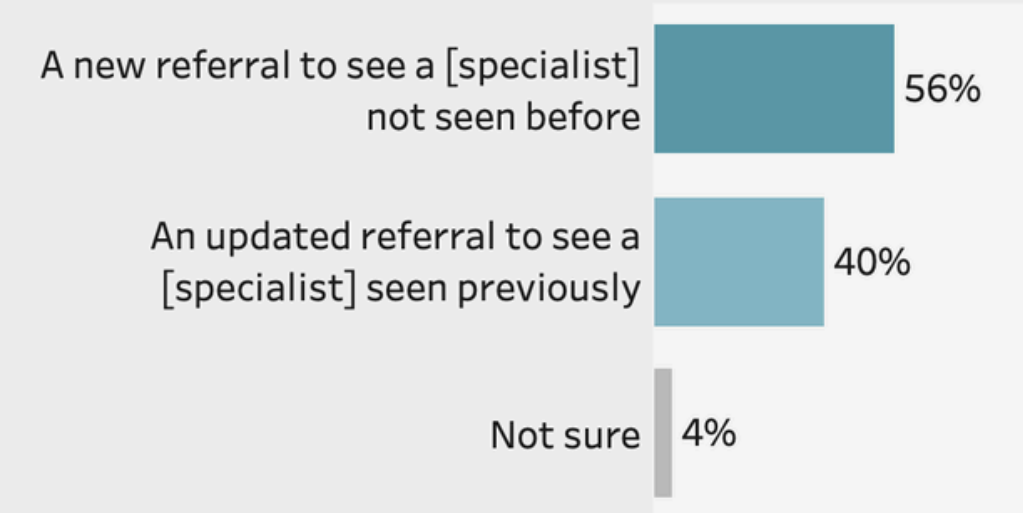
Which of the following best describes the most recent [SPECIALIST] referral?



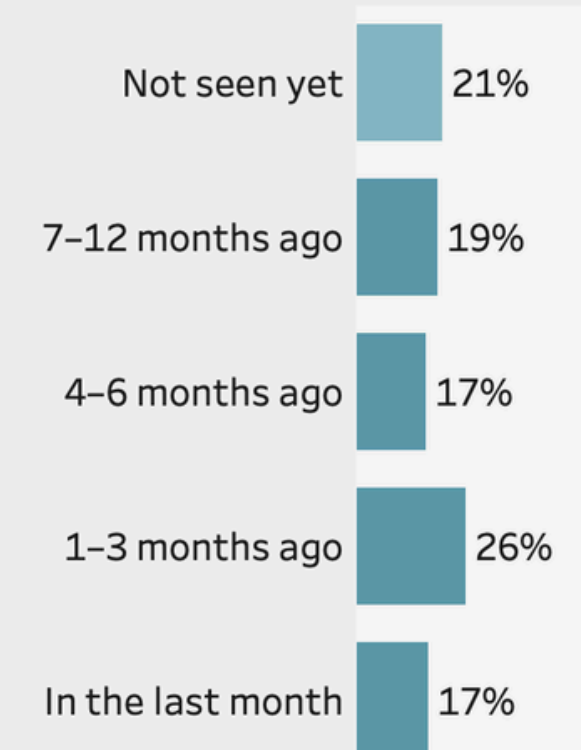
How urgent was the need to see the specialist at the time of the referral?



Which of the following best describes the most recent [SPECIALIST] referral?



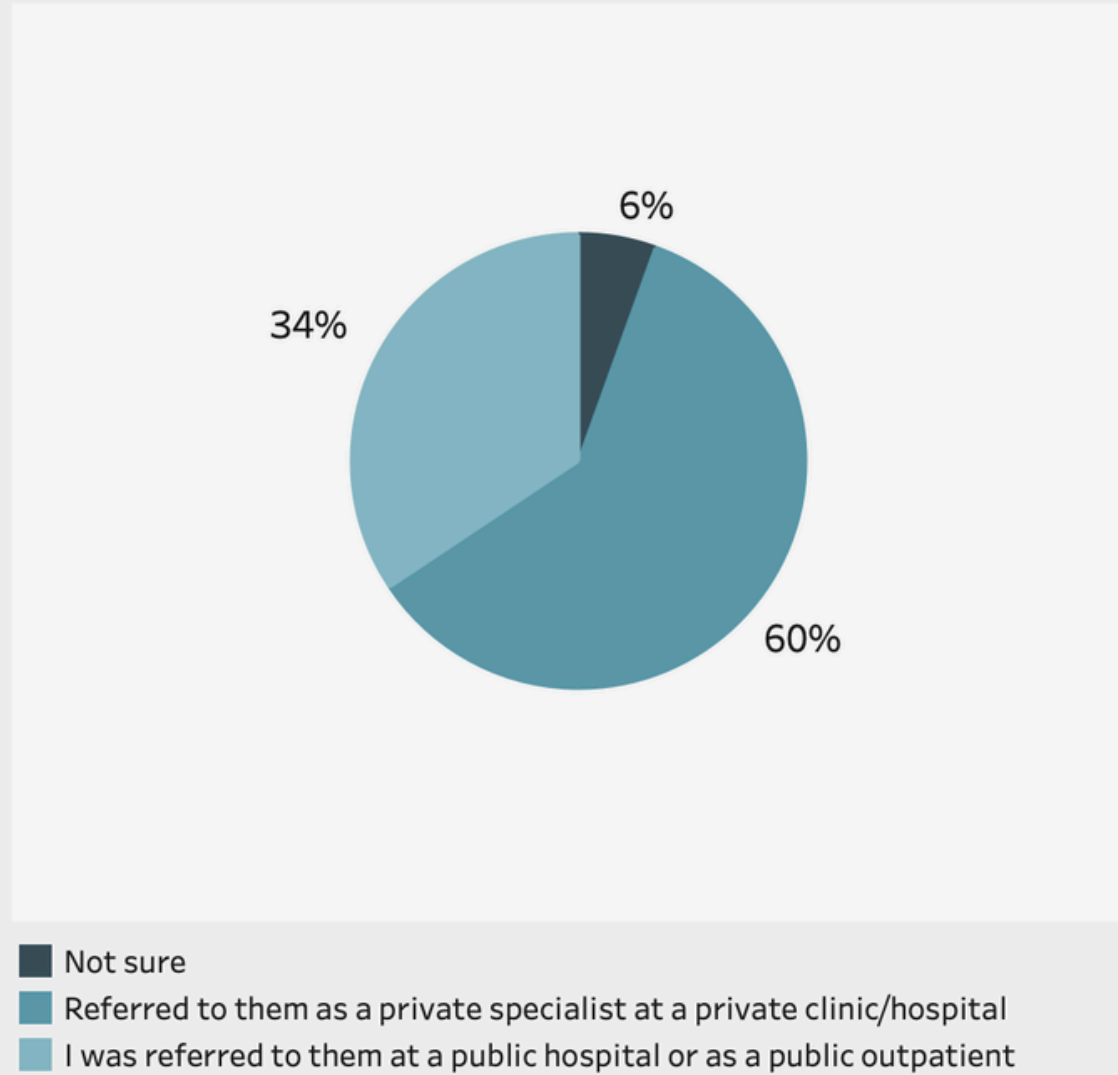
When did you/the patient last see the specialist for a consultation or treatment?



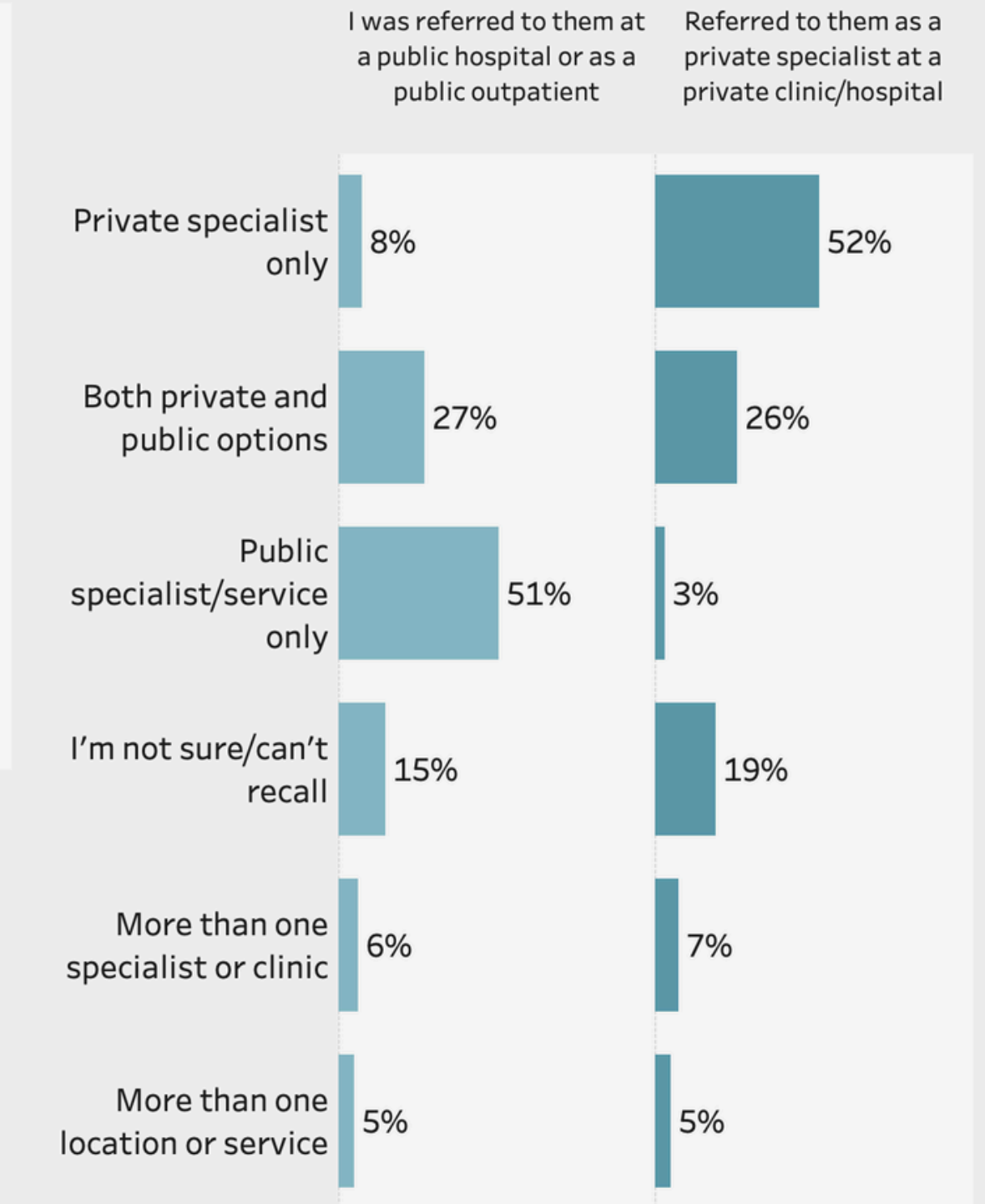
Private referrals dominate, but patients are often presented with options

Six in ten patients were referred to a private specialist. While around half were referred directly to a specific private specialist, more than one-quarter considered both public and private options before a referral decision was made.

Which of the following best describes the pathway for the most recent referral for a [SPECIALIST]?



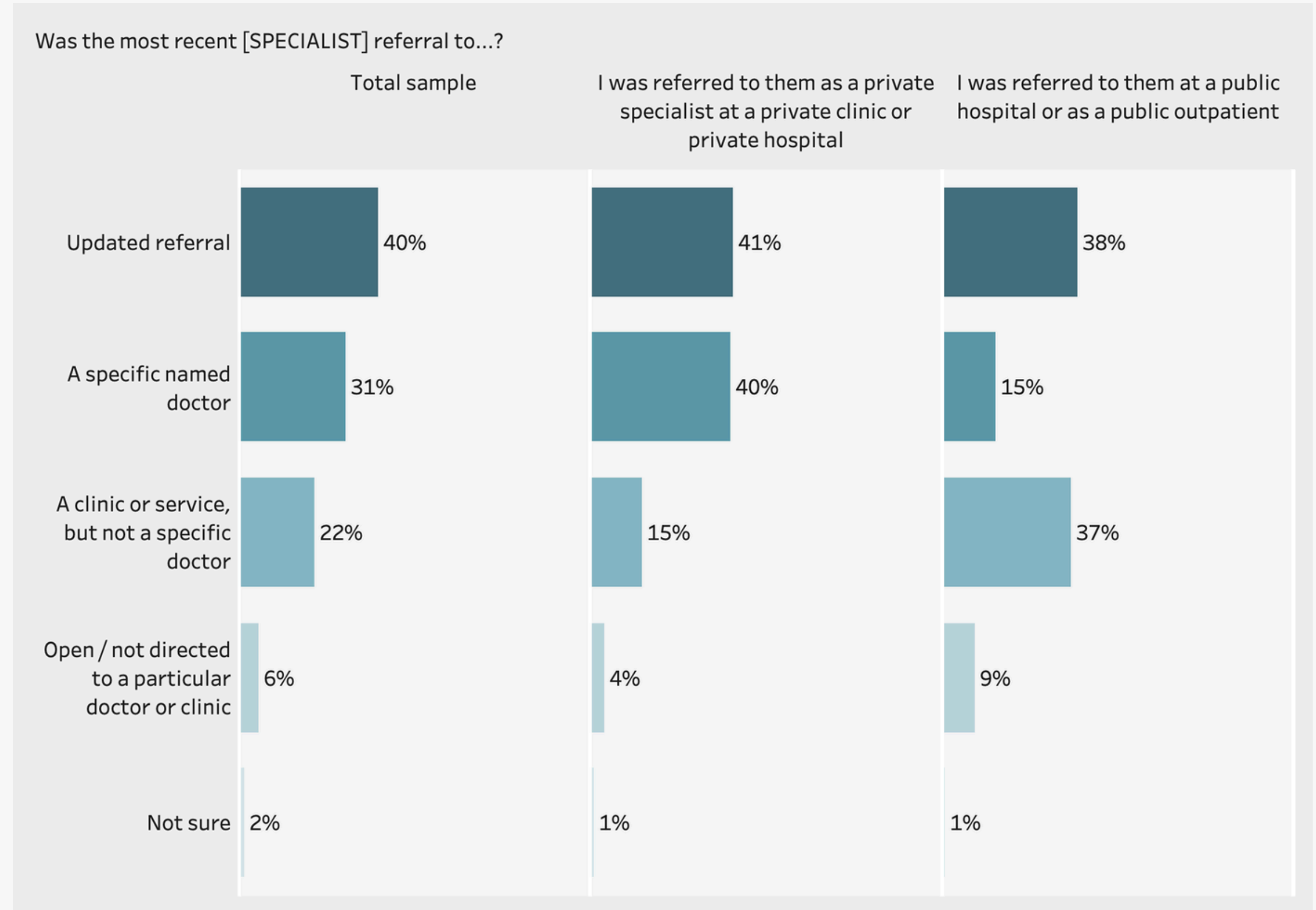
Which of the following did you and/or your GP consider before deciding on the specialist you would be referred to?



Sample: Patients n=503 | public 179 | private 298 ('not sure' not included n=26)

Private referrals are more likely to be specialist-specific

Patients referred privately were more likely to receive a referral to a named specialist, whereas public referrals were more commonly directed to a clinic or service rather than an individual practitioner. This mirrors the GP findings regarding differences between public and private referral pathways.

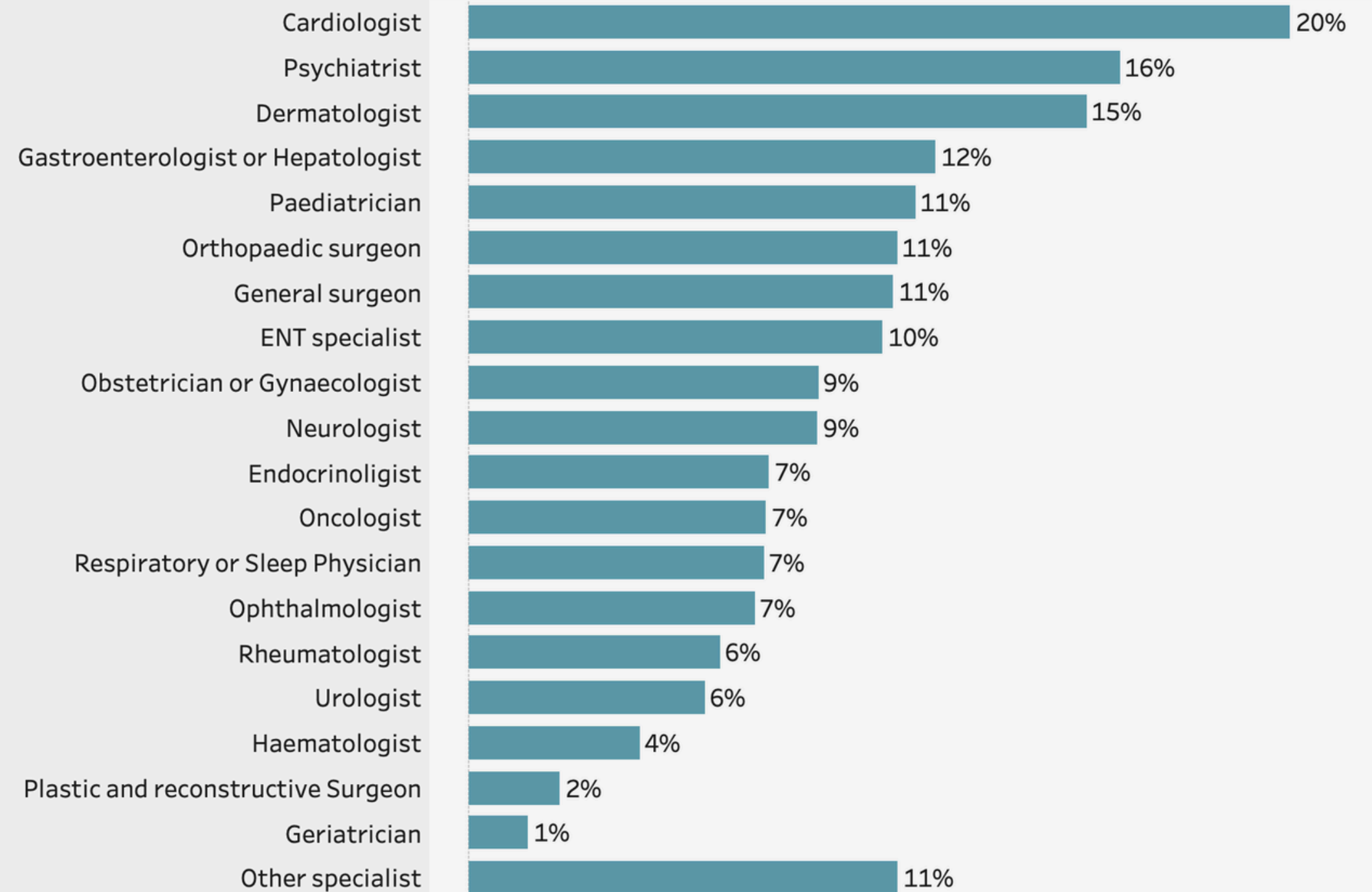


Sample: Patients n=503 | public 179 | private 298 (not sure now included n=26)

Referrals span a broad range of specialties

Cardiology, psychiatry and dermatology were the most common specialties accessed, reflecting the diverse nature of conditions requiring specialist referral across the community.

Which types of non-GP medical specialists have you, or someone for whom you are a primary carer or guardian, been referred to by a GP in the last 12 months?

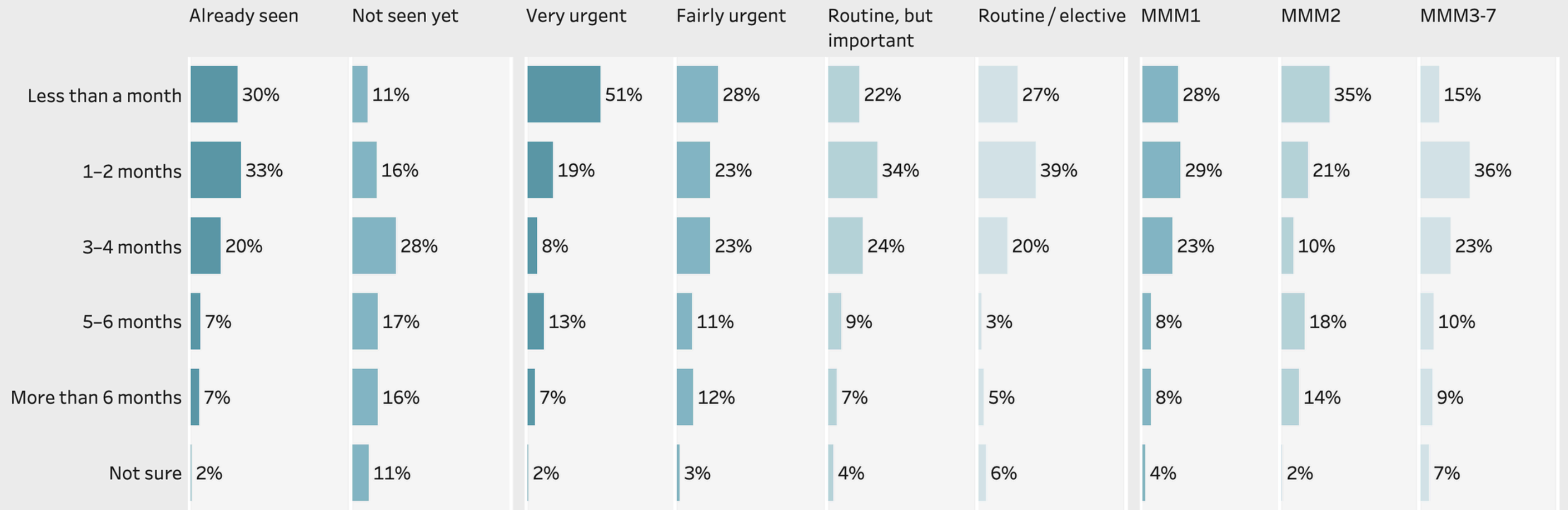


Sample: Patients n=503

Wait times remain substantial for many patients

Although 30% of patients were seen within a month, almost one in three waited longer than three months or were still waiting for their appointment. Waiting times were shorter for urgent referrals but remained lengthy for many routine referrals.

How long after receiving the GP referral to the specialist did you wait/will you wait to see them?



Sample: Patients n=503 | MMM3-7 81 | MMM2 40 * | MMM1 380 | already seen 395 | not seen 108 | very urgent 43* | fairly urgent 158 | routine but important 233 | routine/elective 59
 *caution, small base size <50

Survey of Patients

Section 3: Experience with and attitudes to referral system

Overview

Patients trust their GP, but access and cost remain key challenges

Patients are generally positive about their experience navigating the specialist referral system. Trust in GP advice is exceptionally high, referral decisions are typically made jointly with the GP, and satisfaction with specialist quality is strong.

However, patients continue to face practical barriers once a referral is made. Long wait times, specialist availability and out-of-pocket costs emerge as the most significant challenges, with many patients identifying these as the areas where improvements would have the greatest impact on their experience.

Key highlights

- 93% trust their GP's advice about specialist referrals
- 63% say referral decisions were GP-led or made jointly with their GP
- 72% are satisfied with the referral system overall
- 59% experienced at least one access-related challenge
- 51% experienced at least one cost-related challenge
- 62% say shorter wait times would improve the referral experience
- 57% say lower out-of-pocket costs would improve the referral experience

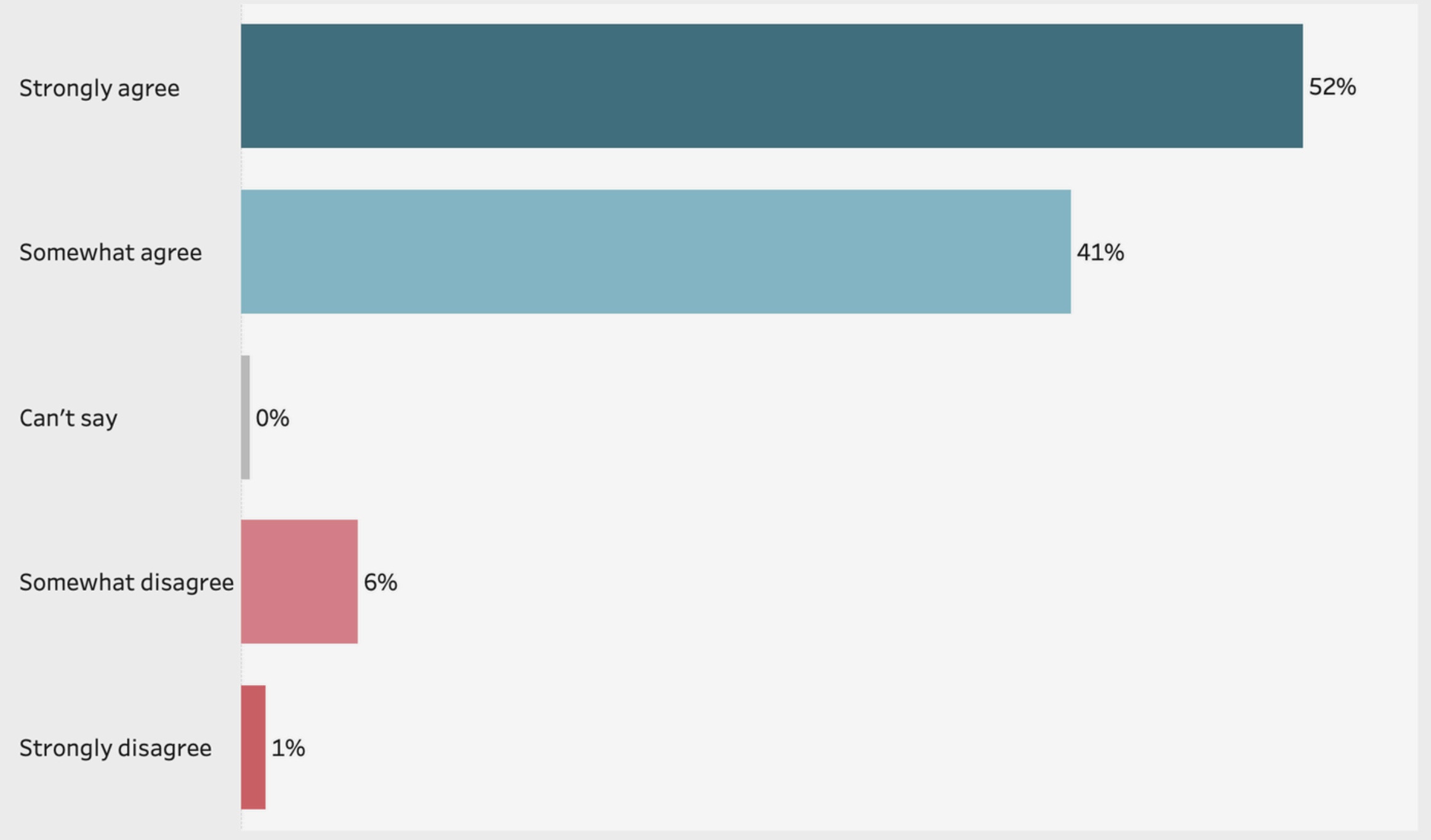
Patients do not appear to be struggling to identify high-quality specialists; they are more likely to struggle with accessing and affording specialist care once a referral has been made.

Trust in GP referral advice is strong

Almost all patients trust their GP's advice about specialist referrals, with 93% agreeing that they trust their GP to guide them to an appropriate specialist.

Please indicate whether you agree or disagree with each of the following statements.

I trust and expect GPs to give me good advice about non-GP specialist referrals

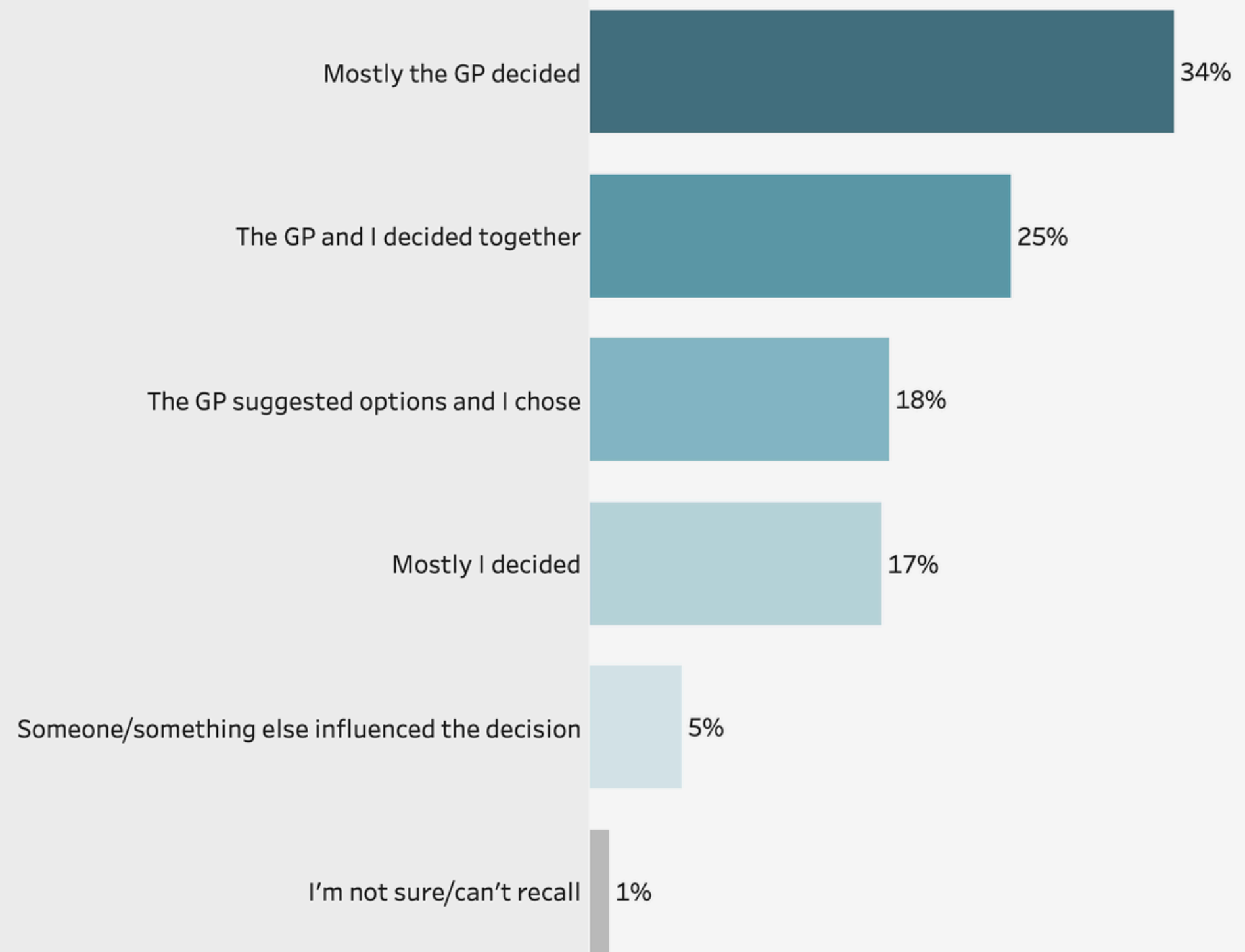


Sample: Patients n=503

Referral decisions are usually shared or GP-led

Only 17% of patients said they mostly chose the specialist themselves. In contrast, 63% reported that the GP either made the decision or that the decision was made jointly, highlighting the central role GPs continue to play in referral decisions.

Who had the most influence on the referral decision for the [SPECIALIST]?

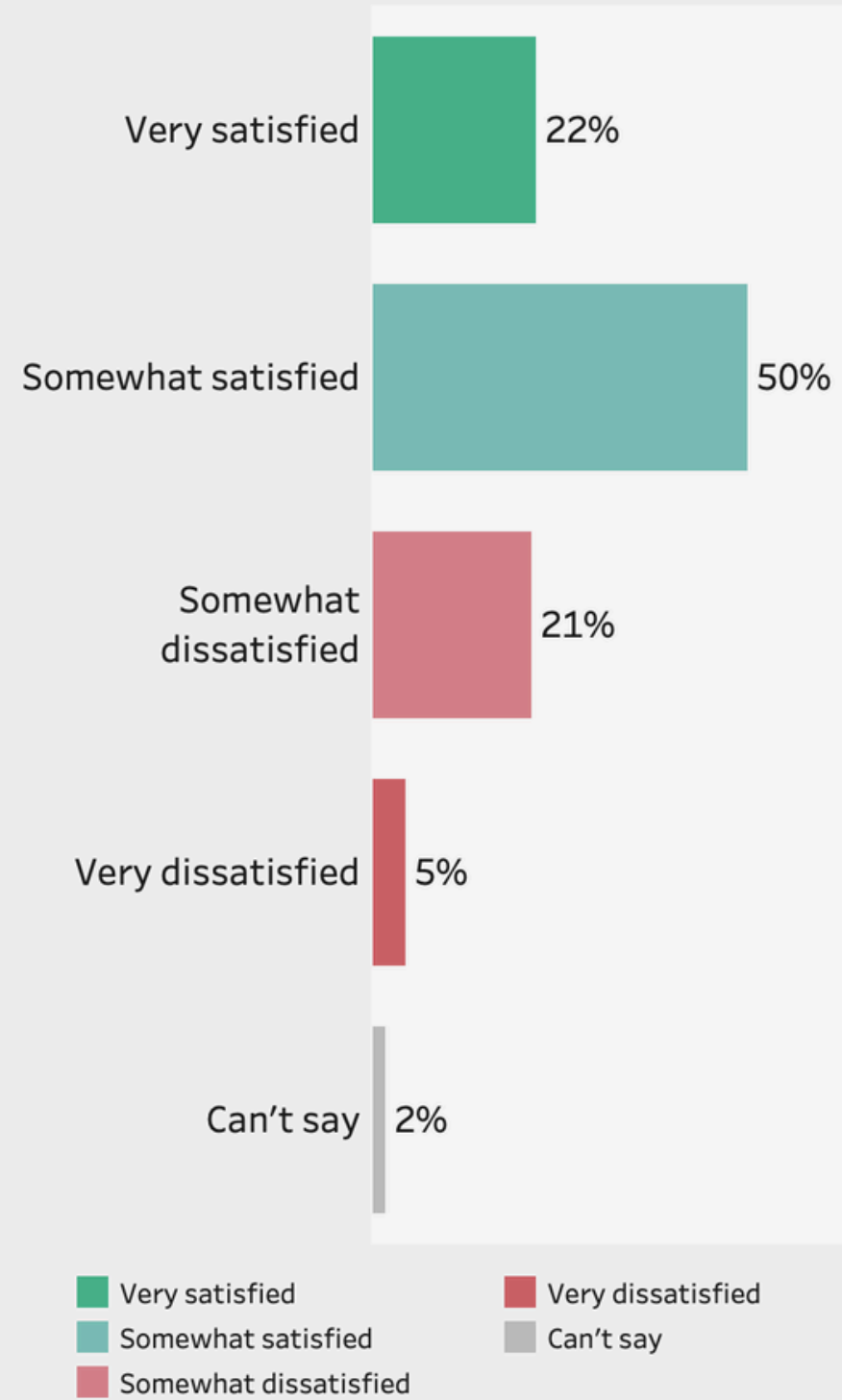


Sample: Patients n=503

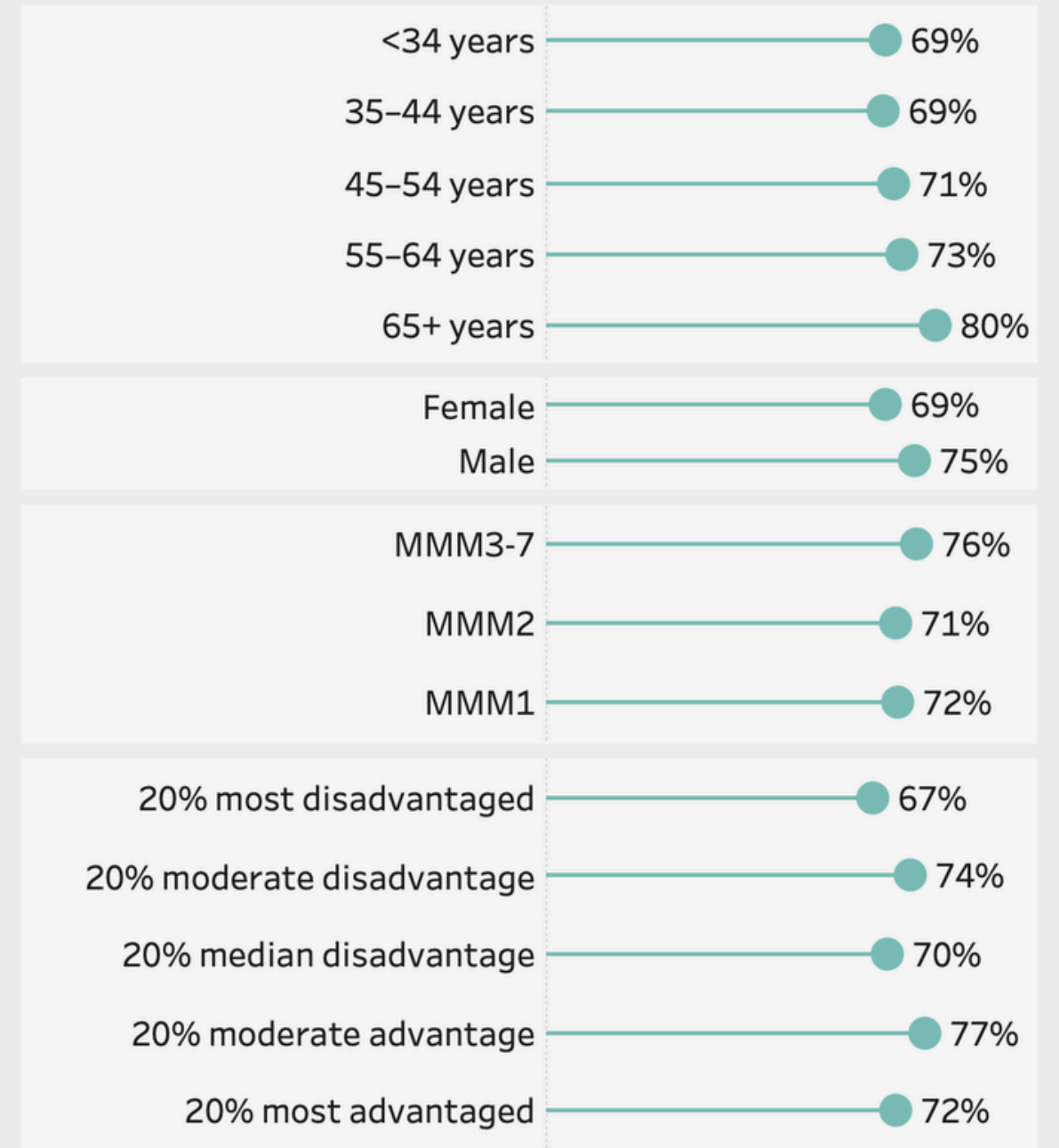
Most patients are satisfied with the referral system

Seven in ten patients are satisfied with the current referral system overall. Satisfaction is consistently high across age groups, locations and socioeconomic segments, suggesting broad confidence in how referrals are managed.

Overall, how satisfied are you with the current system for consulting non-GP specialists?



% somewhat & very satisfied



Sample: Patients n=503 | MMM3-7 81 | MMM2 40* | MMM1 380 | most disad 76 | moderate disad 88 | median 110 | moderte advan 108 | most advant 119
 <34 138 | 35 - 44 90 | 45 - 54 97 | 55 - 65 75 | 65+ 103 | Female 249 | Male 254
 *caution small base size <50

Dissatisfaction is driven primarily by access and affordability barriers

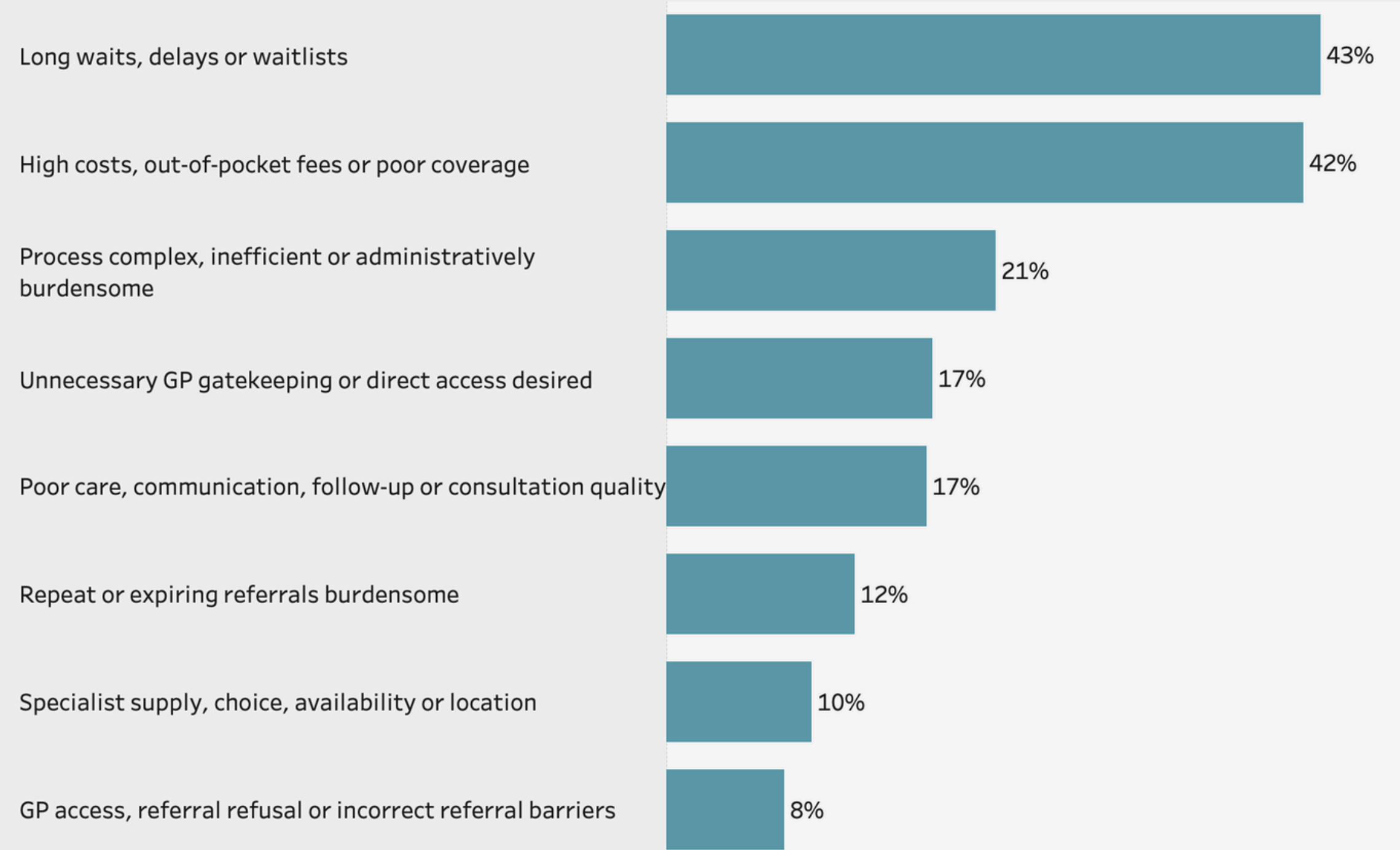
Among consumers who are dissatisfied with the specialist referral system, long waiting times and out-of-pocket costs are the dominant concerns, cited by more than four in ten respondents.

Administrative complexity, perceptions of GPs as barriers to accessing specialist care, and concerns about communication or continuity of care are secondary issues.

Notably, dissatisfaction is rarely driven by concerns about specialist quality.

Why do you rate the current system for seeing non-GP specialists in what way? (Very or somewhat dissatisfied)

Responses mentioned by <5% not shown



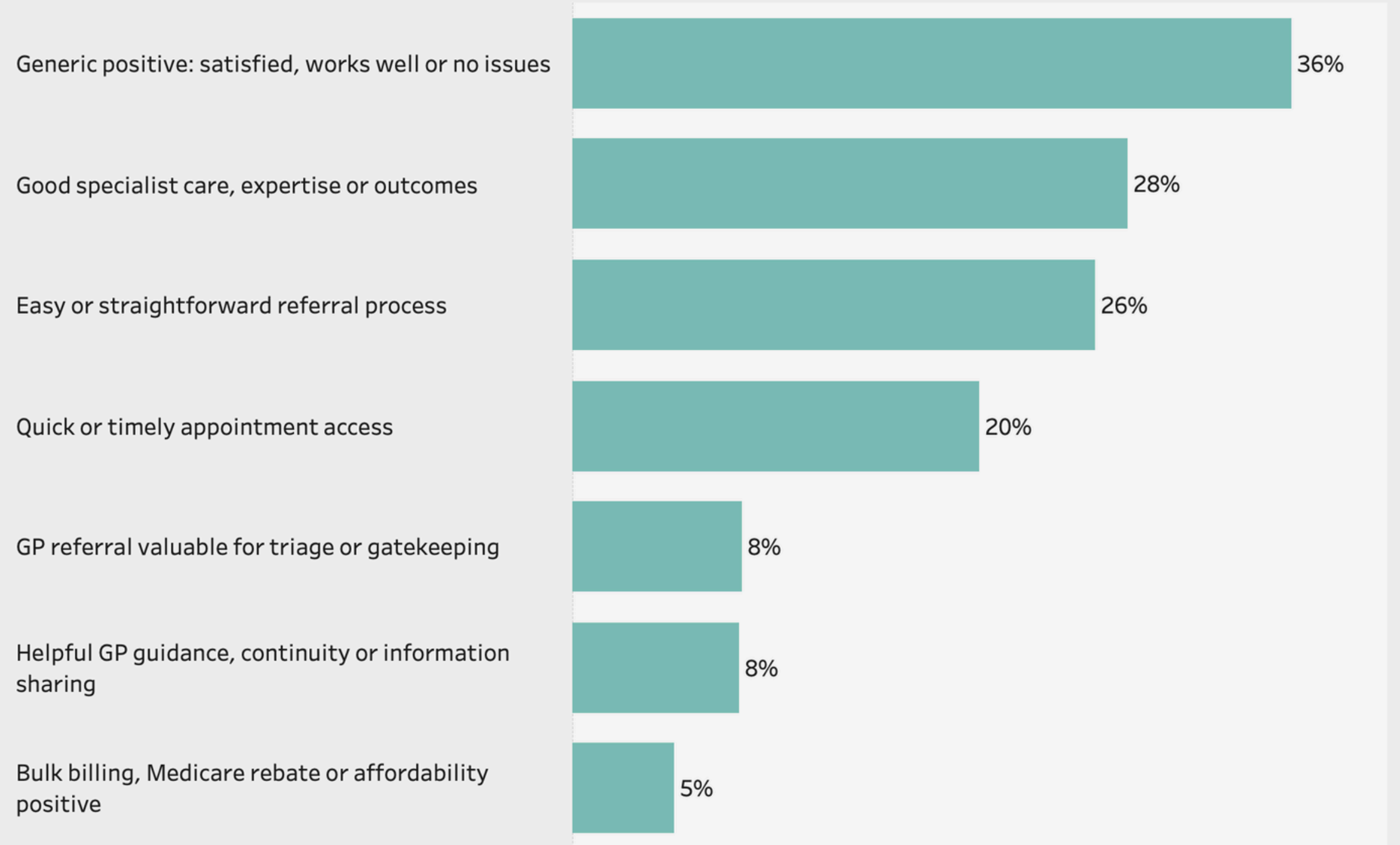
Sample: Dissatisfied n=130

Strong satisfaction reflects confidence in specialist care and a system that works smoothly

Consumers who are highly satisfied most often describe the referral system as working well overall, supported by positive experiences with specialist expertise, clinical outcomes and a straightforward referral process. Timely access to appointments also contributes to strong satisfaction. These findings suggest that when patients can access specialist care in a reasonable timeframe, confidence in the quality of care is generally high.

Why do you rate the current system for seeing non-GP specialists in what way? (Very satisfied)

Responses mentioned by <5% not shown



Sample: Very satisfied n=110

'Somewhat satisfied' consumers see strengths in the system, but clear room for improvement

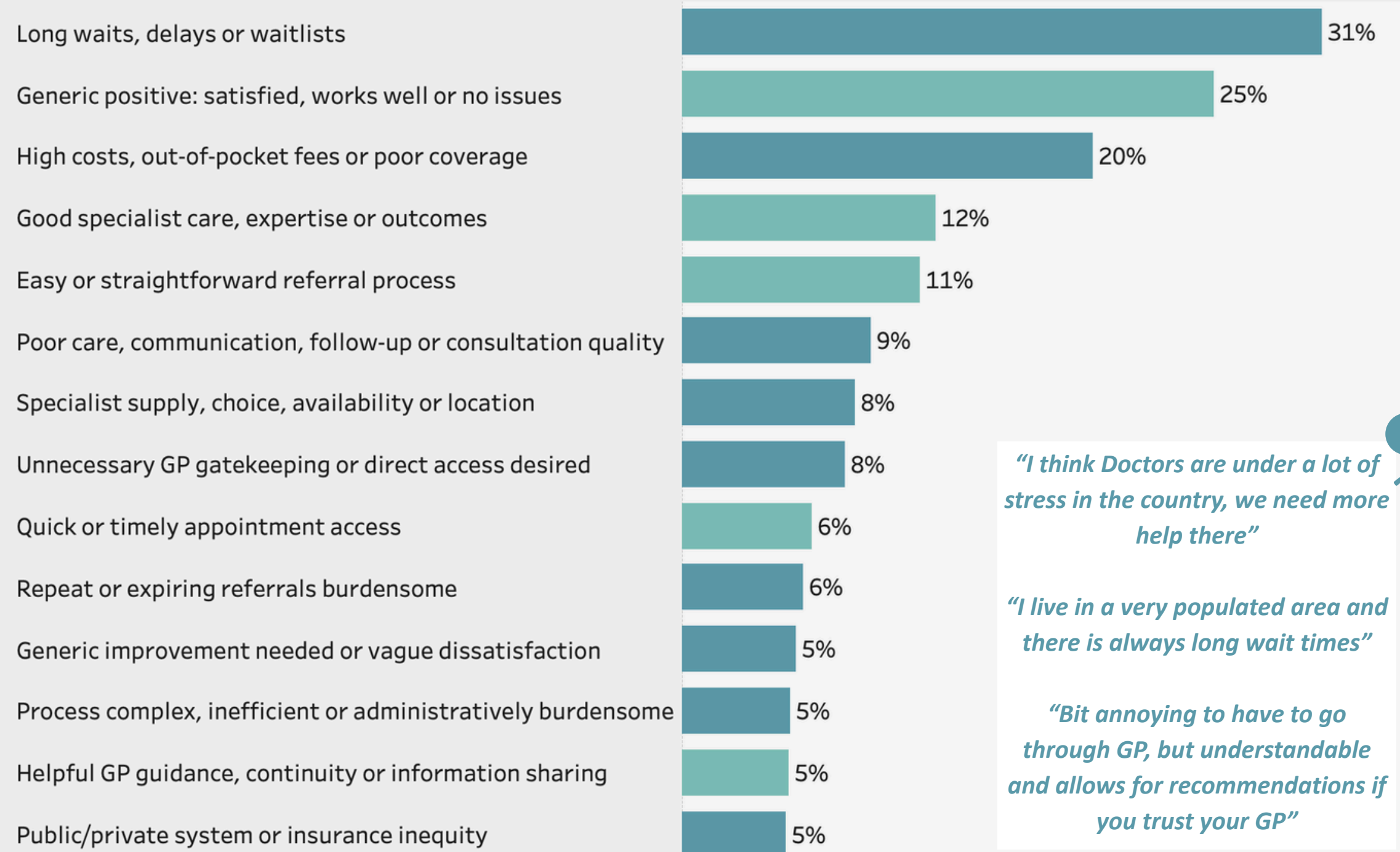
The somewhat satisfied group displays a distinctly mixed perspective.

While many acknowledge positive experiences with specialist care and the referral process, they also frequently cite long waiting times and out-of-pocket costs as ongoing concerns. This pattern of responses suggests a degree of ambivalence: consumers recognise that the system generally works, but believe it falls short on access and affordability.

Similar attitudes were observed among GPs, where many respondents expressed overall satisfaction while simultaneously identifying significant challenges related to specialist availability, waiting times and cost.

Why do you rate the current system for seeing non-GP specialists in what way? (Somewhat satisfied)

Responses mentioned by <5% not shown



“I think Doctors are under a lot of stress in the country, we need more help there”

“I live in a very populated area and there is always long wait times”

“Bit annoying to have to go through GP, but understandable and allows for recommendations if you trust your GP”

Sample: Somewhat satisfied n=236

Clinical confidence and GP recommendation drive specialist choice

Patients place greatest weight on their GP's recommendation, the specialist's suitability for their condition, reputation and expertise. Financial considerations and convenience factors influence decisions, but are secondary to clinical confidence. This closely mirrors the priorities reported by GPs.

The top most frequently mentioned factors were location, GPs recommendation and how soon an appointment was available.



Which of the following were influential when deciding which [specialist] to see?



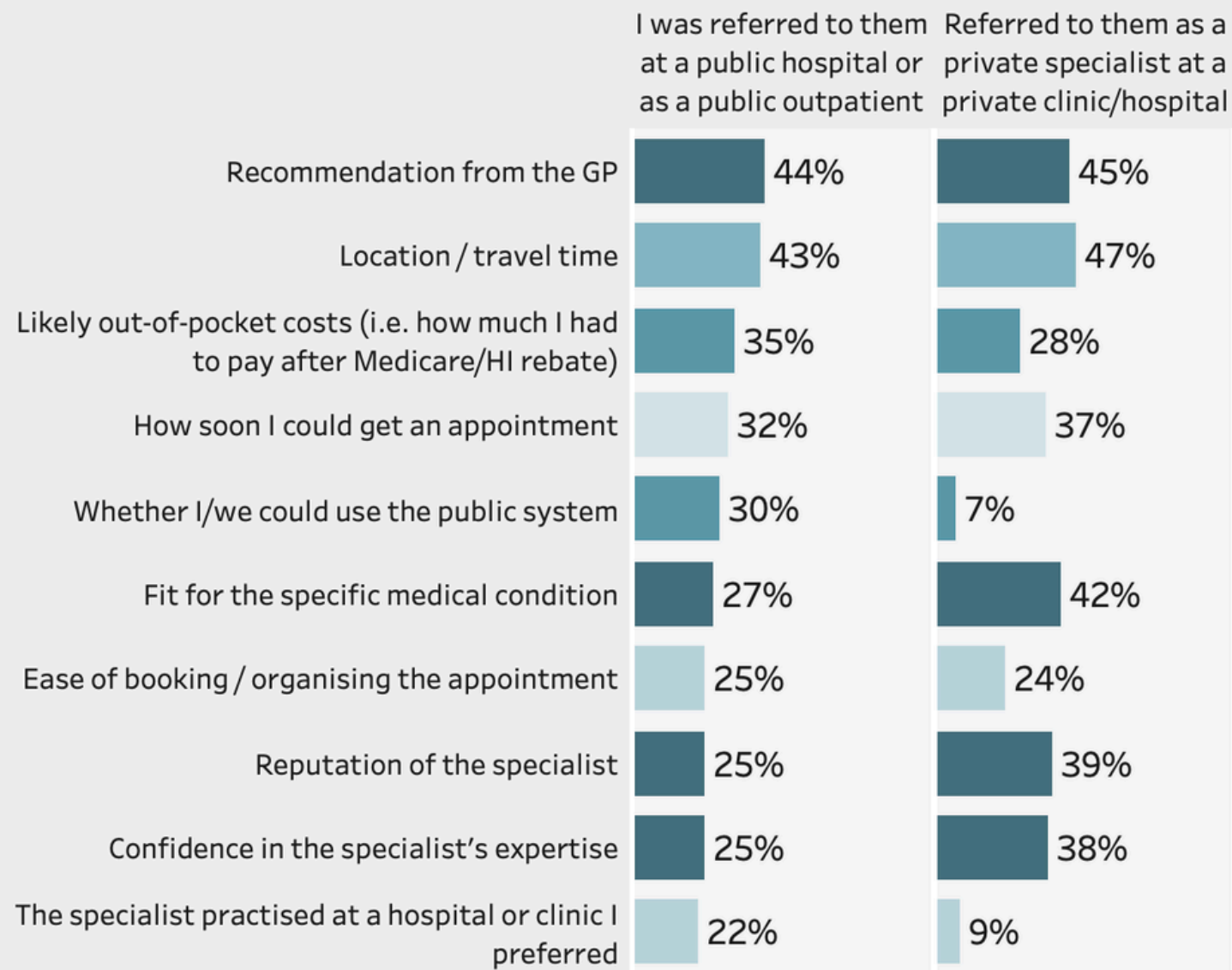
Sample: Patients n=503

Referral priorities shift according to circumstance

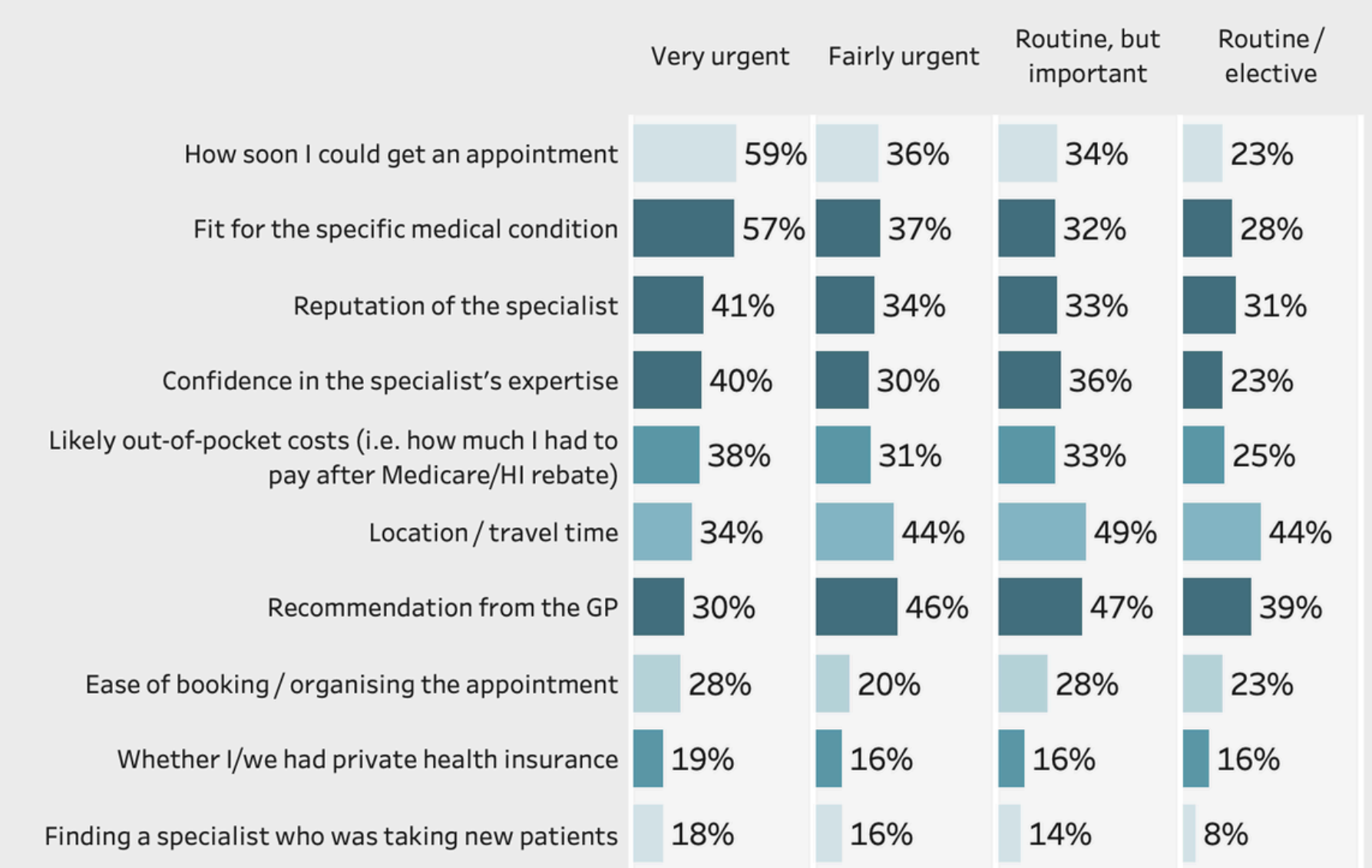
For private referrals, reputation, expertise and specialist recommendation become more important, while patients facing urgent conditions place greater emphasis on securing appointments quickly. Regardless of circumstance, GP recommendation remains one of the strongest referral influences.

Which of the following were influential when deciding which [specialist] to see?

By referral pathway used (top 10 mentions ordered by public pathway)



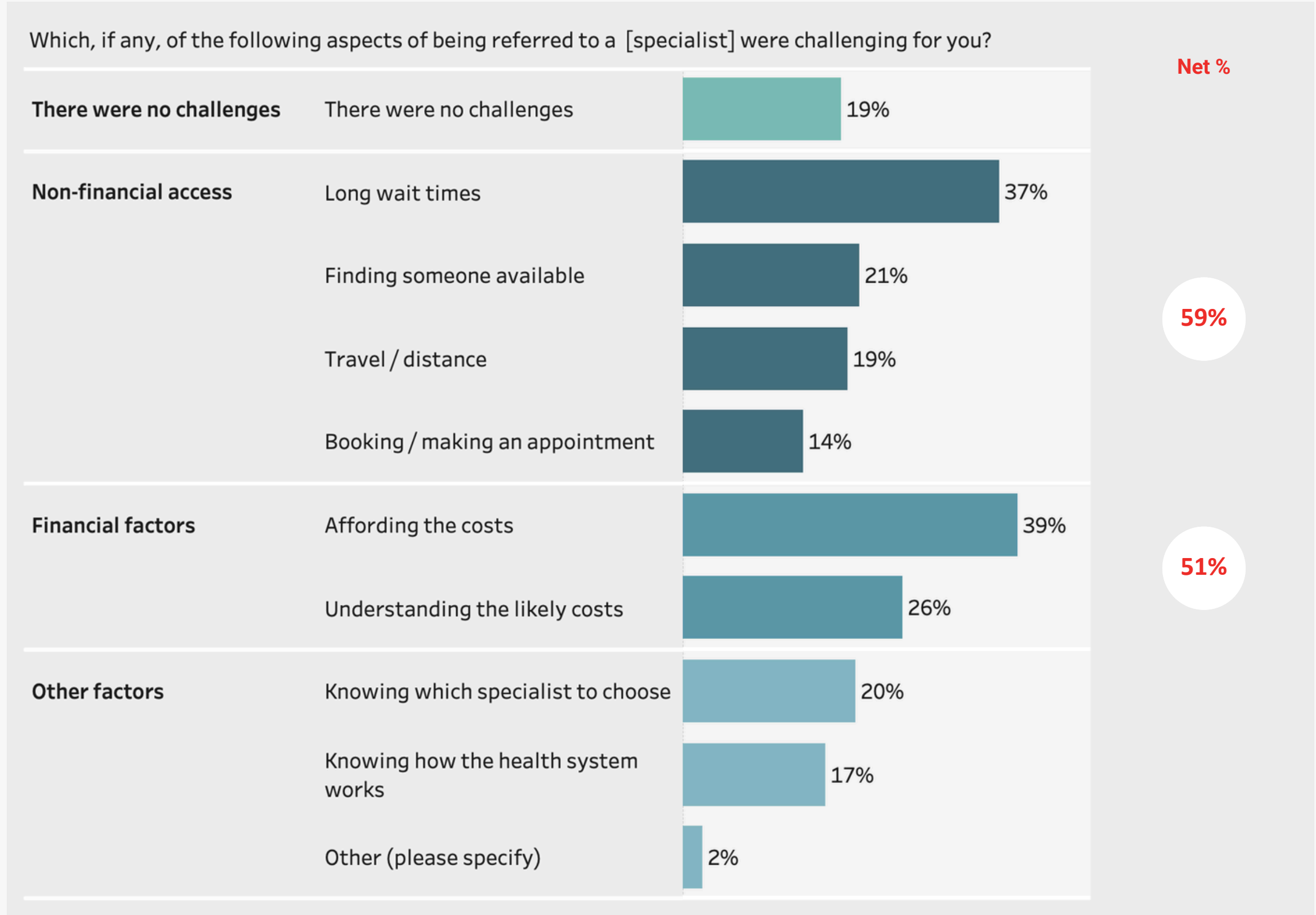
By perceived urgency of the need for the referral (top 10 mentions ordered by most urgent)



Sample: very urgent 43* | fairly urgent 158 | routine but important 233 | routine/elective 59 | public 179 | private 298 (not sure now included n=26)
 *caution, small base size <50

Access and affordability are the biggest referral challenges

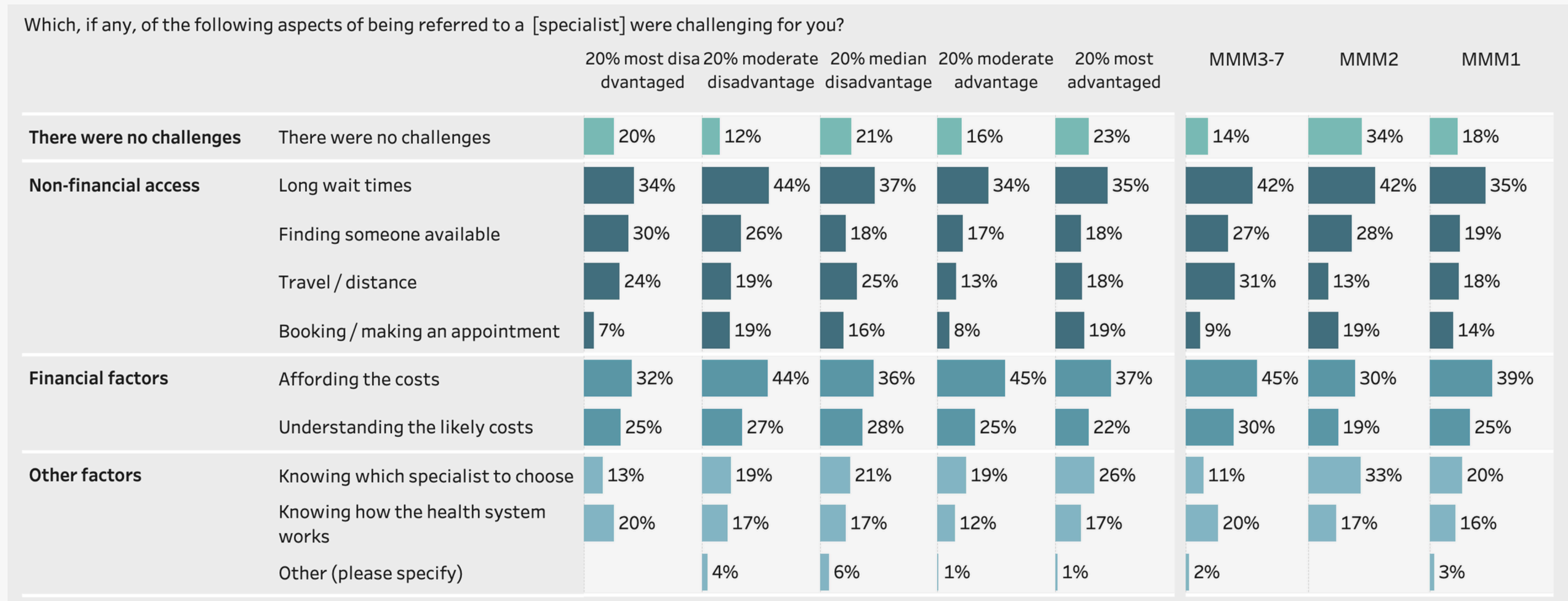
Almost six in ten patients experienced at least one access-related challenge when seeking specialist care, while half experienced financial challenges. Long wait times, difficulty finding available specialists and affordability concerns emerge as the most common barriers. These findings strongly reinforce the concerns raised by GPs.



Sample: Patients n=503

Challenges vary by location and socioeconomic status

Patients in disadvantaged communities and non-metropolitan areas are more likely to experience difficulties accessing specialist care. Long wait times and affordability challenges are evident across all groups.



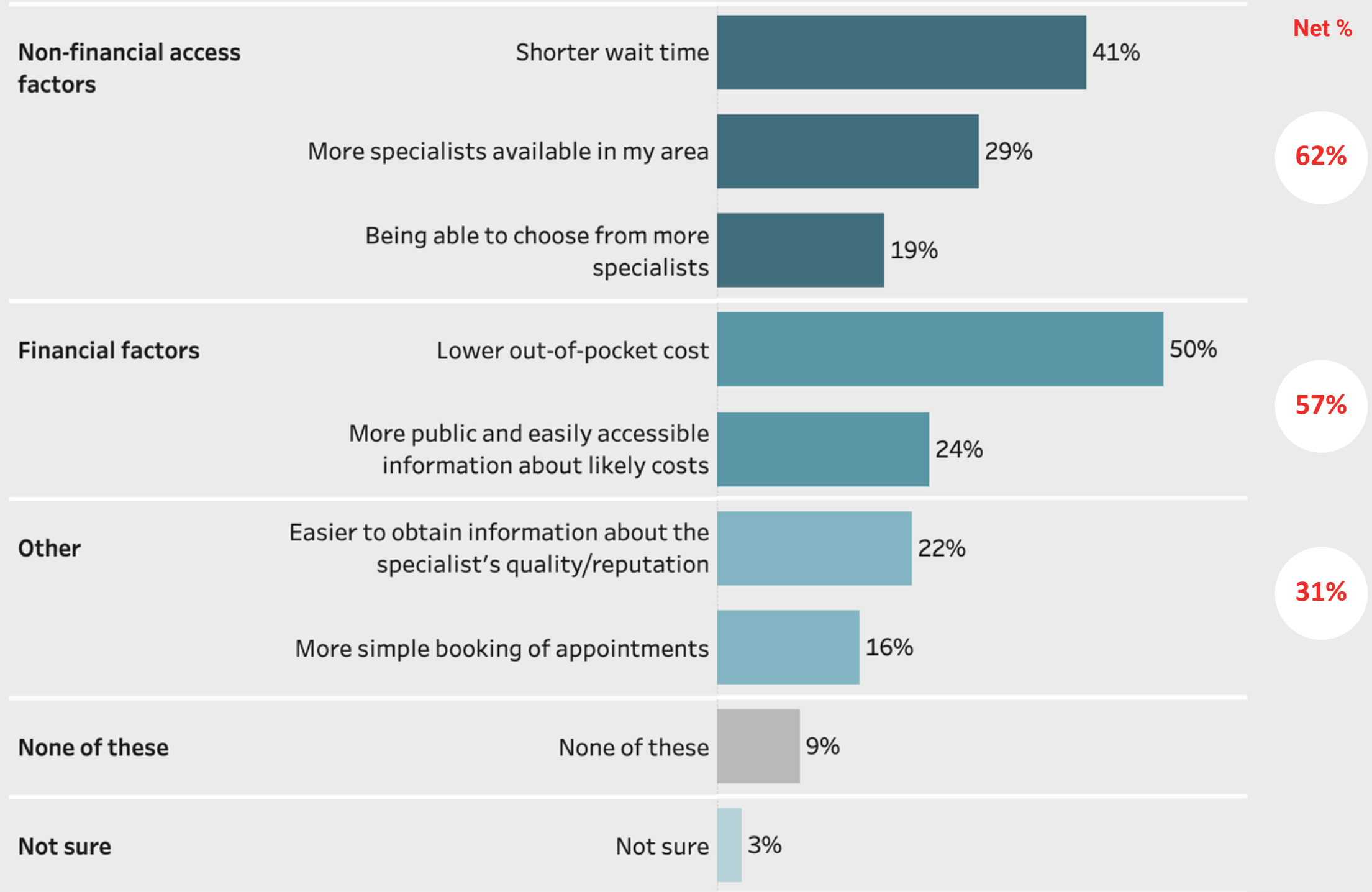
Sample: Patients n=503 | MMM3-7 81 | MMM2 40 | MMM1 380 | most disad 76 | moderate disad 88 | median 110 | moderte advan 108 | most advant 119
 *caution small base size <50

Patients want better access and lower costs

Shorter wait times and lower out-of-pocket costs are the improvements most likely to enhance the referral experience. Patients also see value in greater specialist availability and clearer information about likely costs before attending appointments.

Easier to obtain information about the specialist's quality/reputation is a lower priority.

Thinking about your situation when you obtained the referral from your GP for the [specialist], which, if any, would have been most beneficial to you?



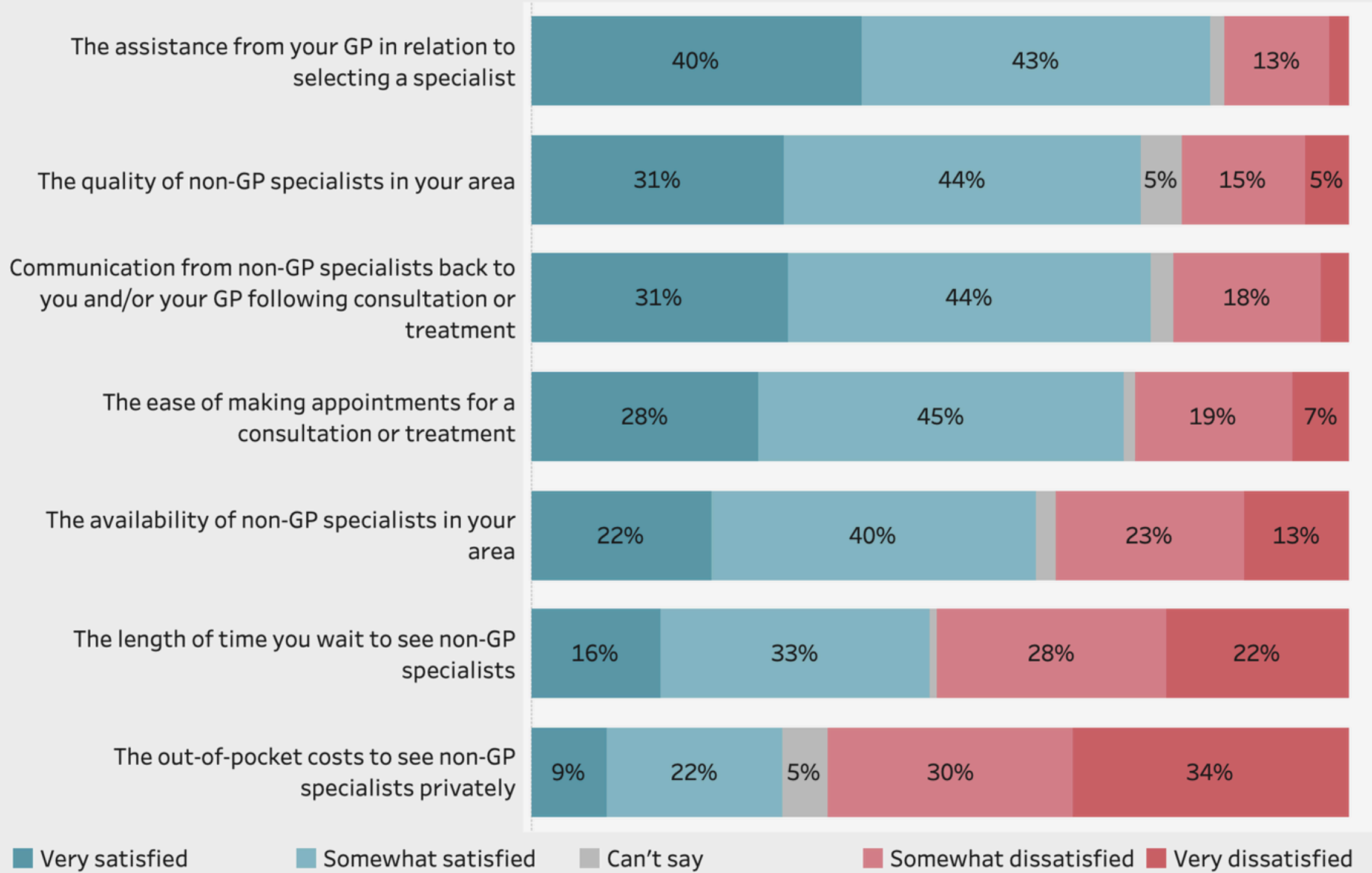
Sample: Patients n=503

Patients are most satisfied with GP support and specialist quality

Patients report high levels of satisfaction with the support received from their GP and the quality of specialists they see.

Satisfaction declines when considering wait times, availability of specialists in their area and private specialist costs, which emerge as the weakest aspects of the specialist care experience.

Overall, how satisfied are you with the following aspects of seeing non-GP specialists?

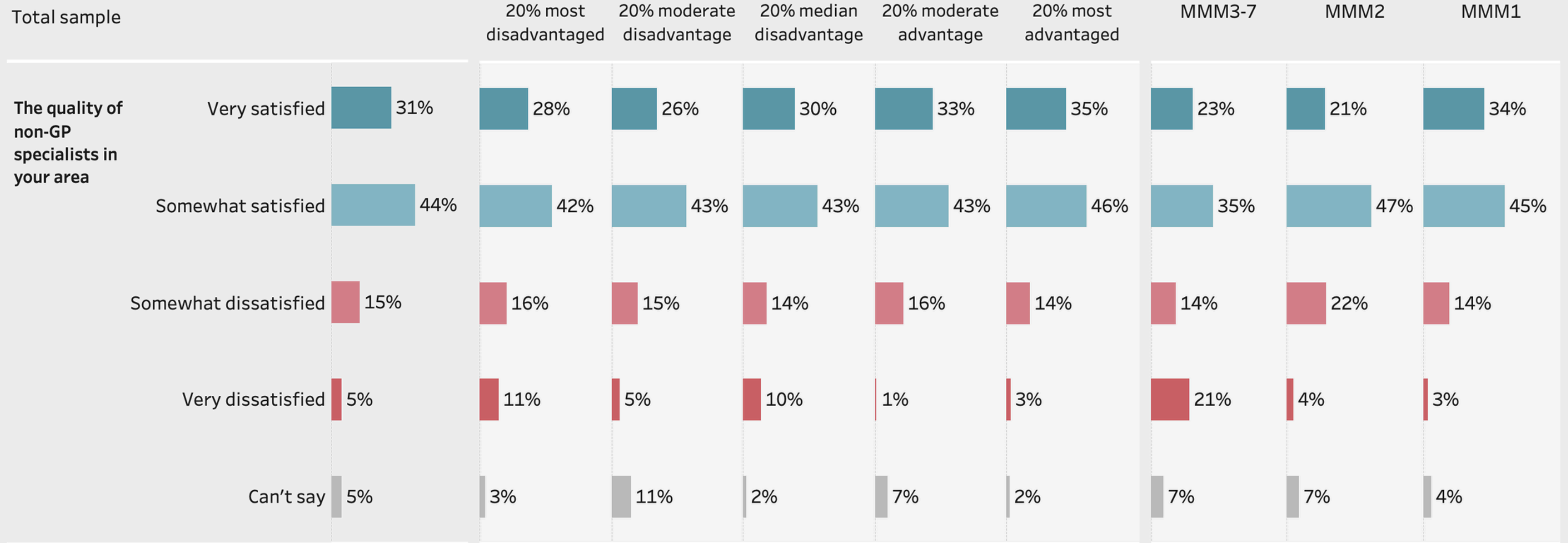


Sample: Patients n=503

Satisfaction with specialist quality remains consistently high

Across geographic and socioeconomic groups, most patients express satisfaction with the quality of specialists available to them. However, the proportion of dissatisfied patients is higher than the average in MMM3-7.

Overall, how satisfied are you with the following aspects of seeing non-GP specialists?

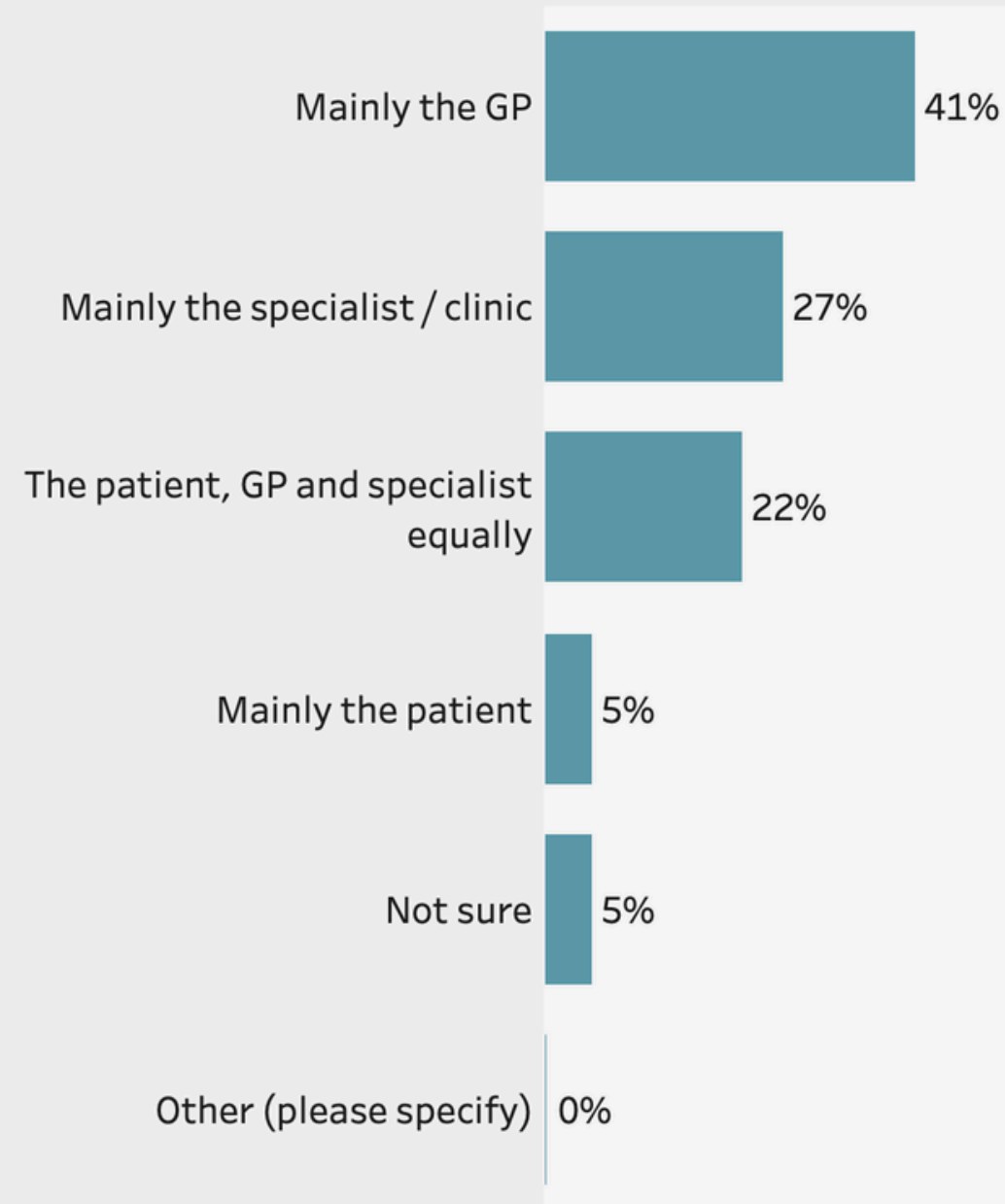


Sample: Patients n=503 | MMM3-7 81 | MMM2 40 | MMM1 380 | most disad 76 | moderate disad 88 | median 110 | moderte advan 108 | most advant 119
 *caution small base size <50

Patients see quality assessment as a shared responsibility

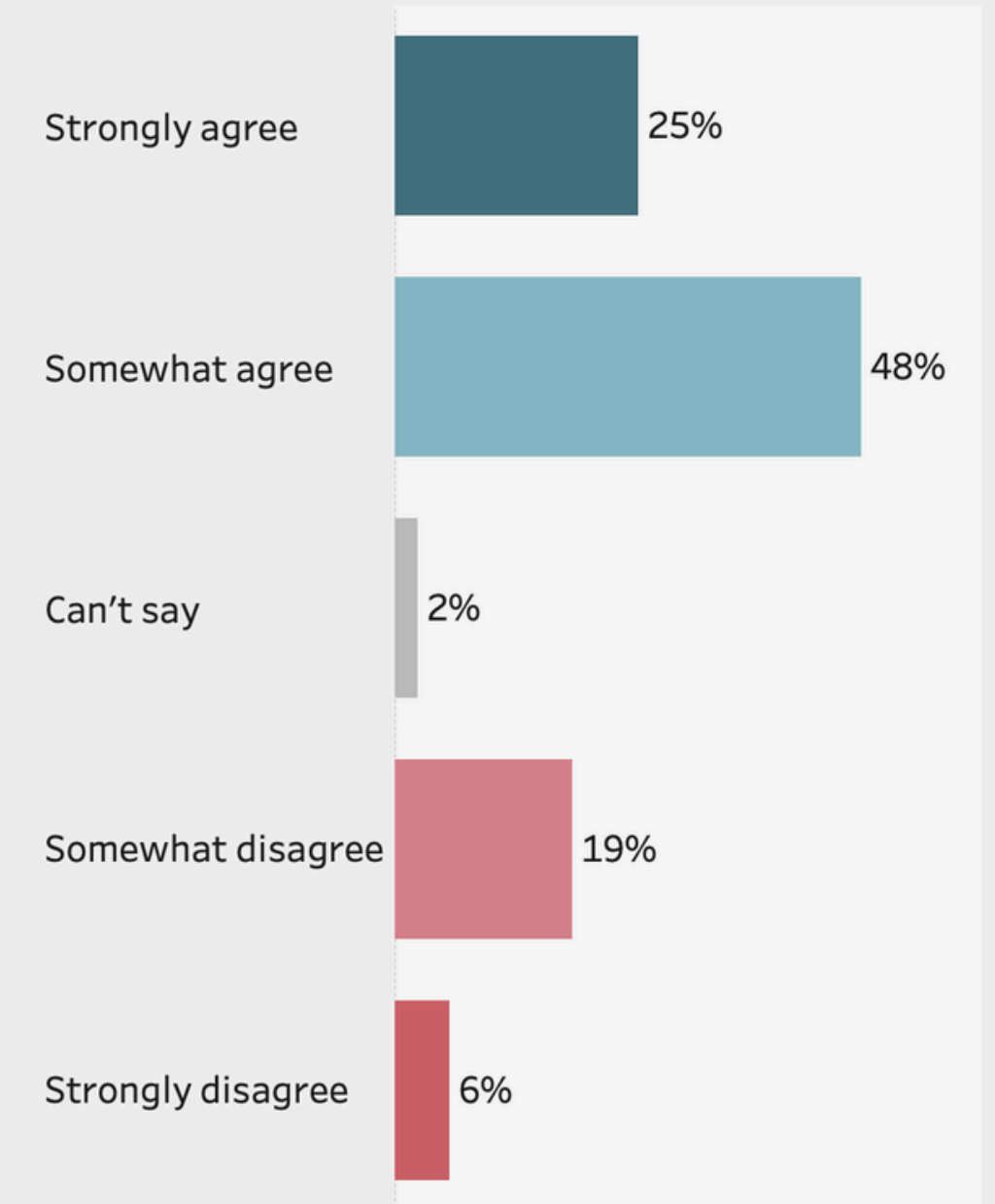
Patients most commonly believe GPs should help assess specialist quality, although many also see specialists and patients themselves as having a role. A majority agree that patients should undertake at least some independent research before seeing a specialist.

Who do you think is most responsible for helping patients understand the credentials and quality of non-GP specialists?



Please indicate whether you agree or disagree with each of the following statements.

Patients need to do their own research on the quality of non-GP specialists



Sample: Patients n=503

Wait times remain the weakest aspect of specialist access

Across all communities, satisfaction with specialist quality and appointment booking exceeds satisfaction with specialist availability and waiting times. Waiting for appointments remains the most persistent source of dissatisfaction. Dissatisfaction with availability is particularly high in MMM3-7.

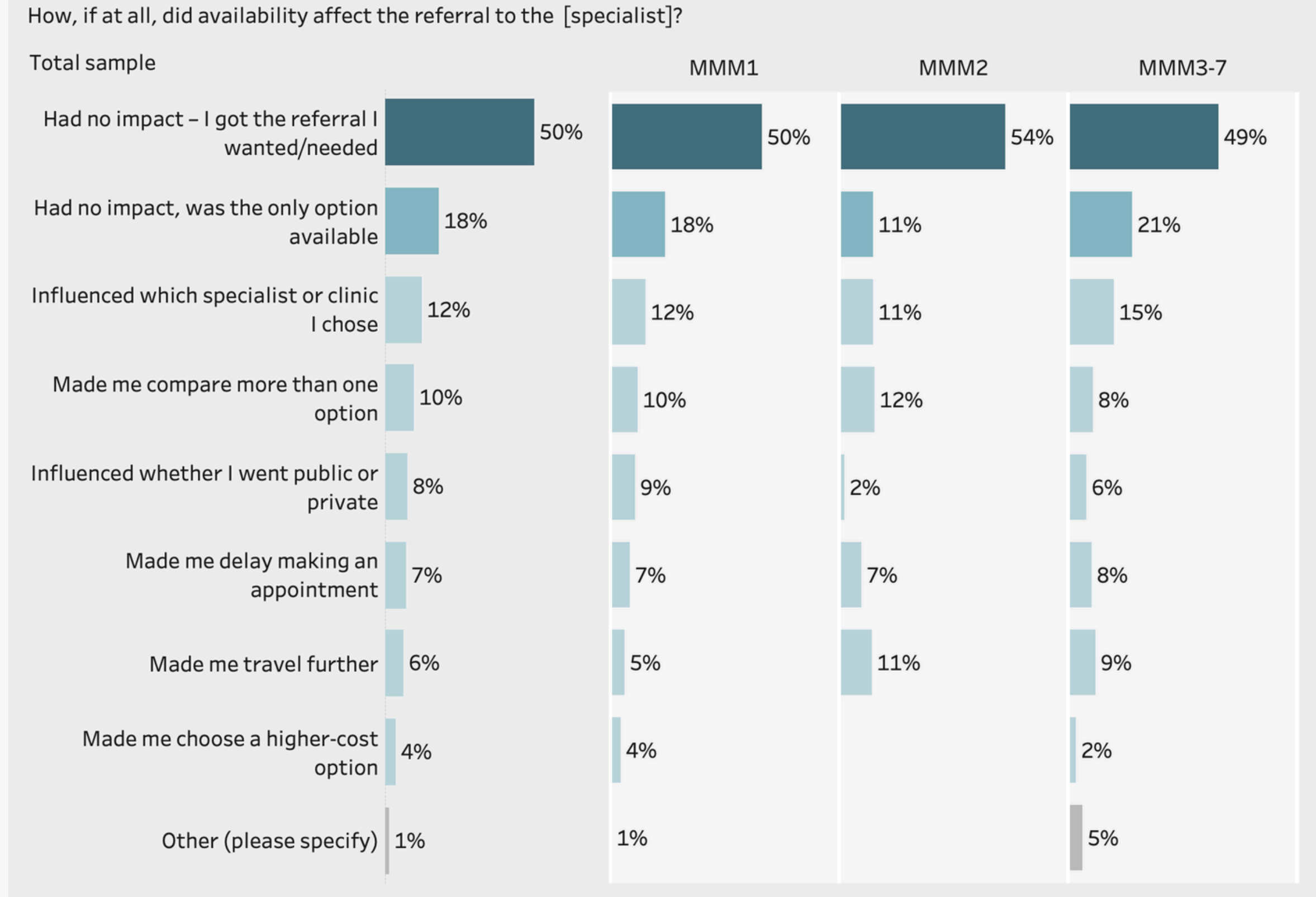
Overall, how satisfied are you with the following aspects of seeing non-GP specialists?

| Total sample | | 20% most disadvantaged | 20% moderate disadvantage | 20% median disadvantage | 20% moderate advantage | 20% most advantaged | MMM3-7 | MMM2 | MMM1 | |
|--|-----------------------|------------------------|---------------------------|-------------------------|------------------------|---------------------|--------|------|------|-----|
| The ease of making appointments for a consultation or treatment | Very satisfied | 28% | 32% | 30% | 28% | 24% | 28% | 34% | 24% | 27% |
| | Somewhat satisfied | 45% | 36% | 45% | 44% | 44% | 50% | 39% | 52% | 45% |
| | Somewhat dissatisfied | 19% | 26% | 21% | 15% | 22% | 15% | 18% | 17% | 20% |
| | Very dissatisfied | 7% | 5% | 2% | 11% | 8% | 7% | 8% | 5% | 7% |
| | Can't say | 1% | 1% | 2% | 2% | 2% | | 1% | 3% | 1% |
| The availability of non-GP specialists in your area | Very satisfied | 22% | 17% | 21% | 20% | 23% | 27% | 16% | 10% | 25% |
| | Somewhat satisfied | 40% | 42% | 42% | 32% | 44% | 39% | 23% | 49% | 42% |
| | Somewhat dissatisfied | 23% | 24% | 20% | 26% | 25% | 19% | 28% | 24% | 22% |
| | Very dissatisfied | 13% | 14% | 13% | 18% | 6% | 14% | 28% | 14% | 10% |
| | Can't say | 2% | 3% | 4% | 3% | 2% | 1% | 5% | 3% | 2% |
| The length of time you wait to see non-GP specialists | Very satisfied | 16% | 20% | 15% | 12% | 16% | 17% | 11% | 16% | 17% |
| | Somewhat satisfied | 33% | 26% | 42% | 30% | 32% | 34% | 32% | 38% | 33% |
| | Somewhat dissatisfied | 28% | 29% | 27% | 30% | 32% | 23% | 28% | 28% | 28% |
| | Very dissatisfied | 22% | 24% | 16% | 28% | 19% | 25% | 30% | 16% | 22% |
| | Can't say | 1% | | | 1% | 2% | 1% | | 3% | 1% |

Sample: Patients n=503 | MMM3-7 81 | MMM2 40 | MMM1 380 | most disad 76 | moderate disad 88 | median 110 | moderate advan 108 | most advant 119
 *caution small base size <50

Availability affects referrals for half of patients

While specialist availability had no impact on referral decisions for around two-thirds of patients (50% got the referral they needed and 18% had no choice) the remaining third report that availability influenced who they saw, where they travelled or whether they considered multiple options.



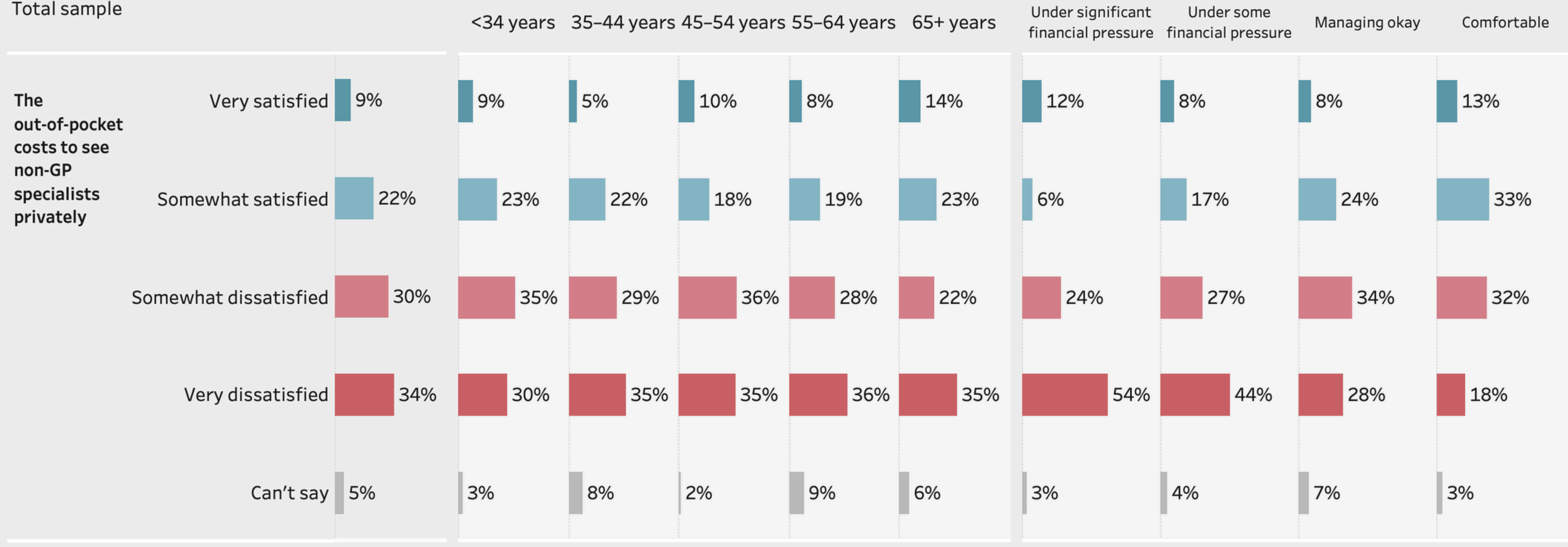
Sample: Patients n=503 | MMM3-7 81 | MMM2 40 | MMM1 380
 *caution small base size <50

64% of patients are dissatisfied with non-GP specialist costs

Only around one-third of patients are satisfied with private specialist costs, while almost two-thirds are dissatisfied. Dissatisfaction is particularly pronounced among patients experiencing financial pressure, although concerns extend across all age groups.

Overall, how satisfied are you with the following aspects of seeing non-GP specialists?

Total sample

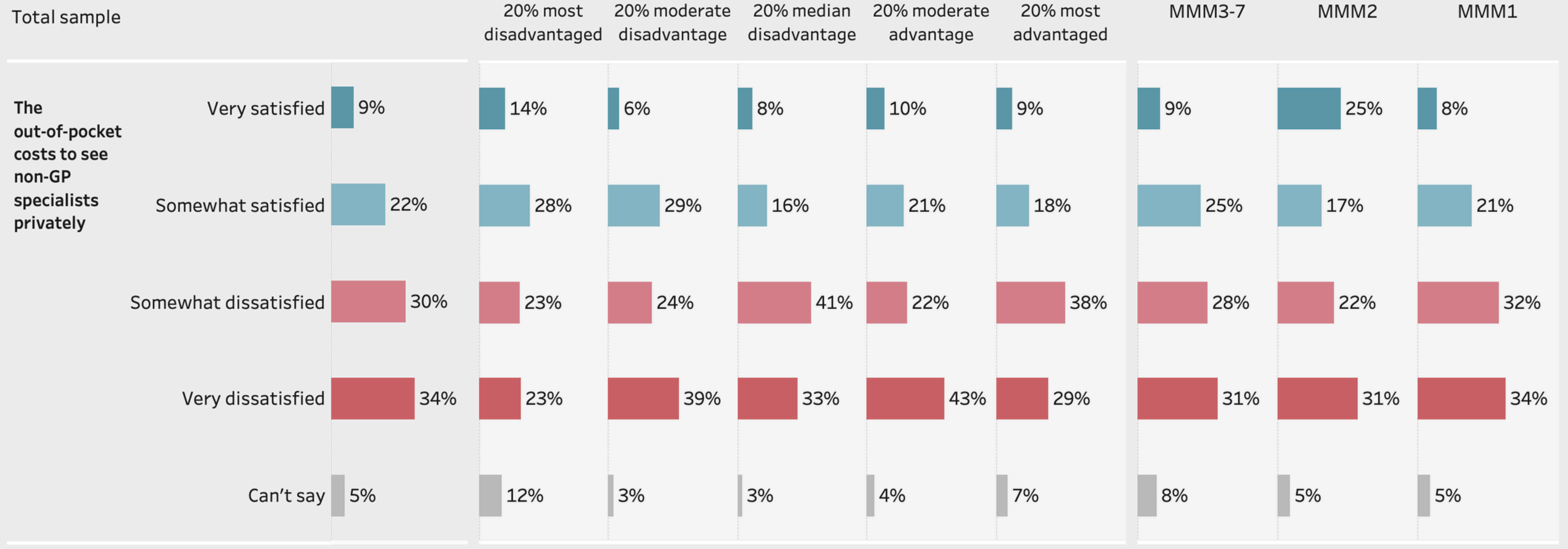


Sample: Patients n=503 | <34 138 | 35 - 44 90 | 45 - 54 97 | 55 - 65 75 | 65+ 103 | sig pressure 55 | some pressure 151 | managing ok 196 | comfortable 96

64% of patients are dissatisfied with non-GP specialist costs

Negative perceptions of specialist out-of-pocket costs are evident regardless of geography or socioeconomic status.

Overall, how satisfied are you with the following aspects of seeing non-GP specialists?



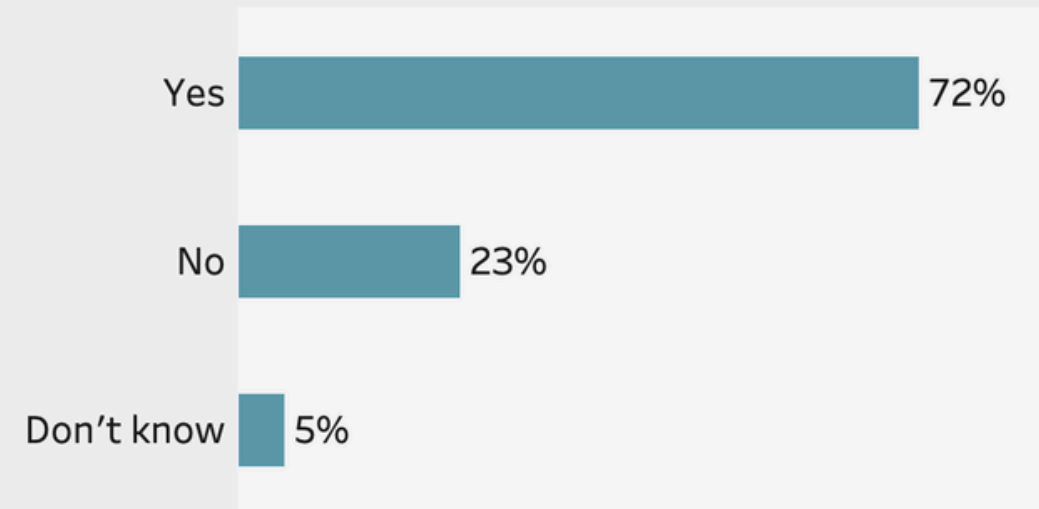
Sample: Patients n=503 | MMM3-7 81 | MMM2 40* | MMM1 380 | most disad 76 | moderate disad 88 | median 110 | moderate advan 108 | most advant 119
 *caution small sample base <50

Most patients expect costs but many know little about them

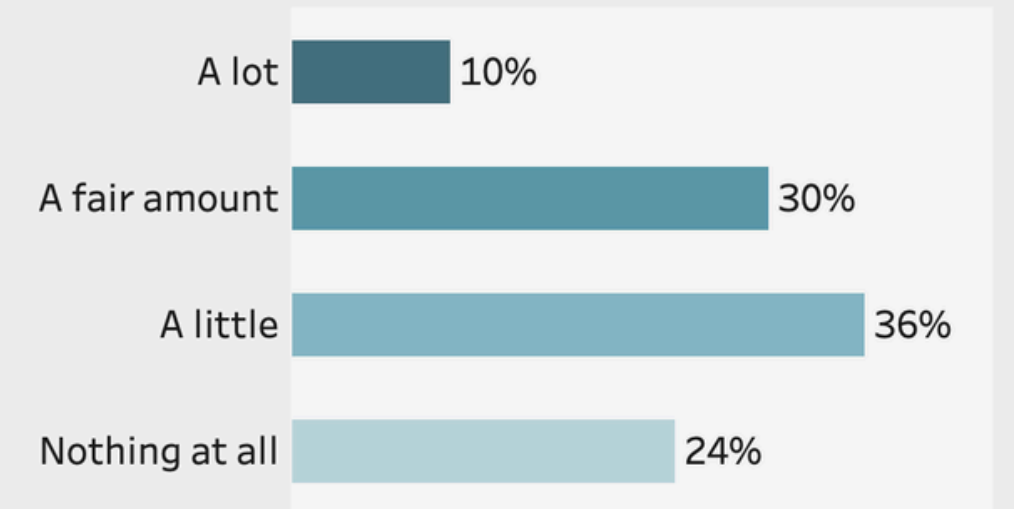
Nearly three-quarters of patients expected to incur out-of-pocket costs before seeing a specialist. However, only 40% felt they knew a lot or a fair amount about the likely costs, and in most cases patients themselves initiated discussions about affordability.

At the time of referral to the [specialist], did you expect there to be out-of-pocket costs?

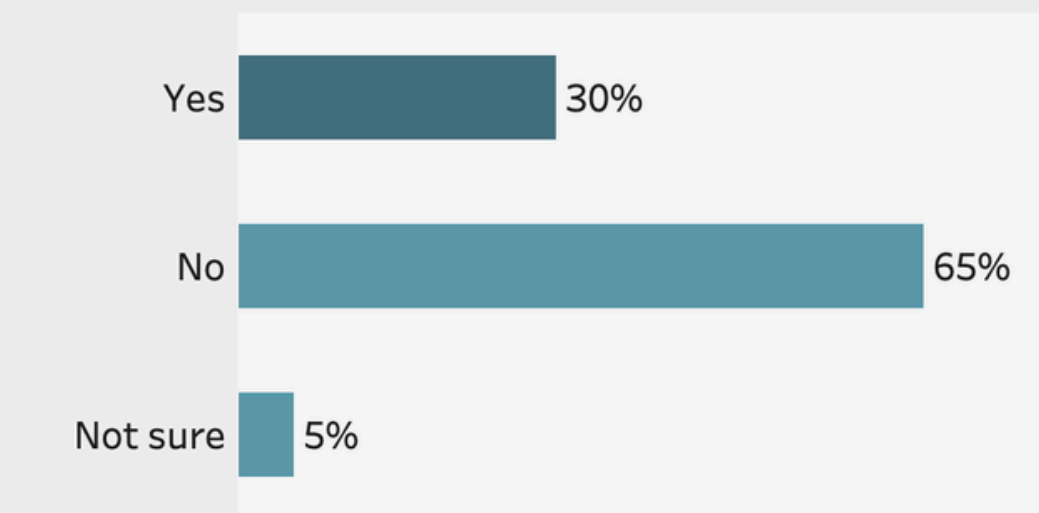
By that we mean costs that were not covered by Medicare or Health Insurance, it is money that you had to pay.



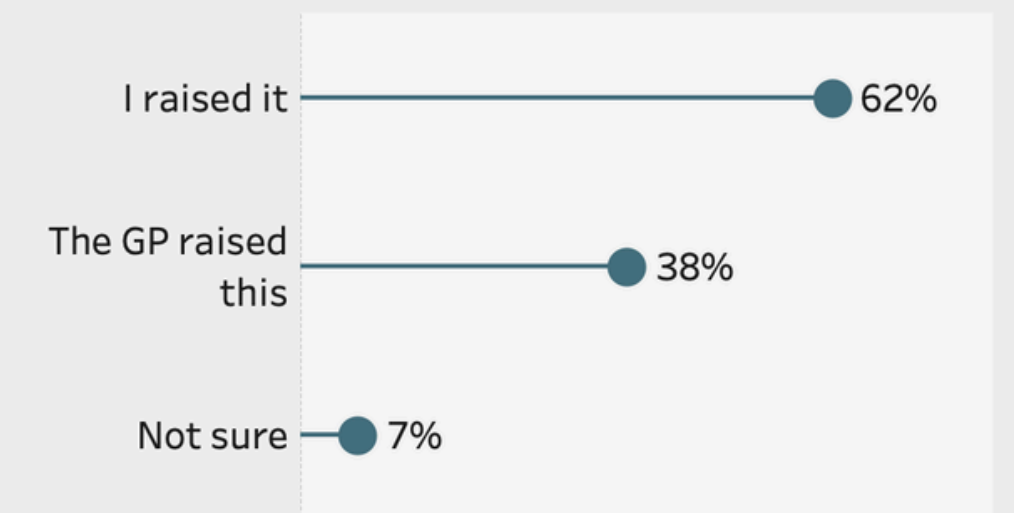
At the time of referral to the [specialist], how much did you know about the likely out-of-pocket cost?



Did you discuss out-of-pocket costs with the GP when you obtained the referral?



Who brought up the subject of out-of-pocket costs?

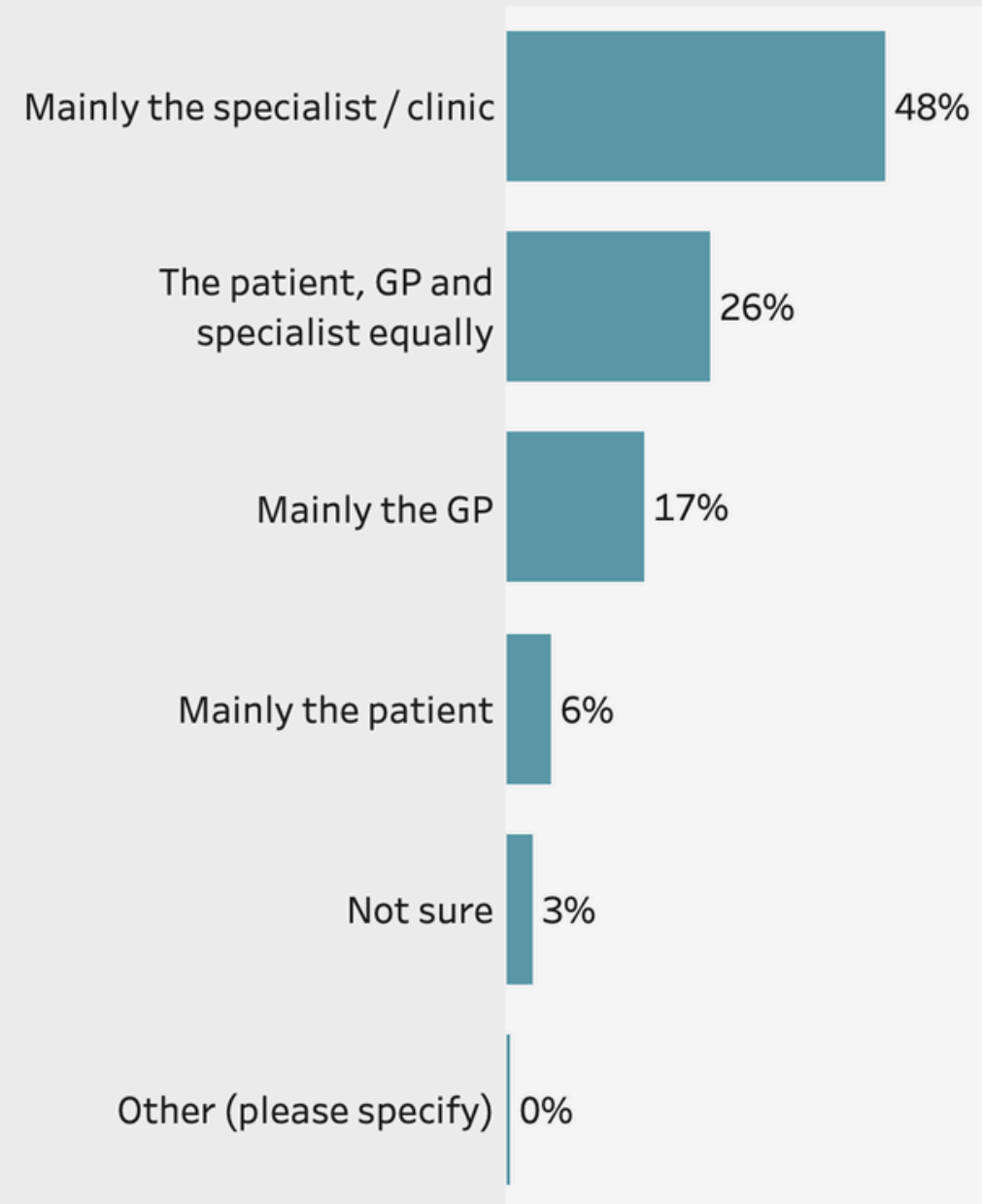


Sample: Patients n=503

Patients expect specialists to explain likely costs

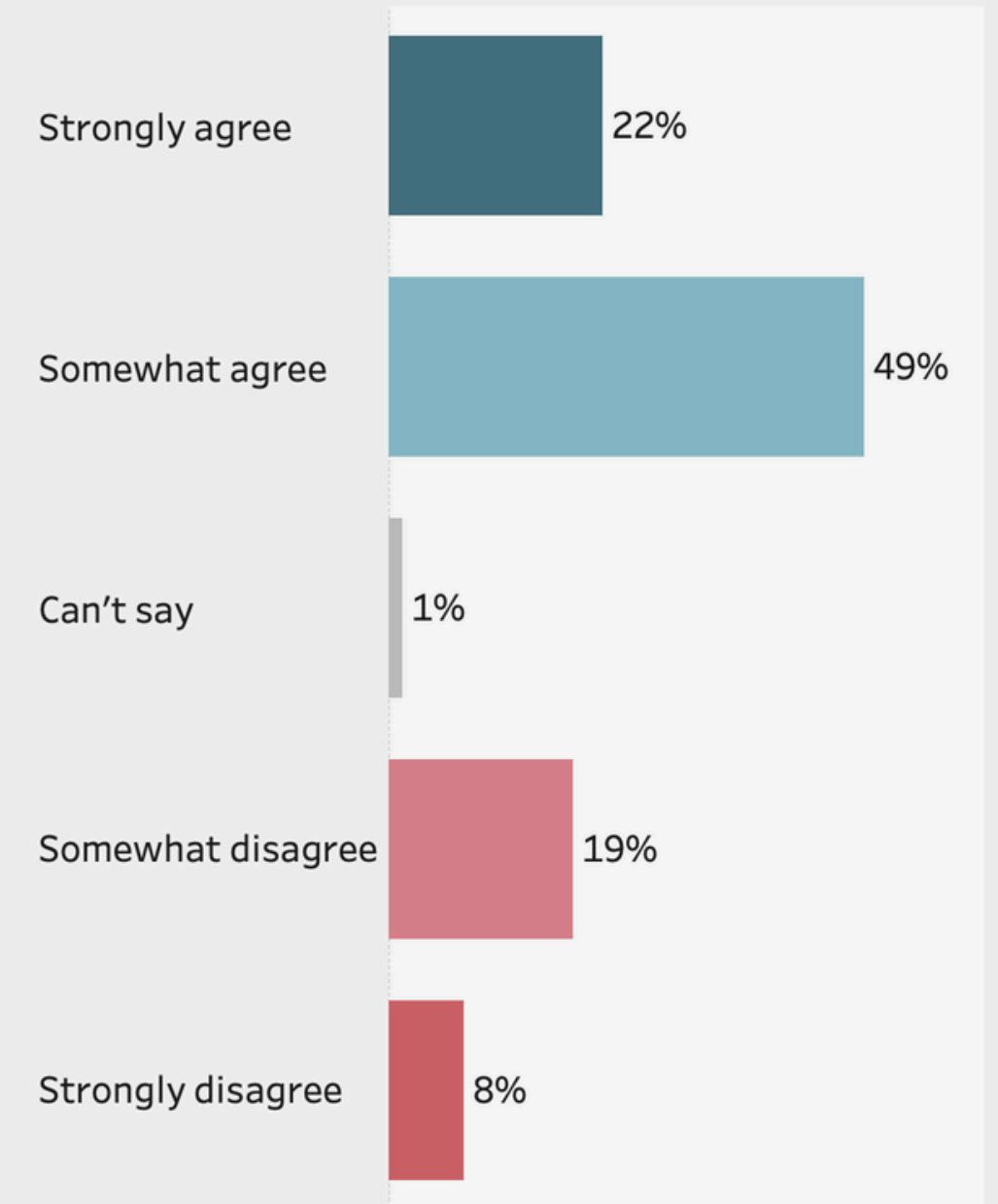
Patients most commonly believe responsibility for explaining likely out-of-pocket costs rests with specialists and their clinics. At the same time, a majority agree that patients should undertake some independent research before attending specialist appointments.

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



Please indicate whether you agree or disagree with each of the following statements.

Patients need to do their own research on the out-of-pocket costs for non-GP specialists

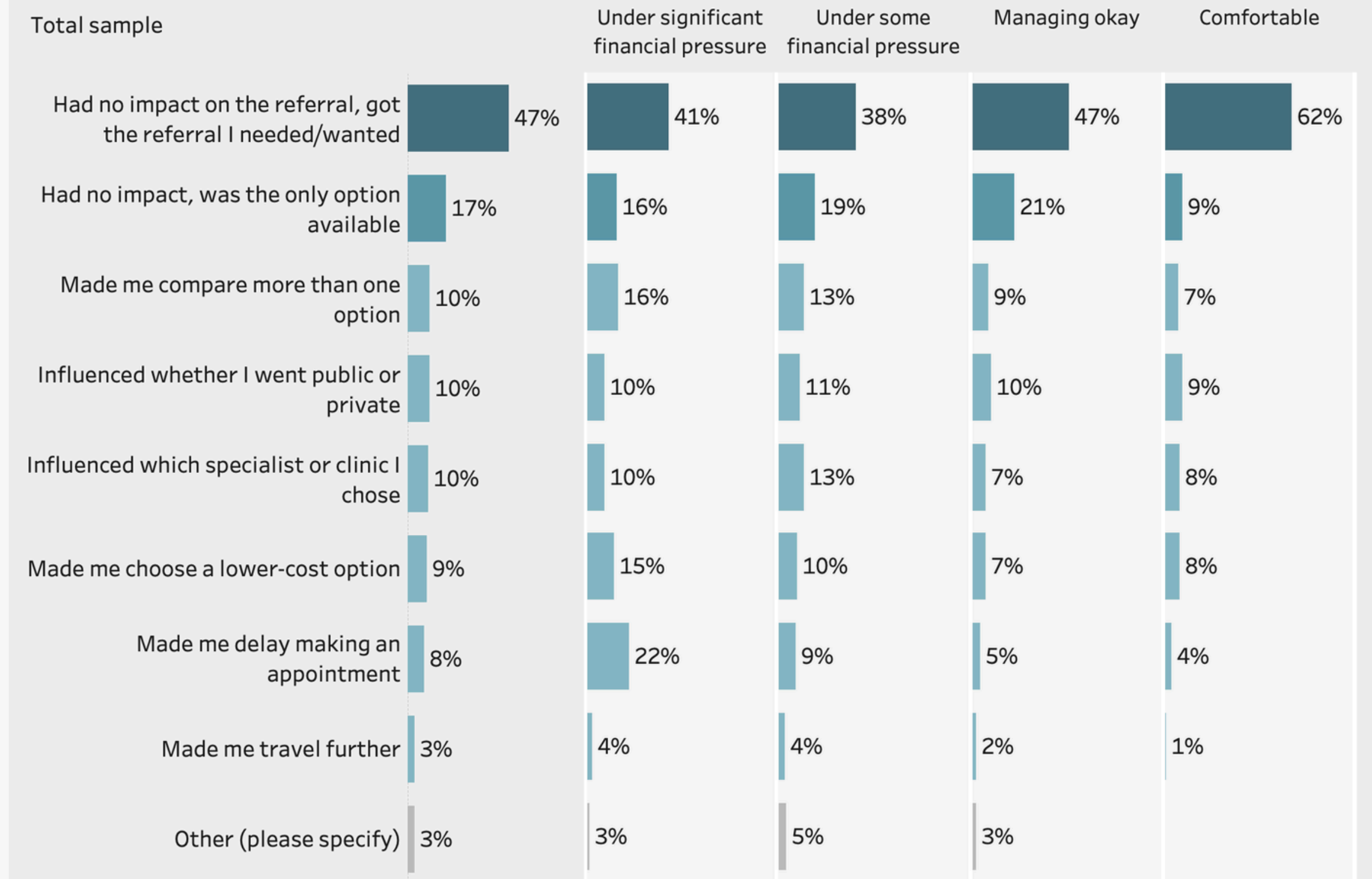


Sample: Patients n=503

Cost information influences referral decisions for many patients

While cost information had no impact on referral decisions for around half of patients, affordability considerations influenced specialist choice, public versus private decisions and willingness to proceed for many others. The impact is substantially greater among patients experiencing financial pressure.

How, if at all, did the likely out-of-pocket costs affect the referral to the [specialist]?



Sample: Patients n=503 | sig pressure 55 | some pressure 151 | managing ok 196 | comfortable 96

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