

5 November 2024

Dr Paul Grinzi

Member, RACGP Specific Interest Group – Addition Medicine RACGP

**House of Representatives Standing Committee on Health, Aged Care and Sport  
Inquiry into the health impacts of alcohol and other drugs in Australia  
Public hearing – Melbourne, 29 October 2024**

Thank you for appearing before the House of Representatives Committee on Health, Aged Care and Sport at the public hearing in Melbourne on 29 October 2024.

During this hearing, the Committee asked you for more information in the form of questions on notice. These questions are recorded in the hearing [transcript](#) and also listed below for your consideration.

Could you please review the questions below:

1) (Page 23) Mr LEESER: I thought I'd pick up Dr Ananda-Rajah's point that you finished off with there. **Have you costed the changes that you're proposing here to the MBS schedules and have you thought about the unintended consequences of longer consultations?** I agree with Dr Ananda-Rajah that there's a fundamental problem. I think we all agree with that. **What's the cost of doing what you've suggested?**

Dr Grinzi: I'd have to take that one on notice. I don't have the details of whether the college has costed the recommendations around MBS changes.

**RACGP Answer –**

Determining the detailed cost of a measure sits with government. However, the RACGP has done some work to estimate the initial investment required for these measures. These were most recently publicly included in the [Pre-budget submission 2024-25](#). RACGP is currently updating these costings and will be looking to publish these in the near future.

2) (Page 26) Dr Grinzi: [...] If we're looking at ways of trying to improve things, there are a number of things that have already been tried. There are increased medical student placements, which hopefully is going to funnel things through, although it doesn't seem to be working at the moment. But I think one area that the committee here may want to consider is just ways of trying to integrate general practice as part of training. I don't think universities will have variable amount of uptake within dual practice placements and that's the important part. But certainly, that post-vocational and early pre-vocational training is a gap that we've got at the moment. There's an opportunity there.

**Ms STANLEY: Have you got a view? Have you gone to the health minister and said, 'This is what we—I think this is what will help get more GPs'?**

Dr Grinzi: Not personally—

Ms STANLEY: No, the college.

Dr Grinzi: Actually, I'm not sure.

**Ms STANLEY: Can you take that on notice? I'd be interested to know whether some of those ideas have been put forward—**

**RACGP Answer –**

The RACGP has long called for support for prevocational placements to meet community needs. For example, we welcomed Commonwealth funding in 2023 through the John Flynn Prevocational Doctor Program <https://www1.racgp.org.au/newsgp/professional/funding-boost-for-rural-gp-training-welcomed>

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