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## Rural patients reap benefits of bulk billing changes

The tripling of the Medicare bulk billing incentive coupled with additional scaling for rurality has resulted in an increase in bulk billed consultations for rural patients.

The Rural Doctors Association of Australia (RDAA) lobbied hard for investment into general practice and was instrumental in establishing the differential in bulk billing incentives for regional, rural and remote locations, and say that the increased incentive base rate has vastly improved access for rural patients.

RDAA President, Dr RT Lewandowski, said that the new rates have helped address the growing inability of rural doctors to offer bulk-billed consultations.

“For rural practices, particularly those in remote and very remote locations, bulk billing has been a massive issue, as they have not only the highest rates of bulk billing in the country, but also the highest rates of out of pocket expenses for those who are required to pay,” Dr Lewandowski said.



“Providing care on the previous rate was becoming increasingly difficult to sustain; fewer patients could afford the out of pocket charge, but with their lower patient numbers and increased scope (and cost) of care, the base rate just wasn’t enough for them to be viable.

“Minister for Health Mark Butler recently announced that Medicare payments for a standard bulk billed GP visit in rural and remote areas have now increased by 50%. We thank the Albanese government for this huge change, and the positive effect it is having on our patients being able to access care.”

Dr Lewandowski said that while these changes were welcome, there also needed to be a significant overhaul of funding models for general practice, particularly with consideration to supporting a multidisciplinary team approach in these communities.

“If we keep working toward positive change in general practice, we can start to increase the number of junior doctors seeking a career as a rural GP or Rural Generalist (RG).

“We welcome Minister Butler’s statement outlining the Albanese Government’s expansion of the number of rural GP training places in 2024 with the Australian College of Rural and Remote Medicine (ACRRM) training places increasing to 165 (up from 154), and 188 trainees being offered places on in the Rural Generalist Training Scheme (RGTS) – 30 more than last year.

“This is really encouraging, and these increased numbers of rural trainees results in an immediate medical workforce boost to the bush.

“Interest in the RGTS has exceeded all expectations and we thank Minister Butler for listening to RDAA and other peak bodies in supporting the additional funding for the extra training places, which will result in more doctors living, working, training providing care to people in rural, regional and remote communities,” Dr Lewandowski said.

“ACRRM and the Royal Australian College of General Practice (RACGP) are currently assessing applications for the 2025 intake. For anyone thinking about rural general practice or rural generalist medicine, the Commonwealth offers a number of financial supports and incentives. RDAA has [developed a tool](#) to help potential rural doctors navigate these initiatives and get an idea of the supports available.

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**A high resolution photo of Dr RT Lewandowski is [available here](#).**

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