

Submission to the Standing Committee on Health, Aged Care and Disability Inquiry into Access to and Affordability of Medical Specialists in Australia

Submitted by: Clement O'Sheehan
Queensland, Australia
18 April 2026

This submission is made in a personal capacity. The views expressed are solely those of the author.

1. Executive Summary

Access to medical specialists in Australia is increasingly shaped by geography, waiting times, administrative complexity, and cost. For many Australians—particularly in regional, rural and outer-metropolitan areas—the challenge is not simply finding a specialist, but successfully navigating a fragmented pathway to one.

Affordability includes more than consultation fees. It also includes travel costs, time off work, repeat GP appointments while waiting, delayed treatment, lost productivity, and the emotional burden of uncertainty.

This submission respectfully proposes that specialist access be viewed as a **whole-of-system pathway issue**, not merely a workforce numbers issue.

Improving access requires practical reforms in referral flow, triage transparency, telehealth continuity, regional outreach, and patient navigation.

2. Key Observations

A. Access Delays Often Occur Before the Specialist Appointment

Many patients face delays through:

- uncertainty about where to refer
- incomplete referrals requiring resubmission
- inconsistent triage processes
- poor visibility of waiting times
- lost momentum between GP, patient and specialist rooms
- repeat cycles of “wait and review”

The specialist shortage discussion is important, but administrative friction also materially reduces access.

B. Regional Australia Bears Compound Burden

In regional communities, barriers frequently stack together:

- fewer specialists locally
- longer travel distances
- accommodation costs
- fewer transport options
- limited appointment flexibility
- workforce shortages across allied health and GP sectors

Where one appointment requires a full day or overnight trip, affordability is fundamentally affected.

C. Mental Health Specialist Access Deserves Particular Attention

Psychiatrists and other specialist mental health services remain difficult to access in many areas. Delays can shift burden onto:

- general practice
- emergency departments
- community teams
- families and carers

When specialist pathways stall, pressure is displaced elsewhere in the system.

3. Recommendations

(1) National Waiting Time Transparency

Create a simple public reporting model for specialist wait times by region and specialty (public and participating private pathways).

Patients should be able to see approximate waiting periods before referral decisions are made.

(2) Better Referral Navigation

Develop standardised digital referral pathways that help GPs and patients identify available specialists, eligibility requirements, and expected next steps.

(3) Expand Regional Outreach Clinics

Increase incentives for regular visiting specialist clinics to regional centres rather than relying solely on metropolitan travel models.

Predictable recurring outreach is preferable to sporadic service presence.

(4) Protect and Improve Telehealth

Retain telehealth where clinically appropriate, particularly for review appointments, medication monitoring, follow-up consultations, and multidisciplinary case conferencing.

Travel should not be required when clinical value is low.

(5) Target Mental Health Specialist Shortages

Develop specific workforce and access strategies for psychiatry and related specialist services in undersupplied regions.

(6) Measure Full Cost of Access

Policy should count total patient cost:

- fees
- travel
- fuel
- parking
- accommodation
- lost wages
- carer time
- delay burden

Affordability is broader than the invoice.

4. Closing Statement

Australia has many excellent specialists. The problem for many citizens is not quality once inside the room—it is reaching the room in time and at reasonable cost.

A modern health system should make specialist access clear, timely, proportionate and geographically fair.

Where pathways are simplified, both patients and clinicians benefit.

Contact

Clement O'Sheehan
Queensland, Australia
Details available upon request