

General Practice Viability Insights Report

January 2026



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Acknowledgement of Country

Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.

HNECC PHN'S Primary Care Workforce and Access Vision

To create an accessible, person-centred, and viable primary care system that empowers individuals, strengthens communities, and ensures equitable health outcomes for all. We strive towards seamless access to high-quality, proactive and culturally responsive primary care through engagement and support from the Primary Care Practice Support Team.

Recognition

We extend our sincere thanks to all general practice participants who contributed data and shared their experiences, concerns, and priorities. We also acknowledge the valuable contributions of Tim Blake from Semantic consulting and our Expert Reference Group members: Ashley Van Leeuwestyn, Deb Walters, Michelle Redford, Rohana Wanasinghe, and Lizzi Ball.

Disclaimer

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EXECUTIVE SUMMARY

The 2025 General Practice Business Viability Insights Report presents the third annual analysis of the Sustainability and Viability Initiative (SAVI), led by the Hunter New England Central Coast Primary Health Network (HNECC PHN). This report reflects the evolving landscape of general practice viability across the region, drawing on data from 189 practices, including 164 repeat participants, and builds on the 2024 baseline viability assessment survey.

SAVI was established to address growing concerns around the financial, operational, and workforce sustainability of general practices. Now fully operational, the initiative has delivered tailored support, strategic partnerships, and data-driven tools to help practices navigate increasing complexity and pressure.

The 2025 report confirms that while clear progress has been made and engagement in the program is strong, general practices continue to face significant challenges. SAVIs tailored, data-driven approach is helping practices build resilience, improve performance, and sustain viability. Continued investment in workforce, operations, and financial support will be essential to ensure equitable access to primary care across the Hunter New England Central Coast region.

Workforce retention remains a critical challenge for practices. Addressing this requires targeted strategies such as reducing administrative burden, improving workplace support systems, and creating pathways for professional development for those in key roles. While some solutions may involve broader advocacy for General Practitioners, these findings underscore the need for the PHN to lead workforce initiatives, as workforce capacity is the foundation for all other improvements in general practice.

Highlighted statistics from the check-in survey

Metric	2024 Baseline (N = 241)	2025 Check-In (N = 189)
Practices showing signs of financial instability*	118 (49%)	68 (36%)
Practices Using Strategic Planning Tools	53 (22%)	189 (74%)
Workforce Morale (Positive Rating)	99 (41%)	109 (58%)
Satisfaction with SAVI Support	N/A	153 (81%)
Practices Engaged in External Partnerships	84 (35%)	126 (67%)

Essential takeaways from the Check-In Survey

- Financial stress among practices has reduced—from 189 (49%) in 2024 to 68 (36%) in 2025.
- Strategic planning uptake has increased from 53 (22%) to 189 (74%), indicating improved business awareness and capability.



- Workforce morale has improved overall from 77 (41%) to 109 (58%), indicating good team dynamics but burnout persists.
- A total of 151 (81%) practices rated SAVI support as “valuable” or “very valuable.”
- Of returning participating practices 76 (51%) said SAVI activities have increased collaboration and teamwork in their practice.

Workforce Pressures

- Staffing remains the most critical challenge, with shortages of GPs, nurses, and qualified practice managers.
- More than half of practices, 103 (55%), report that attracting and retaining clinical staff is a major barrier.
- If a nurse took unplanned leave, 63 (34%) practices would experience disruption to care and income.
- Survey results show that many practices with low viability also employ practice managers who lack formal qualifications in practice management or business. Succession planning is lacking, with nearly half of practices not confident in their ability to replace key roles.

Operational Challenges

- Practices report high administrative burden, especially from phone calls and compliance requirements.
- Limited adoption of technology and lack of integrated systems (e.g., phones, booking software) hinder efficiency.
- Infrastructure limitations, such as inadequate storage and maintenance issues, affect service delivery.
- Complex operational models—including outreach clinics and remote site management add to the strain.

Financial Vulnerability

- 131 (69%) of practices rely on WIP and PIP incentives as core income, with only 13 (6.9%) not reliant on these streams.
- 57 or approximately one third of practices would become financially unstable if a GP or registrar took three months’ leave.
- 61 or approximately one third of practices report difficulty keeping up with bills.
- 31 (16%) of practices cannot afford to replace essential equipment like vaccine fridges, raising concerns about cash flow and patient safety.



Digital Health Readiness

- 141 (75%) of practices report readiness for digital change, but only 103 (55%) engage meaningfully with digital tools.
- Practices using third-party software and automation report higher viability and efficiency.
- Gaps in digital health literacy and infrastructure persist, especially in rural and smaller practices.

SAVI Program impact summary

SAVI has delivered a range of targeted supports, including:

- **Support model** - Intensive engagement for practices in the Growth and Opportunity category with tailored plans across workforce, operations, and finance. See page 7 for more details about SAVI categories.
- **The Practice Viability Index** - Detailed scores for finance, operations, and workforce for participating practices, available through the kaleidoscope platform, enables the Practice Support Viability team to tailor support and track progress effectively.
- **Strategic partnerships and funded viability support opportunities** - Collaborations with Cubiko, Cutcher & Neale, Momentum Business Improvements, Better Billing UNE Partnerships, and others, have enriched the support ecosystem.

Continuing priorities for SAVI and Practice Support Viability Team

- Prioritise intensive support for practices in the Growth and Opportunity category.
- Strengthen workforce development with a focus on recruitment, retention, and reducing administrative burden on clinical and administrative staff. Explore advocacy opportunities to address systemic workforce challenges.
- Provide regular engagement, updates, and opportunities to SAVI practices across all categories.
- From **January 2026**, SAVI will roll out a suite of programs, including:
 - **Funded analytics tools** (Cubiko) to improve financial visibility.
 - **Structured training programs** for practice managers and leadership teams.
 - **Grants and programs** aimed to enhance leadership and operational management, workplace culture and staff wellbeing.
 - **Business coaching programs** to enhance operational efficiency and profitability.

More details about these initiatives are on page 26 of this report.



SAVI Vision

Despite changes to the program and team in the last 12 months, the vision for SAVI remains unchanged.

SAVI seeks to identify opportunities for growth, address challenges, and create a roadmap for sustained success for general practices and their workforce throughout our region.

SAVI aims

Support organisational development so practices are profitable, reputable, and adaptable through change.

Position general practice as a career of choice for medical graduates, practice managers, Aboriginal health practitioners, medical practice assistants, nurses, allied health professionals, and administration staff.

Foster capable, confident teams through positive workplace culture and professional development—leading to better patient care and reduced burnout.

Enable digital transformation, show the benefits, and help practices adopt tools like Cubiko, booking platforms, and AI to streamline workflows, improve financial performance, and enhance patient experience.

Purpose

The purpose of this report is to provide an update on the progress of the Sustainability and Viability Initiative (SAVI) program, 20 months after its launch. This update focuses on the results of the recent Viability Check-in Survey, conducted between July and October 2025.

Since the program's inception, 241 practices have completed an initial viability check-in survey (between February 2024 and June 2025), and a total of 261 practices have participated in SAVI, representing close to 70% of all practices in the region.



Methodology and Data Governance

Of the 380 practices and Aboriginal Medical Services in the region, 13 participated earlier in 2025 and were excluded from the Check-in Survey, as they had not had sufficient time to implement changes following their initial engagement. The Check-in Survey was distributed to 367 practices, with 189 responses received, resulting in a 51% response rate. Of respondents, 169 were returning participants, and 20 practices were new to the SAVI program.

The Check-in Survey was designed for practices that completed the original viability assessment between February and December 2024, allowing them to review progress and evaluate the program. Since SAVI is an opt-in program, the Check-in Survey also serves as an entry point for practices that have not previously engaged.

Practices that participated in the viability assessment from January to June 2025 were excluded from the Check-in Survey, as it would be too early to assess any meaningful changes - they will be invited in the next check-in round, planned for the second quarter of 2026.

Data collection and analysis were conducted by Semantic Consulting using the Kaleidoscope platform, adhering to strict confidentiality protocols. Deidentified data was reviewed to identify trends based on practice size, location, and other characteristics.

This dataset supports the development of targeted viability support activities, delivered in partnership with organisations such as Momentum Business Improvement, Cutcher & Neale, and Cubiko. Individual practice results remain confidential and accessible only to the Practice Support Viability Team.

About the Report

This report builds on the 2024 baseline, offering updated insights into the progress of SAVI and how the program has evolved over the past year. It is based on responses from 189 practices that completed the Check-in Survey between July and October 2025. This report captures both quantitative data and qualitative feedback across three core pillars: operations, workforce, and finance. These insights inform updated viability benchmarks, regional trends, and evidence-based strategies to enhance the sustainability of general practice.



Results

The following summary outlines the demographics of the 189 general practices that participated in the 2025 Check-In Survey. While 119 (63%) of respondents also participated last year, the inclusion of new practices means some changes reflect both continuity and fresh input from newly engaged participants.

Practice Roles: 167 (88%) of respondents were Practice Managers, up from 183 (76%), showing stronger representation. Practice Owners declined slightly 20 (11%) from 33 (14%), and “Other” roles dropped to zero (0%) from 16 (6.8%). Practice Principals also decreased to two (1.05%) from seven (2.9%).

Survey Continuity: Of respondents, 119 (63%) also completed the 2024 survey, indicating strong continuity. 38 (20%) were new, 24 (13%) unsure, and eight (4.2%) had not participated previously.

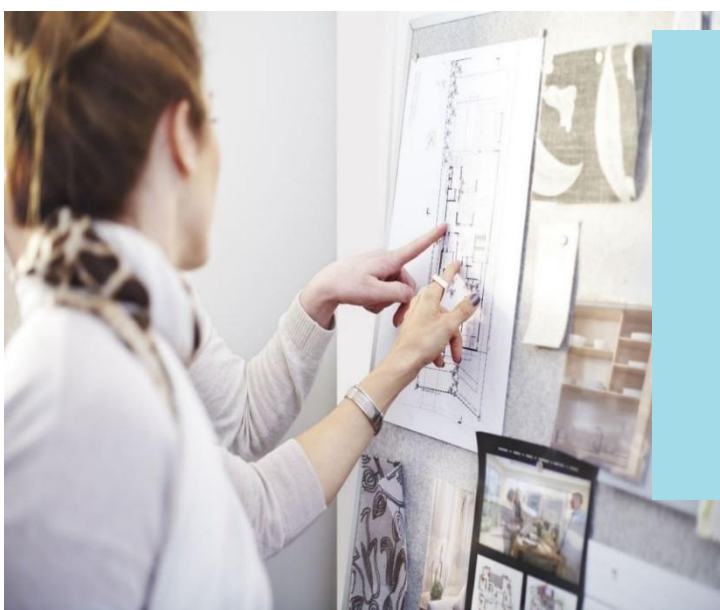
Practice Size: Participation from solo practices remained stable 22 (12%). Small practices (2–5 GPs) dropped dramatically to 96 (51%) from 144 (60%), while medium practices (6–15 GPs) rose to 67 (35%) from 57 (24%). Large practices (16+ GPs) remained stable at four (2.1%).

Registrar Employment: The number of participating practices employing registrars is similar between the years, shifting to 92 (49%) from 103 (43%).

Accreditation Status: Accreditation rose to 187 (99%) from 234 (97%). Those working toward or not intending accreditation both fell to one (0.5%).

Business Structure: Companies increased 84 (45%) from 94 (39%), this is possibly an indication of a shift toward formal structures. Sole traders and partnerships declined slightly; trusts and corporations remained stable.

GP Availability: Access improved: 157 (83%) of practices have at least one GP with open books up from 181 (75%). Practices with all GPs closed dropped to 32 (17%) from 60 (25%).



Continuity in SAVI is strong.
Survey participation is strong.
169 (87%) of respondents also
participated in 2024 and the
inclusion of 25 (13%) new
respondents bring fresh
perspectives.



In the Growth and Development category 38 (20%) of practices' results fell, indicating financial instability and underperformance across key areas such as workforce and operations. This represents a notable improvement from the 2024 survey, where 75 (31%) of practices were in this category.

In the Viable and Optimising category 104 (55%) of practices are considered sound and stable, demonstrating reasonable performance across most domains with potential for further consolidation and improvement. This is an encouraging increase from 113 (47%) in the 2024 survey, suggesting a positive shift in overall practice viability.

Scoring in the Viable and Sustainable category, 47 (25%) practices are performing above benchmark showing strong viability, sustainability, and consistent high performance across workforce, financial, and operational metrics. This is up from 53 (22%) in 2024, reflecting a growing cohort of well-established and thriving practices.

Overview of SAVI categories and the number of practices in each category:

Category	Growth & Opportunity	Viable & Optimising	Viable & Sustainable
Description	Score below benchmark in one or more core areas. May have several challenges and opportunities to improve	Average score Stable performance Overall efficient Business is well-positioned for success	Score above benchmark Proactive with strategic direction
PHN support	Allocated a Practice Support Viability Officer for monthly visits to address gaps and strengthen core areas Access to all SAVI funded grants and initiatives Access to SAVI GP Hub's modules, resources, and other online webinars Additional support as requested through Viability Officer	Encouraged to engage in the program to address viability gaps Access to SAVI funded grants and initiatives Access to SAVI GP Hub's modules, resources, and other online webinars Additional support as requested through the Practice Support Engagement Team	Encouraged to engage with the program to sustain success Access to SAVI funded grants and initiatives Access to SAVI GP Hub's modules, resources, and other online webinars Additional support as requested through the Practice Support Engagement Team
Number of Practices 2025	38	104	47



Progress of returning participants

A total of 189 practices participated in the Viability Assessment Check-In Survey. Of these survey respondents, 164 practices (87%) repeated, meaning they participated in both the original survey and the most recent survey. Twenty-five practices (13%) completed the survey for the first time.

- 33 practices (20.1%) moved from Growth and Opportunity to a higher category.
- From Viable and Optimising, four practices (2.4%) advanced to Viable and Sustainable.
- 13 practices (7.9%) shifted from Viable and Sustainable down to Viable and Optimising.
- 14 practices (8.5%) moved from Viable and Optimising to Growth and Opportunity.
- The remaining 100 practices (61.0%) stayed in the same category.

Upward movement: 37 practices (22.6%) advanced to a higher category, showing sound progress among participants and surpassing initial expectations.

Downward movement: 27 practices (16.5%) moved to a lower category, indicating areas for the Practice Support Teams to continue to support practices across all categories. The Practice Support Viability Team are reviewing factors behind this shift.

Stable but improving: Over 60% (115) of practices remained in the same category yet overall viability scores increased, suggesting incremental gains even without category changes.

Of a possible maximum of 100 points, the average viability score in the initial SAVI assessment was 74.7 (score range 51.9 - 96.3) average score in the Viability check in survey was 76.9 (score range 47.5 - 92.5).

The largest upward shift was from Growth and Opportunity to a higher category, reinforcing the success of practices receiving intensive support from the Practice Viability Support Team.



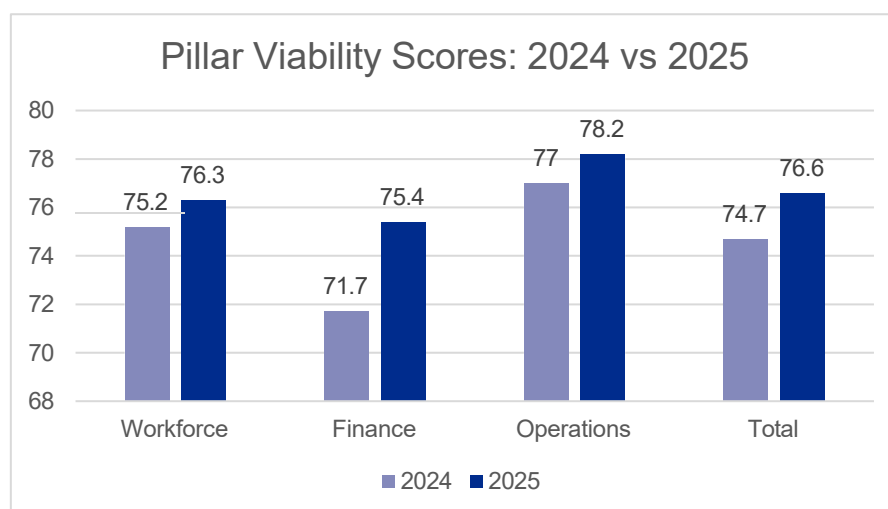
Workforce capacity and access to care

- 32 (17%) of practices report that all GPs have closed books, down from 60 (25%) in 2024, indicating improved patient access.
- 177 (94%) say their nursing team is appropriately trained and actively involved in patient care, up from 202 (84%), reflecting stronger clinical support.
- 130 (69%) have a Practice Manager with formal qualifications or business management experience, up from 144 (60%), suggesting a positive shift in leadership capability.

Financial Vulnerability

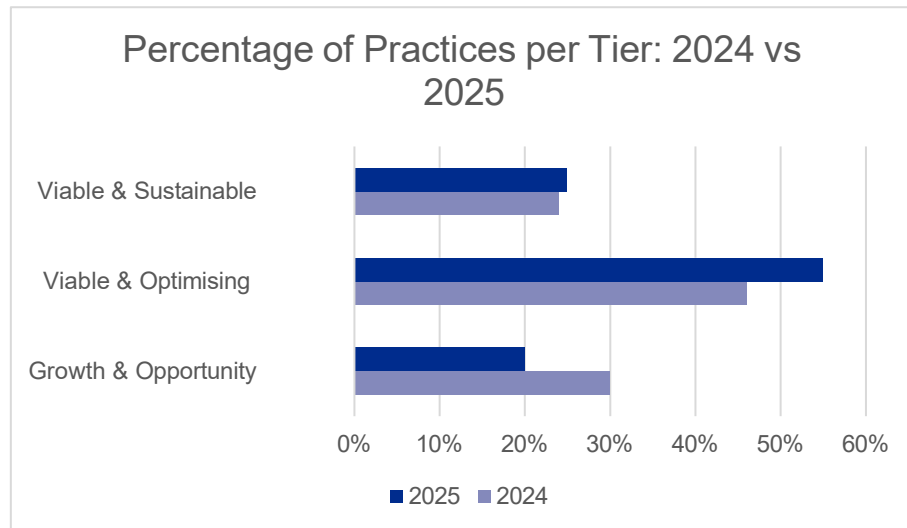
- 25 (13%) have annual staff turnover exceeding 20%, down from 46 (19%), suggesting modest improvement in retention.
- 13 (7%) are operating at a quarterly financial loss, down from 38 (16%).
- 20 (11%) resort to boosting finances or delaying wages to pay bills, down from 43 (18%), showing stronger cash flow management.
- 30 (16%) cannot easily afford basic improvements (e.g., replacing a vaccine fridge), down from 53 (22%), while 113 (60%) are confident they could cover such costs, up from 103 (43%).
- A total of 175 (93%) rely on WIP and PIP as primary income sources, up from 204 (85%), highlighting increased dependence on incentive programs.

Between 2024 and 2025, the average scores across all pillars, and the overall viability scores, have increased within each category, demonstrating improvement across the program.





The distribution of practices across categories indicates an overall improvement in viability scores. Notably, there has been a shift in the number of practices moving from the Growth and Opportunity category to the Viable and Optimising category.



CORE SURVEY THEMES - WORKFORCE

Staffing remains one of the most persistent challenges for general practices. Survey responses reveal widespread shortages of GPs and nurses, high turnover, and difficulty recruiting experienced staff. These issues strain daily operations, reduce morale, and disrupt continuity of care.

Top issues include:

1. Clinical staff shortages.
2. High turnover and leave.
3. Limited practice manager capability.
4. Resistance to change and training gaps.
5. Weak leadership and support systems.

104 (55%) practices report that attracting and retaining clinical staff is a major barrier, down from 178 (74%) in 2024, indicating a reduction in workforce pressure.

Consistent investment in nursing capability continues to deliver value, with 177 (94%) practices strongly agreeing that their nursing team is well-trained and actively supports patient care, maintaining the high standard seen in 2024, 229 (95%).

64 (34%) of practices say they would experience disruption to care and income if a nurse took unplanned leave, down from 96 (40%), suggesting improved staffing resilience.



A spotlight on Practice Nurses

The viability of a general practice is heavily reliant on the support provided by the nursing team to the GP's operations. For instance, nurses can help GPs maximise their billings by seeing more patients in a day for items that incur higher MBS rebates. It is essential to maintain and explore nursing scope beyond their capacity to understand the vital role nurses can play in the overall effectiveness and efficiency of a high-performing general practice business.

In the survey, practices were asked "Our Practice Nurse or nursing team is appropriately trained and sees patients for triage, wound management, health assessments and chronic disease plan". Practices that responded scored -7.9 points below the average viability score (76.9) for strongly disagree. Compared to practices that responded, "Strongly agree", which scored 1.8 points above the average viability score of 76.9.

The data demonstrates a clear positive relationship between nursing team capability and general practice performance, highlighting the critical role of skilled nursing staff in driving viability and efficiency.

Practice Managers: a pillar of viability

Practice Manager qualifications are a key driver of practice viability. The data demonstrates a strong link between a practice that has a Practice Manager with formal qualifications in practice management and/or business management experience, and the practice's viability score.

Currently, 128 (68%) of practices have a Practice Manager with formal qualifications in practice or business management, up from 144 (60%) in 2024. Conversely, 58 (31%) of practices lack a qualified manager, up from 48 (20%), and this group consistently aligns with lower viability scores.

Confidence in succession planning for the practice manager role remains low, with 87 (46%) of practices reporting they are not confident or do not have a plan, similar to 120 (50%) in 2024. This continues to show a strong alignment with lower viability, underscoring the importance of succession planning.

Only 13 (6.8%) of practices report that their practice manager lacks resources to improve financial, workforce, and operational aspects, down from 65 (27%). This suggests improved capability in this area, likely supported by opportunities provided through the SAVI program.



Aboriginal Health Workers and Medical Practice Assistants

Results show that employment of Aboriginal Health Workers and Medical Practice Assistants supports practice viability. Eighteen (37%) of practices that employ either an Aboriginal Health Worker (AHW) and/or Medical Practice Assistant (MPA), and have their nursing team working to full scope, scored in the Viable and Sustainable category while 23 (48%) scored in the Viable and Optimising category. This is down from approximately 120 (50%) in 2024 but still indicates that this staffing model is an effective strategy for improving patient access - especially with most of these practices able to offer clinically urgent appointments within one day and routine appointments within two weeks.

Staff turnover and its impact on viability

Workforce turnover remains a persistent challenge for practices with 39 (21%) practices reporting an annual staff turnover rate of 20% or more, a level that increases operating overheads and is often financially unabsorbable due to the high cost of recruitment and training. This figure was consistent from 2024, at 46 (19%).

Practices with turnover exceeding 30% are typically solo or small practices, where losing even one staff member can represent up to 33% of their workforce. Some medium-sized practices also face this issue, though only one out of 28 practices in the survey were considered large. This context suggests that while the statistics are concerning, it may be misleading without considering practice size, as smaller teams are disproportionately affected by individual departures.

Annual workforce turnover percentage is strongly associated with the overall viability of the practice. Practices that reported an annual turnover of above 30% scored on average -5.9 points below the average viability score (76.9).

Workforce gaps and financial risk: The impact of GP leave and retirement

Almost one third (56; 30%) of practices report they would become financially unstable if a GP or registrar took three months' leave without replacement, down from 144 (60%) in 2024, indicating progress, but ongoing vulnerability.

Of these practices: 170 (90%) are solo or small practices (2–5 GPs), where the absence of even one clinician can affect income and service delivery.

Nineteen (10%) are medium-sized practices (6–15 GPs), showing that while smaller practices are most affected, the risk is not exclusive to them.



GP workforce changes remain a concern, with 40 (21%) of practices reporting that one or more GPs are expected to retire or leave within the next 12 months, up slightly from 48 (20%) in 2024. In addition, 42 (22%) of practices are unsure whether a GP will retire or leave during this period, highlighting uncertainty in workforce planning and the potential for future instability.

CORE SURVEY THEMES - OPERATIONS

Survey responses highlighted several key operational themes impacting general practices. It was noted that delivering higher-value Medicare items requires more time and additional nursing support, resources that are often in short supply. Additionally, resistance to technology and the use of outdated systems hinder efficiency. Furthermore, the administrative burden and limitations in infrastructure add to the overall strain on practices.

Technology and systems - Resistance to adopting new tools among staff (e.g., online bookings, automated messaging), outdated or fragmented IT and phone systems, delays in support and system upgrades add layers of complication.

Administrative burden - Unmanageable call volumes impact patient access and overwhelm administration teams, complex compliance, and accreditation requirements.

Infrastructure and facilities - Limited storage and maintenance issues (e.g., plumbing, air conditioning).

Operational models - Complex partnerships.

Patient access and care delivery - Booking system inefficiencies.



“Our operational issues include adoption of software and technology for streamlined processes and compliance. Staff are reluctant and tend to not adopt any new technologies.”



“The quantity of phone calls, predominantly from elderly patients, drains our admin team. I do not know how to address this issue.”

Consistent with 2024, 113 (60%) of practices report they make time for a clinically urgent appointment on the day. While this reflects a commitment to patient access, depending on the practice’s booking system, it may negatively impact GP stress, well-being, and work-life balance.

Most practices, 157 (83%), report actively seeking innovative ways to maximise income, an increase from 142 (75%) in 2024. This includes strategies such as optimising MBS billing and generating non-MBS income (e.g., occupational medicals). Despite this proactive approach, only 111 (59%) of SAVI check-in participants are categorised as viable and sustainable, suggesting that while innovation supports viability, current funding levels may still fall short of ensuring financial stability. With MyMedicare implementation underway, it will be important to revisit these and other billing-related metrics in 2026 to assess their impact.

Practices that consistently allocate time for team training and regular meetings tend to achieve above-average viability scores, 3.6 points higher than the average of 76.9. In contrast, practices that hold staff meetings only some of the time scored 7.5 points below the average. This highlights the importance of ongoing staff development and communication, which contribute to smoother operations, improved confidence, and greater efficiency across the practice.

The proportion of practices that strongly agreed they use third-party software to streamline workflows and reduce manual paperwork has remained consistent – 80 (42%) of practices in the 2025 survey compared to 103 (44%) of practices in 2024. Given the increased viability index for these practices (3.1 points above the average score of 76.9) and ongoing recognition of the burden manual tasks place on practices, further work is needed to address this challenge.

A significant majority of practices report having a robust emergency and disaster response plan, with 160 (85%) confirming this, consistent with 2024. However, six (11%) practices disagreed, indicating either the absence of a plan or concerns about its adequacy. A robust emergency plan is essential for accreditation and protects the business, staff, and patients. It should include continuity strategies to maintain healthcare services during disruptions, and all staff must be aware of how to access and implement it.



CORE SURVEY THEMES - FINANCE

Financial sustainability remains a central concern for general practices across the region. Despite efforts to optimise income through MBS billing and incentive programs, many practices continue to face financial stress, unstable cash flow, and limited capacity to invest in essential resources. Survey data reveals a heavy reliance on external funding streams such as WIP and PIP, with service-generated income often insufficient to maintain viability. These pressures highlight the need for improved financial literacy, strategic planning, and targeted support to ensure long-term business resilience.

A large proportion of practices report actively seeking innovative ways to maximise income through MBS billing and non-MBS sources, with 156 (83%) doing so, up from 180 (75%) in 2024. Yet only 45 (29%) of these participating practices are categorised as viable and sustainable (up from 38 (21%)), highlighting that income optimisation alone is not enough to ensure viability. This underscores the importance of regular reviews of service-generated income and explains the shift toward private billing in recent years.

A small proportion of practices are not maximising MBS billing, with just seven (3.7%) reporting this - down from 36 (15%) in 2024. This may reflect audit concerns or limited understanding of MBS utilisation.

Almost all practices are registered for all available PIPs and WIPs, with 180 (95%) confirming this - up slightly from 226 (94%). However, many still struggle financially, suggesting that additional incentives and support are essential for long-term sustainability.

Reliance on WIP and PIP as core income remains high, with 130 (69%) of practices depending on these streams - down from 205 (85%). This indicates that service-generated income alone is insufficient and poses a risk if incentives are reduced or removed. Only 13 (6.8%) of practices are not reliant on these streams (down from 31 (13%)), and just nine (4.7%) of those are considered viable.

“To stay financially viable, we need to do higher paying Medicare items, but these items need more time and more nursing support. Not enough doctor hours for the number of patients requesting standard appointments.”





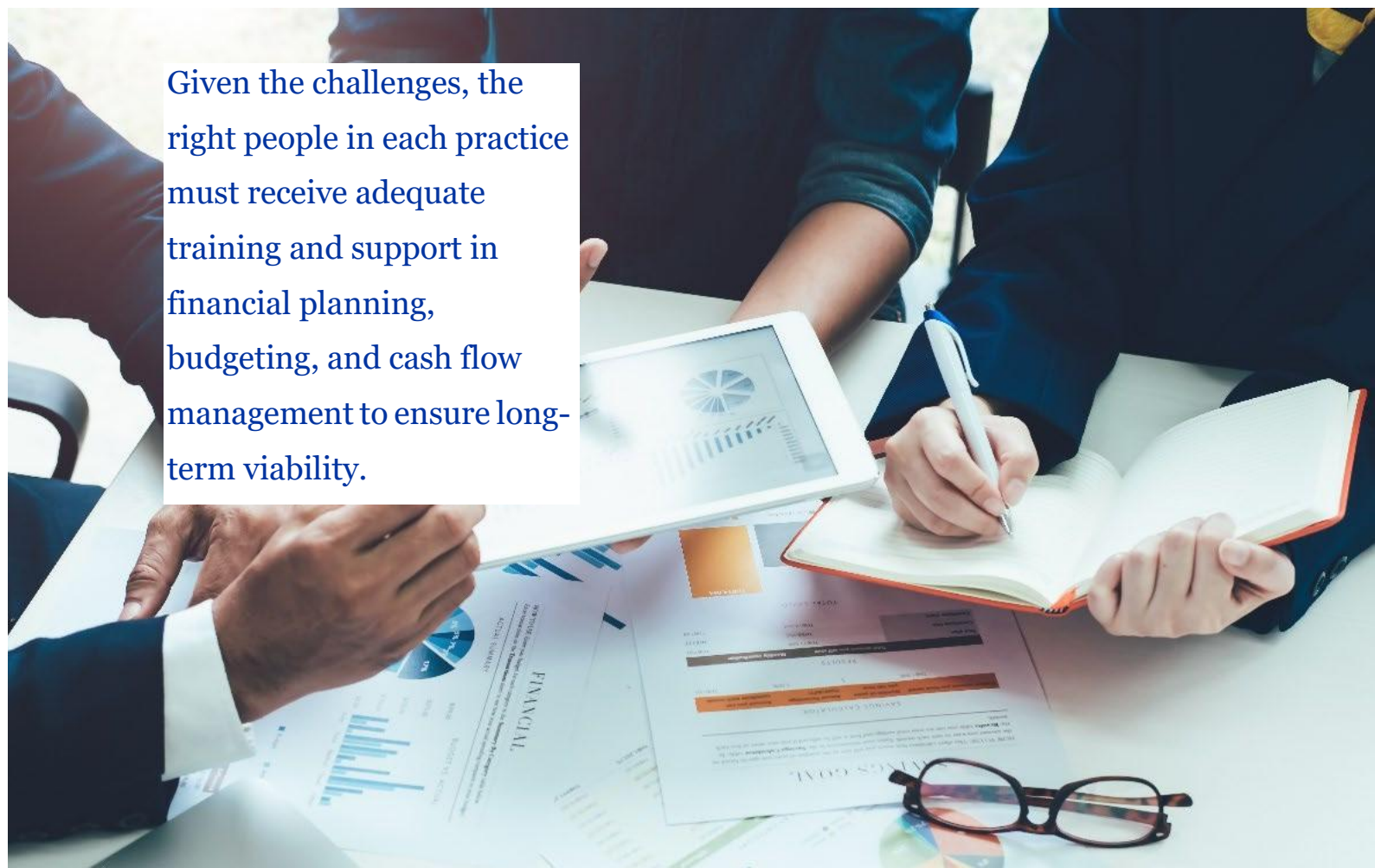
Financial stress indicators

- 13 (7%) of practices report operating at a quarterly financial loss, down from 38 (16%) in 2024.
- 38 (32%) say rising rental costs are affecting their financial viability, down from 110 (46%).
- 62 (33%) report difficulty keeping up with bills, down from 120 (50%), often resorting to topping up finances or delaying wage payments, clear signs of financial stress and poor cash flow management.
- Six (3.2%) of practices are unsure or lack a process for managing outstanding debt, down from 31 (13%). These practices may benefit from training and policy development, as poor debt collection impacts cash flow, and profitability.

Cash flow and equipment replacement

A total of 32 (17%) of practices lack the financial capacity to replace a vaccine fridge, down from 55 (23%), raising concerns about cash flow and risk to patient care. A review of profit and loss statements may help identify areas for savings and income optimisation.

Given the challenges, the right people in each practice must receive adequate training and support in financial planning, budgeting, and cash flow management to ensure long-term viability.






Practice needs, barriers, and enablers of success

This section brings together key barriers to improvement, enablers of success, and direct feedback from practices to inform future support strategies.

Barriers to improvement

Practices identified several persistent challenges that hinder progress:

- **Workforce shortages:** Difficulty attracting and retaining GPs, nurses, and non-clinical staff, especially in rural areas.
- **Financial pressures:** Rising costs, limited income from bulk billing, and inability to charge for consumables.
- **Policy complexity:** Frequent changes to Medicare and MBS items create confusion and administrative burden.
- **Operational limitations:** Outdated infrastructure, limited authority for practice managers, and resistance to upgrades.
- **Patient expectations:** Increased demand for specialised care and challenges educating patients on service costs.
- **Staff morale:** Low morale and high turnover driven by stress, limited incentives, and poor retention.
- **Geographic constraints:** Recruiting GPs to rural areas remains difficult, with jurisdictional limitations compounding the issue.



“GPs are leaving the workforce due to retirement, parental leave, family commitments, disillusionment, and burnout from increased demands on their time.”

“We face enormous expenses, with little incoming revenue and no profit. Doctors often leave early due to low income because the practice cannot afford to pay them more.”



Despite these challenges, many practices are making progress through targeted strategies and support:

- **Recruitment and retention:** Improved pipelines and incentives are helping stabilise staffing.
- **Leadership and planning:** Stronger leadership, succession planning, and strategic direction are improving viability.
- **Technology adoption:** Use of platforms like Cubiko is enhancing efficiency and financial visibility.
- **Financial literacy:** Training and access to billing education are helping practices optimise income.
- **Collaboration:** Partnerships with PHNs and expert organisations are delivering tailored support.
- **Workplace culture:** Practices investing in staff wellbeing and team cohesion report improved morale and retention.

“Staff morale has increased by bringing back monthly Admin and Nurse meetings.”

“Momentum Business Coaching – I cannot speak highly enough of this program.”

“Being able to access funds to upgrade technology to integrate better with PMS and 3rd party applications.”

What practices say they need

Survey feedback highlights the following priority areas for future support:

- **Workforce support:** Recruitment pipelines, retention incentives, and succession planning.
- **Financial assistance:** Grants, billing education, and infrastructure funding.
- **Capability building:** Structured planning tools, coaching, and ongoing training.
- **Digital enablement:** Affordable access to platforms and support for paperless workflows.
- **Clear communication:** Regular updates and streamlined information flow.
- **Strategic partnerships:** Continued collaboration with PHNs and expert organisations.



PHN enablement...

Some practices expressed uncertainty about what support they need, reinforcing the importance of diagnostic engagement and personalised guidance. The PHN's role as a strategic partner—providing tools, expertise, and coordination—is vital to helping practices define goals, track progress, and adapt to change.

FUTURE VISION

Strengthening SAVI for the future: Core Viability Support Activities

As the SAVI program continues to evolve, a key priority has been the identification and refinement of its core viability support activities, ensuring that support is targeted, practical, and accessible across the region.

Key considerations include:

- Prioritising intensive support for those in the Growth and Opportunity category.
- Providing initiatives for stable (Viable and Optimising) and high performing (Viable and Sustainable) practices, enabling them to further optimise their operations and strategic positioning.
- Ensuring coverage across operations, workforce, and financial sustainability, with resources and programs accessible to all practices regardless of location.

Core support model

SAVI's approach centres on intensive support for Growth and Opportunity practices which include fortnightly sessions with their assigned viability officer. As practices progress and stabilise, these sessions transition to monthly check-ins, with ongoing guidance to engage in recommended viability support activities.

Practice-guided support for all SAVI practices

Available via a password-protected platform, all SAVI practices will be able to access:

- Foundational resources, such as guidance on recruitment and onboarding
- Short, practical modules, including topics like "How to Conduct a Time Audit"

SAVI will also strengthen partnerships with strategic collaborators, leveraging their expertise to enhance support offerings.



Key viability issues and recommended HNECC PHN support strategies

The following table outlines the issues, impact, the response, and the vision for change.

Issue	Impact	HNECC Response	Vision
Limited access to specialised general practice business support	Practices lack strategic direction, leading to reactive decision-making, inefficient resource use, and vulnerability to change.	Partner with business coaching and mentoring organisations to deliver tailored support. Provide structured planning tools and leadership development programs.	General practices are confident, proactive, and strategically managed to deliver sustainable care.
Financial stress and limited financial management capability	Practices operating at a loss face risk to workforce stability and patient care. Inability to replace essential equipment (e.g. vaccine fridges) disrupts service delivery.	Deliver financial literacy training, billing education, and access to tools like Cubiko. Offer grants and support for infrastructure upgrades.	Practices are financially resilient, with strong systems for budgeting, billing, and cash flow management.
Lack of regular evaluation and feedback loops	Support activities risk becoming misaligned with evolving practice needs. Practices may disengage if support feels irrelevant or static.	Implement regular check-ins and progress reviews with practices. Use survey data and viability metrics to refine support offerings.	Support is responsive, data-driven, and continuously adapted to meet practice needs.
Operational inefficiencies and technology gaps	Outdated systems and resistance to change reduce productivity and increase staff stress. Poor integration of IT systems leads to missed calls and delays.	Provide subsidised access to digital tools and training. Support the adoption of online booking, AI-assisted workflows, and integrated systems.	Practices are digitally enabled, efficient, and equipped to deliver timely, coordinated care.
Workforce instability and low morale	High turnover and burnout impact continuity of care and team cohesion. Recruitment challenges persist, especially in rural areas.	Support workforce planning, succession strategies, and retention initiatives. Offer wellbeing programs and professional development pathways.	Practice teams are stable, supported, and engaged—delivering high-quality care with confidence.



Upcoming SAVI Programs

To deliver on the identified needs, a suite of new programs is in the final stages of design and will be rolled out from January 2026.

Pillar	Description	Program Aim
Finance	Grants for Cubiko licenses	Enable practices to access advanced analytics for operational and financial insights
	Monthly sessions with the Viability team and industry financial experts, Cutcher & Neale with Q&A	Build financial literacy and confidence in owners and managers responsible for practice finances
Workforce	Face-to-face and/or online support to improve workplace culture and workforce wellbeing	Strengthening team culture, resilience, adapting to change, and staff wellbeing for increased staff retention and improved productivity
	Practice Manager development	Develop leadership and operational management capability
Operations	Business coaching programs, workshops on time management, delegation, profit creation	Drive business efficiency and profitability through structured coaching targeted at practice owners
Whole Practice	Small grants for initiatives like coaching, expert advice, courses, development, tools to boost viability and sustainability	Support targeted improvements to practice viability
		Provide easy access to foundational tools and templates
	Online resources on landing page	Deliver bite-sized learning and peer insights
	Practical modules and peer to peer panel discussions on key topics	

