

Pathways to wellbeing: enhancing the health and wellbeing of all Australians

Pre-Budget Submission to the Australian Treasury 2023:
A summary of recommendations

The Royal Australasian College of Physicians (RACP) welcomes the commitment to a renewed focus on wellbeing and social determinants of health in the 2023 Budget. We recommend this actionable roadmap to support the Australian Government as it delivers the Budget on 9 May 2023.

As physicians and paediatricians, our RACP members know first-hand that population-wide wellbeing and health translate to a more resilient, equitable and productive society. We note that the Government has already made valuable and welcome commitments in several key areas that improve wellbeing.

Our recommendations are action-driven measures for the short-term and long-term. They aim to enhance the Government's commitments to the health and wellbeing of all Australians.

WE CALL ON THE AUSTRALIAN GOVERNMENT TO SUPPORT THE FOLLOWING RECOMMENDATIONS:



System reform
to strengthen the
healthcare system



Prevention
to reduce
preventable
chronic disease
and ill health



Equity
to give all Australians
the opportunity for
good health and
wellbeing across
their lifespan



Climate resilience
to equip our
healthcare system,
so it is climate-ready
and climate-friendly



SYSTEM REFORM TO STRENGTHEN THE HEALTHCARE SYSTEM

To strengthen Medicare and deliver Urgent Care Clinics:

- Involve RACP members in planning clinical protocols within the Urgent Care Clinics.
- Provide long-term sustainable funding for Urgent Care Clinics and resource effective co-piloted multidisciplinary team-based care models.
- Fund independent studies with priority populations to explore the number and location of Urgent Care Clinics needed in each state and territory to reduce hospitalisations. The studies need to include rural, regional, remote and metropolitan areas.
- Fund a care pathway for specialists to be included in the VPR scheme to support team-based multidisciplinary care for patients routinely requiring it.
- Index Medicare rebates without freezes so that they are appropriately aligned with inflation and support equitable patient access.
- Ensure Medicare supports equity of access for low-income families, particularly in rural, regional and remote areas.

To extend telehealth services and reduce the digital divide in healthcare:

- Fund the permanent reinstatement of all telephone-based specialist consultations, especially crucial for rural, regional and remote patients with geographical barriers to specialty medical access.
- Introduce MBS items for specialists to have secondary consultations with General Practitioners and other health providers where multidisciplinary team care is needed, with or without the patient present.
- Provide a Practice Incentive Payment covering all consultant physicians to promote telehealth models of care and the delivery of integrated care in conjunction with the patient's General Practitioner.

- Invest in trialling new models of telehealth and remote service delivery linking secondary and primary care settings, including telehealth hubs in rural, regional and remote areas.
- Fund videoconferencing technology packages to support capacity-building for patients. Focus on priority groups in rural, regional and remote areas, aged care settings and on patients for whom access to face-to-face consultation is limited by the presence of disability (including developmental and intellectual).
- Fund mechanisms and a funding model for health professionals to enable equitable access to health technologies for patients whose disease and disability management can be facilitated through such technologies.

To invest in COVID-19 preparedness:

- Invest in staffing and infrastructure to meet the current and projected healthcare demands of COVID-19. Investments in multidisciplinary sub-acute, community and workplace-based health services, ambulatory, and rehabilitation services are crucial to address post-acute and chronic COVID related conditions.
- Appropriately fund the National COVID-19 Health Management Plan (2023) to ensure it achieves its objectives of building whole-of-system response. The plan should be led by medical advice and use public health measures.
- Expand public health messaging as a core deliverable of the National COVID-19 Health Management Plan (2023).
- Increase support for Australians with post-COVID conditions including long COVID and ensure specialist physicians are supported to identify and manage these conditions.



SYSTEM REFORM TO STRENGTHEN THE HEALTHCARE SYSTEM

To implement new funding and care models meeting current and future health demand:

- Develop and fund a model of care for the management of patients with comorbid chronic health conditions and associated disabilities that integrates specialist physician care (the RACP Model of Chronic Care Management or variation).
- Invest in expanded multidisciplinary ambulatory care services, integrated care services and outreach programs to ensure timely provision of complex whole-person care including direct engagement of specialist care.
- Invest in bulk billed specialty medical clinics for specialties underrepresented in publicly funded clinics to reduce pressure on our hospitals.

To address health workforce pressures and burnout:

- Fund the implementation of the National Medical Workforce Strategy 2021–2031 which emphasises improving doctor wellbeing. This includes initiatives to improve medical workforce planning and data, ensure cultural safety in the workplace, and establish portability of benefits to recognise continuity of service and give access to accrued entitlements.
- Increase the number of Specialist Training Program (STP) places to grow access to specialist medicine in rural and regional communities. Build a pipeline of specialists, while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements.
- Enable the RACP to utilise unspent STP Salary Support funds to pay for additional STP posts to fill vacancies in areas of need.
- Enhance and prioritise training pathways to support generalist physicians and paediatricians to support rural general practitioners to work to their full scope of practice.
- Develop rural specialist training hubs that attract and retain specialist trainees across rural sites and facilitate transition to ongoing rural specialist practice.

- Provide increased funding to the FATES program over forward estimates. This will enable longer term planning and time to embed effective change.
- List RACP specialties on the Department of Home Affairs' Priority Migration Skilled Occupation List to fast-track visa approvals.
- Update district of workforce shortage (DWS) areas to enable overseas trained practitioners to practice in areas without a ten-year moratorium.
- Establish a centralised national database of workforce (DWS) shortages for overseas trained practitioner to identify and apply for positions.
- Commit to address current and emerging critical, short and long term national medical specialist workforce issues.
- Guarantee long-term equitable and transparent funding for the Rural Health Outreach Fund.
- Introduce tiered MBS payments to encourage specialists and rural generalists to relocate and remain in rural, regional and remote practice locations.
- Ensure attractiveness of regional, rural and remote Australia for locally trained paediatricians by:
 - Expanding established successful models of postgraduate education for regional paediatrics e.g., diabetes, allergy, general paediatrics
 - Supporting new postgraduate diplomas for regional paediatricians to upskill e.g., allergy
 - Supporting more personalised contact with metropolitan consultants (e.g., neurology, cardiology, oncology).
- Support the establishment of an advanced trainee interest group and collegiate annual meeting to incentivise new paediatricians to commence a regional Australian paediatric career.



EQUITY TO GIVE ALL AUSTRALIANS THE OPPORTUNITY FOR GOOD HEALTH AND WELLBEING ACROSS THEIR LIFESPAN

Support First Nations self-determination to Close the Gap:

- Commit to fully fund the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021–2031.
- Use the Measure the Gap in Health Expenditure for Aboriginal and Torres Strait Islander Australians report as a guide on how to decrease disease burden in First Nations communities.
- Continue to promote MBS Item 715 for preventive health checks in First Nations and regional, rural and remote communities.
- Work with key stakeholders such as National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association (AIDA) and The Coalition of Peaks to align nation-wide health advocacy and promotion for First Nation communities.
- Fund the establishment of a national workforce development strategy to be led by the National Aboriginal Community Controlled Health Organisation. AIDA, the Indigenous Allied Health Australia, the Congress of Aboriginal (etc) should be invited to collaborate in its development.

To support children and young people to catch up from the setbacks of COVID-19 and to thrive:

- Fund and appoint a National Chief Paediatrician to coordinate child health and wellbeing policy across portfolios and jurisdictions.
- Establish a National Taskforce to lead a recovery plan for, and in partnership with, children and young people. The Taskforce should be co-led by the Chief Paediatrician and the National Children's Commissioner.
- Fully fund and implement the National Children's Mental Health and Wellbeing Strategy to expand mental health support for children, young people and their families and carers. This includes increased support for integrated child mental health services that enable collaboration between paediatricians, child and adolescent psychiatrists and multidisciplinary specialists. Supportive measures to increase the supply and distribution of a mental health workforce across Australia should also be increased.
- Increase funding for students with additional needs to better support children with disability and/or learning difficulties, ensuring additional learning support is evidence informed.
- Increase funding for developmental paediatricians in rural, regional and remote areas to support children to maximise their potential early.
- Expand commitment to universal childhood education to all three-year-old children. Early childhood education currently focuses on children aged 4–5 years, but evidence shows the importance of including 3-year-old children, especially for children experiencing disadvantage.
- Restrict marketing of unhealthy diets to children by establishing mandatory regulations.
- Fund pilot and ongoing programs arising from raise the age of criminal responsibility law reforms, especially diversionary programs and alternates to incarceration.



EQUITY TO GIVE ALL AUSTRALIANS THE OPPORTUNITY FOR GOOD HEALTH AND WELLBEING ACROSS THEIR LIFESPAN

To support older Australians' wellbeing and independence:

- Urgently fund and implement Recommendations 58 and 51 of the Royal Commission into Aged Care Quality and Safety: Access to specialists and other health practitioners through Multidisciplinary Outreach Services and Support employment and training for Aboriginal and Torres Strait Islander aged care workers.
- Urgently implement the aged care workforce-focused recommendations from the Final Report of the Royal Commission. Workforce planning, qualifications, training and professional development should be prioritised per the report.
- Increase the availability of Home Care Packages to eliminate delays in access which frequently lead to progressive impairment and loss of independence.
- Allocate funding to sufficiently resource and monitor the National Palliative Care Strategy. This will provide appropriate end-of-life services for older with life limiting illness, as recommended by the Royal Commission.
- Provide adequate funding to attract and retain specialist consultant physicians to palliative care services, including aged care settings, on an equitable basis.

To support the autonomy of people living with a disability:

- Ensure the NDIS remains appropriately funded and that full transparency is provided over future sustainability issues.
- Improve linkages and communication between the health and disability sectors, This includes access to appropriate specialist disability management and rehabilitation services, and discharge planning from hospital. It also includes disability training for physicians and other healthcare professionals, and the implementation of Australia's Disability Strategy 2021–2031.

- Provide appropriate funding for specialty complex care for young people living with disability to support continuity of care and access across settings, including in the community.
- Provide appropriate funding for people living with disabilities to be able to access specialist multidisciplinary rehabilitation services to assist in maintaining continued autonomy in the community.
- Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency. This would improve the experience of NDIS participants from First Nations communities and culturally and linguistically diverse communities.

To support people with substance use disorders:

- Invest adequately in evidence-based interventions to prevent and treat harms arising from alcohol and other drugs. These interventions should have crucial roles in multidisciplinary team care, general and mental health care systems.
- Invest in integrative services for people with pain conditions experiencing addiction.
- Increase investment for the addiction medicine and addiction psychiatry workforce to assure preparedness, noting expected future shortages in this workforce.
- Support General Practitioners who work with patients having a substance use disorder through responsive resources and funded pathways to involve addiction medicine specialists.
- Commit funding to increase access and affordability of opioid pharmacotherapies for people with opioid dependency.



PREVENTION TO REDUCE PREVENTABLE CHRONIC DISEASE AND ILL HEALTH

To deliver and effective Centre for Disease Control (CDC):

- Provide sufficient funding to support CDC sustainability over the longer term, recognising a significant funding contribution will be required to support its operations, or support Centre operations.
- Prioritise communicable diseases, non-communicable chronic diseases, and occupational diseases on initial Centre establishment.
- Allocate funding for the CDC to develop an open data policy framework to support better data collection, availability, interoperability, and integration as an initial priority.
- Allocate funding for the CDC to develop a national public health workforce strategy including public health physicians and other physician disciplines relevant to disease control to support the functions of the CDC.
- Allocate funding for the CDC to develop a national public health workforce training program with adequate funding for training positions. The training program should include public health physicians and other physician disciplines relevant to disease control. This will support CDC operations and build public health capacity across jurisdictions.

To implement the National Preventive Health Strategy and support related preventive health initiatives:

- Fully fund the implementation of the National Preventive Health Strategy which commits 5% of health expenditure for prevention by 2030. Specify how prevention will be funded over forward estimates.
- Ensure that the implementation of the Strategy is aligned with the objectives and workplan of the forthcoming CDC.
- Fully fund the implementation of the National Obesity Strategy 2022–2032 and Australian National Diabetes Strategy 2021–2030.
- Fully fund the implementation of the National Tobacco Strategy (2022–2030) to reduce the harms of conventional tobacco products and strengthen regulations for novel and emergent nicotine products, including e-cigarettes and vapes.
- Implement a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages.
- Reduce alcohol-related harm by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.
- Raise the baseline rate of social support to increase recipients' ability to make healthy choices, particularly around preventive health issues, positive diet and lifestyle changes. These support measures should be extended to people living on Temporary Visas, particularly asylum seekers and refugees.
- Increase funding for obesity treatment and management, including bariatric surgeries, to support weight management in priority populations with barriers to treatment access and prevent further chronic disease.



CLIMATE RESILIENCE TO EQUIP OUR HEALTHCARE SYSTEM SO IT IS CLIMATE-READY AND CLIMATE-FRIENDLY

To enhance climate resilience and equip our health systems to be climate-ready and climate-friendly:

- To implement the National Health and Climate Strategy:
 - Develop and rollout guidelines and training to support locally led climate change risk and vulnerability assessments, adaptation and resilience planning. This should involve First Nations leadership, climate change, health, education, and other relevant professionals.
 - Develop a rigorous and accessible online system to consolidate the evidence base for climate health action, centring Aboriginal and Torres Strait Islander knowledges and including diverse types of information.
 - Establish a nation-wide coordinated surge health and medical workforce to respond to extreme weather events. Encourage a wide cross-section of health and medical workers to join, provide initial and ongoing training, funded travel to impacted areas, remuneration and mental health support.
- Establish a National Climate Change and Health Resilience Research Fund to identify resilience strategies suited to our health system.
- Establish a Climate-Friendly Health System Innovation Fund to provide grants to local health services for environmental sustainability and climate adaptation initiatives, focussing on those that can be scaled up.



[Read the RACP submission here](#)

The RACP represents 28,000 experts across a broad range of medical specialties, including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

The RACP and its members are available to work with the Government to provide the evidence, expertise and support for the implementation of above recommendations.



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