



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

**Sustainable, Resilient, Future-Focused:  
The path to equitable care and healthier communities**

**Pre-Budget Submission to the Australian Treasury**

**September 2022**

## About The Royal Australasian College of Physicians (RACP)

We connect, train and represent 28,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.



*We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

## Introduction

The Royal Australasian College of Physicians (RACP) appreciates this opportunity to make a submission to inform the Albanese Government's first Budget, to be delivered on 25 October 2022.

We understand that the Budget will focus on delivering commitments made during the election campaign and since the Government came into office, and that it will include a stronger emphasis on wellbeing.

We welcome this emphasis on wellbeing. As physicians and paediatricians, our members know first-hand that wellbeing and health are interconnected and that gains in both translate to a more resilient, equitable and productive society. We also note that the Government has already made valuable and welcome commitments in several areas.

With this in mind, we have focused this submission on measures relevant to delivering and enhancing Government commitments to move us towards **a sustainable, resilient and future-focused health system for all Australians**.

This Pre-Budget Submission is structured along the following four priority areas:



## Key priorities for the Australian Government Budget 2022

It is clear that the COVID-19 pandemic continues to highlight and exacerbate key deficiencies in the Australian healthcare system as well as systemic and persistent socioeconomic issues which influence both the system and the health and wellbeing of Australians.

The Australian Government must address the ongoing health, economic and social challenges of the pandemic and respond to the increasing demands on our healthcare system from chronic health conditions, an ageing population, rural and regional disadvantage and other ongoing and emerging public health crises, including climate change.

**The RACP believes that investing in the measures outlined in this pre-Budget submission will put Australia on a path to a more sustainable, resilient and future-focused health system that provides all Australians with equitable access to high-quality health care.**



## SYSTEM REFORM TO STRENGTHEN THE HEALTH SYSTEM

The COVID-19 pandemic has highlighted and exacerbated key deficiencies in the Australian health system including inequities in access and care, a lack of care continuity and integration and increasing pressures on the health workforce. It has had both direct and indirect impacts on the Australian health system and treatment of patients for non-COVID related conditions.

There is broad agreement across the health sector that significant system reforms are required to strengthen the health system and we welcome the Government's commitments to strengthening Medicare, delivering Urgent Care Clinics as well as retaining and improving telehealth.

The sections below outline measures that would enhance these commitments.

### ***Commitment: Strengthen Medicare and deliver Urgent Care Clinics***

The Government has recently established the Strengthening Medicare Taskforce to improve primary health care for all Australians. The Government has committed to a \$750m investment over the forward estimates to deliver the recommendations from the Taskforce in addition to the establishment of 50 Urgent Care Clinics.

In order to **strengthen Medicare and provide relief to the hospital system**, we call on the Australian Government to:

- Work with the RACP and our members to ensure that Urgent Care clinics are able to provide team-based multidisciplinary care that seamlessly integrates specialist medical care with general practice and allied health care, particularly for chronic and complex conditions which require specialist care.
- **Fund care pathway for specialists to be included in the Voluntary Patient Registration scheme to support team-based multidisciplinary care.**
- **Fund independent studies exploring the number and location of clinics needed in each state and territory to have a marked impact on hospital admissions.** While the initial commitment of at least 50 clinics is welcomed by the RACP, the rationale for this number in the context of widely escalating national healthcare need is uncertain.
- **Involve the RACP and its members in planning clinical assessment, treatment protocols and triage processes within the clinics.** Physicians and paediatricians are specially trained to care and treat patients with complex illnesses or presentations in collaboration with General Practitioners and allied health professionals.
- **Ensure Medicare supports equity of access to care for low income and vulnerable families, particularly in rural and regional areas.**

### ***Commitment: Extend telehealth services beyond the pandemic***

We strongly welcome the recent expansion of telehealth. Telehealth by phone and video has brought about a range of benefits including improving access to much-needed specialist and allied health care for priority and underserved populations in remote, rural and urban communities who might otherwise face barriers to care access because of geography, mobility, technology or preference. Telehealth has been embraced by patients and medical practitioners across Australia as a key option in the expanding toolkit for provision of equitable and accessible health care.

Telephone is often the preferred, or the only easily accessible option, for many Australians so it is essential that access to phone consultations is available to people in rural and regional areas, aged

care settings and for patients for whom access to face to face consultation is limited by the presence of disabilities.

Current evidence for the outcomes of phone versus video in telehealth indicates that both modalities can deliver comparable results in many clinical encounters and settings.<sup>1</sup> **Until the access issues created by the digital divide are addressed across our communities, the recent cuts to phone consultations reduce access, equity and quality of outcomes for too many Australians and need to be reversed.**

The best option for consultation length and modality (i.e., face-to-face, telehealth by phone or video) should always be decided jointly by the patient and the doctor based on what type of care is clinically appropriate. While we understand the arguments in favour of video consultations, we need to recognise that some patients will not be able or comfortable to use this option; in the best interests of our patients and the health system at large, the Government must allow patients and physicians to use the modality of their choice.

In line with the evidence on **telehealth**, the RACP is calling on the Australian Government to:

- **Fund the reinstatement of all telephone-based specialist consultations**, including those for complex consultations
- Reduce the negative impacts of the digital divide by **funding videoconferencing technology packages** to support capacity building for patients, especially those in priority and underserved groups.

In addition to the above commitments, we urge the Australian Government to fund measures to address COVID-19 and pandemic preparedness and health workforce pressures and burnout as detailed below.

### **COVID-19 and Pandemic Preparedness**

The COVID-19 pandemic continues to significantly impact the health system and healthcare workers, with hospitals reporting high rates of hospitalisation and increased patient caseloads. While it is important to minimise transmission and serious illness caused by this COVID-19 wave, preparedness for future waves caused by emerging COVID-19 variants and other viruses is also essential.

We call on the Australian Government to fund the following measures to **mitigate the impacts of COVID-19 on the health system and healthcare workers**:

- **Be led by medical advice and use public health measures when needed.** The RACP supports improving building ventilation, the use of masks in public settings, COVID-19 vaccination, equitable access to RATs, PCR testing and antiviral treatments, and general measures such as staying home when unwell, physical distancing, hand hygiene and cough/sneeze etiquette.
- **Expand public health messaging.** All Australians must be provided up-to-date information that is accessible, easily understood and consistent.
- **Increase support for Australians with post-COVID conditions including long COVID.** We need to ensure specialist physicians are supported to identify and manage the treatment of these conditions in order to ensure equitable patient access to specialists and health services across the country.

### **Putting the patient at the centre – team-based, multidisciplinary care**

The Australian healthcare system and its users continue to suffer from fragmented service delivery, a lack of coordination across health silos, and an insufficient patient-focus. Low levels of integration

<sup>1</sup> RACP Policy and Advocacy Rapid Literature Review - August 2022; available on request.

and services that do not interface well can lead to gaps in care, conflicting advice or treatments, and duplication and wastage of resources. Patients can experience difficulties navigating between services or accessing timely and targeted care.

With the increase in Australians living with chronic and complex medical conditions, patient-centred care with access to specialists and allied health professionals is crucial. It is time to offer an alternative to the linear referral model which does not easily apply to chronic and complex presentations.

The RACP champions integration and innovation in the health sector to deliver a joined up, accessible and equitable health system of the future. The RACP's innovative work on the [integrated models of chronic care management](#) and [rehabilitation care](#) in the community show the way forward toward improved care outcomes and strengthening financial sustainability of the system.

As the Government initiates the negotiations for the new National Health and Hospital Agreement, we would like to highlight our work on integrated care, including our [Model of Chronic Care Management](#).

To **manage patients with comorbid chronic health conditions better**, we call on the Australian Government to:

- **Develop and fund a model of care** with proof of concept sites 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](#)<sup>2</sup> or variation).

#### ***Address health workforce pressures and burnout***

The health workforce is burnt out. Doctors and nurses at all levels of their careers are leaving the workforce as the health system faces structural issues which have been worsened by the ongoing COVID-19 pandemic. These include increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties<sup>3</sup>, leading to difficulties in patient access to care in some circumstances.

With the severe challenges caused by the pandemic now in their third year, it has become ever more pressing for the Government to invest in improving the resilience and sustainability of the health system by addressing workforce shortages as well as recognising and addressing the ongoing impacts of the pandemic on health workers.

To **address health workforce pressures and burnout**, we call on the Australian Government to:

- **Increase the number of Specialist Training Program (STP) places to grow access to specialist medicine in rural and regional communities** and build a pipeline of specialists
- **Include the RACP in consultations about increasing the intake of skilled migrants in health**
- **Invest in bolstering the healthcare workforce through national strategies for flexible training and work hours, parental leave and other support mechanisms.**

<sup>2</sup> The Royal Australasian College of Physicians, *Complex care, consultant physicians and better patient outcomes. Streamlined complex care in the community*. October 2019. Online: [https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a\\_14](https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14) [last accessed 25/08/2022]

<sup>3</sup> Australian Government, *National Medical Workforce Strategy 2021-2031*. Online: <https://www.health.gov.au/initiatives-and-programs/national-medical-workforce-strategy-2021-2031> [last accessed 25/08/2022]



## PREVENTION TO REDUCE PREVENTABLE CHRONIC DISEASE AND ILL HEALTH

Prevention is a critical pillar of a robust health system; it is also a pillar which has been underfunded and under-recognised for too long.

Chronic conditions account for over 50% of the total burden of disease in Australia.<sup>4</sup> Given that almost 40% of the burden of disease could be prevented by addressing modifiable risk factors such as overweight and obesity, dietary risks, high blood pressure, tobacco and alcohol use,<sup>5</sup> it is crucial that the Government invests in preventive health measures that target these risk factors.

We welcome the Government's commitment to establishing an Australian Centre for Disease Control and Prevention and to implementing the National Preventive Health Strategy. The sections below outline measures that would enhance these commitments.

### ***Commitment: Australian Centre for Disease Control and Prevention***

The COVID-19 pandemic has demonstrated that the establishment of an effective Australian Centre for Disease Control and Prevention (CDC&P) is needed in order to improve nation-wide responsiveness to current and emerging health threats, coordinate national prevention activities across jurisdictions and address the growing burden of disease and injury.

We note that to deliver on its promise, the CDC&P needs to drive the push for a strong public health workforce. Many of the problems experienced during the pandemic could have been avoided or significantly mitigated had there been strong local public health units in every jurisdiction monitoring epidemiology and rolling out disease control strategies. We also need to train more public health workers through a dedicated national training program for public health professionals.

The RACP and its Australasian Faculty of Public Health Medicine are well positioned to provide advice on the design of the CDC&P and the development of a public health workforce truly equipped for future epidemics and chronic disease challenges.

To establish an effective Australian Centre for Disease Control and Prevention, we call on the Australian Government to:

- **Allocate funding specifically for the design and establishment of the Centre for Disease Control and Prevention**
- **Consult with the RACP and other key health stakeholders on its design and establishment.**
- **Produce and commit to fund a plan to address Australia's public health capacity including establishing a national training program in public health medicine and providing adequate funding for training positions.**

### ***Commitment: Implement the National Preventive Health Strategy***

On average, Australians are living longer and spending more of their life in good health. However, years lived in ill health are also increasing, Australians from lower socioeconomic groups live fewer years in full health<sup>6</sup> and the gap in health-adjusted life expectancy at birth between Indigenous and non-Indigenous Australians is stark (15.2 years for males and 13.9 years for females).<sup>7</sup>

<sup>4</sup> Australian Burden of Disease Study 2018: key findings. Published 18 August 2021

<sup>5</sup> Australian Burden of Disease Study 2018: Key findings. Published 18 August 2021

<sup>6</sup> Australian Burden of Disease Study 2018: key findings. Published 18 August 2021

<sup>7</sup> Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Published 7 October 2021

The prevalence of chronic conditions is also increasing with almost half of Australians (47%) having one or more chronic conditions compared with 42% a decade ago.<sup>8</sup> In addition to negatively impacting the lives of many Australians, their loved ones and the broader community, these conditions place a heavy burden on our health system and the public health funding.

The Australian Government's [National Preventive Health Strategy 2021-2030](#) outlines activities focused on preventing or limiting disease. It acknowledges the learnings from the collective efforts required to combat the COVID pandemic and their relevancy for ongoing prevention and recommends a coordinated national response across all systems and portfolios. The RACP supports the full implementation of this important strategy.

To **effectively implement the National Preventive Health Strategy**, we call on the Australian Government to:

- **Fully fund the effective implementation of the National Preventive Health Strategy which commits 5% of health expenditure for prevention over 10 years till 2030.**
- **Ensure that the implementation of the Strategy is aligned with the objectives and workplan of the forthcoming Australian CDC&P.**
- **Specify how prevention will be funded over forward estimates and note that COVID-related expenditure should be excluded from the funding for the Preventive Health Strategy to ensure that adequate funding is available to deliver preventive health for non-communicable diseases.**
- **Appropriately fund the implementation of the [National Obesity Strategy 2022-2032](#) and [Australian National Diabetes Strategy 2021-2030](#).**



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

In order for Australians to enjoy the highest possible standard of health and wellbeing, allocation of health resources must be prioritised according to the principles of equity and need, delivered through a responsive, culturally safe health system.

We welcome the Australian Government's commitments to improve Indigenous health, child health and care for elderly Australians and people living with disability. The sections below outline measures to further enhance these commitments.

***Support Indigenous self-determination and leadership to Close the Gap  
Commitment: Full implementation of the Uluru Statement from the Heart***

We strongly welcome the Australian Government's commitment to the full implementation of [the Uluru Statement from the Heart](#). The RACP is committed to supporting First Nations' leadership to advance the implementation of the Uluru Statement, which we wholeheartedly support.

***Commitment: Training of 500 First Nations health workers***

The RACP welcomes this commitment and we are eager to work with the Government and the National Aboriginal Community Controlled Health Organisation (NACCHO) to boost training and

<sup>8</sup> Australian Bureau of Statistics, Chronic Condition, 2018. Online: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-release#:~:text=Endnotes-.Key%20statistics,chronic%20conditions%20increased%20with%20age> [last accessed 25/08/2022]



employment of Aboriginal and Torres Strait Islander medical specialists and support access to specialists for First Nations peoples, implementing our Medical Specialist Access Framework.

To **effectively boost training and employment of First Nations health workers**, we call on the Government to:

- **Fund the establishment of a national workforce development strategy led by NACCHO in collaboration with the Australian Indigenous Doctors' Association, Indigenous Allied Health Australia, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners**, supported by the RACP and other stakeholders. The strategy would boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general practitioners, non-GP medical specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and strategies.
- **Support the prioritisation, expansion and provision of sustained and long-term funding to Aboriginal Community Controlled Health Services (ACCHS)** for the delivery of primary and specialist healthcare services for Aboriginal and Torres Strait Islander people.

### ***Support children and young people to catch up from the setbacks from COVID-19 and to thrive***

#### ***Commitments: Universal early childhood education and School Wellbeing Boost***

We welcome the Government's commitments to universal early childhood education and the School Wellbeing Boost; these measures will be of enormous benefit to children who have suffered during the pandemic.

Early childhood education currently focuses on children aged 4-5 years in the year before they commence school. However, evidence shows the importance of including 3-year-old children, especially for children facing disadvantage, as two years of early education has proven to deliver better outcomes compared to just one year. This is an important investment in children that helps to address structural disadvantage and provides ongoing benefits well into adulthood.

Through the [Kids COVID Catch Up Campaign](#), the RACP is calling on the Government to expand access to early childhood education to all three year old children and to enhance the Student Wellbeing Boost Program by progressing the full funding and implementation of the [National Children's Mental Health and Wellbeing Strategy](#). The Strategy has several focus areas, including the importance of family and community; improved service integration and access across the education, justice and community health sectors; targeted education programs and meaningful data collection, all essential to effectively improving children's mental health and wellbeing.

To **improve child health and wellbeing**, we call on the Government to implement the recommendations of the [RACP Kids COVID Catch Up Campaign](#) by:

- **Establishing a National COVID-19 taskforce to lead a recovery plan for and with children and young people.**
- **Appointing and funding a National Chief Paediatrician** to coordinate child health and wellbeing policy across portfolios and jurisdictions.
- **Funding and implementing the National Children's Mental Health and Wellbeing Strategy** to expand mental health support for children, young people and their families and carers. This needs to include increasing support for integrated child mental health services that enable collaboration between paediatricians, child and adolescent psychiatrists and multidisciplinary specialists to deliver the right care at the right time for children and adolescents as well as supportive measures to increase the supply and distribution of child and adolescent psychiatrists across Australia to address workforce shortages.
- **Increasing funding for students with additional needs to better support**

**children with disability and/or learning difficulties**

- **Expanding its commitment to universal childhood education to all three- year-old children**
- **Restricting marketing of unhealthy diets to children.**

**Support older Australians' wellbeing and independence**

**Commitment: Five-point plan to ensure older Australians receive the aged care they deserve**

The RACP welcomes the Government's commitments to improving the health and wellbeing of older Australians.

As highlighted in the Final Report of the Royal Commission for Aged Care Quality and Safety and made tragically clear by the significant loss of lives of aged care residents from COVID-19, the infrastructure of the aged care system is not resourced to meet present and future needs safely and effectively. Too many older Australians are not getting the support and care they need to enable them to live a decent and dignified life.

In early 2022, Professor Brendan Murphy, Secretary of the Department of Health and Aged Care, stated that "at least 90% of the people who have died with COVID-19, both in aged care and in the general community, have an average of three, many serious, comorbidities."<sup>9</sup> This fact underlines the importance of ensuring older people have access to a continuum of specialist care both in residential aged care facilities and community settings, as recommended by the Aged Care Royal Commission. It is also important that older people have access to a multidisciplinary team of health professionals that includes specialists, nursing and allied health.

Clear and navigable clinical pathways to comprehensive health care positively impacts the health of older people. Key elements include:

1. **Assessment**, which should be timely, and with involvement or access to consultant physicians and specialists such as geriatricians.
2. **Integrated health care models**, designed on a health care continuum between community-based care and hospital care.
3. **Improved funding and addressing older Aboriginal and Torres Strait Islander people's health care needs**, especially early condition assessment and comprehensive condition management.

To **better support older Australians' wellbeing and independence**, we call on the Government to:

- **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**
- **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 sufficient resourcing and monitoring of the [National Palliative Care Strategy](#)**. There is a need for palliative care and end-of-life services for older people with life limiting illness and this was an important recommendation of the Aged Care Royal Commission.

<sup>9</sup> Commonwealth of Australia, Senate, Community Affairs Legislation Committee, Wednesday 16 February 2022, Canberra. [https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/25619/toc\\_pdf/Community%20Affairs%20Legislation%20Committee\\_2022\\_02\\_16\\_Official.pdf;fileType=application%2Fpdf](https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/25619/toc_pdf/Community%20Affairs%20Legislation%20Committee_2022_02_16_Official.pdf;fileType=application%2Fpdf) [last accessed 25/08/2022]

### **Support the autonomy of people living with disability**

#### **Commitment: Review of the NDIS and better support for people living with disability**

The RACP welcomes the Australian Government's commitment to undertake a review of the NDIS and to better support people living with disability.

People with disability experience increased risk factors for health conditions, increased morbidity and mortality and have poor mental and physical health compared to others in the community. Many of the health conditions that are experienced by people with disability across the life span are unrecognised, misdiagnosed and poorly managed compared to the general population.

People with disability are more likely to live in poverty, experience poor quality or insecure housing, have low levels of workforce participation and education, and be socially excluded or marginalised. They are particularly vulnerable to violence and discrimination. This disparity, along with ensuing pressures on family members and carers, is unacceptable. Budgeted health care policies and programs must include consideration of how they will meet the needs of people with disability.

**To better support the autonomy of people living with disability, we call on the Australian Government to:**

- **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.**
- **Develop a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the NDIS for people from culturally and linguistically diverse communities including Aboriginal and Torres Strait Islander people.**
- **Fund the effective implementation of the [National Roadmap for Improving the Health of People with Intellectual Disability](#).**

### **Support people with substance use disorders**

In addition to the above commitments, we call on the Government to improve access to services for alcohol and other drug treatment and prevention.

The consumption of alcohol and other drugs is widespread in Australia and substance use disorders affect around 1 in 20 Australians.<sup>10</sup> Those working in the alcohol and other drug sector have consistently highlighted the severe shortages of treatment services in Australia. The current system is estimated to leave up to 500,000 Australians without access to the treatment services they need to effectively address their substance use disorder<sup>11</sup> and it has been estimated that the treatment sector needs a boost of at least \$1 billion per year<sup>12</sup> if it is to address this demand.

The extensive disruptions caused by the COVID-19 pandemic are likely to have exacerbated or led to increased substance use disorders amongst the many Australians who are struggling. This makes the longstanding need for increased funding for effective treatment services and evidence-based harm reduction measures even more pressing.

**To better support people with substance use disorders, we call on the Government to:**

- **Invest adequately in evidence-based interventions for the prevention and treatment of harms arising from the use of alcohol and other drugs, including services delivered by multidisciplinary teams as critical parts of the general and mental healthcare systems, as well as better treatment options.**

<sup>10</sup> Health Direct website. Online: <https://www.healthdirect.gov.au/substance-abuse> [last accessed 25/08/2022]

<sup>11</sup> Ritter, Alison, et al. "New Horizons: The review of alcohol and other drug treatment services in Australia." Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre (2014)

<sup>12</sup> St Vincent's Health Australia, At Least \$1bn Boost Needed to Meet Demand for Alcohol and Other Drug Treatment Services. December 2018.

- **Increase investment for the addiction medicine and addiction psychiatry workforce and better support for General Practitioners who work in this area.**
- **Commit funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency.**



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

### ***Commitment: Net zero by 2050 and development of a National Climate Change, Health and Wellbeing Strategy***

The RACP welcomes the Government's commitment to develop a National Climate Change, Health and Wellbeing Strategy.

Health systems are both part of the problem and the solution to the climate change challenge. Australia's health system contributes an estimated 7% of the nation's CO<sub>2</sub> emissions.<sup>13</sup> The system also provides important supports for populations facing health threats resulting from the impacts of climate change including increased temperatures and climate-related extreme weather events.

Currently, state and territory governments adopt differing and at times diverging approaches to climate change and health. Commonwealth leadership is needed to align emissions reduction measures, synchronise strategies for sustainable healthcare systems and coordinate policy and funding required to protect health and the health system from climate change impacts.

The RACP leads the [Healthy Climate Future campaign](#) in partnership with ten other medical colleges representing over 100,000 health care workers in calling for action for a 'climate ready' and 'climate friendly' health system based on [research evidence](#).

As part of the **National Climate Change, Health and Wellbeing Strategy**, we call on the Government to include:

- **A plan for equitably decarbonising healthcare to achieve net zero emissions in healthcare by 2040.**
- **The development of climate risk and vulnerability assessments and locally-led disaster planning for the healthcare system**, acknowledging that rural and remote communities are at particular risk.
- **Adaptation and resilience plans which acknowledge, support and are guided by Aboriginal and Torres Strait Islander leadership.**
- **Provision of tools, information and resources to health and medical professionals to support them to anticipate, prepare for and respond to climate risks**
- **Establishment of a surge health and medical workforce for deployment in response to extreme weather events.**

In addition to the delivery and implementation of the Strategy, we call on the Government to:

- As a first step, **allocate approximately \$3.7 million in 2023 to establish the National Health Sustainability Unit (NHSU) to oversee the implementation of the Strategy.**

This initial costing for the establishment of the NHSU includes staffing, consultation and research, with additional operational support provided in kind. We envisage the NHSU would report to the Chief Medical Officer within the Department of Health. In addition, the NHSU would administer:

- a Climate Friendly Health System Innovation Fund to provide grants to local health services for emissions reduction and sustainability initiatives

<sup>13</sup> Malik, Arunima, et al. "The carbon footprint of Australian health care." *The Lancet Planetary Health* 2.1 (2018): e27-e35.

- National Climate Change and Health Resilience Research Fund to identify resilience strategies suited to our health system.

## Conclusion

The ripple effects from the COVID-19 pandemic will be felt for years to come. The pandemic has underscored and exacerbated ongoing challenges to our health system, economy, and society more broadly. As well as addressing these challenges, the Australian Government will need to respond to the growing demands on our healthcare system from chronic conditions and other ongoing and emerging public health crises, including the worsening effects of climate change.

Doing this effectively, equitably and sustainably requires tackling the persistent socioeconomic determinants that shape both the health system and the health and wellbeing of Australians in the longer term. **We trust that the upcoming Budget strives to deliver on its promise to improve wellbeing of everyone in Australia.**

The constructive and achievable short- and medium-term measures outlined in this submission have been selected **to move Australia towards the goal of a sustainable, resilient and future-focused health system that allows Australians access to healthier communities and to high-quality health care they need and deserve.**

We look forward to working collaboratively and constructively with the Government to deliver improved health and wellbeing outcomes to all Australians.