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## The roadmap for the healthcare Australians need

Royal Australasian College of Physicians (RACP)  
Election Statement  
March 2025

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

The RACP trains, educates and advocates on behalf of over 23,000 physicians and almost 9,000 trainee physicians, across Australia and Aotearoa New Zealand.

The RACP represents 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.

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 and the community.

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*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. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*



## Why Australians need this roadmap

Access to healthcare is one of the top concerns for Australians.<sup>1</sup>

Many Australians (57%) believe that access to doctors and medicines are key to addressing this concern.<sup>2</sup> The RACP agrees.

Investing in more physicians in all health care settings from communities to hospitals and research programs, is vital to delivering the healthcare Australia needs.

**The government needs to focus health workforce planning, Medicare and health system reform on increasing community access to physicians.**

Cost of living and healthcare are connected. Most people in financial distress will forego health care when it is most needed.<sup>3</sup>

This is devastating when 61% of Australians have a chronic condition<sup>4</sup>, many requiring physician care. A broad range of initiatives are needed.

**These Australians are experiencing higher levels of complex and chronic disease with reduced access to healthcare services.** This will be a major increasing cost driver for the incoming Federal Government and our hospital systems unless the necessary measures are put in place now.

**Much work also remains to ensure access to medicines whenever they are needed.**

Australia must boost its efforts on preventing conditions physicians are seeing more and more. These place added stresses on our hospital systems.

Physicians are seeing more health impacts of hazardous, unpredictable and rapidly changing climate conditions. **Hospitals need support in responding to the impacts of climate change and communities need to be protected from the health impacts of fossil fuels.**

The RACP's roadmap, building on our [2025 Budget Submission](#) to the Australian Treasury, *The healthcare Australia needs*, will support Australians as they age and their health needs become more complex, helping to ensure sustainable costs of healthcare in hospitals and the community.

The RACP stands as a trusted, expert advisor to the incoming Federal Government across five key areas:

1. **Physician Workforce**
2. **Medicines and Healthcare Reform**
3. **Disease Prevention**
4. **Priority Populations**
5. **Climate Resilience**

## Physician workforce

### Better workforce data and modelling needed

**Physician workforce data is inconsistent and siloed across governments and organisations.** This makes it difficult to determine where physicians are needed now and in the future. We need to link data on where physicians practice with projected healthcare needs, particularly as our health needs become more complex.<sup>5</sup>

#### We call on the incoming Federal Government to:

- Support the Health Workforce Taskforce to continue physician workforce modelling, with support from the RACP.
- Re-establish a national body to identify and co-ordinate health workforce and healthcare reform.
- Invest in data infrastructure, data collection and collaboration to create a real-time physician workforce data system.

### Rural, regional and remote communities need physicians

Physicians, including trainees, are not evenly distributed across metropolitan, rural, regional and remote areas. **Nearly one-third of Australians live in rural and regional areas, where access to physicians remains much more limited compared to metropolitan centres, but there are higher rates of complex and chronic disease.**<sup>6</sup>

In the last four years patients waiting longer than acceptable for specialist care has risen from 22% to 29%.<sup>7</sup> <sup>8</sup>These delays disproportionately impact rural, regional and remote areas with a higher prevalence of socio-economic disadvantage.

#### We call on the incoming Federal Government to:

- Increase the number of rurally based medical students and junior doctors.
- Expand the Rural Health Multidisciplinary Training Program to support two years of rural based medical school training for medical students interested in practising rurally.
- Fund rural specialist training pathways and networks to attract and retain junior doctors and trainee physicians, to facilitate transition to longer-term rural specialist practice.
- Add loading to Medicare schedule payments to support physicians to relocate and remain in rural, regional and remote practice locations.
- Extend existing practice incentive programs to physicians and trainees to support their integration within chronic and complex patient care for priority patient groups.
- Introduce incentive payments for rural teaching and supervision.
- Improve the capacity of the Specialist Training Program (STP) to support the rural, regional and remote physician workforce by:
  - Increasing the number and flexibility of STP places, particularly in areas of need.
  - Expanding existing STP incentives.
  - Delivering supports for supervisors and trainees, including education, childcare support, travel costs.
  - Boosting funding for STP quality improvement projects.
- Continue and expand the Support for Rural Specialists in Australia program.

## Physician health and safety is key to good healthcare

**Improving the health, safety and wellbeing of physicians and trainees, and their working environments, will help attract and retain the physician workforce and ensure patient safety.**

Burnout, workforce pressure from increasing patient demand, and staff shortages are key challenges for Australian healthcare workers.<sup>9</sup> The health and social care sectors have had the highest number of serious claims for work-related mental health conditions over the last five years.<sup>10</sup> The Australian Health Practitioner Regulation Agency (Ahpra) 2024 Medical Training Survey (MTS) identifies one-third of trainees experienced or witnessed bullying, discrimination, harassment, sexual harassment, discrimination and/or racism.<sup>11</sup>

### **We call on the incoming Federal Government to:**

- Establish a Chief Wellness Officer in the Department of Health and Aged Care to champion and coordinate wellbeing initiatives for physicians, trainees and other health professionals.
- Fund Ahpra to implement a national survey of wellbeing for all medical practitioners.
- Fund Safe Work Australia to:
  - Enhance tools and frameworks to support safety in hospitals.
  - Produce an annual national review of overall safety in hospitals across the country.
- Establish a National Centre for Workplace Mental Health and Wellbeing.
- Fund re-establishment of occupational health and safety units in hospitals incorporating occupational and environmental physicians.

## Supporting International Medical Graduates

**The new Ahpra ‘fast track’ pathway for SIMGs, independent of College pathways, requires significantly increased collaboration with colleges to ensure appropriate standards and support for SIMGs.**

The RACP and other medical colleges have critical roles in supporting specialist international medical graduates (SIMGs) to practice in Australia, particularly given experience and expertise in assessment and maintenance of quality practice standards.<sup>12</sup>

### **We call on the incoming Federal Government to:**

- Fund an evaluation of the new Ahpra fast track program for SIMGs.
- Support Ahpra to work with colleges to ensure all SIMGs have the supports they need.
- Work with colleges on appropriate steps to streamline broader SIMG registration pathways
- Develop dedicated training supervision and support arrangements for SIMG physicians and trainees (Recommendation 11 of the [Working Better for Medicare Review](#)) through:
  - Establishment of a Bridging Program for SIMGs requiring assistance.
  - Funding for remote supervision models, where appropriate, and online and physical communities of practice for SIMGs.

## Medicines and Health Care Reform

### Access to medicines

**Physicians lack access critical information about potential medicine shortages, with gaps in national capacity to track medicines supply and availability.** Early and real-time communication about potential shortages is needed so physicians can best support their patients.

Australia imports around 90% of our medicines, making it vulnerable to medicines shortages.<sup>13</sup> There are over four hundred medicine shortages in Australia.<sup>14</sup> Priority groups, including children, people with cancer, people in palliation and others with serious chronic health conditions, are severely affected.

#### **We call on the incoming Federal Government to:**

- Prioritise data sharing systems which enable improved monitoring and prediction of potential medicine shortage, distribution and supply issues.
- Fund the TGA to develop a list of critical, life sustaining medications in Australia.
- Enhance earlier, proactive communication of medicine shortages and potential alternatives to prescribers and key healthcare bodies.
- Boost the National Medical Stockpile for emergent global health threats and supply issues.

### Anti-microbial resistance

Antimicrobial resistance (AMR) is a growing threat to Australia. Critical AMR increased by 85 per cent from 2022 to 2023.<sup>15</sup> **Urgent action is required to develop new and cost-effective antimicrobials, supported by timely assessment frameworks.**

#### **We call on the incoming Federal Government to:**

Implement Health Technology Assessment Policy and Methods Review recs 21 and 29, covering:

- Incentives to develop AMR technologies.
- Reforming and streamlining assessments.
- Flexible reimbursement.
- Centralised data-sharing infrastructure.

### Enhancing Urgent Care Clinics

**UCCs must be equipped to reduce pressure on hospitals – this requires thorough evaluation of their operation, including the potential role of physicians.** There were one million patient visits to Urgent Care Clinics (UCCs) to December 2024, but numbers of GP-type presentations to public hospital emergency departments have not significantly decreased.<sup>16 17</sup>

#### **We call on the incoming Government to**

- Expedite funding for the ‘potential’ performance audit of UCCs by the Australian National Audit Office, including integration with local hospitals and physician collaboration.

### Physician support for primary care

**With hospital waitlists and costs increasing,<sup>18</sup> Australia needs to consider how physicians can be involved in primary care at the right time through multidisciplinary care models.<sup>19</sup>** Where 33% of people who accessed a Medicare service (8.6 million) were referred to see a specialist from a GP,<sup>20</sup> Australia needs to look more closely at integrated, multidisciplinary primary care.

#### **We call on the incoming Federal Government to:**

- Support interdisciplinary models of care involving physicians for patients with complex and chronic health conditions across primary and tertiary settings, like the RACP Model of Chronic Care Management.
- Through the Medicare Continuous Review ensure physician items reflect time and complexity of patient consultations and follow-up actions.
- Extend bulk billing incentives to physicians seeing priority groups with higher incidence of complex or chronic health conditions.

## More telehealth access to physicians

Telehealth is a proven tool to improve access to care. **Although there are significant needs for physician care of many patients with chronic conditions, there are insufficient Medicare items.**

People with a chronic health condition are the most likely to have a telehealth consultation with a health professional (33% of patients with a chronic health condition compared to 14% without)<sup>21</sup>. But only 5% of people had a telehealth consultation with a medical specialist.<sup>22</sup> Patients with complex needs often face barriers to in-person consultations. Time-poor families can find in person attendance difficult. Video technology does not work everywhere, meaning telephone access is required.

### We call on the incoming Federal Government to:

- Implement recommendations 2b and 10a of the Medicare Review Advisory Committee: Telehealth Post-Implementation Review Final Report:
  - Reintroduce physician follow-up Medicare telephone items
  - Reintroduce GP patient-end support for telehealth with a physician.
- Invest in:
  - New models of telehealth, remote service delivery and monitoring, particularly in rural, regional and remote areas.
  - Videoconferencing technology packages to support key patients groups.

## Improving My Health Record

**With 34.5 million Medicare referred medical specialist attendances in a year,<sup>23</sup> there is a critical need to ensure My Health Record (MHR) supports physician care effectively.**

Although 'Sharing by Default' arrangements are being progressively introduced, physicians receive no funding to support MHR use. Further work is also required to ensure MHR features the most relevant and up-to-date information for physicians and other health professionals.

### We call on the incoming Federal Government to:

- Implement Strengthening Medicare recommendation "modernise My Health Record to significantly increase the health information available to individuals and their health care professionals", including:
  - Incentives for physicians to support 'Sharing by Default' requirements.
  - Support for interoperability between MHR and other different digital health systems.
  - Improve the usefulness of MHR information
  - Streamlining MHR uploading processes to reduce administrative burdens.

## Disease Prevention

**Australians need a greater focus on preventing key diseases to reduce need for increased healthcare. Every \$1 invested in preventive health saves an estimated \$14.30 in healthcare and other costs.**<sup>24</sup>

In 2024, over one-third of the total burden of disease and injury in Australia (36%) could have been prevented by reducing and managing modifiable, lifestyle and environmental risk factors, including overweight and obesity, diabetes, tobacco use, dietary risks, and alcohol consumption.<sup>25</sup>

We remain a long way from pandemic preparedness. We welcome steps taken to bolster the Australian Centre for Disease Control (CDC), but it needs secure funding over the long term.

### **We call on the incoming Federal Government to:**

- Fund and implement existing national strategies for preventive health, obesity, tobacco, diabetes, lung conditions and dust diseases.
- Urgently fund recommendations 7, 12, 15 and 18 of the 2024 Parliamentary Inquiry into Diabetes, including:
  - A best practice framework to address increased obesity risks.
  - Medicare access to longer appointments for people with diabetes and obesity.
  - Expanding Continuous Glucose Monitors for Type 2 diabetes requiring regular insulin.
  - Improved access to bariatric surgery within the public system.<sup>26</sup>
  - Support access to GLB1 agonist medications patients with complex obesity.<sup>27</sup>
- Fund increased research into diabetes and obesity, which has decreased in real terms.
- Broaden access to cardiac magnetic resonance imaging to patients with coronary disease.
- Finalise establishment of the Australian Centre for Disease Control (CDC), particularly to enhance its risk assessment and communication capabilities, with initial focus on:
  - Antimicrobial resistance and interpersonal micro bacterial transmission
  - Key transmissible diseases
  - Interface of key communicable diseases with non-communicable diseases, environmental, social and occupational drivers.
- Support the CDC to develop an open data policy framework to support disease surveillance.
- Fund the CDC to develop a national public health workforce strategy and training program.

## Priority Populations

**Health inequities in Australia are driven by reduced access to health care, income disparities, higher prevalence of complex disease and the impact of social determinants of health.**

### First Nations communities

First Nations peoples on average live eight years less, have higher rates of chronic disease, and reduced access to healthcare<sup>28</sup>. They often face unique challenges when interacting with the healthcare system. **To improve health outcomes in First Nations communities Australia needs formal partnerships and shared decision-making to build the community-controlled sector.**

#### **We call on incoming Federal Government to:**

- Ensure long-term funding of the National Aboriginal and Torres Strait Islander Health Plan.
- Deliver long-term sustainable funding models for Aboriginal Community Controlled Health Organisations, including assessment for cancer and cardiovascular diseases.
- Expand mobile health clinics for First Nations communities.
- Work to increased patient use of Medicare items for chronic diseases in First Nations communities and bulk-billed specialist medical services through Aboriginal Medical Services.

### Children and their families

There is a need for a clear and cohesive focus on child health and wellbeing, including through support of initiatives like the Early Years Strategy<sup>29</sup> and the RACP Kids Catch Up<sup>30</sup>.

**Paediatricians trained in developmental paediatrics are in high demand due to the increased need for mental health, attention deficit hyperactivity disorder, and Autism assessment, treatment and support.** Many children and families are unable to access timely developmental assessments. More than 50% of children experiencing mental health challenges are not receiving professional help.<sup>31</sup>

#### **We call on the incoming Federal Government to:**

- Fund the role of a Chief Paediatrician to coordinate clinical leadership for children (Action 4 of the recent Commonwealth COVID-19 Response Inquiry Report):
  - Include the role in the Australian Health Protection Committee.
  - Ensure it covers health needs of children and young people identified in the RACP Kids Catch Up Campaign, including developmental and preventive health needs.
  - Support the role to contribute to broader consideration of the needs of children and young people within Government decision-making.
- Fund and implement the National Children's Mental Health and Wellbeing Strategy.
- Broaden STP funding for community child health, particularly developmental and behavioural paediatrics.

### Older people

In 2023, around 411,100 Australians were living with dementia. By 2058, this number is projected to more than double to 849,300.<sup>32</sup> Early diagnosis, comprehensive care plans, and support services are essential. **Older people need effective care in the community, including access to geriatricians, psycho-geriatricians and palliative care specialists, with embedded escalation networks to other physicians.** Geriatric medical services need to be more community based and less siloed in hospital settings – Australia needs outreach models, with integration to primary care settings.<sup>33</sup>

#### **We call on the incoming Federal Government to:**

- Implement Recommendation 58 of the Royal Commission into Aged Care Quality and Safety: Access to specialists and other health practitioners through Multidisciplinary Outreach Services, particularly to reduce emergency department admissions.
- Urgently fund and implement the National Dementia Action Plan.
- Fund a national rollout of evidence-informed innovative models of care for health, wellbeing and lifestyle management of older people with chronic health conditions, such as the Active, Stronger, Better (ASB) program model.

## People with a disability

People with disabilities face significant barriers to accessing healthcare information and services. **Without significant investment in accessible healthcare information and training for healthcare professionals, people with disabilities will continue to experience systemic barriers to equitable access to health care.** Investment will reduce preventable healthcare cost and enhance workforce and community participation for people with a disability, their families and carers.

### We call on the incoming Federal Government to:

- As recommended by the [Royal Commission Royal Commission into Violence, Neglect and Exploitation of People with Disability](#):
  - Implement the [DoHAC Intellectual Disability Health Capability Framework](#), including health workforce capacity development.
  - Support the RACP to provide innovative education to physicians and trainees in cognitive disability health care.
  - Enhance accessible information in appropriate and diverse formats for people living with a disability.

## People with substance use and gambling disorders

**Alcohol and other drug (AOD) treatment services are severely under-resourced in Australia, which disproportionately impacts priority population groups.**<sup>34</sup> Around one third of Australians drink alcohol in ways that put their health at risk. Almost 50% have used an illicit drug in their lifetime.<sup>35</sup> Alcohol, tobacco and drug use causes significant health, social and economic costs, amounting to \$60 billion with an additional \$205 billion lost due to premature mortality, lost productivity and quality of life.<sup>36</sup> ♦

**Gambling-related harm is another pressing public health issue.** Australia has the largest per-capita losses in the world, losing \$25 billion on legal forms of gambling in a year.<sup>37</sup> Gambling-related harm impacts individuals, families and communities. Addressing gambling-related harm is crucial and requires strong government action.<sup>38</sup>

### We call on the incoming Federal Government to:

- Prioritise workforce development in addiction medicine and addiction psychiatry.
- Ensure Medicare items for Addiction Medicine and other addiction healthcare are fit for purpose and support collaboration with primary care providers.
- Expand accessible, culturally safe alcohol and other drug services for Aboriginal and Torres Strait Islander communities, to be developed and led by those communities,
- Legislate for the cessation of gambling advertisements on television and online, as called for by the RANZCP and RACP [Joint Statement](#) on Gambling Related Harm.
- Provide adequate funding and equitable access to treatments and support for individuals experiencing gambling-related harm, supported by the [Joint Statement](#).

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♦ The RACP has recently published a comprehensive position statement titled Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand (November 2024) which outlines the RACP's position on effective drug policy including educational, preventative and harm reduction measures, evidence-based treatment services and regulatory options to reduce harm associated with drug use and criminalisation. This position statement can be accessed via this link: [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-position-statement-achieving-a-health-focused-approach-to-drug-policy-in-australia-and-aotearoa-new-zealand.pdf?sfvrsn=7f8a01a\\_20](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-position-statement-achieving-a-health-focused-approach-to-drug-policy-in-australia-and-aotearoa-new-zealand.pdf?sfvrsn=7f8a01a_20)

## Climate Resilience

### **Climate change is already having a considerable impact on health and healthcare systems.**

More frequent and intense extreme weather events and increasing temperatures, changes to vector-borne disease patterns, and worsening food and water shortages, result in health consequences including heat stress; respiratory, gastrointestinal, and cardiovascular illness; injury; malnutrition, and psychological distress.<sup>39</sup>

The following recommendations draw from the RACP's Healthy Climate Future campaign<sup>40</sup>, which is supported by 14 medical colleges and 14 specialty societies, and complements the Federal Government's existing plans to deliver a sustainable, climate resilient healthcare system that reduces emissions and ensures health systems can continue to provide high-quality care to our population.

#### **We call on the incoming Federal Government to:**

- Establish a Climate Friendly Health System Innovation Fund to provide grants to local health services for climate resilient emissions reduction and environmental sustainability initiatives.
- Establish a National Climate Change and Health Resilience Research Fund to identify resilience strategies.
- Expand funding to initiatives minimising low value, unnecessary healthcare, such as the [RACP's Evolve Program](#).
- Evaluate programs such as [RACP Evolve](#) to assess their impact on reducing low-value care, climate mitigation, and resource stewardship.
- Build healthcare system climate resilience, including a strong, sustainable medical workforce.
- Commit to, and deliver on-track progress towards, net zero healthcare emissions by 2040.
- Prevent harms from fossil fuel developments to human health and the environment
- Require fossil fuel extraction projects to undertake a full, independent Health Impact Assessment.
- Develop and implement a just, equitable, effective, and feasible transition plan for a whole-of-government transition to renewable energy.<sup>41</sup>

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