



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Pathways to Wellbeing:
Enhancing the health and wellbeing of all
Australians

Pre-Budget Submission to the Australian Treasury
January 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and 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.

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.



Introduction

In light of the continuing COVID-19 pandemic, increasing health care worker burnout, delayed and displaced clinical care, rising healthcare costs, a rising tide of chronic non-communicable disease, an ageing population and unacceptable disparities between the health outcomes of priority populations and other communities in Australia, the Australian Government has fittingly adopted a wellbeing focus to guide its policy and expenditure decisions in 2023 and beyond.

The Government's wellbeing focus has clear implications for the direction of its policy as it works to enhance health, social and quality of life outcomes beyond traditional indicators of macro-economic performance.¹ The RACP champions wellbeing and is committed to addressing the social determinants of health and disease to support comprehensive physical, mental and social wellbeing in our communities.

The Australian Government has a clear mandate to deliver on its commitment to wellbeing, with a large 2022 survey showing 69% of Australians support a wellbeing budget incorporating mental and physical health services and promotion initiatives (71% of all supporting respondents).²

The RACP acknowledges that the 2022-2023 Federal Budget required a balance between fiscal conservatism and new expenditure commitments stemming from the 2022 election campaign, and that that budget laid the groundwork for some important first-term contributions by the Government. However, we now urge significant investment in our nation's health and broader care systems in order to produce long-term health dividends and offset long-term economic costs of inaction.

This RACP Pre-Budget Submission recommends an actionable pathway to health and wellbeing for all Australians. It is organised into four priority areas to address the enduring health, economic and social challenges of the pandemic, respond to the increasing demands on our healthcare system from chronic health conditions, an ageing population, First Nation and rural and regional disadvantage, and other ongoing and emerging public health crises, including climate change.



SYSTEM REFORM TO STRENGTHEN THE HEALTH SYSTEM

Significant system reforms are required to strengthen the health system, provide more options for patients to receive the care they need beyond the hospital and improve the responsiveness of care. The RACP

¹ *Ibid*

² 89 Degrees East Consultancy, 2022 Australian Community Research on Wellbeing [online]; [Insights Paper Wellbeing Snapshot.docx \(89degreeseast.com\)](#)

welcomes the Government's commitment to delivering Urgent Care Clinics and strengthening Medicare and proposes a range of measures to enhance these initiatives.

Commitment: Involve specialists in Strengthening Medicare and delivering Urgent Care Clinics

Overseas experience shows Urgent Care Clinics can help relieve pressure on hospitals and support patients within community settings. To do so, the clinics must have access to a range of health professionals, including specialist physicians and paediatricians for assessment and triage.^{3 4} While Urgent Care Clinics are intended to address minor illnesses and injuries, in practice paediatric and adult patients often present with complex presentations requiring advanced coordination, especially in rural and remote areas of the country where these clinics see virtually all categories of presentations.⁵

Specialist physicians and paediatricians support and enhance care management pathways that do not require hospitalisation. By including physicians and paediatricians in the planning and funding of the clinics, the Government can best ensure the clinics improve access and relieve pressure on hospitals, becoming truly interconnected with the broader health care system and tailoring services to local area needs.⁶

Whilst supportive of the clinics, the RACP notes they are only part of the broader solution to managing escalating health care need. Insufficiently indexed Medicare rebates and the exclusion of paediatricians and physicians from the Voluntary Patient Registration (VPR) scheme outlined in the Government's 10-year Primary Health Care Plan⁷ are systemic barriers which deter patients requiring specialist care from accessing and remaining connected to that care.

To strengthen Medicare and deliver Urgent Care Clinics, we call on the Australian Government to:

- Involve RACP members in planning clinical assessment, treatment and triage protocols within the Urgent Care Clinics Physicians and paediatricians are specially trained to care for and treat patients with complex illnesses or presentations in collaboration with General Practitioners and allied health professionals.
- Provide long term sustainable funding for Urgent Care Clinics to sufficiently resource effective co-piloted multidisciplinary team-based care models.
- Fund independent studies with priority populations exploring the number and location of Urgent Care Clinics needed in each state, territory and in rural, regional, remote and metropolitan areas to have a marked impact on hospital admissions.
- Fund a care pathway for specialists to be included in the VPR scheme to support team-based multidisciplinary care for patients routinely requiring it.
- Appropriately index Medicare rebates without rebate freezes so that they are appropriately and sustainably aligned with inflation and support equitable patient access.
- Ensure Medicare supports equity of access to care for low income and vulnerable families, particularly in rural and regional areas.

Commitment: Extend telehealth services and reduce the digital divide to promote equitable access

Until July 2022, patients could receive specialist care when and where needed, particularly those with barriers to in-person attendance. The removal of long specialist consultations via phone from the MBS has limited access to telehealth for many Australians, particularly those with existing access or transport barriers,

³ RACP, 'Access to specialist physicians must be included in establishment of urgent care clinics in NSW and VIC', media release 31 August 2022 [online]; [Access to specialist physicians must be included in establishment of urgent care clinics in NSW and VIC \(racp.edu.au\)](https://www.racp.edu.au/news/2022/08/31-access-to-specialist-physicians-must-be-included-in-establishment-of-urgent-care-clinics-in-nsw-and-vic).

⁴ RACP, 'No choice but to face the crisis- RACP says Federal Budget must invest in healthcare system', media release 22 October 2022 [online]; [No choice but to face the crisis - RACP says Federal Budget must invest in healthcare system](https://www.racp.edu.au/news/2022/10/22-no-choice-but-to-face-the-crisis-racp-says-federal-budget-must-invest-in-healthcare-system)

⁵ Victorian Government (2017), Urgent care centres: Models of care toolkit [online]; [ucc-models-care-toolkit.pdf \(health.vic.gov.au\)](https://www.health.vic.gov.au/ucc-models-care-toolkit.pdf)

⁶ Meeting of National Cabinet Media Statement, 9 December 2022 [online]; [Meeting of National Cabinet | Prime Minister of Australia \(pm.gov.au\)](https://www.pmc.gov.au/news/2022/12/09-meeting-of-national-cabinet)

⁷ RACP, Feedback on Draft recommendations from the Primary Health Reform Steering Group: discussion paper, July 2021 [online]; [racp-submission-to-the-primary-health-reform-steering-group-discussion.pdf](https://www.racp.edu.au/news/2021/07/21-racp-submission-to-the-primary-health-reform-steering-group-discussion-paper)

including some First Nations communities, people with a disability, older people, rural, regional and remote populations, as well as lower income households.

A November 2022 Australian Patient's Association's analysis of 11,000 patients reveals telehealth remains in high demand, with 57% having had a telehealth appointment in the last six months, overwhelmingly via phone. Further, 77% were satisfied with their appointment and used telehealth for convenience or because an illness prevented them from leaving home. Telehealth was used in roughly equal proportions by rural, remote and metropolitan patients. Only 16% of respondents said they prefer a video consultation over a phone consultation; telephone remains the overwhelmingly patient preferred mode of remote consultation.⁸ Telehealth via phone is often the only or most viable mode of remote consultation due to gaps in the digital infrastructure and related technological access issues. Video consultations are also not inherently superior to telephone only consultations according to the existing research, as the RACP revealed in a 2022 rapid review.⁹

While the RACP recognises the many advantages of face-to-face and video conferencing consultations, consultation modality should be decided by the patient and the specialist based on evidence, centred around best achievable outcomes for the patient and not driven by funding decisions.¹⁰ We also ask the Government to investigate, trial and invest in innovative virtual and remote models of care to further improve access to telehealth for underserved communities and patients.

To extend telehealth services, reduce the digital divide and promote equitable access to healthcare, we call on the Australian Government to:

- Fund the permanent reinstatement of all telephone-based specialist consultations, including those for complex consultations. These items are 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 multidisciplinary 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, especially those in priority and underserved groups and to promote equitable access to telehealth including 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 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, as is the case in many health areas.

Commitment: Invest in COVID-19 preparedness

Over 10 million Australians have been infected with COVID-19. COVID-19 has displaced, deferred and delayed clinical care for many Australians. The burden of COVID morbidity and mortality has fallen

⁸ Australian Patients Association, Australian Healthcare Index Report, November 2022 [online]; [Australian Healthcare Index](#)

⁹ RACP 2022 Rapid review comparing the outcomes of clinical care delivered via phone only with video consultations [available on request]

¹⁰ RACP, 'A backward step for healthcare- Physicians disappointed some specialist phone telehealth items will not be made permanent', media release 30 June 2022 [online]; [A backwards step for healthcare - Physicians disappointed some specialist phone telehealth items will not be made permanent \(racp.edu.au\)](#)

disproportionately on priority populations, including First Nations, culturally and linguistically diverse communities, and people with disability, as well as lower income households.¹¹

Transmission of COVID-19 remains a concern as new variants across the world and in Australia emerge. We applaud the Australian Government's National COVID-19 Management Plan (2023) for recognising that the virus is not yet at a 'steady state' where it can be predicted and managed within normal systems. Targeted investment is needed to address the conditions and complications stemming from delayed and deferred care, as is ongoing funding for the management of COVID. The RACP continues to advocate for equitable and unimpeded access to personal protective equipment, both for specialists and patients, as well as access to vaccines, and measures to improve ventilation and decrease transmission risk.¹²

The Parliamentary Inquiry into Long COVID and Repeated COVID Infections chaired by Dr Michael Freeland MP FRACP has established that post COVID syndromes and other related chronic conditions will be a major future challenge for our health systems, as emphasised in the RACP's submission to the inquiry.¹³ Global prevalence estimates suggest between 5% and 50% of COVID cases result in a long COVID condition and appropriate funding measures are urgently needed to keep pace with rising demand for treatment and care.⁶

To invest in COVID-19 preparedness, reduce transmission and support patients with or recovering from COVID-19, we call on the Australian Government to:

- Provide appropriate levels of investment in staffing and infrastructure to meet current and projected healthcare demands related to COVID-19, including multidisciplinary sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services, to address post-acute COVID-19 conditions and ongoing chronic health needs
- Appropriately fund the National COVID-19 Health Management Plan (2023) to ensure it achieves its objectives of building and maintaining whole-of-system response readiness and capacity. The plan should be led by medical advice and use public health measures. The RACP supports improving building ventilation, the ongoing use of masks in public settings, COVID-19 vaccination, equitable access to COVID-19 testing and antiviral treatments.
- Expand public health messaging as a core deliverable of the National COVID-19 Health Management Plan (2023). All Australians must be provided with up-to-date information that is accessible, easily understood and consistent, led by medical advice and underpinned by use of public health measures.
- Increase support for Australians with post-COVID conditions including long COVID and ensure specialist physicians are supported to identify and manage the treatment of these conditions to enable equitable patient access to specialists and health services across the country.

Commitment: Implement new funding and care models to meet current and future demand

The RACP has long been a champion of systemic reform across the health sector. We have advocated for new, more effective and flexible funding models and innovative service delivery arrangements to put complex and chronically ill patients at the centre of care in the community.^{14 15 16}

¹¹ ABS, 'COVID Mortality in Australia: Deaths registered until 30 November 2022 [online]; [COVID-19 Mortality in Australia: Deaths registered until 30 November 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/australian-bureau-of-statistics/publications/mortality-in-australia)

¹² [Advocacy | COVID-19 \(racp.edu.au\)](https://www.racp.edu.au/advocacy/covid-19)

¹³ STANDING COMMITTEE ON HEALTH, AGED CARE AND SPORT Impacts of long COVID and repeated COVID infections, Proof Committee Hansard, 12 October 2022, Canberra [online]; [Health, Aged Care and Sport Committee 2022_10_12.pdf:fileType=application/pdf \(aph.gov.au\)](https://www.aph.gov.au/Committee/2022/10/12/pdf/fileType=application/pdf)

¹⁴ Deeble Institute Issues Brief, A roadmap toward scalable value-based payments in Australian Health Care, no 49, 6 December 2022

¹⁵ Australian Health and Hospitals Association (AHHA), 'Planning for scalable value-based payments in Australian health care' [media release], 6 December 2022

¹⁶ Grattan Institute, 'A new Medicare- Strengthening General Practice', report 4 December 2022

The National Health Reform Agreement 2020-2025 prioritises healthcare value and outcomes, joined up service delivery and joint planning, funding at a local level and financial sustainability. The Agreement recognises that the activity-based or fee-for-service model alone is not fit for purpose for rising co- and multimorbidity rates where clinicians routinely coordinate the direct and indirect aspects of care for complex and chronic patients to avoid hospital admission or escalation. New funding and delivery models are needed to promote cost-effective multidisciplinary teamwork, provide timely, quality care in place and improve patient convenience and experience.

Our innovative work on integrated care and the RACP Model of Chronic Care Management offer an evidence-based template for coordinating services and delivering value-based care for complex patients.¹⁷ In addition, the RACP encourages the Government to invest in expanding multidisciplinary ambulatory care services and outreach programs and to consider providing funding for bulk billed services for specialties underrepresented in publicly funded clinics.

To implement new funding and care models meeting current and future health demand, 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 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.
- Consider investment in bulk billed specialty medical clinics for specialties underrepresented in publicly funded clinics to reduce pressure on our hospitals and provide responsive care.

Commitment: Address health workforce pressures and burnout

Hospital systems across Australia are under extreme strain, with the pandemic and declining rates of bulk billing in General Practices amplifying these pressures. Consultant physicians and paediatricians have leadership roles in our hospitals as educators, mentors, clinical supervisors, and leaders of multidisciplinary teams. As such, they have been experiencing increasing fatigue, stress and burnout.

The rural, remote and regional specialist workforce is especially overtaxed. Although 28% of Australians live in rural, regional or remote areas, only 11% of specialists practice in these areas; there are seven times fewer specialists than in metropolitan cities despite a higher burden of chronic disease, risky behaviours, patient hospitalisations, mortality, injury, and poorer access to and use of primary health care services.¹⁸ ¹⁹ An enhanced and targeted investment in specialist physicians is needed for our rural, regional and remote communities to promote equitable access to healthcare.

The RACP recognises the scale of the issues facing our health care systems, physicians and patients. We have developed a range of workforce strategies and policies, including a Regional, Rural and Remote Workforce Strategy to expand access to generalist and other specialist services outside metropolitan areas and are investigating ways to optimise the overseas trained physician pathway and introduce generalist specialty credentials.²⁰ The RACP is also working to bolster its organisational response to member burnout.

¹⁷ RACP, 'Complex care, consultant physicians and better patient outcomes', October 2019 [online]; [c-final-mccm-document.pdf \(racp.edu.au\)](#)

¹⁸ Australian Institute of Health and Welfare, 'Rural and Remote Health', web article, July 2022 [online]; [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

¹⁹ *Ibid*

²⁰ RACP Rural, Regional and Remote Workforce Strategy, December 2022

However, we believe that the real response to the pervasive problem of burnout lies at the systemic level, where all parties involved in the health sector need to work together to appropriately design, fund and implement workforce planning and distribution strategies.

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

- Fund the effective implementation of the National Medical Workforce Strategy 2021-2031 which includes a specific emphasis on improving doctor wellbeing. In particular, fund initiatives to improve workforce planning and data to provide better career planning tools to inform doctors' career choices, ensure cultural safety in the workplace to provide more supportive environments for Aboriginal and Torres Strait Islander doctors and enable a better work-life balance for trainees and doctors by establishing 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 and 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, as it will assist the RACP in filling vacancies in areas of need.
- Enhance and prioritise training pathways to support generalist specialist physicians and paediatricians and enable them to support rural generalist general practitioners to work to their full scope of practice.
- Develop and support development of 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 the forward estimates to enable longer-term planning that better aligns with training programs and gives time to embed real change.
- List RACP specialties on the Department of Home Affairs' Priority Migration Skilled Occupation List thus giving them priority processing fast-track visas.
- Update district of workforce shortage (DWS) areas to enable OTPs to practice in areas without a ten-year moratorium (thus removing further restrictions for OTPs).
- Establish a centralised national database of workforce (DWS) shortages for OTPs to identify and apply for positions.
- Commit to address current and emerging critical, short and long term national medical specialist workforce issues.
- Guaranteeing 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 Australia for locally trained paediatricians by:
 - Supporting and expanding on 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)
 - Supporting 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

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 well-designed and funded, responsive, culturally safe health system. We welcome the Australian Government's recent commitments to improve Indigenous health and the First Nations health workforce, child health and education and care for elderly Australians and people living with a disability. The recommendations below outline measures to further extend and optimise these commitments.

Commitment: Support First Nations self-determination and leadership to Close the Gap

Colonisation, racism and discrimination have had catastrophic effects for First Nations communities, with these communities having shorter life expectancy, higher overall rates of morbidity, infant mortality and chronic illness, and lower levels of education and employment, as well as unacceptably high rates of youth and adult incarceration.

The RACP recognises these systemic inequities, strongly supports the Uluru Statement from the Heart and since 2018 has implemented an Indigenous Strategic Framework developed with First Nations Fellows and peak bodies.²¹ The RACP is committed to growing the First Nations specialist workforce, expanding its reach into First Nations communities and improving health equity for First Australians.

The RACP strongly supports the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and notes improvements in birth weight within First Nations communities.²² However, we express deep concern for the lack of progress against most Closing the Gap health and wellbeing targets in 2022.²³ The RACP stands prepared to work with the Government to implement the National Aboriginal and Torres Strait Islander Health Plan 2021-2031, noting that preconditions to its implementation include sufficient funding, fit-for-purpose MBS items for chronic disease management in First Nations communities and an adequately sized and distributed First Nations health workforce.

To support First Nations self-determination and leadership to Close the Gap, we call on the Government to:

- Commit to fully fund the effective implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021-2031.
- Review the *Measure the Gap in Health Expenditure for Aboriginal and Torres Strait Islander Australians* report and use it as a guide to action on how to decrease disease burden of First Nation communities.
- Decrease barriers to access to healthcare for First Nations people, especially in rural and remote communities, including by continuing & promoting MBS Item 715 for preventive health checks.
- Work with key stakeholders such as 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 led by NACCHO in collaboration with AIDA, the 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.

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

²¹ RACP, Indigenous Strategic Framework 2018-2028 [online]; [indigenous-strategic-framework.pdf \(racp.edu.au\)](#)

²² RACP, 'Closing the Gap Report results disappointing as benchmarks continue to fall short', media release 1 December 2022 [online]; [Closing the Gap Report results disappointing as benchmarks continue to fall short \(racp.edu.au\)](#)

²³ Australian Government, the Closing the Gap Annual Report 2022, page 6

COVID-19 significantly limited in-person interaction for children, their families and loved ones; reduced in-person school attendance; limited opportunities for sporting and creative activities, and increased children's screen time.²⁴ Poor sleep and unhealthy dietary practices have also been observed during the pandemic in significant samples of children.²⁵ Prior to the pandemic, in 2017-18 obesity and overweight affected 24% of Australian children, and even larger percentages of children from underserved population groups such as First Nations, multicultural communities and lower income households.²⁶ The current incidence of overweight and obesity in children is yet to be assessed.

As daily life returns to a new normal, the adverse impacts of COVID-19 continue for children and young people. A recent survey of Victorian paediatricians reveals 98% have seen an increase in mental health conditions and agree that mental health in children and young people needs more investment.²⁷ This is confirmed by the Australian Psychological Society's recent survey, in which over 1000 psychologists expressed alarm at the rise of mental health conditions in children as young as 18 months through to 18 years of age.²⁸

Recent Government commitments and initiatives represent an important step forward and align with the RACP's Kids COVID Catch Up Campaign asks, informed by Australia's leading paediatricians.²⁹ However, further RACP recommendations aim to assist the Australian Government to significantly improve physical, psychological and social outcomes for Australian children, especially for children and young people with developmental delays, learning difficulties, disability, First Nations children, and those with overweight or obesity, all of whom comprise priority populations.

To support children and young people to catch up from the setbacks of COVID-19 and to thrive, we call on the Australian Government to:

- Fund and appoint a National Chief Paediatrician to coordinate child health and wellbeing policy across portfolios and jurisdictions. *Refer to appendix 1 for a costings proposal.*
- Establish a National taskforce to lead a recovery plan for and with children and young people. The Taskforce should be co-led by the Chief Paediatrician and the National Children's Commissioner and children, young people and families need to have a strong voice in shaping the child health policies.
- 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 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 a mental health workforce across Australia.
- Increase funding for students with additional needs to better support children with disability and/or learning difficulties, ensuring that additional learning support is evidence informed
- Increase funding for and access to 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.

²⁴ Arundell et al, 'Changes in Families' Leisure, Educational/Work and Social Screen Time Behaviours before and during COVID-19 in Australia: Findings from the Our Life at Home Study', *Int. J. Environ. Res. Public Health* 2021, 18(21), 11335

²⁵ Gardner et al, 'Lifestyle risk behaviours among adolescents: a two-year longitudinal study of the impact of the COVID-19 pandemic', *BMJ Open* 2022;12: e060309

²⁶ Australian Institute of Health and Welfare, 'Australia's children- overweight and obesity', web report 25 February 2022 [online]; [Australia's children, Overweight and obesity - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/australias-children-overweight-and-obesity)

²⁷ RACP, Victorian paediatrician survey shows more action needed for kids' mental health, media release 21 December 2022 [online]; [Victorian paediatrician survey shows more action needed for kids- mental health \(racp.edu.au\)](https://www.racp.edu.au/victorian-paediatrician-survey-shows-more-action-needed-for-kids-mental-health)

²⁸ Australian Psychological Society, Aussie kids' mental health and wellbeing, news update, 29 November 2022 [online]; [Aussie kids' mental health and wellbeing | APS \(psychology.org.au\)](https://www.psychology.org.au/aussie-kids-mental-health-and-wellbeing)

²⁹ RACP, Covid Kids Catchup Campaign [online]; <https://kidscatchup.org.au/about/>

- Design and fund medical services tailored for children and young people in contact with the criminal justice system, and young people who (once the age of criminal responsibility is raised) will no longer receive such specialist services while in custody.

Commitment: Support older Australians' wellbeing and independence

We urge the Australian Government to continue its support of older Australians by improving the timeliness of homecare support packages to prevent progressive impairment. We also ask that attention be given to facilitating specialist medical care for the increasing proportion of people with complex chronic co-morbidities in our population, including middle aged people soon to be part of the upper quintile demographic. Multiple chronic illnesses are associated with higher levels of psychological distress, which also increases with age. It is time to ensure that older people have better access to specialist medical care and multidisciplinary teams, whether their circumstances allow them to live independently in the community or in a residential aged care facility.

A critical and under-resourced component of the multidisciplinary specialist needs of older people is specialist palliative care. Specialist palliative medicine physicians are needed to address access barriers in community-based palliative care services which limit people's opportunity to die in their own home or in other community-based settings. In addition, to prevent avoidable hospital transfers, the palliative care needs of the growing number of people living with Alzheimer's disease and other forms of dementia in residential aged care and other community settings warrant urgent attention.

To support older Australians' wellbeing and independence, we call on the Australian 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.
- Urgently implement the comprehensive aged care workforce-focused recommendations set out in the Final Report of the Royal Commission which covers key areas such as workforce planning, qualification, training and professional development.
- 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. 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 Royal Commission.
- Provide adequate funding to attract and maintain specialist consultant physician palliative care services and specialist rehabilitation services to become an integral and accessible part of care across aged care settings on an equitable basis.

Commitment: Support the autonomy of people living with a disability

In Australia, an estimated 1 in 6 people (17.7% or 4.4 million people) were living with disability in 2018, including about 1.4 million people (5.7% of the population) with severe or profound disability.³⁰ The RACP brings attention to the clear and unacceptable evidence that people with disability have poor mental and physical health compared to others in the community.³¹

Initiatives such as the National Disability Insurance Scheme (NDIS) are vital to addressing the needs of people with disability. Also important is consideration of the experiences of First Nations people and people from culturally and linguistically diverse backgrounds with the NDIS. Other initiatives, such as *Australia's Disability Strategy 2021-2031* and the *Roadmap for Improving the Health of People with Intellectual Disability*, are strongly supported by the RACP as effective mechanisms to ensure people with disability can participate as equal members of society.

³⁰ [Disability, Ageing and Carers, Australia: Summary of Findings, 2018 | Australian Bureau of Statistics \(abs.gov.au\)](https://abs.gov.au)

³¹ [racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf](#)

The RACP looks forward to the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability later this year.

To support the autonomy of people living with a 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, including access to appropriate specialist disability management and rehabilitation services, discharge planning from hospital, disability training for physicians and other healthcare professionals, and 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 and wellness in the community.
- Fund the development of 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.

Commitment: Support people with substance use disorders

The consumption of alcohol and other drugs is widespread in Australia and substance use disorders affect around 1 in 20 Australians.³² RACP members working in the drug and alcohol sector have consistently highlighted the severe shortages of treatment services in Australia over decades. 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 disorder³³ and it has been estimated that the alcohol and other drug treatment system needs a boost of at least \$1 billion per year if it is to address this unmet demand.³⁴

The extensive disruptions caused by the COVID-19 pandemic are likely to have exacerbated and led to increased problematic alcohol and other drugs use amongst the many Australians who are struggling. In 2022, the national death rate from alcohol use reached a 10 year high.³⁵ This makes the need for increased funding for effective treatment services and evidence-based harm reduction measures in the alcohol and other drugs sector even more pressing.

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

- Invest adequately in evidence-based interventions for the prevention and treatment of harms arising from the use of alcohol and other drugs as critical parts of the general and mental health care systems through better and more accessible options, including services delivered by multidisciplinary teams.
- 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 for increased access and affordability of opioid pharmacotherapies for people with opioid dependency.

³² Health Direct website. Online: <https://www.healthdirect.gov.au/substance-abuse> [last accessed 13/01/2021]

³³ 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)

³⁴ St Vincent's Health Australia, At Least \$1bn Boost Needed to Meet Demand for Alcohol and Other Drug Treatment Services. December 2018. Online: <https://www.svha.org.au/newsroom/media/boost-needed-to-meet-demand-for-alcohol-and-other-drug> [last accessed 13/01/2021]

³⁵ [Alcohol, tobacco & other drugs in Australia, Health impacts - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/newsroom/media/boost-needed-to-meet-demand-for-alcohol-and-other-drug), December 14, 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. The Australian Government is well positioned to put prevention and health equity squarely on the agenda by funding and implementing the National Preventive Health Strategy 2021-2030 and related initiatives. To do so, the RACP asks that the 2023-2024 Budget put down solid foundations for the rollout of this strategy as well as for the design and implementation of the upcoming Centre for Disease Control (CDC).³⁶

Commitment: Deliver a sustainable and effective Centre for Disease Control

Australia needs a strong, independent CDC for accurate real-time risk surveillance, reporting and rapid data integration for communicable, non-communicable chronic diseases, and occupational diseases. The CDC is also vital to planning for the national public health workforce, its skill development and surge capacity.

The RACP welcomes the Australian Government's commitment to establish a CDC which takes an all-hazards approach to disease control, addresses the social and wider determinants of health and climate change and health, takes the One Health approach to controlling disease and has a clear focus on equity.³⁷ Each of these principles have long informed the RACP's policy and advocacy work.

We note that the Government has committed to the establishing the CDC by early 2024.³⁸ For this goal to be met, sufficient funding must be allocated in the current Budget to progress the Centre.

To deliver a sustainable and effective CDC, we call on the Australian Government to:

- Provide appropriate upfront funding in the 2023-2024 Budget to support the development and implementation of the optimal CDC model for Australia.
- 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, including public health physicians and other physician disciplines relevant to disease control, to enable the capabilities that the CDC will require to support delivery of its objectives and build public health capability in all jurisdictions. The CDC should provide education and training opportunities for public health workers as an initial priority.
- Allocate sufficient funding to support CDC sustainability over the longer term, recognising a significant funding contribution will be required to support operations after consultations with the public health, health sectors, states and territories.

Commitment: Implement the National Preventive Health Strategy and fund other related strategies

³⁶ RACP, 'Wellbeing budget welcome but falls short of intervention to halt health crisis', media release 26 October 2022 [online]; [Wellbeing budget welcome but falls short of intervention to halt health crisis \(racp.edu.au\)](https://www.racp.edu.au)

³⁷ RACP Submission to Department of Health and Aged Care consultation 'Role and Function an Australian Centre for Disease Control (CDC), December 2022 [online]; [racp-submission-on-the-centre-for-disease-control-and-prevention.pdf](#)

³⁸ Department of Health and Aged Care, Role and Function [CDC Consultation Discussion Paper - 8 November 2022 \(health.gov.au\)](#)

In 2022, Australians lost 5.5 million years of healthy life from chronic illness or dying prematurely; disability-free adjusted life years were reduced on a national level for the first time. The non-fatal burden of disease has now overtaken the fatal burden as the largest contributor to the overall burden of disease.³⁹ Around 38% of all disease in Australia is preventable through modifiable risk factors, with alcohol consumption, smoking, overweight and obesity the top long standing drivers of preventable disease.⁴⁰ Approximately \$38 billion per year is spent by governments in Australia for management of preventable diseases, adding to an estimated annual economic productivity loss of \$40 billion.⁴¹

Higher avoidable morbidity and mortality rates exist in First Nations communities, rural, regional and remote communities, as well as among lower income households.⁴² Unacceptably, First Nations children born between 2015-2017 expected to live 71.6 years (male) and 75.6 years (female)⁴³ compared to 80.5 years (males) and 84.6 years (females) per the national average.⁴⁴ First Nations communities also live less years in full health.⁴⁵ Prioritising prevention is thus a key tool to addressing the inequities that persist in the Australian health system and beyond.

To implement the National Preventive Health Strategy and support related preventive health initiatives, 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 by 2030 and 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.
- Appropriately 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.
- Improve consistency and 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 such as 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**

³⁹ [Australian Burden of Disease Study 2022 \(aihw.gov.au\)](https://www.aihw.gov.au)

⁴⁰ [Australian Burden of Disease Study 2018: Interactive data on risk factor burden, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁴¹ Crosland et al, the economic cost of preventable chronic disease in Australia: a systematic review of estimates and methods', Australian and New Zealand Journal of Public Health, 43 (5), 2019

⁴² [Deaths in Australia, Variations between population groups - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁴³ [Indigenous health and wellbeing - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁴⁴ [3302.0.55.001 - Life Tables, States, Territories and Australia, 2015-2017 \(abs.gov.au\)](https://www.abs.gov.au)

⁴⁵ [Indigenous health and wellbeing - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

Climate resilience to equip our health care system to be climate ready and climate friendly

We are all witnessing the impacts of extreme weather events, including bushfires and accompanying smoke, extreme heat and flooding, and dealing with their impact on health and healthcare systems. Australia is facing greater climate change impacts than many other parts of the world and needs to ensure its health system can cope with climate health impacts while becoming more environmentally sustainable.⁴⁶ The RACP calls for a transition from fossil fuels to zero emission renewable energy across all economic sectors, with appropriate funding and support targeted at the affected communities.

We commend the Australian Government for prioritising the development of a National Health and Climate Strategy. Its effective and urgent implementation requires funding decisions in the upcoming budget. Insufficient investment was identified as the main barrier to implementation of national climate change and health strategies by 70% of the forty-six country respondents surveyed by the WHO.⁴⁷ It is crucial that the Strategy be supported by funding, human resourcing, and investment in building an evidence base.

The Strategy must centre self-determination, Indigenous community leadership, and cultural safety, and should embed First Nations health, conservation and cultural knowledge.⁴⁸ Health equity must guide the implementation of the Strategy and should be leveraged to create synergies between health, climate, and other policy areas. This will include addressing the unequal burden of environmentally attributed negative health and social outcomes, prioritising preventive health measures and reducing low-value care.

To enhance climate resilience and equip our health systems to be climate ready and climate friendly, we call on the Australian Government to:

- Implement the National Health and Climate Strategy, including:
 - The development and rollout of guidelines and training to support locally led climate risk and vulnerability assessments, adaptation and resilience planning. These must be guided by appointed First Nations leadership and engage climate change, health, education and other relevant professionals.
 - The development of 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.
 - The establishment of a nationally coordinated surge health and medical workforce for deployment in response to extreme weather events. A nationwide program should be established to encourage a wide cross-section of health and medical workers to join, provide initial and ongoing training, funded travel to impacted regions, and remuneration and access to mental health support for deployed workers.
- 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.

Conclusion

The RACP and our members strongly believe that that by centring the wellbeing of Australians in the 2023-2024 Budget, the Australian Government can deliver high quality, equitable, fiscally and environmentally sustainable pathways to manage the considerable health burdens and health system challenges facing Australia now and into the future.

⁴⁶ RACP, Climate Change and Australia's Healthcare Systems A Review of Literature, Policy and Practice, 2021 [online]; [climate-change-and-australias-healthcare-systems-a-review-of-literature-policy-and-practice.pdf \(racp.edu.au\)](https://www.racp.edu.au/~/media/100321_WEB_lowitja.pdf)

⁴⁷ 2021 WHO Health and Climate Change Survey Report, Report 8 November 2021 [online]; [2021 WHO Health and Climate Change Survey Report](https://www.who.int/publications/m/item/2021-who-health-and-climate-change-survey-report)

⁴⁸ [CTG_Report_Draft11_100321_WEB \(lowitja.org.au\)](https://www.lowitja.org.au/~/media/100321_WEB_lowitja.pdf)

This submission has outlined key actionable steps and priorities the Australian Government should undertake to ensure the pathway to better health and wellbeing outcomes for Australians is built on solid foundations. It must be:

- innovation and reform-focused
- centring the needs of patients and priority populations
- responsive to the social, environmental and wider determinants of disease and health
- foregrounding prevention
- always cognisant of the fact that the wellbeing of our people is synonymous with the wellbeing of our nation.

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

Attachment 1: proposal and costings for a Chief Paediatrician



Proposal for a National Chief Paediatrician

Australia requires an independent national public voice for children’s health and wellbeing. Funding and appointing a permanent, recurring National Chief Paediatrician position to work with children, young people, families and carers is important to provide strong clinical leadership and coordination for children’s health and wellbeing.

Purpose

Paediatricians are trained to assess the way children and young people grow, develop and function within the family and in the wider community settings, such as preschool or school. A paediatrician with a public health focus and qualifications would also bring a population-focused approach to improving child health and wellbeing outcomes that have been impacted by the COVID-19 pandemic.

Paediatricians commonly act as the focus of coordination of care, working closely with general practitioners, other specialists and allied health professionals to deliver multi-disciplinary, integrated care. Paediatricians are uniquely placed to drive more coordinated, joined up action to drive improvements in child health and wellbeing now and into the future.

Appointing a National Chief Paediatrician will provide clinical leadership and expert advice on child health and wellbeing issues across Australia and ensure that paediatric knowledge and expertise is embedded into planning of policies and programs at every level.

Role of the National Chief Paediatrician

- Provide clinical leadership and high-level policy advice to the Minister, Executive and staff within the Department of Health to ensure the needs of children and young people are embedded in health policies and programs.
- Work with stakeholders to promote child health, development and wellbeing to identify areas of unmet need for children and young people.
- Sit within the office of the Chief Medical Officer, similar to the Chief Nursing and Midwifery Officer and Deputy Chief Medical Officers, and provide expert advice and input in relation to child health and wellbeing issues potentially impacted by proposed Commonwealth and State/Territory policies, programs and legislation.
- Work with Commonwealth, State and Territory colleagues to ensure a strong focus on child health and wellbeing and represent a strong ‘in-government’ advocate for children and young people to be considered in developing policies and programs.

- Engage with all Commonwealth and State/Territory policies and programs that have a potential impact on children and young people across all governments and sectors.
- Work with the National Children’s Commissioner to promote a whole of government approach to child health, wellbeing and welfare.
- Be well placed to consider the implications of all legislating (including ‘adult’ focused legislation) on young people. Commonwealth legislation often impacts children even where children are not explicitly considered in the bill.
- Co-Chair, with the National Children’s Commissioner, the proposed COVID-19 recovery task force (see separate proposal).

Estimated cost

Function	Resources	Cost	Total per year
Appointment of a National Chief Paediatrician	1.0 FTE @\$393,104 per year	\$393,104	\$393,104

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and 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.