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Royal Australasian College of Physicians (RACP)
Pre-Budget Submission to the Australian Treasury
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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 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

Australians are experiencing higher levels of complex and chronic disease, and reduced access to healthcare services.

The University of Melbourne's 2024 Pulse of Nation Survey[1] identifies most people in financial distress are willing to forego access to healthcare when it is needed. This is a devastating outcome for our communities overall, with 61% of people having a chronic a chronic condition requiring healthcare by latest national estimates. [2]

We must strengthen timely access to physicians, invest in health technologies, strengthen our medicines availability, and reform the design of our health system. These are critical steps towards addressing escalating national costs of increasing healthcare needs across hospital and community healthcare.

It is now vitally important for Australian communities that the Federal Government urgently move to shore up and deliver the funding measures that will support Australia as it ages, our health becomes more complex, and to prepare for future or ongoing challenges to Australia's health and wellbeing.

Physician care and a robust physician workforce is at the centre of the health of our communities.

The 2025 Federal Budget provides opportunities to address under-investment in prevention to offset the future costs of disease and to support an environmentally sustainable health system.

The RACP's expertise will support the Federal Government to turn the substantial challenges for Australia into opportunities for our communities. Our recommendations have been broken into four key groupings:

- **Physician Workforce and Health Care Reform**
- **Disease Prevention**
- **Health Equity for Priority Populations**
- **A Climate Resilient Health System**

[1] Melbourne Institute: Applied Economic & Social Research. Taking the Pulse of the Nation. University of Melbourne. 11 June 2024. TTPN 11 June 2024
[2] Australian Institute of Health and Welfare. Chronic Conditions. AIHW. 17 June 2024. Chronic conditions - Australian Institute of Health and Welfare

Physician Workforce and Health Care Reform

Improve Medicare - increase patient access to physicians

Medicare urgently needs to better support patients to get the right care, at the right time, in the right place, from physicians.

Improving patient access to physicians has been largely absent in Medicare reform considerations in recent years. However, it is unreasonable to expect primary care services alone to manage our increasingly complex health care needs; our latest statistics show that 33% of people who accessed a Medicare rebated service (8.6 million) were referred to see a specialist from a GP.[3] This reveals need for greater integration at the local level to reduce system costs and enable timely care for the support of pressured GP and other health professional colleagues, particularly for complex patients at risk of frequent hospitalisation.

Medicare specialist referrals need to be renewed annually with a GP, requiring a distinct costed consultation. Greater integration between physicians and GPs could avoid duplication and produce cost efficiencies for investment in new care models.

Australia needs further Medicare reform above increases in bulk billing access to GPs to reduce the pressures on primary practice and our hospitals, and to help try and avoid inevitable costs to Australians at the point of a complex health crisis, particularly in a period of cost- of-living challenges.

We call on the Australian Government to:

Urgent Care Clinics:

- Expedite funding for the 'potential' performance audit of the Urgent Care Clinics by the Australian National Audit Office and include a term of reference (TOR) on integration with local hospital networks (LHNs), and specialist multidisciplinary care settings, in the review.

Physician care integration:

- Fund and evaluate a model of care with proof of-concept sites for the management of patients with comorbid chronic health conditions and disabilities that integrates specialist physician care with primary and tertiary care (the RACP Model of Chronic Care Management or a variation). The model requires value-based blended funding to facilitate integration.
- Provide sufficient ongoing funding for the MBS Continuous Review to ensure physician MBS items continue to reflect time and complexity of patient consultations and follow-up actions.

Medicare telehealth:

- Fund recommendations 2b, 9 and 10a of the MBS Review Advisory Committee: Telehealth Post-Implementation Review Final Report:
  - Reintroduction of subsequent MBS consultant clinician telephone services as options for patients receiving continuing care.
  - Maintenance of current MBS video telehealth specialist items that are for initial consultations with non-GP specialists.
  - Reintroduction of GP patient-end support for telehealth with a non-GP specialist.

- To enable equitable implementation of recommendations 2b, 9 and 10a of the Telehealth Post-Implementation Review Report:
  - Fund new models of telehealth and remote service delivery, including virtual care and remote monitoring, linking secondary, primary and urgent care settings, including telehealth hubs in rural, regional and remote areas linking to specialists across the country.

[3] Australian Institute of Health and Welfare. Referred medical specialist attendances. AIHW. 2 July 2024. Referred medical specialist attendances - Australian Institute of Health and Welfare

- Fund videoconferencing technology packages to support capability building for patients, focusing on priority groups such as people living with disability and patients in aged care and rural, regional and remote areas.

Digital health records:

- Implement Strengthening Medicare recommendation "modernise My Health Record to significantly increase the health information available to individuals and their health care professionals":
  - Fund incentives and software interoperability platforms for physicians consistent with funded supports for General Practice, to enable and prepare for 'sharing by default' requirements.
  - Fund enabling digital enhancements for interoperability between My Health Record and other different digital health systems in private and public healthcare settings.
  - Continue work towards improving usefulness of clinical information in My Health Record to ongoing patient care, particularly access by physicians to critical information from other health professionals
  - Streamlining My Health Record uploading processes to reduce administrative burdens.

Priority groups:

- Extend bulk billing incentives to a broader range of priority groups impacted by a higher incidence of complex or chronic health conditions and social determinants of disease, expanding the incentives to a broader range of chronic and complex patient groups needing to see physicians.

Enhance and support the physician workforce for Australia's health

Patients often wait weeks, months or longer and often travel long distances to consult a physician—particularly in rural, regional, and remote areas, compounding the existing hardships in these communities. These delays stem from critical issues in physician workforce supply, distribution, and retention.

The ABS Patient Experience Survey highlights a troubling trend: from 2020[4]–2024[5], the percentage of patients waiting longer than acceptable for specialist care has risen from 21.7% to 28.6%. These delays disproportionately impact socio-economically disadvantaged populations, which are overrepresented in rural, regional and remote areas (where 29% of the population reside and there is a higher prevalence of chronic health conditions).

A well-supported, adequately sized, and evenly distributed physician workforce is essential to meet Australia's increasingly complex healthcare demands with safety and quality, and in a patient-centred responsive fashion. Bold and immediate action is required to strengthen Australia's physician workforce, particularly initiatives to attract, retain, and support physicians. This will ensure they can provide critical care to patients, prevent the health of communities from deteriorating further with associated social, community and health costs, provide leadership and support to other health professionals, and sustain our healthcare system's resilience.

We call on the Australian Government to:

Workforce modelling:

- Fund and enable the Health Workforce Taskforce and work with states and territories to progress accurate workforce models and gap analyses of the physician workforce to alleviate the pressures on frontline workers in our hospitals and community, and to improve timely access to necessary physician care.

[4] Australian Bureau of Statistics. Patient Experiences in Australia: Summary of Findings. ABS. 17 November 2021. Patient Experiences in Australia: Summary of Findings
[5] Australian Bureau of Statistics. Patient Experiences. ABS. 18 November 2024. Patient Experiences

- Re-establish a national body to identify, steward and co-ordinate workforce needs and healthcare reform, particularly to ensure growth and support for locally trained physician workforce, starting from medical schools.

Physician wellbeing:

- Establish a Chief Wellness Officer within the Department of Health and Aged Care (DoHAC) to champion and coordinate wellbeing initiatives for medical and other health professionals across the country and reduce burnout. RACP members, including Occupational and Environmental Medicine Physicians, are highly trained for such roles.
- Fund Ahpra to implement a national survey of wellbeing for all medical practitioners, aligned with components of Ahpra annual Medical Training Survey.

Physician workforce safety:

- Fund Safe Work Australia to:
    - Enhance educational tools, materials, practical assessment and consistent audit frameworks for psychological and physical safety in hospitals, with a special emphasis on workforce burnout and attrition, and engage RACP specialties in their development, including Occupational and Environmental Medicine Physicians.
    - Promote use of these tools, materials, practical assessment and consistent audit frameworks proactively to states and territories.
    - Produce an annual national review of overall safety in hospitals across the country, incorporating national review of burnout risks, cultural concerns, bullying and harassment trends, and the impact of organisational and reporting structures on staff wellbeing and health.
    - With this national review monitor and report on the safety of hospital environments and health services, using standardised national assessment tools and audit frameworks (in conjunction with Ahpra and the Australian Institute of Health and Welfare).

- Fund the establishment of a National Centre for Workplace Mental Health and Wellbeing, acknowledging the urgent need for coordinated national action and innovation to improve workplace mental health and wellbeing, and to augment the functions of Safe Work Australia for hospitals and health care workers.

Rural physician availability:

- Increase the number of rurally based medical students and prevocational doctors and boost funding to the Rural Health Multidisciplinary Training (RHMT) Program to facilitate two years of rural based medical school training for rurally inclined medical students.

- Fund rural specialist training pathways and networks that attract and retain prevocational doctors and vocational trainees across rural sites and facilitate transition to longer-term rural specialist practice.

- Improve the capacity of the Specialist Training Program (STP) to support the much needed rural, regional and remote specialist workforce:
    - Increase the number of STP places in rural and regional communities and Aboriginal and Torres Strait Islander communities where there are shortages, including within accredited rural-based physician training networks, and enable a longer recruitment time for these places and flexibility in position and location.
    - Increase STP incentives (Rural Support Loading Allowance, Private Infrastructure and Clinical Supervision Allowance, Support Project funding) and broaden flexibility in rural medical specialty variations and placement settings to assure adequate workforce supply for patients and support trainee needs.
    - Enable colleges to utilise unspent STP Salary Support funds to pay for additional STP posts to fill vacancies in areas of need
    - Deliver time limited or targeted structural supports - for example, supervisor assistance, education, childcare stipend for exam periods, travel bursary.
    - Boost funding for STP quality improvement projects.

- Extend existing practice incentive programs to physicians to promote their integration and continuing inclusion within chronic and complex patient care for priority patient groups, including:
    - Rural Advanced Skill payments to physician specialties providing relevant emergency and/advanced skills
    - Practice Incentive Payments to community-based physicians working within general or primary practice settings
    - Expand the Workforce Incentive Program (WIP) to physicians and trainees, and the practices in which they work.
    - Introduce incentive payments for rural teaching and supervision.

- Increase funding of the Support for Rural Specialists in Australia program to support specialists to access high-quality CPD and networking.

- Fund Medicare schedule payments with loading to support specialists to relocate and remain in rural, regional and remote practice locations.

International Medical Graduates:

- Fund the development of dedicated training supervision and support arrangements for international medical graduate (IMG) physicians and trainee physicians under section 19AB of the *Health Insurance Act* as recommended by the Working Better for Medicare Review (Recommendation 11):
    - Establishment of a Bridging Program for IMGs wanting to enter training and identified as requiring assistance.
    - Funding for remote supervision models, where appropriate, and online and physical communities of practice for IMGs, including through medical colleges.

Enable physicians to provide the treatments patients need

Australia imports around 90% of its medicines,[6] making it vulnerable to medicines shortages as demonstrated by several shortages in key medicines and supplies throughout 2024[7].

Physicians regularly manage shortages of key medicines for the most complex patient groups who cannot readily move to a workable substitute. Often physicians are left to identify complex solutions to find substitutes for complex patients, with varying levels of success and at very short notice.

The Federal Government needs to invest in better monitoring mechanisms to predict, manage and reduce medicines shortages and discontinuations. It must invest in health technologies that will help Australia adapt to current and future health challenges and ensure appropriate assessment mechanisms to determine suitability for further investment

We call on the Australian Government to:

Sustainable medicines supply:

- Prioritise and fully fund over forward estimates:
    - integrated data sharing systems which enable the TGA and PBS to better utilise existing medicines data to monitor and predict medicine shortages, distribution and supply issues and provide earlier, more timely alerts for planning.
    - Analytical systems which better integrate prescribing data, minimum stock holding data, stock holding compliance data, medicines breach data to support the TGA to expand its capacity to monitor, predict and report medicines shortages and discontinuations for patients and assure minimum stock levels are maintained.

[6] Morris, S. Medicine shortages in Australia – what are we doing about them? Australian Prescriber. 1 October 2018. Medicine shortages in Australia – what are we doing about them? - Australian Prescriber
[7] Martin, J. If Australia made of its own medicines, we'd all feel better. Sydney Morning Herald. 16 January 2025. Medicine shortage: Australia should make more of its own medicines

- Fund TGA staffing to support proactive communication of shortage information and medicine alternatives to individual prescribers and key healthcare sector stakeholders (including colleges, societies and associations).
- Fund the TGA to develop a list of critical, life sustaining medications in Australia.
- Fund urgent boost to National Medical Stockpile (NMS) for emergent global healthcare threats and supply issues, particularly for IV fluid shortages, Mpox vaccines and treatments, avian influenza, and new and existing vaccines, diagnostics and medicines for antimicrobial resistance.

Novel treatment approaches:

- Fund Health Technology Assessment (HTA) Policy and Methods Review recommendations 21 and 29:
  - Incentivise development of health technologies that address antimicrobial resistance by exempting them from fee requirements.
  - Fund development of a framework to reform and streamline HTA approaches for antimicrobials
  - Design/support a flexible reimbursement policy for antimicrobials
  - Provide establishment funding for national cross-jurisdictional centralised data-sharing infrastructure to harmonise access to existing HTA data.

Disease Prevention

Over one third of the total burden of disease in Australia in 2024 could have been prevented[8] by reducing exposure to all the modifiable risk factors, including environmental contributors and lifestyle factors. These are within the ambit of the Federal Government to address and mitigate. This is a significant avoidable human and financial cost, with the Federal Government itself acknowledging in 2023[9] that every $1 invested in preventive health saves an estimated $14.30 in healthcare and other costs. We must not waste this opportunity. Not enough has been done to fund and implement the multiple preventive health strategies agreed between the Commonwealth, States and Territories and to realise their benefits.

The RACP acknowledges and welcomes steps to bolster the Australian Centre for Disease Control (CDC), namely $257.1 million allocated to its establishment[10] and to make it the lead advisory agency for public health to Government.

The Federal Government must now continue its sustained investment into forward estimates to deliver the Centre Australia urgently needs.

We call on the Australian Government to:

Disease prevention:

- Prioritise funding for the effective implementation of:
  - National Preventive Health Strategy, which requires that 5% of total health expenditure be dedicated to prevention by 2030
  - National Obesity Strategy
  - National Tobacco Strategy

[8] Australian Institute of Health and Welfare. Australian Burden of Disease Study 2024. AIHW. 12 December 2024. Australian Burden of Disease Study 2024, Summary - Australian Institute of Health and Welfare

[9] Department of Health and Aged Care. Health protection, preventative health and sport- Budget 2023-24. Australian Government, Department of Health and Aged Care. 9 May 2023. Health protection, preventive health and sport – Budget 2023–24 | Australian Government Department of Health and Aged Care

[10] Australian Government. $251.m to establish an independent Australian Centre for Disease Control. Australian Government. 29 October 2024. $251.7m to establish an independent Australian Centre for Disease Control (CDC) | Australian Government Department of Health and Aged Care

- National Diabetes Strategy
- National Strategic Action Plan for Lung Conditions
- Recommendations arising from Prioritising Improved Care for Dust-Related Diseases Initiatives.

- Urgently fund recommendations 7, 12, 15 and 18 of the 2024 Parliamentary Inquiry into Diabetes:
  - Develop of a best practice framework to address obesogenic environments, including through better urban planning and the development of physical activity initiatives and supports efforts to increase access to regular exercise in schools and neighbourhoods.
  - Subsidise Medicare access to longer appointments for people with diabetes and obesity and case conferencing models of health care, especially in rural and remote areas, and access to telehealth services.
  - Fund expansion of Continuous Glucose Monitors (CGMs) for those with Type 2 diabetes requiring regular insulin.
  - Fund expansion of access to bariatric surgery within the public system for eligible patients, as also echoed in the RACP bariatric rehabilitation position statement .
  - Fund PBS access to GLB1 agonist medications for secondary prevention in patients with complex obesity, as also per the RACP submission to the Parliamentary Inquiry on Diabetes.

- Fund increased research into diabetes and obesity, which has decreased in real terms over recent years.

- Broaden access to cardiac magnetic resonance imaging (MRI) to patients in the community with coronary disease to enhance secondary prevention.

Centre for Disease Control:

- Finalise establishment of the Australian Centre for Disease Control (CDC) particularly to enhance its risk assessment and communication capabilities, and enable it to become a national repository of communicable disease data, evidence and advice, with initial focus on:
  - Antimicrobial resistance (AMR) and interpersonal microbacterial transmission
  - Transmissible viral diseases of present considerable alarm, e.g. Mpox, Avian bird flu, COVID mutations
  - Surveillance of the interface of these key communicable diseases with non-communicable diseases, environmental, social and occupational drivers.

- Fund the CDC to develop an open data policy framework to enable appropriate surveillance of communicable disease infection and spread, environmental, social and occupational drivers, as well interfacing non-communicable diseases. The development of an interoperable disease surveillance system, enabling multidirectional data sharing, linking of personal level data, the integration of novel data is vital for the CDC.

- Fund the CDC to develop a national public health workforce strategy and workforce training program, including public health physicians and other relevant physician disciplines.

Health Equity for Priority Populations

Health outcomes in Australia are markedly inequal between populations, highlighting the urgent need for reform.

Aboriginal and Torres Strait Islander peoples live eight years less on average[11], with life expectancy gaps increasing with increasing remoteness. First Nations people across Australia often face unique challenges when interacting with the health care system.

[11] Closing the Gap Information Repository. Socio-economic outcome area 1: Aboriginal and Torres Strait Islander people enjoy long and health lives. Australian Government, Productivity Commission. March 2024. Aboriginal and Torres Strait Islander people enjoy long and healthy lives - Dashboard | Closing the Gap Information Repository - Productivity Commission

Older people and people living with disability also face significant barriers, underscoring the need for improved equity and access amidst ongoing aged care and NDIS reforms.

For child health and wellbeing, informed leadership is needed to implement strategies like the Early Years Strategy[12] and as outlined in the Kids Catch Up[13] campaign, improving health, social, and developmental outcomes for children.

The high number of drug-induced deaths[14] and the substantial social and economic costs of the harmful use of alcohol and other drugs[15] remain pressing issues, disproportionately affecting priority populations.

We must address the issues facing populations with tailored solutions and investments addressing their unique needs centred.

We call on the Australian Government to:

Aboriginal and Torres Strait Islander communities:

- Provide funding over forward estimates for the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and use NACCHO's Measuring the Gap in Health Expenditure for Aboriginal and Torres Strait Islander Australians report to guide health funding for the Plan.
- Deliver long-term sustainable funding models for Aboriginal Community Controlled Health Organisations (ACCHOs) and increase the level of funding for these organisations; include:
    - Funding for vital health assessment and diagnostic technologies particularly for cancer and cardiovascular diseases, inclusive of Computed Tomography (CT), Echocardiogram (ECHO), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET).
- Increase funding for the establishment and operation of mobile health clinics for first nations communities and boost funding to optimise culturally safe care for first nations people using ACCHO partner services.
- Fund public health information campaigns promoting uptake of:
    - MBS Item 715 Health Check for the prevention and management of chronic diseases in First Nations communities
    - Bulk-billed specialist medical services through Aboriginal Medical Services.

Children and their families:

- Fund the role of a Chief Paediatrician to coordinate clinical leadership for children (recommended by Action 4 of the recent Commonwealth COVID-19 Response Inquiry Report):
    - Include the role in the Australian Health Protection Committee.
    - Ensure the scope of the role covers health needs of children identified in the RACP Kids Catch Up Campaign, including their developmental and preventive health needs.
    - Recognise the contribution the role can give towards broader consideration of the needs of children within Government decision-making.
- Fund and implement the National Children's Mental Health and Wellbeing Strategy.

[12] Department of Social Services. Early Years Strategy. Australian Government, Department of Social Services. 7 March 2024. Early Years Strategy | Department of Social Services
[13] Royal Australasian College of Physicians. Kids Catch Up. RACP. February 2022. kidscatchup.org.au
[14] Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia – drug-induced deaths. AIHW. 13 December 2024. Alcohol, tobacco & other drugs in Australia, Health impacts - Australian Institute of Health and Welfare
[15] Gadsen, T, et al. Updated social and economic costs of alcohol, tobacco, and drug use in Australia, 2022/23. The George Institute for Global Health. November 2023. Updated social and economic costs of alcohol, tobacco, and drug use in Australia | The George Institute for Global Health

- Broaden STP funding for community child health, particularly for developmental and behavioural paediatrics.

People with a disability:

- Enhance accessible information in appropriate and diverse formats for people living with a disability, including through boosting funding for:
  - Health resources in Easy Read, Braille and sign language supports in diverse languages.
  - Peer-led education programs incorporating tailored workshops and training to build community confidence in navigating health systems.
  - Training for healthcare professionals on clear and accessible communication for people with disabilities.

Older people:

- Urgently fund and 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 2024-2034.
- Fund a national rollout of evidence-informed innovative models of care for health, wellbeing and lifestyle management of older people with chronic health conditions, considering opportunities such as the Active, Stronger, Better (ASB) program model.

People with substance use disorders:

- Invest in and prioritise workforce development in addiction medicine and addiction psychiatry to ensure a sustainable and highly skilled alcohol and other drug workforce.
- Ensure Medicare items for Addiction Medicine and other medical, nursing and allied health professionals in providing treatments are fit for purpose and in alignment with patient care requirements, including support for collaboration with primary care providers.

A Climate Resilient Healthcare System

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

Our advice to Treasury on Modelling the health impacts of climate change[16] highlights significant economic costs. The development and implementation of the National Health and Climate Strategy[17] recognises the scale of what is required. The strategy needs investment that enables action at a local health service level and encourages transdisciplinary research.

The following recommendations draw from our Healthy Climate Future campaign[18], 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 Australian 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, focussing on those that can be scaled up.
- Establish a National Climate Change and Health Resilience Research Fund to identify resilience strategies suited to our health system.

[16] Royal Australasian College of Physicians. Modelling the health impacts of climate change. RACP. 23 February 2024. racp-advice-to-australian-federal-treasury-on-modelling-the-health-impacts-of-climate-change.pdf
[17] Department of Health and Aged Care. National Health and Climate Strategy. Australian Government, Department of Health and Aged Care. 3 December 2023. National Health and Climate Strategy | Australian Government Department of Health and Aged Care
[18] Royal Australasian College of Physicians. Healthy Climate Future. RACP. 2022. healthyclimatefuture.org.au

- Expand funding to initiatives for minimising low value, unnecessary care in our hospital and health systems, such as the RACP's Evolve Program, to improve patient outcomes, lower carbon emissions, and encourage innovation.
- Evaluate programs such as RACP Evolve Program to assess their impact on reducing low-value care, climate mitigation, and resource stewardship, and to identify opportunities for scaling up.

Conclusion

The RACP and its members are committed to supporting the Federal Government in addressing the growing challenges that impact our patients, our communities, and our health system.

Our achievable recommendations are designed to improve the health of our increasingly chronically ill and complex patients, communities, the design of our health system and the health system to natural environment interface.

As a priority, the upcoming Federal Budget must:

- Address the needs of the physician workforce, supporting them as they care for their patients.
- Address and improve patient access to medicines and treatments.
- Investment in prevention as a long outstanding Federal Government priority and further commit funding to establish a leading CDC.
- Target health equity gaps in priority populations to reduce the inequitable distribution and exacerbation of chronic complex disease in Australia.
- Build a climate resilient, environmentally sustainable healthcare system.

The RACP stands prepared to provide further advice to the Federal Government and warmly invites further discussion and engagement on the foregone funding proposals. Please contact Peter Lalli, Senior Policy & Advocacy Officer or Christian White, Policy & Advocacy Officer via email for further inquiries: policy@racp.edu.au