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**Commit to Healthcare: Election priorities for  
quality, future-focussed healthcare for all**

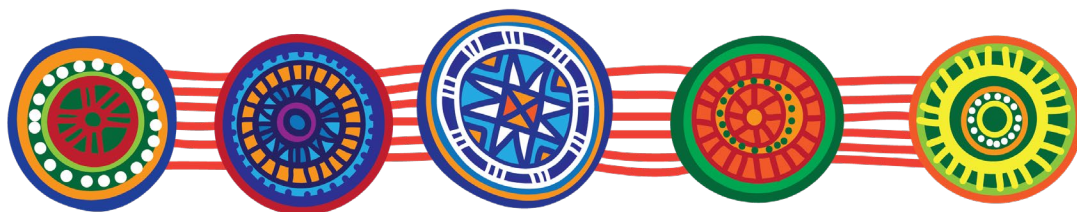
**RACP Federal Election Statement 2022**

**March 2022**

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

We connect, train and represent 28,000 medical specialists<sup>1</sup> and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, infectious diseases, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

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



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

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<sup>1</sup> The term 'medical specialist' used throughout this statement refers to non-GP specialists.

# Commit to Healthcare: Election priorities for quality, future-focussed healthcare for all

## Introduction

Everyone in Australia should be able to access the quality healthcare they need, now and into the future.

However, the COVID-19 pandemic continues to highlight and exacerbate key deficiencies in the Australian healthcare system and systemic and persistent socioeconomic issues which influence both the system and the health and wellbeing of Australians.

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

As physicians and paediatricians, we are passionate about using our medical training and expertise to enable our patients to live longer, healthier, more fulfilling lives. Australia's experience of the COVID-19 pandemic provides valuable lessons that our nation's leaders should put to good use in solving the problems that impact the health of our people and communities.

**In the lead up to the 2022 Federal Election, the Royal Australasian College of Physicians is calling on political leaders to 'Commit to Healthcare' – to commit to a suite of policy priorities that will deliver a quality, future-focussed healthcare system for all.**

The RACP's pre-election statement offers a constructive, practical set of recommendations for the incoming Government based on the expertise and experience of our members working across primary, community and hospitals settings in the public and private sector. Our recommendations are focused on four priorities with significant evidence-based impact on improving healthcare for all Australians as summarised below.<sup>2</sup>

### Summary - Commit to Healthcare: RACP Election priorities for quality, future-focussed healthcare for all

1. **System reform to strengthen the health system by:**
  - Urgently **addressing care delayed, displaced or reduced by COVID-19 and strengthen communicable disease threats pandemic preparedness**
  - Delivering fit-for-purpose **telehealth MBS items**
  - Building-up a robust and responsive **medical specialist workforce**
    - Implementing **overall workforce strategies**
    - Investing in the **public health workforce**
    - Bolstering the **Aboriginal and Torres Strait Islander health workforce**
    - Investing in the **aged care workforce**
  - Delivering innovation via health services **integration and research**
2. **Prevention to reduce preventable chronic disease and ill health by:**
  - Committing to fully fund the effective implementation of the **National Preventive Health Strategy 2021-2030**, the **National Obesity Strategy 2022-2032** and the **Australian National Diabetes Strategy 2021-2030**.
  - Implementing a **tax on sugar-sweetened beverages** to encourage manufacturers to reduce the sugar content of beverages

<sup>2</sup> Please note, the content of the Statement has been structured around these four priorities to build a compelling narrative and the order of placement should not be considered a reflection of priority. All recommendations included in this document have been deemed important in light of the RACP's strategic priorities and views of our members.

- Improving 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**.
  - Investing adequately in the **prevention and treatment of harms arising from the misuse of alcohol and other drugs**.
  - **Raising the baseline rate of social support** to increase recipients' ability to make healthy choices.
- 3. Equity to give all Australians the opportunity to have good health and wellbeing across their lifespan by:**
- Supporting **Indigenous self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health**
  - Supporting **children and young people** to catch up from the setbacks of COVID-19
  - Supporting **older Australians'** wellbeing and independence
  - Supporting **people with disability's** individual autonomy through an equitable, effective and responsive disability support system
  - Supporting **people with substance use disorders** through easier access to evidence-based treatments and medication
  - Supporting **Australian workers'** health and wellbeing
  - Empowering **patients and carers** to actively participate in their care through improved **health literacy**
- 4. Climate resilience to equip our healthcare system so it is climate ready and climate friendly by:**
- **Transitioning to zero emission renewable energy** across all economic sectors with support to affected communities.
  - Urgently **implementing and funding a national climate change and health strategy** to build climate resilience and an environmentally sustainable healthcare sector, including a plan to achieve net zero emissions in healthcare by 2040.
  - Establishing a **national healthcare sustainable development unit**. The unit would draw on local best practice and leading international models, such as Greener NHS (and formerly the Sustainable Development Unit) in the UK.
  - Appointing a **national Chief Health Sustainability Officer** to provide leadership, coordination and capacity building.
  - Allocating **dedicated funding for climate change and health mitigation and adaptation initiatives** including national research funding, grant funding for states and territories, and funding for the development and scaling up of innovative projects at the local level.

## 1. System Reform

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

The RACP's recommendations to the incoming Government to deliver effective health system reform focus on four key areas further detailed below:

- Urgently address care delayed, displaced or reduced by COVID-19 and strengthen communicable disease threats pandemic preparedness
- Deliver fit-for-purpose telehealth MBS to improve access to specialist care
- Build-up a robust and responsive medical specialist workforce through implementing overall workforce strategies; investing in the public health workforce; bolstering the Aboriginal and Torres Strait Islander health workforce and investing in the aged care workforce
- Deliver innovation via health services integration and research.

### ***Urgently address care delayed, displaced or reduced by COVID-19 and strengthen communicable disease threats preparedness***

The increased demand for COVID-19 related care in the health system has had a knock-on effect for other areas of healthcare and has resulted in preventable deaths and increased levels of disability from other diseases due to delayed diagnosis and treatment, higher incidence of other communicable diseases and mental health conditions..

From January to June 2020 there were 145,000 fewer mammograms through BreastScreen Australia compared with the same period in 2018.<sup>1</sup> With non-urgent elective surgery suspended, there was a significant fall in the number of surgeries performed during the COVID-19 pandemic. New South Wales data shows that public hospital planned surgical activity decreased by 32.6% from March to June 2020.<sup>2</sup> Medicare-subsidised GP services for chronic disease management items also fell during the pandemic as people were unable to attend appointments in person.

The impact of the pandemic on people's mental health increased levels of psychological distress, particularly for adults aged 18 to 45, with MBS-subsidised mental health related services accessed by 7.2 million people between March 2020 and September 2020 when COVID-19 pandemic restrictions were introduced.<sup>3</sup>

Whilst the long-term effects of these impacts are not fully known, they are likely to result in considerable and ongoing stresses on the health system, the health workforce and the health of Australians unless the Government urgently implements effective measures to boost the COVID-19 response, recovery and preparedness for future communicable diseases.

The RACP calls on the incoming Government to **urgently address care delayed, displaced or reduced by COVID-19 and strengthen communicable disease threats preparedness** by:

- Establishing a national health leadership centre of excellence to improve responsiveness to current and emerging health threats and to coordinate national prevention activities
- Providing targeted investment in all parts of the healthcare sector impacted by the COVID-19 pandemic including elective surgery, cancer diagnosis rehabilitation services, palliative care and bereavement support and increased demand for mental health services. This must be paired with targeted investment into healthcare for populations and communities with inequitable access to healthcare prior to the pandemic and exacerbated by COVID-19: Aboriginal and Torres Strait Islander people, people living in rural and remote areas, people with disability, people from lower socio-economic backgrounds, and culturally and linguistically diverse communities
- Providing 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 and sub-acute management following injury, medical and surgical conditions.

- Building Australia’s capacity to manufacture and provide treatments, therapies, equipment and vaccines and strengthen supply chains.
- Developing and investing appropriately in Ambulatory Care Services, Hospital in the Home and alternate site care programs to accommodate ongoing home-based treatment for COVID-19.
- Funding the development and implementation of appropriate ventilation/air quality recommendations and other health and safety measures for health care facility infrastructure building or refurbishment to ensure lessons learnt from the pandemic are operationalised for the future.
- Making Rapid Antigen Tests (RATs) free for wide distribution with priority for health and aged care workers and other priority groups including Aboriginal and Torres Strait Islander people, people with disability, people with lower incomes and rural and remote communities.

### ***Deliver a fit-for-purpose telehealth MBS system***

Telehealth has been a lifeline during the pandemic. It has improved access to specialist care for many patients; we need to ensure these improvements are here to stay by reinstating MBS items for telehealth consultations by phone on a permanent basis and by implementing broader measures to ensure equitable access to specialist care through telehealth.

The RACP calls on the incoming Government to **deliver a fit-for-purpose telehealth MBS system** by:

- Reinstating MBS items for telehealth consultations by phone on a permanent basis.
- Funding videoconferencing technology packages to enhance the take up for priority populations 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).
- Introducing specialist health items to the MBS to facilitate secondary consultations with general practitioners, other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and allied health providers, with or without the patient present.
- Providing 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 GP.
- Funding 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 devices and technologies, as is the case in many health areas.

### ***Build-up a robust and responsive medical specialist workforce***

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The Australian health workforce faces several issues which have been further exacerbated by the ongoing COVID-19 pandemic, including increasing pressures and demands affecting health workers’ mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties<sup>4</sup>, leading to difficulties in patient access to care in some circumstances.

With the ongoing challenges paused by the COVID-19 pandemic entering its third year, it has become ever more pressing for the Government to invest now in improving the resilience and sustainability of the health system by building an appropriately funded and safe medical specialist workforce.

The RACP calls on the incoming Government to **build up a robust and responsive medical specialist workforce** by:

- *Implementing overall workforce strategies by:*
  - Committing to address current and emerging critical, short and long term national medical specialist workforce issues and patient care management.

- Investing in supporting, training and growing an appropriate rural and remote medical workforce with specialists and rural generalists working collaboratively through guaranteeing long-term equitable and transparent funding for the Rural Health Outreach Fund to improve access to physicians and paediatricians, GPs, allied and other health providers in rural, regional and remote areas of Australia and other measures as required
  - Supporting the healthcare workforce via skilled migration strategies and appropriately indexed Medicare rebates without rebate freezes.
  - Maintaining funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements.
  - Supporting the needs of rural, regional and remote clinicians in accessing training opportunities, including via funding for locum support while specialty continuing professional development is undertaken.
  - Investing in supporting the healthcare workforce through national strategies for flexible training/work hours /parental leave and support (especially for doctors in training).
- *Investing in the public health workforce by:*
    - Producing and committing to fund the Government's [Plan for Australia's Public Health Capacity and COVID-19](#),<sup>5</sup> including establishing a national training program in public health medicine and providing adequate funding for training positions.
- *Bolstering the Aboriginal and Torres Strait Islander health workforce by:*
    - Developing an appropriately funded national workforce development strategy led by the National Aboriginal Community Controlled Health Organisation (NACCHO) to 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.
    - Investing in health workforce development to equip everyone in the health system to implement the new approach set out in the National Agreement on Closing the Gap<sup>6</sup>
    - Supporting the prioritisation, expansion and provision of sustained and long-term funding to Aboriginal Community Controlled Health Services (ACCHS) for the delivery of primary healthcare services for Aboriginal and Torres Strait Islander people.
- *Investing in the aged care workforce by:*
    - Supporting adequate funding provisions to attract and maintain the aged care workforce, including for 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.
    - Urgently implementing the comprehensive aged care workforce-focused recommendations set out in the Final Report of the Royal Commission into Aged Care Quality and Safety which covers key areas such as workforce planning; qualification, training and professional development; improved remuneration; minimum staff time standard for residential aged care

### ***Drive innovation via health services integration and research***

The Australian healthcare system and its users continue to suffer from fragmented service delivery, a lack of coordination across health silos, and an insufficient patient-focus. There are instances of suboptimal care and poor patient outcomes, significant patient distress and disruption, as well as unnecessary use of valuable healthcare resources.

In addition, while Australia has historically delivered world leading medical research and innovation, investment in the sector over the past 10 years has stagnated, leading to a decrease of funding in real terms.<sup>7</sup> This needs to be rectified to ensure Australia's capability to develop advances in treatment and care is bolstered. These enduring issues have been further exacerbated and highlighted by the ongoing COVID-19

pandemic. The incoming Government must address these issues by investing in delivering integrated and innovative care.

The RACP calls on the incoming Government to **drive innovation via health services integration and research** by:

- Facilitating scalable evidence-based integrated care for people with chronic conditions and associated disabilities that is inclusive of specialist care by:
  - Investing 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.
  - Funding a model of care with proof of concept sites, for the management of patients with comorbid chronic health conditions and associated disabilities that integrates specialist physician care (the [RACP Model of Chronic Care Management](#)<sup>8</sup> or variation).
  - Including specialist and consultant physicians in the Voluntary Patient Registration (VPR) where ongoing treatment and condition management is involved.
- Increasing funding for medical research including through further investment in the National Medical Health Research Council (NHMRC).
- Committing to coordination and funding of clinical research to support communicable disease threats pandemic preparedness as a high priority.

## 2. Prevention

On average, Australians are living longer and spending more of their life in good health. However, years lived in ill health are also increasing, Australians from lower socioeconomic groups live fewer years in full health<sup>9</sup> and the gap in health-adjusted life expectancy at birth between Indigenous and non-Indigenous Australians is stark (15.2 years for males and 13.9 years for females).<sup>10</sup>

The prevalence of chronic conditions is also increasing with almost half of Australians (47%) having one or more chronic conditions compared with 42% a decade ago.<sup>11</sup> In addition to negatively impacting the lives of many Australians, their loved ones and the broader community, these conditions place a heavy burden on our health system and the public purse that funds it.

Chronic conditions account for over 50% of the total burden of disease in Australia.<sup>12</sup> Given that almost 40% of the burden of disease could be prevented by addressing modifiable risk factors such as overweight and obesity, dietary risks, high blood pressure, tobacco and alcohol use,<sup>13</sup> it is crucial that the Government invests in preventive health measures that target these risk factors.

The RACP calls on the incoming Government to **invest in preventive health measures to reduce preventable chronic disease and ill health** by:

- Committing to fully fund the effective implementation of the National Preventive Health Strategy which requires 5% of health expenditure for prevention over 10 years and the newly released National Obesity Strategy and Australian National Diabetes Strategy 2021-2030. COVID-related expenditure should be excluded from the funding for the National Preventive Health Strategy to ensure that adequate funding is available to deliver preventive health on non-communicable diseases.
- Implementing a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages
- Improving 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.
- Raising 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.



### 3. Equity across priority populations

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

The RACP's recommendations to the incoming Government to deliver equity across priority populations focus on seven key areas further detailed in this section:

1. Support Indigenous self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health
2. Support children and young people to catch up from the setbacks of COVID-19
3. Support older Australians' wellbeing and independence
4. Support people with disability's individual autonomy through an equitable, effective and responsive disability support system
5. Support people with substance use disorders through easier access to evidence-based treatments and medication
6. Support Australian workers' health and wellbeing
7. Empower patients and carers to actively participate in their care through improved health literacy.

#### ***Support Indigenous self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health***

Although some gains have been made in recent years, the health disparities and resulting shorter life expectancies experienced by Aboriginal and Torres Strait Islander people remain unacceptable, especially when compared with continued improvements in non-Indigenous health.<sup>3</sup>

Complex factors have contributed to the current situation including the ongoing effects of colonisation, dispossession, and loss of identity, culture and land. Social determinants of health also impact on Indigenous Australians' health: poverty, housing, environment, education, employment, social capital and racism, discrimination, and culturally unsafe health services all contribute to poor health outcomes.

Achieving equitable health outcomes for Indigenous Australians requires "full and genuine partnership" with Aboriginal and Torres Strait Islander people as outlined in the National Agreement on Closing the Gap.<sup>14</sup> As stated in the Hon Greg Hunt MP's *Message from the Minister* in the recently released National Aboriginal and Torres Strait Islander Health Plan 2021-2031,<sup>15</sup> "the COVID-19 response, led by Aboriginal and Torres Strait Islander health leaders and ACCHS, is an exemplar of what can be achieved when partnerships are based on empowerment, trust and mutual respect."

The RACP supports the [Uluru Statement from the Heart](#) which includes Constitutional recognition of Aboriginal and Torres Strait Islander people and the development of a Treaty, and we recognise the health benefits of genuine reconciliation.

Government action and appropriate resourcing is required to address Aboriginal and Torres Strait Islander health inequities, to improve health outcomes for Aboriginal and Torres Strait Islander people, as a human right and as a component of national reconciliation.

The RACP calls on the incoming Government to **fully support Indigenous self-determination and leadership to close the gap on Aboriginal and Torres Strait Islander health** by:

- Committing to implement the Uluru Statement from the Heart recommendations which includes the Constitutional recognition of Aboriginal and Torres Strait Islander people, the development of a Treaty

<sup>3</sup> Note: The latest [Australian Government Closing the Gap Report 2020](#) outlined that "in 2015–2017 life expectancy at birth was 71.6 years for Indigenous males (8.6 years less than non-Indigenous males) and 75.6 years for Indigenous females (7.8 years less than non-Indigenous females). It found that "over the period 2006 to 2018, there was an improvement of almost 10 per cent in Indigenous age-standardised mortality rates", "however, non-Indigenous mortality rates improved at a similar rate, so the gap has not narrowed."

- Committing to fully fund the effective implementation of the newly released National Aboriginal and Torres Strait Islander Health Plan 2021-2031.<sup>16</sup>
- Continuing to fund and promote MBS Item 715 for Indigenous health check. This is a comprehensive preventative health assessment designed specifically to support the health needs of Aboriginal and Torres Strait Islander people to help identify risk factors for chronic disease to manage the good health of the patient.<sup>4</sup>

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

Whether it is the loss of education from missed face-to-face teaching, the emotional impact of reduced social connection with their peers, or the lack of access to sport and recreational activities, the COVID-19 pandemic has disrupted many parts of children’s lives that contribute to their development, mental health and wellbeing.

We know that the impact has not been equal. COVID-19 has amplified existing inequalities across our communities, impacting most on children from low-socio-economic backgrounds, First Nations children, children from culturally diverse backgrounds, children with disability and children experiencing family violence.

The incoming Government must prioritise children and young people’s health and wellbeing and their recovery from the setbacks of COVID-19 to put Australian kids and their futures back on track.<sup>5</sup>

The RACP calls on the incoming Government to **support children and young people to catch up from the setbacks of COVID-19** by:

- Appointing a National Chief Paediatrician to work with children, young people and families to provide clinical leadership and advocacy for their health and wellbeing.
- Establishing a National COVID-19 Taskforce to lead a recovery plan. 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 recovery plan.
- Funding and implementing the National Children’s Mental Health and Wellbeing Strategy including the substantial expansion of mental health support for children, young people and their families, with a focus on prevention, equitable access, and national coordination.
- Increasing the Commonwealth funding for school support for students with disability or with learning difficulties and ensuring that additional learning support is evidence informed and enables children to re-engage with school and their peers.
- Implementing universal access to quality early childhood education programs for all three-year-olds. 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.
- Restricting marketing of unhealthy diets to children and young people by establishing mandatory regulations to restrict the marketing of unhealthy diets to children and young people.

### **Support older Australians’ wellbeing and independence**

The stated aims of the Australian aged care system are to promote the wellbeing and independence of older people (and their carers), by enabling them to stay in their own homes or by assisting them in residential care.<sup>17</sup>

<sup>4</sup> Note on MBS Item 715: These health checks should include an assessment of the patient’s physical, psychological, and social wellbeing. This could be a key tool in identifying early risk for obesity in Indigenous children as it is available to The Aboriginal and Torres Strait Islander Peoples Health Assessment is available to children between ages of 0 and 14 years. The 715 Health assessment can lead onto a number of MBS Item Number other Health Assessments and Management Plans such as follow-up Health Services provided by a Practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner for an Indigenous Person who has received a health assessment (MBS ITEM 10987) and/or follow-up allied health service for people of Aboriginal or Torres Strait Islander descent including a dietician. Many of these follow-on item numbers can be made available on a calendar year up to 10 times at no cost to the patient or family.

<sup>5</sup> The RACP has recently launched the [Kids Catch Up Campaign](#) which calls on stakeholders including Government to “Make kids a top priority as we rebuild from the pandemic”

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

The RACP calls on the incoming Government to **support older Australians' wellbeing and independence** by:

- Committing to urgently implementing the wide-ranging recommendations outlined in the Final Report of the Royal Commission for Aged Care Quality and Safety to provide care, dignity and respect for all order people living in Australia.
- Increasing the availability of Home Care Packages (HCPs) to eliminate delays in access which frequently lead to progressive impairment and loss of independence

### ***Support people with disability's individual autonomy through an equitable, effective and responsive disability support system***

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

People with disability are more likely to live in poverty, have poor-quality or insecure housing, low levels of workforce participation and education, and be socially excluded or marginalised. They are particularly vulnerable to violence and discrimination. This disparity, along with ensuing stress to family members and carers, is unacceptable. Health care policies and programs should include specific consideration of how the needs of people with disability will be met.

The RACP calls on the incoming Government to **support people with disability's individual autonomy through an equitable, effective and responsive disability support system** by:

- Ensuring the NDIS remains appropriately funded and that full transparency is provided over future sustainability issues. Particular attention should be paid to improving linkage and communication between clients of and staff working in 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.
- Providing 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.
- Providing 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.
- Ensuring the effective implementation of the [National Roadmap for Improving the Health of People with Intellectual Disability](#)
- Funding 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.

### ***Support people with substance use disorders through easier access to evidence-based treatments and medication***

The consumption of alcohol and other drugs is widespread in Australia and substance use disorders affect around 1 in 20 Australians.<sup>18</sup> Those working in the alcohol and other drug sector have consistently highlighted the severe shortages of treatment services in Australia over decades. The current system is estimated to leave up to half a million Australians without access to the treatment services they need to effectively address

their substance use disorder.<sup>19</sup> It estimated that the alcohol and other drug treatment system needs a boost of at least \$1 billion per year<sup>20</sup> if it is to address this unmet demand.

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. 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.

The RACP calls on the incoming Government to **support people with substance use disorders through easier access to evidence-based treatments and medication** by:

- Investing adequately in the prevention and treatment of harms arising from the misuse of alcohol and other drugs, including enhanced services as critical parts of the general and mental healthcare systems and better more accessible treatment options.
- Committing funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency, including by permanently establishing COVID-era changes to the delivery of medication assisted treatment of opioid dependence as set out in the [Interim Guidance endorsed by the RACP, the RANZCP, the RACGP and the Pharmaceutical Society of Australia](#).<sup>21</sup>
- Continuing funding for free take-home naloxone medication to consumers, friends and family. This should be done through the expansion of the Commonwealth take-home naloxone pilot<sup>22</sup> to continue permanently for all of Australia.

### ***Support Australian workers' health and wellbeing***

Supporting the health of the workforce is essential to maintain a functioning and healthy economy and society. This requires the Government to implement effective programs for preventive health and return to work to maintain Australia's workforce and ensure workers are safe at work.

The RACP calls on the incoming Government to **support Australian workers' health and wellbeing** by:

- Establish a National Workplace Health Unit to provide guidance and support to Australian workplaces to assess, control and monitor risks to workplace health and wellbeing, and optimise programmes to positively promote good health at work<sup>6</sup> and positive return to work outcomes. The unit should focus on health risks, as these can often go unrecognised compared to safety risks at work.
- Providing ongoing funding for the implementation of the recommendations from the [National Dust Disease Taskforce](#), including operationalising the National Occupational Respiratory Disease Registry and establishing a dedicated cross-jurisdictional governance mechanism with clinical leadership to oversee implementation.

### ***Empower patients and carers to actively participate in their care through improved health literacy***

Health literacy is an essential building block to empowering consumer and carers to make informed decisions about their care. Low levels of health literacy are linked to worse health outcomes and adverse health behaviours such as lower engagement with health services including preventive health services, higher hospital re-admission rates, poorer understanding of medical instructions and lower ability to self-manage care.<sup>23</sup>

The RACP calls on the incoming Government to **empower patients and carers to actively participate in their care through improved health literacy** by:

<sup>6</sup> As defined by RACP's Australasian Faculty of Occupational and Environmental Medicine's (AFOEM) Health Benefits of Good Work™ initiative.; <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work> [last accessed 16/03/2022]

- Allocating funding to make health information and systems more responsive and accessible to consumers and carers with varying levels of health literacy and ensure health-related information is available and accessible to communities of diverse culture and linguistical backgrounds.
- Designing and funding initiatives to improve consumer and carer health literacy including social and interactive skills through measures to improve digital literacy
- Investing in improving the health literacy of support health care workers, prioritising strategies for disability support workers, including those who are part of the intellectual disability support workforce.

#### 4. Climate resilience: Equip our healthcare system so it is climate ready and climate friendly

The latest report from the Intergovernmental Panel on Climate Change's (IPCC)<sup>24</sup> titled *Climate Change 2022: Impacts, Adaptation and Vulnerability* represents a 'code red for humanity'. It identifies catastrophic impacts of climate change to Australia, including an increase in death, making it clear that this is a health emergency. Unless strong action is taken, Australia faces warming of up to 6 degrees since the preindustrial era by 2100. Climate change threatens to worsen food and water shortages, impact climate-sensitive diseases and increase the frequency and intensity of extreme weather events. Health impacts, such as respiratory illness from bushfire smoke and heat stress, are already being seen.

Health systems are both part of the problem and the solution. Australia's health system contributes approximately 7% of the nation's CO2 emissions.<sup>25</sup> It is also the main line of defence for populations facing health threats resulting from the impacts of climate change including increased temperatures and climate-related extreme weather events.

Without urgent action, climate change will continue to have serious and worsening consequences for public health. To avoid the worst health impacts of climate change, global emissions must halve by 2030 and net zero achieved by 2050. Our international allies are committing to ambitious climate policies, but Australia remains a climate laggard.

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

The RACP calls on the incoming Government **to make our healthcare system climate ready and climate friendly** by:

- Transitioning to zero emission renewable energy across all economic sectors with support to affected communities.
- Urgently implementing and funding a national climate change and health strategy to build climate resilience and an environmentally sustainable healthcare sector, including a plan to achieve net zero emissions in healthcare by 2040.
- Establishing a national healthcare sustainable development unit. The unit would draw on local best practice and leading international models, such as Greener NHS (and formerly the Sustainable Development Unit) in the UK.
- Appointing a national Chief Health Sustainability Officer to provide leadership, coordination and capacity building.
- Allocating dedicated funding for climate change and health mitigation and adaptation initiatives including national research funding, grant funding for states and territories, and funding for the development and scaling up of innovative projects at the local level.

## Conclusion

The challenges brought about by the COVID-19 pandemic on our health system, economy, and society will be felt for years to come. In addition to addressing these issues, the incoming Australian Government will need to respond to the growing demands on our healthcare system from chronic conditions and other ongoing and emerging public health crises, including the worsening effects of climate change.

We need to learn from the current situation and look to the future by addressing the enduring key deficiencies in the Australian health system that have been highlighted and made worse by the pandemic. We also need to tackle the persistent socioeconomic determinants that shape both the health system and the health and wellbeing of Australians.

**In the lead up to the 2022 Federal Election, the RACP is calling on political leaders to ‘Commit to Healthcare’ – to commit to a suite of policy priorities that will deliver a quality, future-focussed healthcare system for all.**

Committing to Care through the constructive measures outlined in this statement will deliver a health system that is more resilient to both noncommunicable and communicable diseases. Such a system will be responsive to health emergencies and crises as well as to everyday preventive and treatment needs of all Australians.

We look forward to working collaboratively and constructively with the Australian Government to deliver the future-focussed health system all Australians need and deserve to live longer healthier lives.

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