

Overview of the Federal Budget 2022-23 (Health)

26 October 2022

Overview

The second Federal Budget of the 2022-23 financial year was released on Tuesday 25 October. This additional budget outlines the new Federal Government's priorities for 2022-23 and beyond.

The primary focus of this budget was to confirm funding for the commitments made by the Labor party in the lead up to the 2022 Federal Election. This includes a range of measures for health, aged care, closing the gap, childcare and education.

Specific budget measures relevant to general practice include:

- \$229.7 million in general practice grants via the Strengthening Medicare GP Grants Program
- \$143.3 million for rural and remote healthcare, including funding recognising doctors with additional skills practising in rural and remote areas
- \$235 million to commence the rollout 50 Medicare Urgent Care Clinics, including \$100 million to co-develop and pilot models with states and territories.

The budget papers also included a re-commitment to the \$750 million (\$250 million per year, over three years) in funding that was previously announced for the Strengthening Medicare Fund, noting these funds have been set aside.

While the Royal Australian College of General Practitioners (RACGP) is pleased with the ongoing commitment by Government to support better patient access to care, we continue to urgently call for major investment in high-quality general practice patient services.

The budget measures relating to general practice focus on providing practice grants and establishing urgent care clinics. While grants for general practice are welcome, urgent care clinics remain problematic.

Coordinated long term preventative care and chronic disease management delivered to patients by their trusted GP will prevent expensive hospital presentations and admissions and improve patient health outcomes, not new buildings and siloed urgent care services. Measures that promote patient access and recognise the skills of an appropriately trained workforce must be prioritised. The \$74.1 million allocated in this budget to recognise the skills of doctors practicing in rural and remote regions through the Workforce Incentive Program is a good example of one way this can be achieved, which the RACGP had called for in our [2022-23 Pre-Budget Submission](#).

The RACGP recognises that these commitments are a first step from a new government and will seek to engage government both through the Strengthening Medicare Taskforce and directly, to ensure that appropriately targeted reforms are prioritised in the next Federal Budget.

Where to next?

The RACGP will continue to push for urgent investment in general practice patient services. We will advocate strongly on behalf of our members through formal engagement with Government and collaborative advocacy with other key stakeholders in the sector.

We expect much of the future primary care funding allocations to be guided by the work of the Strengthening Medicare Taskforce, which began work in July 2022. Our representative on the Taskforce will continue to put forward the importance of sustainable investment and reform in general practice, representing your views at each meeting.

Outside of the Strengthening Medicare Taskforce work, the RACGP will continue to engage MPs and Senators from all sides of politics, advocating for meaningful investment and reform.

The next federal budget will be handed down in May 2023 and must provide substantial funding for GP patient services. We have commenced work on the next pre-budget submission which will be informed by our advocacy priorities, insights from the recent GP Crisis Summit, challenges highlighted in the recent [Health of the Nation 2022](#) report, and ongoing member feedback.

The full Federal Budget documents are available on the Federal Government Budget [webpage](#).

If you have any insights or feedback on the budget that you would like to share, please do not hesitate to contact healthreform@racgp.org.au.

Key expenses relevant to general practice

Federal Budget topic area	Selected measures of note
Medicare and primary care	<p>\$229.7 million over two years from 2022–23 to general practices through the Strengthening Medicare General Practice (GP) Grants Program.</p> <p>\$9.5 million over 4 years from 2022–23 to amend the Medicare Benefits Schedule (MBS) to improve access to primary health care services and improve clinical practice.</p> <p>\$235.0 million over 4 years from 2022–23 to commence the roll-out of Urgent Care Clinics.</p>
COVID-19 pandemic health response	<p>\$162.4 million in 2022–23 for COVID-19 related items Medicare items, including:</p> <ul style="list-style-type: none"> • \$6.3 million to establish a new temporary MBS item for general practitioners (GPs) to undertake telehealth consultations to evaluate eligible COVID-positive patients' suitability for oral antivirals • \$5.7 million to extend the temporary MBS item to support GPs and other medical practitioners to manage COVID-positive patients in the community • \$5.4 million to continue access to Medicare rebates for telehealth appointments for patients with COVID-19, regardless of whether they have an existing clinical relationship with the GP. <p>\$808.2 million in 2022–23 to extend elements of the hospitals and emergency response to COVID-19 until 31 December 2022, including:</p> <ul style="list-style-type: none"> • \$759.9 million to extend the National Partnership on COVID-19 Response, which provides for 50 per cent of the cost of state and territory COVID-19 responses including vaccine delivery, testing and treatments • \$48.3 million in 2022–23 to extend the GP-led Respiratory Clinics program, which delivers face-to-face care, respiratory assessments, COVID-19 testing and treatment of COVID-positive patients.
Rural health	<p>\$143.3 million over 4 years to support access to healthcare in rural and regional areas by investing in primary care services, training, workforce incentives and trials for innovative models of care. Funding includes:</p> <ul style="list-style-type: none"> • \$74.1 million over 4 years from 2022–23 to introduce tiered financial incentive payments to recognise doctors with additional recognised skills practising in rural and remote regions, as part of the doctor stream of the Workforce Incentive Program • \$29.4 million over 4 years from 2022–23 to expand the list of eligible health professionals and increase the rural loading in the practice stream of the Workforce Incentive Program • \$24.7 million over 4 years from 2022–23 to fund an additional 3 rounds of the Innovative Models of Care Program to trial new primary care models • \$8.4 million over 3 years from 2023–24 to provide 15 additional hospital-based training posts per year for rural generalists and rural general practitioners to attain specialist and advanced skills in regional and remote Australia • \$5.6 million in 2025–26 (and \$11.2 million per year ongoing) to provide additional rural primary care training rotations for junior doctors through the John Flynn Prevocational Doctor Program • \$0.8 million over 4 years from 2022–23 to fund 10 additional Single Employer Model trials in rural and remote areas from 1 July 2023.

Federal Budget topic area	Selected measures of note
	\$61.8 million over 6 years from 2022–23 to fund local health investment projects in rural and regional locations to improve primary care outcomes and reduce pressure on hospital emergency departments.
Aboriginal and Torres Strait Islander Health	\$314.8 million over 5 years from 2022–23 to support the commitment to close the gap for First Nations peoples' health and wellbeing outcomes. Funding includes \$164.3 million over 4 years from 2022–23 to invest in modern health clinics in areas of large and growing First Nations populations, as well as targeted investments to build capacity for chronic disease treatment and rehabilitation.
Access to medicines	\$787.1 million over 4 years from 2022–23 (and \$233.4 million per year ongoing) to decrease the general patient co-payment for treatments on the Pharmaceutical Benefits Scheme from \$42.50 to \$30.00 on 1 January 2023. \$1.4 billion over 4 years from 2022–2023 for new and amended listings on the Pharmaceutical Benefits Scheme (PBS), Repatriation PBS, the Life Savings Drugs Program, the National Diabetes Services Scheme and the Stoma Appliance Scheme.
Aged care reform	\$2.5 billion over 4 years from 2022–23 to reform the aged care system. \$540.3 million over 4 years from 2022–23 to improve the delivery of aged care services and respond to the Final Report of the Royal Commission into Aged Care Quality and Safety.
Disability sector	Total funding for the NDIS will reach \$166.6 billion over four years, an increase of \$8.8 billion. \$15.9 million over four years from 2022–23 (and \$6.6 million per year ongoing) to establish and support a National Centre of Excellence in Intellectual Disability Health.

Detailed overview of relevant measures

Medicare and primary care

Strengthening Medicare GP Grants Program

Most of the funding in this measure was previously [announced](#) as a pre-election commitment by the Labor party in March 2022.

The Federal Government has allocated \$229.7 million for the Strengthening Medicare GP Grants program, which will provide funding for GPs to invest in training, equipment and minor capital works to enhance digital health capability, upgrade infection prevention and control arrangements, and support practices to achieve or maintain accreditation under the National General Practice Accreditation Scheme. The RACGP welcomes support for general practice to upgrade technology, equipment, ventilation and infection prevention and control arrangements.

GPs have historically been early adopters of technology and are commonly the “information managers” for patients. The adoption of digital technologies should be a priority for the entire healthcare sector to ensure improved efficiencies and provision of safe quality care. For digital technologies to be truly effective within the health system there needs to be broad implementation and adoption across the sector.

Improved ventilation is a key part of infection control to maintain a safe environment by reducing the spread of airborne contaminants and maintaining the quality of indoor air. Support for increased infection control measures will support the ongoing delivery of high quality, safe and efficient care provided by general practice.

Medicare Urgent Care Clinics

The Government will provide \$235.0 million over 4 years from 2022–23 to commence the roll-out of Urgent Care Clinics, including \$100.0 million over two years from 2022–23 to co-develop and pilot models with states and territories to improve care pathways and inform program roll-out.

This funding represents a \$100 million increase from the original allocation of \$135 million when this measure was first announced in March 2022.

Budget papers note that all 'Urgent Care Clinics' will be open during extended business hours with no appointments required and will ensure that patients do not have out-of-pocket costs.

The RACGP has responded [publicly](#) with caution regarding the announcement, and continues to engage with Government to inform the implementation of this measure to ensure that urgent care services are fit-for-purpose, GP-led, funded appropriately, allow the required flexibility in implementation to meet community needs and do not worsen current workforce challenges.

Strengthening Medicare Fund

The Federal Government has re-affirmed their commitment of \$750 million over three years for the Strengthening Medicare Fund, noting that these funds have been 'set aside'. It is expected the Strengthening Medicare Taskforce recommendations, to be provided to Government before the end of 2022, will guide the use of this funding. In the meantime, Government has [confirmed](#) the funding is intended to provide additional support for general practice chronic disease management, complex care, team-based care, and after-hours services.

Medicare Benefits Schedule (MBS) changes

The Federal Government will provide \$9.5 million over four years for new and expanded listings on the MBS, including for nuclear medicine, genetic testing, and magnetic resonance imaging scans. An allocation of \$47.7 million over four years is being provided to restore a loading to support bulk billed Medicare online psychiatry consultations for rural and regional patients, which delivers on a pre-election commitment.

The Government will also 'achieve efficiencies' of \$13.4 million over four years from 2022–23 by responding to the MBS Review Taskforce's recommendations to align the MBS with contemporary practice.

The RACGP will continue to advocate for the following measures which were not included in this year's Budget:

- improvements to MBS indexation
- increases to patient rebates for longer consultations
- reinstating Medicare rebates for longer phone consultations, mental health and GP Management Plans as part of the Government's permanent telehealth model.

COVID-19 pandemic health response

Extending COVID-19 support – Medicare items

The Government will provide \$162.4 million in 2022–23 for the extension of COVID-19 related Medicare items until 31 December 2022, including:

- \$145.1 million to extend MBS rebates for polymerase chain reaction (PCR) testing for COVID-19 and other respiratory viruses
- \$6.3 million to establish a temporary MBS item for GPs to undertake telehealth consultations to evaluate eligible COVID-positive patients' suitability for oral antivirals (item 93716)
- \$5.7 million to extend the temporary MBS item to support GPs and other medical practitioners to manage COVID-positive patients in the community (item 93715)
- \$5.4 million to continue access to Medicare rebates for telehealth appointments for patients with COVID-19, regardless of whether they have an existing clinical relationship with the GP.

The [extension of COVID-19 related MBS items](#) was announced by the Minister for Health and Aged Care in September 2022. It was confirmed on 13 October 2022 that [patients with COVID-19 would continue to be exempt](#) from the telehealth existing relationship requirement following the removal of isolation rules.

The RACGP welcomes the extension of COVID-19 support measures, noting they are due to expire on 31 December 2022. While restrictions have been wound back across the country, COVID-19 remains a threat and future peaks are likely.

We support the extension of MBS items for prescription of COVID-19 oral treatments and face-to-face assessment and management of patients with COVID-19 in the community. We also support the exemption from the telehealth existing relationship requirement for patients who have tested positive to COVID-19. Although isolation requirements have been removed nationally, this will ensure that patients with COVID-19 are not placing others at risk by unnecessarily attending a practice in-person to renew their eligibility for telehealth. The RACGP will advocate for these measures to be extended beyond the end of 2022.

The RACGP is continuing to advocate for the reinstatement of patient rebates for longer phone consultations (>20 minutes) as part of the Government's permanent telehealth model. These consultations would support patients with more complex care needs to safely access GP care, particularly while the pandemic remains ongoing.

COVID-19 Package – hospitals and emergency response

COVID-19 Package – hospitals and emergency response. Funding includes:

- \$759.9 million to extend the National Partnership on COVID-19 Response, which provides for 50 per cent of the cost of state and territory COVID-19 responses including vaccine delivery, testing and treatments
- \$48.3 million in 2022–23 to extend the GP-led Respiratory Clinics program, which delivers face-to-face care, respiratory assessments, COVID-19 testing and treatment of COVID-positive patients
- extending medical indemnity legislative arrangements to continue access to the Run-Off Cover Scheme to support eligible doctors and midwives returning to the workforce to help address shortages arising from COVID-19.

The RACGP acknowledges this budget confirmed the extension of the GP respiratory clinics as part of the ongoing COVID-19 response.

The COVID-19 pandemic has highlighted the leading role general practice plays in responding to infectious disease outbreak. GPs have been at the forefront of the pandemic response - from providing continuity of care for Australians through uncertain times, providing primary care for COVID positive patients, administering over 50% of the nation's COVID-19 vaccines and more recently responding to the longer term effects of the pandemic such as long-COVID, repeated COVID-19 infections and the impact on Australia's healthcare system.

COVID-19 Package – personal protective equipment and rapid antigen tests

The Government will provide \$410.3 million in 2022–23 for the procurement and distribution of rapid antigen tests (RATs) and personal protective equipment (PPE) to support COVID-19 outbreak management and prevent the spread of COVID-19 in high-risk settings.

The RACGP acknowledges the extended access to PPE from the National Medicines Stockpile until the end of 2022. GPs are unable to provide care to their patients safely without proper PPE. The need for this equipment is particularly acute when consulting with patients, who may have COVID-19 but have not yet been tested or are awaiting results.

While public health measures are being wound back, they must remain available for use when required and be flexible and appropriate to the current COVID environment. Uncertainty remains regarding the ongoing threat and future outbreaks. The distribution of PPE requires ongoing support to ensure general practices are supplied according to their needs based on patient numbers and confirmed infection rates in local areas.

COVID-19 Package – vaccines and treatments

The Government will provide \$355.8 million in 2022–23 for the distribution and uptake of COVID-19 vaccines across Australia.

The RACGP welcomes ongoing support for COVID-19 vaccines and treatments. Australia is fortunate to have a highly vaccinated population, however the uptake of booster doses has remained low. Community complacency must be challenged through continued information on and awareness of the benefits of remaining up to date with COVID vaccinations.

Rural health

Rural and regional health

The Federal Government will provide \$143.3 million over 4 years to support access to healthcare in rural and regional areas by spending in primary care services, training, workforce incentives and trials for innovative models of care. Funding includes:

- \$74.1 million over 4 years from 2022–23 to introduce tiered financial incentive payments to recognise doctors with additional recognised skills practising in rural and remote regions, as part of the doctor stream of the Workforce Incentive Program
- \$29.4 million over 4 years from 2022–23 to expand the list of eligible health professionals and increase the rural loading in the practice stream of the Workforce Incentive Program
- \$24.7 million over 4 years from 2022–23 to fund an additional 3 rounds of the Innovative Models of Care Program to trial new primary care models
- \$8.4 million over 3 years from 2023–24 to provide 15 additional hospital-based training posts per year for rural generalists and rural general practitioners to attain specialist and advanced skills in regional and remote Australia
- \$5.6 million in 2025–26 (and \$11.2 million per year ongoing) to provide additional rural primary care training rotations for junior doctors through the John Flynn Prevocational Doctor Program
- \$0.8 million over 4 years from 2022–23 to fund 10 additional Single Employer Model trials in rural and remote areas from 1 July 2023
- \$0.4 million in 2022–23 to Coast & Country Primary Care for the Health on the Streets Initiative to provide care services for Australians experiencing homelessness on the east coast.

The Government will also expand the locations classified as Distribution Priority Areas for an additional 12 months. The cost of this measure will be partially met from within the existing resourcing of the Department of Health and Aged Care. The RACGP welcomes confirmation of the \$143.3 million in funding for rural and remote areas. RACGP advocated for expanded and increased Workforce Incentive Program spending to support rural GPs and practices. These, and other initiatives encompassing remote, rural and regional health, are welcome measures to address workforce shortage. However, far more support is needed to address the healthcare crisis.

Improving primary care in rural and regional Australia

The Government will provide \$61.8 million over 6 years from 2022–23 to fund local health investment projects in rural and regional locations to improve primary care outcomes and reduce pressure on hospital emergency departments.

Funding includes:

- \$28.7 million over 6 years from 2022–23 to restore and provide ongoing funding to the GP Access After Hours program in the Hunter Region of New South Wales (NSW)
- \$4.4 million over two years from 2022–23 to reopen the Minor Accident and Illness Centre at the Morayfield Health Hub in Queensland
- \$4.0 million over 5 years from 2023–24 to develop a medical research centre within the Launceston General Hospital in Tasmania
- \$3.0 million over 3 years from 2022–23 to improve access to quality end-of-life care at the newly established Anam Cara House palliative care facility in Geelong, Victoria.

Partial funding for this measure has already been provided for by the Government.

Rural Health and Medical Training for Far North Queensland

The Government will provide \$13.2 million over 3 years from 2023–24 to James Cook University to provide 20 additional Commonwealth supported places on an ongoing basis, and to establish a new medical training campus in Cairns. This measure delivers the Government’s election commitment as published in the Plan for a Better Future.

Aboriginal and Torres Strait Islander Health

The Government will provide \$314.8 million over 5 years from 2022–23 to support the Government’s commitment to close the gap for First Nations peoples’ health and wellbeing outcomes. This includes:

- \$164.3 million over 4 years from 2022–23 to invest in modern health clinics in areas of large and growing First Nations populations, as well as targeted investments to build capacity for chronic disease treatment and rehabilitation.
- \$54.3 million over 5 years from 2022–23 to deliver up to 500 First Nations Certificate III and IV traineeships in Aboriginal and Torres Strait Islander Primary Health Care.
- \$45.0 million over 4 years from 2022–23 to invest in 30 new and upgraded dialysis units to improve the health of First Nations peoples with end-stage kidney disease
- \$14.2 million over 3 years from 2022–23 to provide additional support for rheumatic heart disease treatment, detection and prevention activities in high-risk First Nations communities
- \$10.1 million in 2022–23 for CareFlight to increase its capacity to deliver aeromedical services in the Northern Territory
- \$1.9 million in 2022–23 to provide two dialysis treatment buses in regional New South Wales and upgrade medical equipment in order to improve access to medical support for First Nations peoples
- \$0.3 million in 2022–23 for grants to community organisations for a medical consulting room, play areas and gym equipment to improve the health and wellbeing of First Nations peoples.

The RACGP congratulates and welcomes the Federal Government commitment to the Uluru Statement from the Heart. The RACGP also welcomes the initiatives concerning increasing Aboriginal and Torres Strait Islander workforce in the health sector. However, analysis of government budgets has raised the serious issue of the insufficient funding allocation by governments to solve the complex problems afflicting Aboriginal and Torres Strait Islander Health communities.

Access to medicines

Pharmaceutical Benefits Scheme – Cheaper Medicines Package

The Federal Government will be providing \$2.6 billion funding for cheaper medicines. This funding includes:

- \$787.1 million over 4 years from 2022-2023 for Pharmaceutical Benefits Scheme (PBS) general co-payment reduction from \$42.50 to \$30.
- \$1.4 billion over 4 years from 2022–2023 for new and amended listings on the Pharmaceutical Benefits Scheme (PBS), Repatriation PBS, the Life Savings Drugs Program, the National Diabetes Services Scheme and the Stoma Appliance Scheme, including:
 - \$22.8 million to extend the listing of oral COVID-19 antivirals
 - \$73.9 million spend on joint initiatives with states and territories for prioritised access to Monkeypox vaccines and treatments for key populations
 - \$11.0 million save over 4 years from 2022–2023 by listing avalsugosidase alfa (Nexvizyme®) on the Life Saving Drugs Program (LSDP).
 - \$327.7 million over 4 years from 2022–2023 for Flash Glucose Monitoring and Continuous Glucose Monitoring devices for Australians with Type 1 Diabetes.

The RACGP welcomes and supports any funding that reduces cost and/or increases access to life-changing medicines for Australians. We hope the announcement that the Government will extend the listing of COVID-19 oral antivirals will

be followed swiftly by the department accepting the recommendations from Pharmaceutical Benefits Advisory Committee to add these life-saving medicines to the Prescriber Bag. Timely access to these medicines is crucial for improved health outcomes and adding these to the Prescriber Bag will assist patients in rural and remote areas and emergency situations to access these at the time of consultation with their GP.

Aged care

Implementing Aged Care Reform

The Government will provide \$540.3 million over 4 years from 2022–23 to improve the delivery of aged care services and respond to the Final Report of the Royal Commission into Aged Care Quality and Safety. Funding includes \$312.6 million over 4 years from 2022–23 for essential aged care information and communication technologies system maintenance and enhancements, including streamlined reporting, and to enable aged care sector reform.

The RACGP welcomes funding to support the implementation of technologies across the aged care sector.

GPs play a critical role as the care coordinators in the aged care system, seeing over 90 per cent of permanent aged care residents.

The RACGP recommends the Federal Government's aged care and digital reform agendas prioritises the seamless sharing of clinical information in real time across general practice and aged care, creating a 'single source of truth' medical record accessible to all clinicians involved in an older person's care to support safe, quality care. We look forward to working with the Department to implement solutions which align with our position statement on the [seamless exchange of information between aged care and general practice](#).

'Fixing the Aged Care Crisis'

The Government will provide \$2.5 billion over 4 years from 2022–23 to reform the aged care system. Funding includes:

- \$2.5 billion over 4 years from 2022–23 to improve the quality of care in residential aged care facilities by requiring all facilities to have a registered nurse onsite 24 hours per day, 7 days a week from 1 July 2023 and increasing care minutes to 215 minutes per resident per day from 1 October 2024
- \$23.2 million over 4 years from 2022–23 to improve aged care infrastructure and services that provide additional support to older First Nations peoples, and older Australians from diverse communities and regional areas.

The RACGP welcomes this funding to strengthen and improve the aged care workforce and the delivery of high-quality aged care services. However, we continue to draw attention to the importance of continuity of GP-led care for older people. Many GPs face significant barriers to providing care to older people, particularly those in residential aged care facilities. The RACGP will continue to advocate for greater support for these GPs to deliver high-quality care.

Disability sector

National Disability Insurance Scheme

Total funding for the NDIS will reach \$166.6 billion over four years, an increase of \$8.8 billion. This additional funding accounts for expected growth in participants' plans.

The Government has announced an independent NDIS Review led by a panel of experts and people with disability to create a roadmap for improving the NDIS, rebuild community trust and ensure the scheme's future sustainability. The Government will also provide \$158.2 million for an additional 380 permanent staff for the National Disability Insurance Agency (NDIA).

The RACGP welcomes the Government's commitment to funding the NDIS despite cost pressures. While the NDIS is not a funding source for general practice patient care, RACGP representatives are engaged in ongoing discussions with the NDIA around the role of GPs in helping patients to access supports and navigate the scheme.

The RACGP is providing feedback as part of the development of a new access and planning process for people with disability.

Support for people with intellectual disability

The Federal Government will provide \$15.9 million over four years from 2022–23 (and \$6.6 million per year ongoing) to establish and support a National Centre of Excellence in Intellectual Disability Health. Partial funding for this measure has already been provided.

The RACGP welcomes this funding. Earlier this year we supported the Council for Intellectual Disability's 'End Deadly Disability Discrimination' campaign, which called on all parties contesting the 2022 federal election to prioritise the health of people with intellectual disability.

Research

There is no significant new funding for primary care research. The Medical Research Future Fund (MRFF) has reached its maximum annual disbursement of \$650 million. The RACGP will continue to advocate for the primary care portion of the MRFF 10-year investment plan to be increased from less than 1% to a proportion that better represents the role of primary care in the Australian health system.

Other

Access to After-Hours Primary Care Services – Brighton Walk-In After-Hours Health Centre

The Federal Government will spend \$1.6 million in 2022-23 to build an after-hours walk in clinic in Brighton, Tasmania.

This announcement is a reconfirmation of funding that was announced by the Australian Labor Party prior to the 2022 Election. However, since the election, the Brighton community has seen the closure of a general practice clinic in the area due to issues with retaining permanent medical workforce.

This funding is a missed opportunity to support access to the required GP care for this community. Funding for infrastructure alone will not increase patient access to care. Workforce considerations need to be front and centre of measures aiming to increase access to GP services.

Australian Centre for Disease Control – design and consultation

The Government will provide \$3.2 million in 2022–23 to undertake the initial design for the establishment of an Australian Centre for Disease Control. The design work will incorporate stakeholder consultations to ensure the new Centre will support improved pandemic preparedness and response, as well as the prevention of chronic disease.

The RACGP welcomes the planned establishment of an Australian Centre for Disease Control (The Centre). The RACGP looks forward to working productively with the Department to support the development of the Centre to ensure GPs are appropriately and consistently included in infectious disease outbreak preparedness, response and recovery across Australia.

Disaster Ready Fund

The Government will provide \$630.4 million over 4 years from 2022–23 to strengthen Australia's resilience to disasters. Funding includes:

- up to \$200.0 million per year from 2023–24 for the Disaster Ready Fund to co-contribute in support of resilience projects nominated by the state and territory governments to strengthen Australia's disaster readiness and resilience
- \$30.4 million in 2022–23 to implement disaster resilience initiatives across 30 local government areas.

The RACGP welcomes funding to support disaster response and GPs must be included in disaster response following the recommendations from the Royal Commission into National Natural Disaster Arrangements back in 2020.

In times of natural disaster and emergencies, the health impact on people and communities is significant. GPs are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies. However, general practice is not currently represented formally, permanently, or consistently in federal,

state/territory or local disaster management planning, resulting in inconsistent utilisation of GP skill sets, and poor communication with general practice, in times of disaster.

The development and implementation of a framework for the inclusion of general practice in disaster planning and response at federal, state/territory and local levels is needed to address these issues, protecting community health and wellbeing in times of disaster. Developing clear roles and responsibilities for GPs participating in disaster planning and response will support greater confidence and willingness of GPs to participate.

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