



# Pre-Budget Submission

## National Centre of Excellence in Intellectual Disability Health

February 2026

The Hon Dr Jim Chalmers MP  
Treasurer  
Parliament House  
CANBERRA ACT 2601

Dear Treasurer

**Pre-Budget Submission: National Roadmap for Improving the Health of People with Intellectual Disability**

Thank you for the opportunity to provide a submission in the 2026-27 pre-Budget process.

The National Centre of Excellence in Intellectual Disability Health ('the Centre') is calling for the Government to invest \$10 million over four years to support scholarships for primary health care professionals to undertake continuing professional development (CPD) in intellectual disability health.

This would represent the next sensible step in implementing the National Roadmap for Improving the Health of People with Intellectual Disability, to which the Government has expressed repeated commitment.

**Background**

People with intellectual disability, who comprise about 2 per cent of the Australian population, experience the worst health outcomes of any population group. Their average age at death is some 27 years younger than other people<sup>1</sup>. This life expectancy gap is driven by a much higher prevalence of preventable disease, including chronic disease and mental illness<sup>2</sup>.

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<sup>1</sup> Trollor J, Srasuebkul P, Xu H and Howlett S (2017) 'Cause of death and potentially avoidable deaths in Australian adults with intellectual disability using retrospective linked data', *BMJ Open*, doi:7:e013489, doi:10.1136/bmjopen-2016-013489.

<sup>2</sup> Reppermund S, Srasuebkul P, Dean K, Trollor JN. Factors associated with death in people with intellectual disability. *J Appl Res Intellect Disabil.* 2020; 33: 420-429. <https://doi.org/10.1111/jar.12684>

In the absence of effective management, people with intellectual disability attend emergency departments and are admitted to hospital at twice the rate of the general population<sup>3</sup>. Potentially preventable hospitalisations of people with intellectual disability are 3.5 to 4.5 times the rate of the general population<sup>4</sup>. Mental health services utilisation is almost six times the rate<sup>5</sup>.

Because the communication of health professionals with people with intellectual disability is poorly adapted to their needs, people with intellectual disability also report poor experiences in the health system, resulting in adverse events<sup>6</sup> and a greater need for repeat presentations<sup>7</sup>.

The National Roadmap for Improving the Health of People with Intellectual Disability ('the Roadmap'), which sets out a 10-year series of actions, was adopted in August 2021. The Government committed to its implementation in the 2022 and 2025 elections.

We welcome the Government's announcement in the 2025 Mid-Year Economic and Fiscal Outlook of a two-year extension of the Primary Care Enhancement Program (PCEP), which is trialling efforts in four Primary Health Network regions to improve general practice and other primary care providers' engagement with intellectual disability health. We note the original intent of the PCEP was to inform a national rollout. We look forward to the second evaluation of the program becoming available to help inform decision-making.

As we approach the five-year mark of the Roadmap, the Centre is concerned that implementation has slowed. We have been in continuing discussion with the Department of Health, Disability and Aged Care ('the Department') about the highest priorities for implementation.

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<sup>3</sup> Doherty M, Neilson S, O'Sullivan J et al. Barriers to healthcare and self-reported adverse outcomes for autistic adults: a cross-sectional study. *BMJ Open* 2022; 12: e056904.

Lunsky Y, Lin E, Balogh R, Klein-Geltink J, Wilton AS, Kurdyak P. Emergency department visits and use of outpatient physician services by adults with developmental disability and psychiatric disorder. *Can. J. Psychiatry* 2012; **57**: 601-607.

<sup>4</sup> Weise JC, Srasuebkul P, Trollor JN. Potentially preventable hospitalisations of people with intellectual disability in New South Wales. *Med J Aust* 2021; 215 (1): 31-36.

<sup>5</sup> Srasuebkul P, Cvejic R, Heintze T, Reppermund S, Trollor JN. Public mental health service use by people with intellectual disability in New South Wales and its costs. *Med J Aust* 2021; 215 (7): 325-331.

<sup>6</sup> Coroners Court of New South Wales. Inquest into the death of Finlay James Browne. 10 May 2024

<sup>7</sup> Balogh R, Lin E, Dobranowski K, Selick A, Wilton AS, Lunsky Y. All-Cause, 30-Day Readmissions Among Persons with Intellectual and Developmental Disabilities and Mental Illness. *Psychiatric Services* 2018; 69: 353-357.

Amongst the highest priorities, repeatedly identified by people with intellectual disability and their supporters, is better training of health care workers to provide quality care for people with intellectual disability.

The Intellectual Disability Health Capability Framework, co-designed with people with intellectual disability and a range of professional stakeholders, was developed over a two-year period and published in April 2024, to help ensure university curricula for future health care professionals devote appropriate attention to the needs of people with intellectual disability. The Centre is advocating with universities and accreditation authorities to implement the Framework which, to align with curriculum review cycles, will necessarily take some years.

Attention is now needed to ensure the existing body of Australia's primary health care workforce, including the large numbers of overseas-trained health professionals working in Australia, are appropriately equipped to provide quality care to people with intellectual disability through continuing professional development (CPD). This workforce is pivotal to ensuring access to preventive health care for people with intellectual disability. Given that 2 per cent of the population have intellectual disability, all primary health care workers can expect to see people with intellectual disability regularly and need training to provide quality care.

The initial evaluation of the Primary Care Enhancement Program in intellectual disability health, published in July 2025, reported very low take-up by general practices of CPD opportunities in intellectual disability health offered by Primary Health Networks (PHNs). PHNs report that GPs are more likely to take up these opportunities when recompensed for their time.

There is a strong range of suitable online training material available to primary health professionals, for example modules developed by the Centre and the Council for Intellectual Disability, available both via PHNs and the Royal Australian College of General Practitioners, and on commonly used platforms like Medcast. However, without financial incentives, take-up of these modules is low.

## **Proposal**

The Centre proposes the Government invest in a \$10m program of Primary Care CPD Scholarships in Intellectual Disability Health to begin to address the need

for better training of our existing health workforce. The scholarships would be focused on primary care workers as the Commonwealth's core area of responsibility in health. (The Centre is also calling on state and territory governments to support appropriate training of health care workers in the hospital and specialist systems.)

The scholarships would be open to general practitioners (GPs), nurse practitioners, primary health care nurses and Aboriginal Health Practitioners<sup>8</sup> in the first instance. To qualify, these workers would need to complete a free one-hour online Introduction to Intellectual Disability Health module, including a short assessment.

A \$10 million program over four years could support a scholarship scheme with the following parameters:

Profession	Scholarship amount	No. of scholarships over four years	Hours of CPD in scholarship	Rate per hour	Total annual CPD for profession	Total numbers of profession in Australia	Percentage reached over four years
GPs	\$3000	2000	15	\$200	50	39,450	5%
Primary Health Care Nurses and Nurse Practitioners	\$1500	2600	10	\$150	20 20+10 (Nurse Practitioners, for prescribing etc)	98,000 2,200 (NPs)	2.6%
Aboriginal Health Practitioners	\$1000	100	10	\$100	20	1000	10%

As the scholarships can only reach a small percentage of health professionals each year, the Centre proposes this become an ongoing annual scheme with costs of \$2.5 million per annum. The scholarships could be administered by the relevant professional colleges and associations, with assistance from Primary Health Networks to help support uptake and geographical reach.

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<sup>8</sup> It is proposed to start with this set of health care workers in primary care settings as those with core responsibilities for providing holistic care to people with intellectual disability. Over time, Government could consider extending the program to allied health professionals providing continuity of care for people with intellectual disability.

In the first year (2026-27), the funding could be used to support the Centre, the relevant professional colleges and associations and the PHNs to finalise formal structured CPD programs, with scholarships to be awarded from 2027-28.

Profession	Relevant colleges and associations
GPs	<ul style="list-style-type: none"> <li>• Royal Australian College of General Practitioners</li> </ul>
Nurses	<ul style="list-style-type: none"> <li>• Australian College of Nursing</li> <li>• Australian Primary Health Care Nurses Association (APNA)</li> </ul>
Nurse practitioners	<ul style="list-style-type: none"> <li>• Australian College of Nurse Practitioners</li> </ul>
Aboriginal health practitioners	<ul style="list-style-type: none"> <li>• National Aboriginal Community Controlled Health Organisation</li> <li>• National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)</li> </ul>

### Additional background

There are a range of existing scholarship schemes for health professionals to upgrade their skills or undertake training in particular skill areas, for example:

- The Australian College of Nursing administers scholarships in Wound Care worth up to \$1500 each to support completion of graduate certificates for nurses and short courses for Aboriginal Health Practitioners and Aboriginal Health Workers.
- The Health Workforce Agencies administer Rural and Remote Nursing bursaries worth up to \$10,000 each to support rural and remote nurses to undertake additional qualifications.
- The Australian College of Nurse Practitioners administers scholarships of up to \$15,000 and up to \$30,000 for nurses and midwives to upgrade their qualifications.
- The Australian General Practice Research Foundation offers Conference Awards worth \$350-\$500 each to support GPs attending conferences.
- The Hunter New England PHN administers a Central Coast GP Scholarship Program which supports GPs to undertake structured CPD programs of up to 40 hours in priority areas including paediatrics, geriatric medicine and palliative care.

We look forward to the Government's positive consideration of this proposal. The Centre stands ready to assist the Treasury and the Department of Health, Disability and Aged Care in providing further information and/or further developing the proposal as required.

Yours sincerely,



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