



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Prioritising Health
2023 New South Wales election statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and over 9000 trainee physicians across Australia and New Zealand, including 5619 physicians and 2229 trainee physicians in New South Wales.¹

The College represents a broad range of medical specialties, including general medicine, paediatrics and child health, rehabilitation medicine, geriatric medicine, infectious diseases, cardiology, respiratory medicine, neurology, oncology, addiction medicine, public health medicine, occupational and environmental medicine, palliative medicine, and sexual health medicine.



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.

Executive summary

The RACP and its NSW & ACT Regional Committee are committed to advocating for the development of health policies that are based on evidence, informed by specialist expertise and experience. Our advocacy is focused on ensuring the provision of high-quality healthcare accessible to all, integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

Our priority areas reflect the clinical expertise and professional experience of our members, as well as the opportunities for improvement that physicians, paediatricians and trainees encounter in the course of their work across the state:

1. Supporting the specialist workforce to meet growing healthcare needs
2. Fostering a culture of wellbeing for physicians and trainee physicians
3. Delivering appropriate and sustainable Urgent Care Clinics
4. Creating a climate-ready and climate-friendly healthcare system (Healthy Climate Future Campaign)
5. Supporting the health and wellbeing of children and young people to recover from the setbacks of the COVID-19 pandemic (Kids COVID Catch Up Campaign)
6. Raising the age of criminal responsibility
7. Reducing harm by responding to drug use as a health issue.

A safe and well-resourced medical specialist workforce is essential to a functioning, effective and sustainable health system. The NSW health workforce faces many challenges that have been further exacerbated by the ongoing COVID-19 pandemic, such as increasing pressures and demands affecting health workers' mental health and wellbeing, and an uneven distribution of medical professionals across locations and specialties. Our objective is to advocate for improvements to the NSW health system to better meet the population's health needs in a sustainable way.

The RACP Board has a clear commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education as core business of the College, implemented by a comprehensive Indigenous Strategic Framework. We are a founding member of the Close the Gap Campaign for equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030. We advocate strongly in conjunction with valued partners including Indigenous peak health organisations.

Our priorities

1. Supporting the specialist workforce to meet healthcare needs

We must ensure the specialist workforce can meet increasing healthcare needs in NSW. This requires matching the specialist workforce to need, as well as growing and training the specialist workforce of the future.

Rural, regional and remote areas have higher rates of avoidable chronic health conditions while access to specialist care remains inadequate.² In a recent AIHW survey, people in rural, remote and very remote areas were more likely to indicate that not having a specialist nearby was a barrier to seeing one (50 percent compared with 6 percent of urban patients).^{3 4}

Attraction and retention strategies should be developed that support quality professional development opportunities and attract physician and paediatrician trainees to rural and regional settings. We urgently need to retain junior doctors in rural and regional settings so that they can complete their training there. We are particularly concerned about the potential for increases in service delivery gaps in regional specialist workforce levels, including paediatric specialists. We recommend a renewed focus on workforce investment that serves the whole population equitably and efficiently.

A greater focus on specialist attraction and retention in rural and regional areas would help more junior doctors complete their training in these areas and would create a specialist pipeline to improve patient access. Simultaneously, the incoming government should make priority investment in technologies enabling greater connectivity of rural and regional communities to specialists, including telehealth facilities and video technology packages, where appropriate.

We note that across political party lines, health workforce plans are being proposed or are currently in progress. The RACP urges the incoming government to incorporate physicians and trainee physicians and to appropriately fund workforce strategies. We invite ongoing consultation with the RACP for implementation, including for the forthcoming NSW Regional Health Plan 2022-2032.

We call on the incoming government to:

- Increase career pathways for Career Medical Officers and Junior Medical Officers (JMOs) across the NSW health system by providing doctors with rural and regional experience, attractive training and career opportunities. These might include recognition of rural/regional training by medical colleges as equivalent to significant research, flexible contract lengths for the JMOs and the introduction of minimum rural/regional training times for Basic Physician Training and Advanced Physician Training.
- In partnership with the Commonwealth and specialist medical colleges, support the development of rural specialist training hubs to attract and retain specialist trainees across rural sites and facilitate the transition to ongoing rural specialist practice.
- Track, map, and research the effects of increased rural medical scholarships on long-term specialist workforce distribution (the NSW Government recently more than doubled its rural medical scholarship commitment to attract and retain qualified medical staff in these areas and provide care to patients in place).
- Support our advocacy for a dedicated national training program for the public health workforce to address the workforce shortages exacerbated by the pandemic.
- Provide funding to increase the number of Aboriginal and Torres Strait Islander health professionals, including the integration of specialist care into Aboriginal Community Controlled Health Services.⁵
- Adequately fund additional video technology and telehealth packages for the NSW health system to improve timely connectivity between patients and specialists, including across the metropolitan, rural and regional divide.
- Fund appropriate inpatient rehabilitation beds and staffing levels.
- Commit to working across sectors to remove barriers to discharge, including accessible rehabilitation, disability services and supported accommodation.
- Commit to developing and implementing of a culture of high-value care across NSW, including supporting the RACP's flagship Evolve initiative, led by physicians and the RACP to drive high-value, high-quality care.

2. Fostering a culture of wellbeing for physicians and trainee physicians

Wellbeing of health practitioners is vital for safe and effective healthcare.

We are concerned that workloads, especially for trainees, continue to intensify and burnout is worsening. Of the 3,700 RACP trainees surveyed in the 2022 Medical Training Survey:

- 60% of RACP trainees considered their workload heavy or very heavy, an increase of 8 percentage points since 2021.
- More than 1 in 3 trainees reported that the amount of work they are expected to do adversely impacts their wellbeing always or most of the time, and 65% of trainees believe that COVID-19 has had a negative impact on their workload, an increase from 43% in 2021.
- Only 1 in 2 trainees reported that they can access protected study time/leave.

These numbers reflect the reality that the current system has failed to support our members and their wellbeing. Our physician educators are working in incredibly tough circumstances to educate a future health workforce with minimal resources, and this is not sustainable. This level of stress does not only affect trainees and physicians. At the end of the day, their workload also impacts the quality of care and health outcomes of the patients they attend to.⁶

Our members see first-hand that junior doctors, in particular, report high rates of burnout and emotional exhaustion. All RACP's NSW trainees are simultaneously engaged in postgraduate specialist medical training and work in accredited training locations throughout the state's health system. The RACP recognises that high-quality specialist training is demanding and that there are intrinsic pressures and stressors within medical workplaces.

We believe that improving the health and wellbeing of trainees requires the cooperation of government, hospitals, health services, specialist colleges, training supervisors, doctors' own primary and specialist clinicians, and doctors themselves.

The RACP has previously joined the NSW Government, other medical colleges, educators, and regulators in endorsing the NSW Health [Statement of Agreed Principles on a Respectful Culture in Medicine](#), which recognises that "past practices and behaviours have not always met the accreditation standards required to provide a safe, inclusive and respectful environment."

The RACP is determined to take an active role in shaping a healthier training culture for physicians and paediatricians. Our new accreditation standards reflect our expectation that all training sites provide a safe, respectful working and learning environment and address any behaviour that undermines self-confidence or professional confidence as soon as it is evident.

The RACP seeks a continuing commitment from governments to work in partnership with the College to combat discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalise, and accommodate safe work arrangements and practices, and to support all aspects of a physician's work, including leadership, training, and career development opportunities in a way that is appropriately mindful of family and other care responsibilities. Bullying or harassment of any kind is totally unacceptable – to or from Fellows, trainees (of the RACP or other colleges), non-trainee junior doctors, other health practitioners, patients, or anybody. The RACP has zero tolerance for such behaviour.⁷

There are areas for improvement for senior doctors' access to research and professional development opportunities. Many physicians and paediatricians have only enough time for clinical duties. The RACP encourages the incoming government in the next term of parliament to explore measures that support senior doctors' ongoing professional development and flexibility to conduct research. To improve the quality of prevention, screening, diagnosis, treatment and recovery of our patients, we need our senior clinicians to be actively involved in medical research. We need to promote the connections between research and clinical work so that patients can achieve better health and wellbeing. The incoming government needs to fund and support opportunities for research and professional development to continually build the skills of our workforce into the future.

Regional, rural and remote specialists already face professional challenges that can impede good patient care as well as practitioner wellbeing. We urge a focus on regional, rural, and remote workplaces as part of the government's responsibility to maximise wellbeing.

Our recommendations reflect the RACP's strong support for building a safe and respectful training culture for junior doctors and high-quality specialist care for patients.

We call on the incoming government to:

- Commit to providing a positive workplace culture and working conditions for trainees and physicians and provide workforce models that support high-quality specialty training, including research support.
- Work collaboratively with the RACP and other stakeholders to eliminate bullying and harassment.
- Boost the state's healthcare workforce by strengthening the capacity to train medical specialists and resourcing the overall system to serve the population's needs fairly and equitably.
- Support strategies for flexible training, work hours, parental leave and other support mechanisms for specialists and doctors in training within the NSW health system and support our advocacy for national training and employment flexibility, where appropriate.
- Develop a system of locum support to maintain service delivery in areas with specialist cover provided by very few practitioners. This should cover routine planned staff leave plus leave for specialty continuing professional development to encourage a highly trained and safe specialist workforce.
- Become a signatory to our [Health Benefits of Good Work](#) principles, an initiative from the RACP's Australasian Faculty of Occupational and Environmental Medicine to further champion health, wellbeing, and supportive workplace culture in the health sector.
- Join the RACP in committing to gender equity in medicine and health leadership, including endorsing the UN Women's Empowerment Principles.
- Urgently implement and appropriately fund mental health initiatives and practical supports for healthcare workers, offering a range of mental health initiatives and practical supports for them and their families. These should be based on [the National Mental Health and Wellbeing Pandemic Response Plan](#) and the lessons of its implementation.⁸

3. NSW Urgent Care Clinics

We welcome the establishment of Urgent Care Clinics in NSW. Overseas experience shows Urgent Care Clinics can help relieve pressure on hospitals and support patients within community settings. To do so, the clinics must have access to a range of health professionals, including specialist physicians and paediatricians, for assessment and triage.^{9 10} While Urgent Care Clinics are intended to address minor illnesses and injuries, in practice, paediatric and adult patients often present with complex presentations requiring advanced coordination, especially in rural and remote areas of the country where these clinics see virtually all categories of presentations.¹¹ Specialist physicians and paediatricians support and enhance care management pathways that do not require hospitalisation. By including physicians and paediatricians in the planning and funding of the clinics, the incoming government can best ensure the clinics improve access and relieve pressure on hospitals, becoming truly interconnected with the broader healthcare system and tailoring services to local area needs.¹²

We call on the incoming government to:

- Provide long-term sustainable funding for NSW Urgent Care Clinics to sufficiently resource effective co-piloted multidisciplinary team-based care models.
- Involve RACP members in planning clinical assessment, treatment and triage protocols within NSW Urgent Care Clinics. Physicians and paediatricians are specially trained to care for and treat patients with complex illnesses or presentations in collaboration with General Practitioners and allied health professionals.
- Fund independent studies with priority populations exploring the number and location of Urgent Care Clinics needed NSW rural, regional, remote and metropolitan areas to have a marked impact on hospital admissions.

4. Healthy Climate Future Campaign

Medical professionals in NSW are seeing the impacts of climate change on health firsthand. Bushfires, extreme heat, and flooding have severely impacted NSW's healthcare system. We have seen health services evacuated due to extreme flooding, children coughing through smoke haze and the mental health of entire communities put under severe pressure.

We need action to protect the health of patients and communities and to improve the resilience of the healthcare system. In addition, the healthcare sector wants to play its part in reducing the climate emissions feeding the problem. We are calling on all NSW political leaders and candidates to commit to achieving net zero healthcare emissions by 2040.

We're also calling for a boost to the NSW Climate Health and Net Zero Unit to coordinate and guide the development and implementation of locally led resilience strategies, manage innovation and research funds, and work in partnership with the Office of Energy and Climate Change in NSW Treasury. Expanding the Unit has the potential for it to go beyond the research and collaboration functions it currently performs, and drive target-setting and performance measurement capability needed for the next phase of adapting the health sector to climate change.

The COVID-19 pandemic has shown us that rapid system change is possible in the face of serious threats.¹³ Our recovery presents an opportunity to accelerate the delivery of climate resilient and environmentally sustainable healthcare. By supporting our healthcare system to reduce its emissions and to become more adaptable, we can save money in energy costs and deal with extreme weather events. Most importantly, we can act to safeguard the health of our communities and that of future generations.

Through the Healthy Climate Future Campaign, we call on the incoming government to:

- Commit to achieving net zero healthcare emissions by 2040.
- Grow the NSW Health Climate Risk and Net Zero Unit to coordinate and guide the development and implementation of locally led resilience strategies, manage funds, and work in partnership with the Office of Energy and Climate Change in NSW Treasury.
- Establish a Climate Friendly Health System Innovation Fund to provide grants to local health services for implementing emissions reduction, climate impacts and sustainability initiatives. This could be established as a category of the NSW Environmental Trust or as part of NSW Health's planned Net Zero Innovation Program.
- Establish a Climate Ready Health System Research Fund to identify resilience strategies suited to our health system. This could be established via the NSW Health's Net Zero Innovation Program and work in partnership with the Office of Energy & Climate Change in the NSW Treasury.
- Develop and implement locally led resilience and adaptation plans for the healthcare sector.
- Audit, monitor and report on healthcare system emissions, and set more ambitious objectives going forward.
- Substantially contribute to developing and implementing of the National Strategy for Climate Change, Health and Wellbeing.
- Urgently transition to zero emissions including a rapid transition to 100% clean renewable energy across all economic sectors with support for affected communities to improve health and address the underlying causes of climate change.

5. Supporting the health and wellbeing of children and young people to recover from the setbacks of the COVID-19 pandemic – Kids COVID Catch Up Campaign

Paediatricians, specialist physicians, and trainee doctors across NSW and Australia have come together to call for a COVID-19 recovery plan for children and young people. These doctors have seen firsthand the setbacks that young people have experienced from the impact of the COVID-19 pandemic. The impacts of these setbacks have not been equal. COVID-19 has amplified existing inequalities across our communities, impacting children from low socio-economic backgrounds, First Nations children, children from culturally diverse backgrounds, children with disability, and children experiencing family violence. 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 sports and creative activities, the COVID-19 pandemic has overturned many parts of children's lives that are crucial for their healthy development.

Established by the RACP's Child Health and Paediatrics Division, this campaign forms part of the implementation of the broader [Child Health Advocacy Strategy 2022-25](#) and stems from three key policy position statements:

- [Inequities in Child Health](#) (2018)
- [Early Childhood: The Importance of the Early Years](#) (2019)
- [Indigenous Child Health in Australia and Aotearoa New Zealand](#) (2020).

With the [Kids COVID Catch Up Campaign](#), the RACP and its NSW & ACT Regional Committee are calling on leaders from across the political spectrum to commit to policy measures to help our kids catch up.

We call on the incoming government to:

- Work collaboratively with other jurisdictions and the Federal Government as part of a National COVID-19 Taskforce to coordinate a recovery plan for children and young people.
- Contribute to the implementation of the National Children's Mental Health and Wellbeing Strategy in NSW.
- Extend the ongoing [COVID Intensive Learning Support Program](#) beyond 2023, to students most impacted by COVID-19, including priority populations and students with disability and/or learning difficulties, and fund appropriate research and feasibility studies into making ongoing catch-up style learning support a normal part of public education in NSW.
- Implement universal access to quality early childhood education programs for all three year-olds as part of the [announcement of high-quality universal pre-Kindergarten year for all children in NSW in the year before school by 2030](#). Include a dedicated focus on quality Aboriginal and Torres Strait Islander community-controlled integrated services.
- Restrict marketing of unhealthy diets to children and young people through regulation and standards in NSW.

6. Raising the age of criminal responsibility

The RACP, along with the Australian Medical Association¹⁴ and the Australian Indigenous Doctors' Association¹⁵, recommends raising the minimum age of criminal responsibility to at least 14 years of age in all Australian jurisdictions. Children aged 10 to 13 years in the youth justice system are physically and neurodevelopmentally vulnerable. Most children in the youth justice system also have significant additional neurodevelopmental delays. In addition, children aged 10 to 13 years in juvenile detention have higher rates of pre-existing psycho-social trauma, which demands a different response to behavioural issues than older children.¹⁶

A range of problematic behaviours in 10 to 13-year-old age children that are currently criminal under existing NSW law are better understood as behaviours within the expected range in the typical neurodevelopment of 10-to-13 year olds with significant trauma histories (typically actions that reflect poor impulse control, poorly developed capacity to plan and foresee consequences, such as minor shoplifting or accepting transport in a stolen vehicle).¹⁷

Given the high rate of neurodevelopmental delay experienced by children in juvenile detention, including conditions such as Fetal Alcohol Spectrum Disorder (FASD) and delayed language development, these behaviours often reflect the developmental age of the child, which may be several years below their chronological age. Determining criminal responsibility based on a chronological age is inappropriate for children who may have a much lower developmental age due to several medical and developmental conditions.

Young children who exhibit problematic behaviour due to their neurodevelopmental conditions need appropriate healthcare and protection. Involvement in the youth justice system is not an appropriate response to addressing problematic behaviour stemming from these conditions and from the broader social determinants of health. Indeed, the criminal justice system further damages and disadvantages already traumatised and vulnerable young children.

The [RACP position statement on the Health and Wellbeing of Incarcerated Adolescents](#) provides further detail on the health issues of young people in contact with the criminal justice system.

We acknowledge the broader community's support for actions to reduce crime, noting that actions to maximise public safety are boosted, not diminished, by actions to maximise child health and wellbeing. Continuing incarceration of young children damages and disadvantages already traumatised and vulnerable children. The harms from incarcerating very young children are severe and long lasting (and harms come from remand as well as custodial sentences). There are also lifelong harms from involvement in the criminal justice system, even if incarceration is not involved.

We note that the ACT Government has committed to raising the age to 14 and has recently published a report¹⁸ outlining how this commitment will be fulfilled. We also acknowledge that NSW has pioneered some successful, evaluated justice reinvestment programs that can be augmented and developed in other parts of the state. We encourage NSW to follow the lead of the ACT and take positive and concrete steps to ending the incarceration of young children.

We call on the incoming government to:

- Raise the minimum age of criminal responsibility to at least 14 years.
- Support RACP advocacy on raising the age to at least 14 years across all Australian jurisdictions at meetings of the Standing Council of Attorneys General.
- Reduce the high rates of incarceration of Indigenous young people.
- Design a comprehensive approach for youth justice that includes adequate support for therapeutic interventions and other evidence-based alternatives to incarceration, including preventive programs, designed in partnership with Indigenous communities, including in rural, regional, and remote NSW.
- Act with urgency to address the recommendations of the [Draft Final Report 2020, Council of Attorneys General, Age of Criminal Responsibility Working Group](#).

7. Reduce harm by responding to alcohol and other drug use and gambling as health issues

Substance use disorder is a health issue with complex biological, psychological and social underpinnings. In its more severe forms, it is a chronic relapsing, remitting disorder characterised by drug seeking and use that is compulsive, difficult to control and persists despite harmful consequences.¹⁹

The underlying cause of substance use disorders can be linked to environmental factors and early adverse life experiences such as trauma, abuse, an unstable childhood or home environment, family substance use and attitudes, and peer and commercial influence, and also to biological factors including genetics, gender, and having concurrent mental health disorders.²⁰ Social determinants that impact on a person's substance use and dependence include their socio-economic status, housing status and security, and education. Due to complex factors including intergenerational dispossession and the impact of the social determinants of health Aboriginal and Torres Strait Islander people are at increased risk of use of most substances. Substance use disorder is a complex issue, not simply a personal choice. Repeated drug or alcohol use leads to changes to the brain that challenge a person's self-control and interferes with their ability to resist intense urges to take drugs.

Governments at all levels need to move away from the dominant paradigm of criminality as the means to deal with individuals who use drugs, as it further entrenches and exacerbates the social disadvantage that often leads to alcohol and other drug use in the first place. The incoming government should instead adopt a health-based approach to drug policy to improve outcomes for individuals and communities more broadly. This means prioritising evidence-based harm reduction, prevention and treatment measures, including providing sustained, long-term funding to increase the capacity of drug and alcohol services to meet the demand for treatment, combined with real and persistent efforts to reduce disadvantage and inequities within society.

We call on the incoming government to:

- Commit to a health-based approach to drug policy in NSW
- Implement in full the recommendations of the NSW Special Commission on Inquiry into the Drug "Ice" including, as matter of priority:
 - the development an evidence-based whole-of-government alcohol and other drugs policy and a Drug Action Plan as recommended in the NSW Special Commission of Inquiry into the Drug 'Ice': Final Report (Recommendations 5 and 6),²¹ in consultation with experts in addiction medicine, general practitioners and other relevant health practitioners and stakeholders.
 - proven harm reduction measures such as the establishment of more medically supervised injecting centres where needed, the piloting of syringe programs in jails, the implementation of pill testing and ceasing the use of problematic approaches such as the use of drug detection dogs and strip searches.
- Adopt evidence-based measures to reduce alcohol related harms including a ban on all alcohol advertising, review of alcohol outlet trading hours and the adoption of minimum unit pricing. New applications for on site or take away alcohol trading premises should include consideration of domestic violence rates in each local community.
- Ensure adequate funding exists so that treatment for drug and alcohol problems is accessible to all members of the NSW community, including people who live in rural and remote parts of NSW.
- Introduce improved and evidence-based measures to decrease harms associated with gambling including a ban on all gambling advertising.

The Way Forward

The RACP calls on all political parties and candidates to commit to the health of all people in NSW extending beyond the election cycle, and to deliver effective evidence-based and expert-informed health policies. We look forward to working collaboratively with the incoming government and all successful candidates to improve the health of all people in NSW. To respond to these election priorities or to seek more information about the RACP and the NSW & ACT Regional Committee, please contact Rhiannon Moran, Senior Executive Officer, by emailing RACPNSW@racp.edu.au.

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¹ As of 2 February 2023.

² [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

³ [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁴ [Survey of Health Care: selected findings for rural and remote Australians, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁵ For information about how this has been done in the past and how successful models can be replicated, see the RACP's [Medical Specialist Access Framework](#).

⁶ Panagioti, Maria, et al. "Association between physician burnout and patient safety, professionalism, and patient satisfaction: a systematic review and meta-analysis." *JAMA internal medicine* 178.10 (2018): 1317-1331. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144>

⁷ See [Respectful Behavior in College Training Programs](#), and [Statement on Safe and Respectful working environment](#) (7 February 2019).

⁸ The national plan identifies that:

There is a particular risk of deterioration in the mental health of frontline and health workers who are actively involved in responding to the COVID-19 pandemic in the short and long term. The physical experience of providing safe care, heightened physical isolation from loved ones, hypervigilance, higher demands in work, and reduced capacity to access social support all heighten the risks for these essential workers. Research from previous pandemics confirms this, demonstrating increased rates of PTSD among these workers.

This has been supported by National Cabinet; we note it was developed with the leadership of NSW, Victoria, and the Commonwealth). It is a NSW Government responsibility to deliver on the actions which the Plan outlines.

⁹ RACP, 'Access to specialist physicians must be included in establishment of urgent care clinics in NSW and VIC', media release 31 August 2022 [online]; Access to specialist physicians must be included in establishment of urgent care clinics in NSW and VIC ([racp.edu.au](https://www.racp.edu.au)).

¹⁰ RACP, 'No choice but to face the crisis- RACP says Federal Budget must invest in healthcare system', media release 22 October 2022 [online]; No choice but to face the crisis - RACP says Federal Budget must invest in healthcare system

¹¹ Victorian Government (2017), Urgent care centres: Models of care toolkit [online]; [ucc-models-care-toolkit.pdf](#) ([health.vic.gov.au](https://www.health.vic.gov.au)), p. 6

¹² Meeting of National Cabinet Media Statement, 9 December 2022 [online]; Meeting of National Cabinet | Prime Minister of Australia ([pm.gov.au](https://www.pm.gov.au))

¹³ See the RACP's research report, [Climate Change and Australia's Healthcare Systems – A Review of Literature, Policy and Practice](#), produced for the RACP by the Monash Sustainable Development Institute, Climate and Health Alliance, Monash University's School of Public Health and Preventive Medicine and the University of Melbourne's School of Population and Global Health. The report has been guided by an advisory committee with representatives from 10 medical colleges contributing knowledge and expertise from a diverse range of specialties:

- Australasian College for Emergency Medicine (ACEM)
- Australia and New Zealand College of Anaesthetists (ANZCA)
- Australian College of Rural and Remote Medicine (ACRRM)
- College of Intensive Care Medicine (CICM)
- Royal Australasian College of Physicians (RACP)
- Royal Australasian College of Surgeons (RACS)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of General Practitioners (RACGP)

¹⁴ <https://ama.com.au/gp-network-news/ama-calls-age-criminal-responsibility-be-raised>

¹⁵ https://www.aida.org.au/wp-content/uploads/2018/03/20171121-JOINT-MEDIA-RELEASE-Rasie-the-age-PR_PDF.pdf

¹⁶ Abram KM, Teplin LA, et al. *Posttraumatic Stress Disorder and trauma in youth in juvenile detention*. *Archives of General Psychiatry*, 2004. 61. 403–410

¹⁷ Johnson, Sara B. et al. Adolescent Maturity and the Brain: *The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy* *Journal of Adolescent Health*, Volume 45, Issue 3, 216 - 221

¹⁸ *The Final Report of the Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT*, online [here](#).

¹⁹ National Institute on Drug Abuse: Understanding Drug Use and Addiction. <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

²⁰ National Institute on Drug Abuse, Brains and Behaviour: The Science of Addiction [Drug Misuse and Addiction | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

²¹ Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants [The Special Commission of Inquiry into the Drug 'Ice' - Premier & Cabinet \(nsw.gov.au\)](#)