



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Report of

November 2021

College Policy & Advocacy Council



Specialists. Together.



Educate



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Introduction from the College Policy & Advocacy Council Chair

The past 12 months of COVID-19 pandemic has brought markedly increased challenges and demands for our members, many of whom have important leadership roles in both health policy and clinical care. These demands have impacted many of us, yet there remains valued support and engagement in the Royal Australasian College of Physicians (RACP) policy and advocacy activities.

As we move to a different phase of COVID-19 pandemic, the RACP will look towards building on our policy platform, with the emerging, new multi-year strategic plan and expertise and experience of members and staff to advocate for improvements to our health system and broader health and social policy. Our goal is improved and equitable health outcomes for all in our community.

Through this time, while we have sustained our commitment to our health policy priorities and added our voice in support of priority populations through our work in the disability sector. We have also commenced the development of a Policy and Advocacy multi-year strategic plan and evaluation framework. This comes from an intent to address key priority areas where sustained engagement by the RACP is required to achieve change and outcomes.

We have maintained our advocacy response to the COVID-19 pandemic, including the ongoing advocacy in relation to issues such as vaccination rollout, personal protective equipment and the retention of specialist telehealth items. Our members are represented on significant national COVID-19 bodies, many are on the National COVID-19 Clinical Evidence Taskforce, with the RACP a member of its National Steering Committee, and our President provided evidence to the COVID-19 Senate Inquiry.

In the following pages are highlights from each CPAC member College Body and CPAC's priority health policy topics, reporting the last 12 month's activities.

It is through CPAC that we connect across the RACP, engaging with and supporting specialty and region led activities. Member engagement is critical to the RACP being able to build on the successes it has already made. Through you we strengthen the RACP's reputation as one of the leaders for health policy advice to Government and other stakeholders. A summary of some of the policy and advocacy achievements showcased in this report include;



Significant work has been undertaken regarding the [COVID-19 vaccine strategy and rollout](#)¹. Throughout the pandemic the RACP has advocated for: improving the Australian Immunisation Register, expanding the AusVaxSafety surveillance system, implementing a COVID-19 vaccine injury compensation scheme, early engagement with priority communities to encourage vaccine uptake, a public vaccine delivery plan to ensure equitable vaccine delivery, encouraging the uptake of vaccinations, including the rollout of vaccines to people with disability, improved vaccination rates in aged care and disability support workers, calling for school staff to be given priority vaccination, and a COVID-19 national return-to-school guidelines. Following a meeting I had with Chris Faulkner, Assistant Secretary for Disability at the DoH in July, to raise concerns on the slow rollout of vaccines to the disability sector and offering the RACP's assistance in improving the vaccine rollout implementation strategy, the Secretary provided us an update on the delivery of accessible vaccine hubs and on progress with data collection on the vaccine rollout for people with disability. The RACP has also been providing policy advice and undertaking advocacy on a number of other important COVID-19 issues to support the members and community, covered in detail on page 10 of this report.



The [statement on Indigenous child health in Australia and Aotearoa New Zealand](#)² (the statement) was launched in December 2020. Its development was led and informed by our Indigenous members and communities. The statement's key recommendations focus on encouraging paediatricians to continue progress on their cultural safety journey and learn about the history of the people and land where they live and practice. The statement is an extremely important achievement for the RACP and provides invaluable practical steps for paediatricians to enhance the care provided to Indigenous children in Australia and Aotearoa New Zealand. The statement has been heavily promoted through RACP communication channels and social media and has been very well received across the health sector in both countries. An RACP pomegranate podcast on the statement is being developed and the themes of the statement are being used to curate a cultural safety resources collection for members (covered in detail on page 50 of this report).

¹ <https://www.racp.edu.au/news-and-events/covid-19/vaccines>

² https://www.racp.edu.au/docs/default-source/advocacy-library/indigenous-ch-statement-on-ich.pdf?sfvrsn=450ef91a_7



Working to address the significant health and social disparities faced by people with disabilities is an important area of policy and advocacy for the RACP. The RACP continues to respond to issues raised by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability including Associate Professor Mitra Guha FRACP and I representing the RACP at a public hearing on the training and education of health professionals in relation to people with cognitive disability, and making a [submission to the Royal Commission](#)³ which proposed areas of transformational change to the health and disability sectors, including a human-rights centred approach to health care, access to person centred, integrated care, improvements to the NDIS to address known issues, providing a high-quality disability service platform, and enhancing the data, monitoring and evaluation systems supporting the health and disability sectors. The RACP continues to input to national strategies for improving the lives for Australians with disability, their families and carers including the [National Disability Strategy 2010-2020](#)⁴ and the [National Roadmap for Improving the Health of People with Intellectual Disability](#)⁵ (covered in detail on page 34 of this report).



Climate change and health is a policy and advocacy priority for the RACP. The key priority this year is the Climate Change and Health Research Project. The RACP has engaged the Monash Sustainable Development Institute, led by Professor Tony Capon FAFPHM, and the Climate and Health Alliance to produce a report, shaped by expert input from an Advisory Committee of representatives from the RACP and 9 other medical colleges. We aim to unite medical colleges to promote evidence-based recommendations for Australian policymakers, the healthcare system, and health professionals to respond effectively to climate change risks. The RACP continues to contribute its expertise to and support climate and health initiatives such as feedback on the 2021 MJA-Lancet Australian policy brief (due to be published end of 2021) highlighting the need to focus on sustainable healthcare, the impacts of heat on work and sport, and Aboriginal and Torres Strait Islander co-design, and the World Health Organization's [draft COP26 Special Report on Climate Change and Health: The Health Argument for Climate Action](#)⁶ raising the health voice, health arguments and health urgency of tackling the climate crisis (covered in detail on page 41 of this report).

3 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

4 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission---new-national-disability-strategy-position-paper.pdf?sfvrsn=495ec41a_10

5 <https://www.racp.edu.au/news-and-events/media-releases/specialists-welcome-government-roadmap-for-improving-the-health-of-people-with-intellectual-disability>

6. <https://www.who.int/news-room/articles-detail/public-consultation-draft-cop26-special-report-climate-and-health>



The RACP has been advocating for the permanent retention of specialist telehealth items in the MBS since these were first introduced in March 2020 by the Australian Government in response to the COVID-19 pandemic. In 2021 this advocacy continued, with the RACP providing a response to the Commonwealth Department of Health's consultation on the future of the specialist telehealth items, followed by high-level departmental meetings of key stakeholders to voice our position on the proposed reforms, attended by key RACP members. Thanks to RACP advocacy, the Department decided to retain all existing specialist telehealth items until the end of 2021 and increase funding for telehealth in the 2021 budget. This result constitutes a major success for the RACP and its members (covered in detail on pages 10 and 15 of this report).

I wish to congratulate every member and staff who has helped deliver these achievements and those covered in this report.

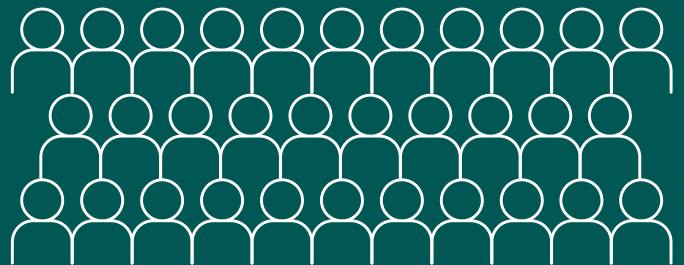
Dr Jacqueline Small
Chair, CPAC
President-Elect, RACP

CPAC and CPAC EC overview

The [College Policy & Advocacy Council](#)⁷ (CPAC) comprises up to 32 Fellows, trainees and consumer members representing the Colleges' specialties, Indigenous groups, regional and consumer perspectives and expert individuals. It meets twice a year to discuss, debate and decide the RACP's focus and priorities for health policy and advocacy.

CPAC's Executive Committee (CPAC EC) is an 11 member email-based rapid response group, highly experienced in health policy with a focus on delivering the highest standard of policy and advocacy for the RACP and its members.

The College Policy & Advocacy Council – a collective of **32** members



CPAC's Executive Committee (CPAC EC) – **11** members



⁷ <https://www.racp.edu.au/about/committees/board/college-policy-and-advocacy-committee>

Policy and Advocacy Strategy – Strategic Plan Development Update

This year Policy & Advocacy initiated a strategic planning process to bring greater focus and impact to The Royal Australasian College of Physicians' (RACP) policy and advocacy work.

The strategic plan:



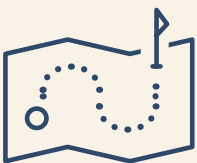
Defines our vision and foundation principles for policy and advocacy



Positions the RACP within the health policy landscape



Sets clear, high level strategic objectives



Identifies our key focus areas, and actions for policy and advocacy



Links with the forthcoming Policy and Advocacy Evaluation Framework



Aligns with the RACP's Strategic Plan (in development)

Development of the Strategic Plan

To support the development of the Policy and Advocacy Strategic Plan, the Menzies Centre for Health Policy and Economics were appointed to conduct an environmental scan, strengths, weaknesses, opportunities and threats (SWOT) analysis and comparison of the RACP's policy and advocacy approach with other relevant organisations.

The environmental scan identified nine cross-cutting policy themes: COVID-19, Data, Health Services Improvement and Integration, Indigenous Health, Workforce, Health Equity, Cost of Care, Innovation and Technology, and Climate. These nine themes were also highlighted by health policy experts through interviews.

The policy and advocacy approaches of nine similar organisations - six domestic and three international - were reviewed to identify differences and opportunities for improvement in the RACP's activities. Different approaches were identified across organisations for engaging with members in advocacy activities with some opting for centralised methods while others supporting grassroots efforts to enhance advocacy on issues of importance. Many organisations focus on traditional advocacy activities, such as policy submissions and position statements; however, the scan also identified the emergence of innovative advocacy approaches such as the development of toolkits and checklists, demonstrator advocacy, social media activities, and thought leadership.

The nine key themes identified by Menzies Centre for Health Policy and Economics have been further adapted to align with the identified vision and foundation principles of the strategic plan. The Menzies Centre work was presented at a special consultation workshop of the College Policy and Advocacy Council (CPAC), along with the results of the vision and foundation principles survey and approaches to evaluating policy and advocacy impact.

The discussion at the workshop has informed the development of the focus areas for policy and advocacy:

- COVID-19 pandemic
- Indigenous health
- Prevention and Public health (alcohol and other drugs, vaping, work health and safety, silicosis, obesity, sexual health and public health)
- Climate justice and health
- Health system improvement and integration
- Priority populations (children & young people, people with disability, adolescent health, refugees, aged care)
- Operations to Support Policy and Advocacy Activities

The focus areas will be supported by improvements in cross-cutting enablers:

- Health equity
- Strong medical specialist workforce
- Lowering the cost of care
- Supporting rural, regional and remote communities
- Driving innovation in health care

A separate piece of work to develop an evaluation framework for policy and advocacy is underway with specialist evaluation consultants, Influence Global. The evaluation framework will enable the RACP to better measure the impact and outcomes of RACP's approach to policy and advocacy and its associated activities. A subgroup of CPAC members were consulted on the draft framework in mid-October, offering them an opportunity to attend a virtual meeting to contribute their input.

Both Menzies Centre for Health and the Evaluation Consultants from Influence Global have conducted interviews with key Fellows and staff to inform their work, as well as a limited number of key external stakeholders, such as health policy makers, and policy and advocacy leaders in other medical colleges and organisations.

CPAC Executive Committee

During the 12-month period between October 2020 and September 2021, the College Policy & Advocacy Council Executive Committee considered a total of **205** matters. The split of these matters and the comparison against previous reporting periods can be seen in the table and charts shown below.

The reduced number of “Scopes of new work” reflects a specific strategy by CPAC this year to complete as many existing projects as possible in advance of the new strategy. The increased number of “No Go Noting – matters that the RACP has declined” also reflects a specific strategy

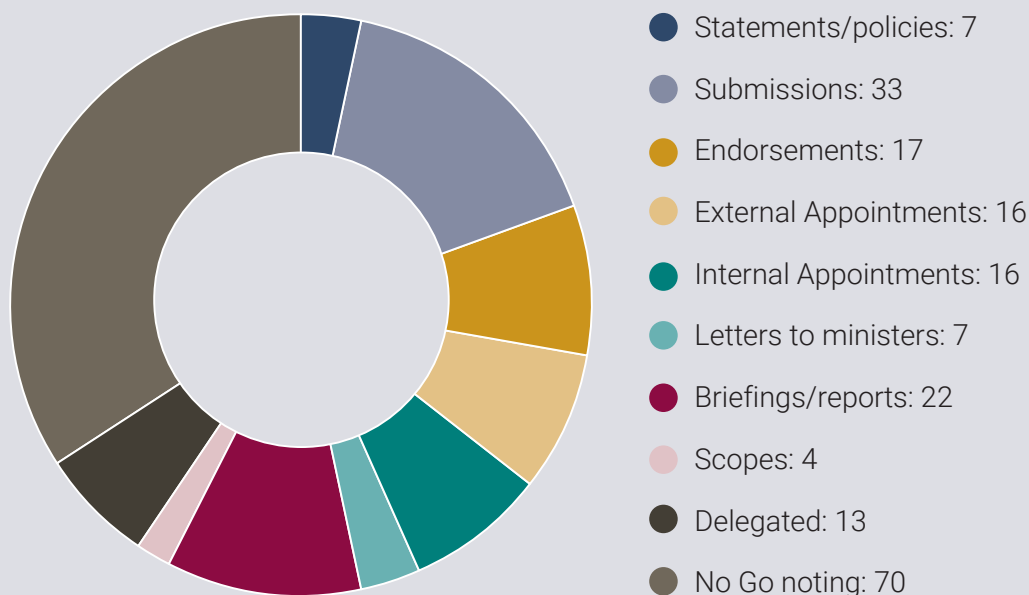
by CPAC to tighten the amount of responsive matters in order to allow space to focus on more proactive strategic work. Finally, as part of this shift in strategy there has been an increased focus on strategic media and social media as a key lever for advocacy.

205 matters total

90% threshold met over 12-month period

13 matters were delegated to a College body under the model of delegation⁸

CPAC matters by category

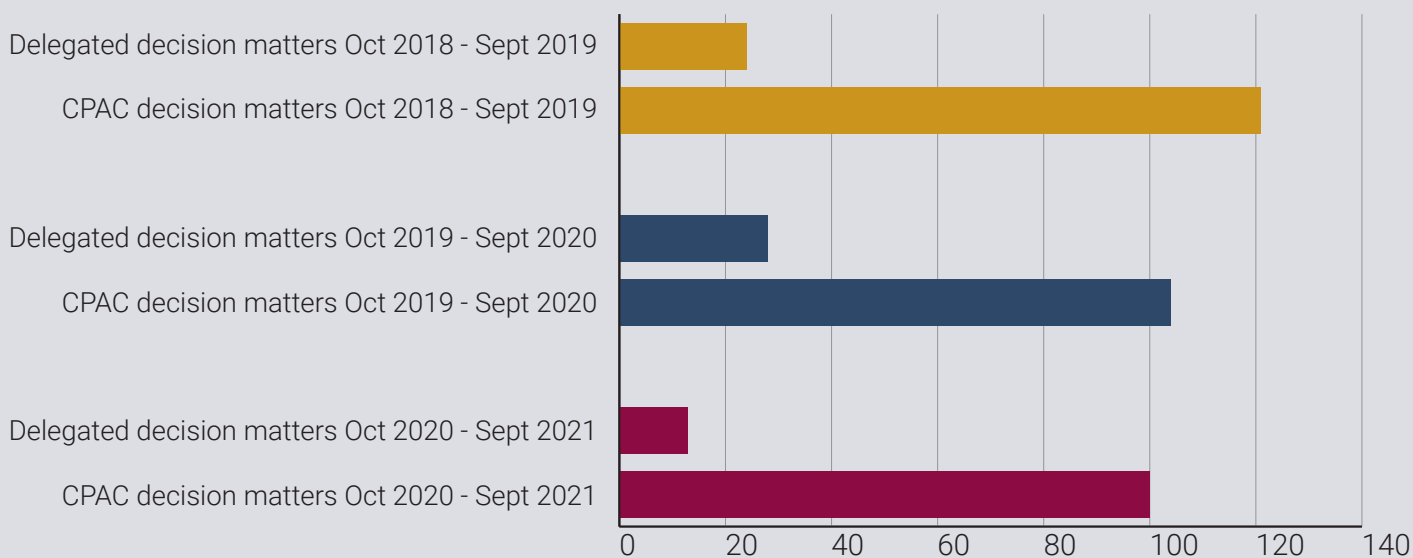


⁸ https://www.racp.edu.au/docs/default-source/policy-and-adv/cpac-model-for-increased-delegation.pdf?sfvrsn=51a9f11a_2

	Oct 2020 - Sept 2021 (current reporting period)	Oct 2019 - Sept 2020	Oct 2018 - Sept 2019
Total matters	205	220	183
Of which were CPAC decision-making matters	100	104	121
Submissions	33	28	37
Endorsements	17	24	28
External appointments	16	18	20
Scopes for new work (inc Go/No Go briefs)	4	10	23
Letters to ministers/stakeholders	7	5	1
College statements/policy	7	7	5
Internal appointments and governance	16	12	7
Of which were noting matters	105	116	62
Delegated to College bodies for decision-making	13	28	24
No Go noting (matters that the RACP has declined)	70	41	4*
Noting for information/updates	22	47	34

* note: data collected from mid-2019

CPAC decisions and delegated matters



COVID-19 advocacy

Since the start of the COVID-19 pandemic The Royal Australasian College of Physicians (RACP) has strongly advocated for the safety of our members and the communities we serve as a major priority. The recent activities of the RACP, supported by our members and staff, are outlined below and across this report.

RACP COVID-19 Expert Reference Group

In March 2020 the RACP's COVID-19 Expert Reference Group (ERG) was formed in response to the COVID-19 pandemic. The ERG has broad representation and expertise in its membership including key RACP representatives, College Bodies and Specialty Societies, private practice, consumers and RACP staff.

The ERG considers a substantial number of COVID-19 related matters which often require a rapid response. Key advice and advocacy activities of the ERG have been driven by member needs and Government requests and include:

- Access to appropriate personal protective equipment (PPE).
- Expansion and extension of Medicare Benefits Schedule (MBS) items for telehealth.
- COVID-19 vaccination rollout.
- RACP appearance at the Public Hearing of Senate Select Committee on COVID-19.
- Media releases including for telehealth, PPE, COVID-19 vaccines and school closures.

The ERG regularly reviews and provides advice on government policies and resources and informs RACP representations on key advisory Government COVID-19 committees and taskforces, including the National COVID-19 Clinical Evidence Taskforce, COVID-19 General Practitioner Peak Bodies Advisory Group, COVID-19 Disability Advisory Committee, and Department of Health forums on the COVID-19 vaccine rollout. [The RACP is committed to supporting evidence based advice and continues to reinforce advice](#)⁹ provided by Australian Technical Advisory Group on Immunisation (ATAGI) in relation to COVID-19.

⁹ <https://www.racp.edu.au/news-and-events/media-releases/physicians-support-atagi-advice-and-say-public-messaging-campaign-will-be-vital-to-achieving-broad-vaccination-coverage>

COVID-19 webinars

The ERG has hosted several COVID-19 webinars during 2020 and 2021. The most recent was a 2-part series on Long COVID, held in September 2021.



Part 1 “Understanding and managing long COVID” aimed to help participants understand the impact of long COVID and how to manage matters in the early phase. The goal was that attendees would have a better understanding of how to investigate and diagnose long COVID, as well as how to manage patients in the sub-acute phase of their disease. The webinar was hosted by: Dr Susan Graham FAFRM, the AFRM representative on the ERG and Rehabilitation Physician and Senior Lecturer, University of Queensland, and Associate Professor Lucy Burr FRACP, Chair of the ERG and Respiratory and Sleep Medicine Physician, Mater



Hospital Brisbane. Speakers included: Associate Professor Bette Liu, Epidemiologist based at the School of Public Health and Community Medicine, University of New South Wales, and an NHMRC Career Development Fellow; Dr Michael Maze, Senior Lecturer and Specialist Physician, University of Otago and Professor Steven Faux FAFRM, Director of Rehabilitation Medicine and Pain Medicine, St Vincent's Hospital Sydney.

Part 2 "Living and working with long COVID" aimed to provide participants with further understanding of the pathophysiology of long COVID and how to manage the longer-term practicalities of living and working with the consequences of this disease. The webinar was hosted again by Dr Graham and Dr Warren Harrex FAFOEM, the AFOEM representative on the ERG and Consultant Occupational and Environmental Physician, Canberra. Speakers included: Ms Jenene Crossan, person with lived experience of long COVID and CEO, Powered by Flossie; Professor Gregory Dore FRACP, Head of the Viral Hepatitis Clinical Research Program, Kirby Institute, University of New South Wales, and Infectious Diseases Physician, St Vincent's Hospital Sydney, and Dr Dominic Yong FAFOEM, Specialist Occupational Physician, Coolaroo Clinic.

There were 782 registrations for Part 1 and 886 registrations for Part 2, with most attendees calling in from Australia, however 16% were from Aotearoa New Zealand and other international countries. Most attendees were mid-career Fellows, followed by new Fellows, late-career Fellows, non-members and advanced training trainees. Feedback received for both webinars was incredibly positive and provided useful topics that members wish to hear more about with future webinars. Planning is underway for another webinar series which will include COVID-19 treatment and a paediatric focus.

- COVID-19 Symposia 3-part webinar series (2020) [available on RACP Medflix](#)¹⁰
- COVID-19 Vaccinations 4-part webinar series (March-April 2021) [available on RACP Medflix](#)¹¹
- Long COVID 2-part webinar series (September 2021) available on the RACP website and [RACP Medflix](#)¹².

Personal protective equipment (PPE)

One of the key concerns identified early in the pandemic by members through RACP-wide surveys and correspondence has been the need to improve immediate access to and long-term supply of personal protective equipment (PPE). Since the beginning of the pandemic the RACP has taken up this cause and strongly and consistently advocated for the right to a safe workplace and urged all governments and health services to commit to a target of zero occupationally acquired health care worker COVID-19 infections.

The RACP is one of 32 organisations represented on the National COVID-19 Clinical Evidence Taskforce (NC19CET). As such, the RACP was invited to provide feedback on the important Infection Prevention and Control (IPC) Panel's guidelines on PPE (eye protection and masks). Informed by the ERG and comprehensive feedback provided by the RACP to NC19CET, the draft guidelines were jointly submitted by NC19CET/IPC Panel and the Government's Infection Control Expert Group (ICEG) for consideration by the Australian Health Protection Principal Committee (AHPPC).

In June 2021, AHPPC released its updated living guidelines on PPE for health care workers which included all the recommendations approved in principle by the RACP and NC19CET. The revised guidelines have been extremely well received by health care worker groups. They offer significantly better protection to health care workers by recognising their need to access P2/N95 respirators when they are providing direct care to patients with suspected or confirmed COVID-19 or are near patients with suspected or confirmed COVID-19. The updated guidelines also recommend a risk assessment approach based on consideration of several key factors so that if there is a high risk of infection, P2/N95 respirators are to be used in preference to surgical masks.

Telehealth

Another member-driven area of advocacy has involved the expansion and extension of MBS telehealth items. The RACP has been advocating for the permanent retention of specialist telehealth items in the MBS since these were first introduced by the Australian Government in March 2020 in response to the pandemic. This proactive advocacy has continued throughout 2021.

The RACP was invited to provide a response to the Commonwealth Department of Health's consultation on the future of the specialist telehealth items. Informed by the results of member surveys, the RACP provided the Department with robust data on the relative support of our members for various reform options proposed by the Commonwealth.

The RACP then attended a high-level departmental meeting of key stakeholders to voice its position on the proposed reforms. President-Elect Dr Jacqueline Small FRACP, Dr Tony Mylius FRACP and Dr John Maddison FRACP joined representatives from the Australian Medical Association, the Australian Association of Consultant Pharmacy, The Royal Australian and New Zealand College of Psychiatrists and the Royal Australasian College of Surgeons to convey member preferences for sustained funding of MBS telehealth items.

The RACP President Professor John Wilson AM has led advocacy on this matter, holding meetings with the Minister of Health and other key stakeholders throughout the year to raise this issue.

The RACP continues to reinforce its advocacy on this matter through its engagement with the Department and Minister Hunt. Following earlier meetings between Department officials, President Wilson and Ms Nicola Lewis, EGM Policy & Advocacy (February, May and October 2021), further meetings and consultations are planned for late 2021 and into 2022.

Further information on this policy and advocacy area can be read in the Health Reform section on page 15.

COVID-19 vaccines

Significant work has been undertaken regarding the COVID-19 vaccine strategy and vaccination rollout in both countries.

The RACP was invited to appear at the [COVID-19 Senate Inquiry on 28 January](#)¹³. The RACP President advocated strongly at the Inquiry for the RACP's position on vaccines and other key issues related to the pandemic.

In August 2021 the RACP released a short [position statement](#)¹⁴ on the need to lift vaccination rates among Māori and Pasifika with urgency, as communities that would experience the greatest burden of COVID-19 morbidity and mortality if sustained community transmission was to continue.

Throughout the pandemic the RACP has advocated for:

- Improving the Australian Immunisation Register and other systems that support the distribution, supply and tracking of vaccines, including linking to other health datasets.
- Expanding the AusVaxSafety surveillance system to facilitate linkage with other health datasets to support post-market vaccine safety.
- Implementing a COVID-19 vaccine injury compensation scheme.
- Communications to engage early with priority communities in our countries to encourage vaccine uptake.
- Public vaccine delivery plans that ensure vaccine(s) will be equitably delivered.
- Supporting Australian Technical Advisory Group on Immunisation (ATAGI) COVID-19 vaccine advice.
- Addressing the rollout and hesitancy of COVID-19 vaccines and encouraging the uptake of vaccinations, including the rollout of vaccines to people with disability and vaccination rates in aged care and disability support workers.
- Calling for school staff to be given priority vaccination and a COVID-19 national return-to-school guidelines.

¹³ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19

¹⁴ https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/reset-for-equity-first-dose-of-covid-19-vaccines-for-maori-and-pasifika.pdf?sfvrsn=3909c51a_4



Recent media releases related to COVID-19 vaccines include:

- [RACP supports Australian Government-s COVID-19 vaccine national roll-out strategy - public should have confidence in the Government-s approach](#)¹⁵
- [RACP welcomes landmark day for Australia-s COVID-19 protection response](#)¹⁶
- [RACP urges calm over advice on AstraZeneca vaccine](#)¹⁷
- [RACP encourages the Australian Government to release further information on the vaccine rollout to people with disability and disability support workers](#)¹⁸
- [Physicians support ATAGI advice, and say public messaging campaign will be vital to achieving broad vaccination coverage](#)¹⁹
- [Physicians reassure parents - COVID-19 vaccination of children is important to protect them from the virus](#)²⁰
- [Reset for equity: First dose of COVID-19 vaccines for Māori and Pasifika](#)²¹

- [Paediatricians support vaccinations for young people- Protecting children from COVID-19 is the best thing to do](#)²²
- [RACP calls for urgent action to prioritise COVID-19 vaccination of people living with disability](#)²³
- [RACP Stands Up For COVID-19 Vaccinations](#)²⁴

Schools

A key area that our members have highlighted concerns about is the impacts of school closures and lockdowns on the mental health, well-being and learning of children and young people. The RACP has called on the Australian National Cabinet to establish a plan to prioritise face-to-face learning for school-aged children and adolescents in the context of the Delta variant, which includes priority vaccines for all school staff.

The RACP has also called for national guidelines to be developed to provide state and territory governments with a best-practice approach to mitigate the risk of COVID-19 transmission in schools. Key measures include mandating masks for certain age groups, ventilation of classrooms including HEPA filters, staggered school starts, and physical distancing where possible. Other public health measures such as handwashing and test/trace/isolate also remain important.

- [RACP warns against blanket school closures, and says Governments should not -extend- school holidays to manage outbreak](#)²⁵
- [RACP calls for COVID-19 national return-to-school guidelines](#)²⁶

15 <https://www.racp.edu.au/news-and-events/media-releases/racp-supports-australian-government-s-covid-19-vaccine-national-roll-out-strategy---public-should-have-confidence-in-the-government-s-approach>

16 <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-landmark-day-for-australia-s-covid-19-protection-response>

17 <https://www.racp.edu.au/news-and-events/media-releases/racp-urges-calm-over-advice-on-astrazeneca-vaccine>

18 <https://www.racp.edu.au/news-and-events/media-releases/racp-encourages-the-australian-government-to-release-further-information-on-the-vaccine-rollout-to-people-with-disability-and-disability-support-workers>

19 <https://www.racp.edu.au/news-and-events/media-releases/physicians-support-atagi-advice-and-say-public-messaging-campaign-will-be-vital-to-achieving-broad-vaccination-coverage>

20 <https://www.racp.edu.au/news-and-events/media-releases/physicians-reassure-parents-covid-19-vaccination-of-children-is-important-to-protect-them-from-the-virus>

21 <https://www.racp.edu.au/news-and-events/media-releases/reset-for-equity-first-dose-of-covid-19-vaccines-for-m%C4%81ori-and-pasifika>

22 <https://www.racp.edu.au/news-and-events/media-releases/paediatricians-support-vaccinations-for-young-people-protecting-children-from-covid-19-is-the-best-thing-to-do>

23 <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-for-urgent-action-to-prioritise-covid-19-vaccination-of-people-living-with-disability>

24 <https://www.racp.edu.au/news-and-events/media-releases/racp-stands-up-for-covid-19-vaccinations>

25 <https://www.racp.edu.au/news-and-events/media-releases/racp-warns-against-blanket-school-closures-and-says-governments-should-not-extend-school-holidays-to-manage-outbreak>

26 <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-for-covid-19-national-return-to-school-guidelines>

Disability

People with disability are particularly vulnerable to adverse outcomes associated with COVID-19. Many individuals are within a high-risk category because of poor health status, sometimes low levels of health literacy, reliance on third parties to support access to care, and health and disability sectors that are not yet adequately equipped to meet their health needs. The RACP has supported people with disability and physicians in this area during COVID-19 through:

- Providing input into the [Australian Government Management and Operational Plan for People with Disability](#)²⁷ and associated materials, including factsheets, through the Advisory Committee on the Health Emergency Response to Coronavirus (COVID-19) for People with Disability.
- Endorsing a [University of New South Wales position statement on access to COVID-19 prevention, screening and treatment of people with intellectual or developmental disability](#)²⁸.
- Providing feedback on an Australian Human Rights Commission document [Guidelines on the rights of people with disability in health and disability care during COVID-19](#)²⁹.
- Endorsing the International Society for Social Paediatrics & Child Health (ISSOP) [Declaration on Advancing Health Equity and Social Justice in Response to COVID-19](#)³⁰, which advocates for Governments to prioritise, identify and respond to the needs and rights of children and young people with disability in the pandemic response.



Declaration Advancing Health Equity and Social Justice in Response to COVID-19 May 2020

Additional advocacy relating to the impact of COVID-19 on people with disability has focused on the rollout of COVID-19 vaccines to people with disability, particularly the low numbers and proportion of people with disability and disability support workers who have been vaccinated.

The [RACP has called for more transparency](#)³¹ in the government's current method of publishing data on vaccination in the disability sector, which do not provide comprehensive data about the progress of vaccination of people with disability.

The RACP also met with several key stakeholders such as Senator Linda Reynolds, Minister for the NDIS, as well as Chris Faulkner, Assistant Secretary for Disability at the Department of Health, to discuss matters related to disability and COVID-19. The RACP has written to many key stakeholders including Professor Brendan Murphy, Department of Health Secretary, Minister Greg Hunt, Minister for Health and Aged Care, and Senator Linda Reynolds about COVID-19 vaccines and the disability sector.

Further information on the RACP's work in the disability space can be read on page 34.

²⁷ <https://www.health.gov.au/resources/publications/management-and-operational-plan-for-people-with-disability>

²⁸ <https://www.3dn.unsw.edu.au/covid-19>

²⁹ <https://humanrights.gov.au/our-work/disability-rights/publications/guidelines-rights-people-disability-health-and-disability>

³⁰ https://www.issop.org/cmdownloads/issop_covid-declaration/

³¹ <https://www.racp.edu.au/news-and-events/media-releases/racp-encourages-the-australian-government-to-release-further-information-on-the-vaccine-rollout-to-people-with-disability-and-disability-support-workers>

Health System Reform

In this reporting period The Royal Australasian College of Physicians' (RACP) Health System Reform advocacy has focused on aged care, integrated care, out of pocket costs, and advocacy for the long-term retention of telehealth items in the MBS.

Aged care

Aged care is both a proactive and a reactive P&A stream, driven initially by the Royal Commission into Aged Care Quality and Safety and [the RACP submission](#)³², but later

furthered by risks to older people posed by COVID-19. We collaborate closely with the Australian and New Zealand Society for Geriatric Medicine and are active in this health reform space because numerous specialties provide services to areas of aged care.

Milestones

Release of the Royal Commission's final report (26 Feb 2021)

- Of our **56** recommendations only **5** were not addressed or covered in other ways by the Commission.

Publication of the Australian Government response to the Royal Commission recommendations (May 2021)

- The RACP prepared a [media release](#)³³ ahead of the Federal Budget warning that aged care needed a more significant boost in funding than the figures which were leaked and promoting the need for more integrated care in ambulatory settings for older people.
- Note that as the Government accepted most of the Commission's recommendations, we expect to see many recommendations supported by the RACP implemented over coming 3 years.

The President's meeting with Minister Hunt on 14 July 2021

- A key "ask" was supported – RACP to be involved in the committee overseeing implementation of **Rec #58** Access to specialists and other health practitioners through Multidisciplinary Outreach Services

COVID-19 and aged care

- [RACP submission to the Royal Commission on the impact of COVID-19 on aged care](#)³⁴.
- We have advocated for improved monitoring of vaccination rollouts to aged care staff, to enhance funding for single site working, rapidly increase vaccinations for health care workers in aged care.

³² https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a_6

³³ <https://www.racp.edu.au/news-and-events/media-releases> (refer to May 2021 media releases)

³⁴ https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a_6

Ahead of the Federal Budget, Croakey picked up items from our Royal Commission submission.

Sure things (the issues the Government can't afford to ignore)

Aged care

Increased funding for **home care packages** was proposed by the AHHA, [Catholic Health Australia](#) (CHA), [the Consumers Health Forum](#) (CHF) and the [Royal Australasian College of Physicians](#) (RACP). The AHHA also called for funding for data development to measure and monitor unmet need and equity of access to aged care services.

The RACP called for funding to support **high-quality palliative and end-of-life services** in residential aged care settings. They also want better training in dementia care to all service providers and funding for **Primary Care Dementia Nurses positions** in primary healthcare.

Some examples of where the Federal Budget has responded to Royal Commission recommendations, consistent with the RACP's recommendations, include:

- improved assessment provisions such as the single assessment process
- more home care packages
- improved access to specialists and other health practitioners through multidisciplinary outreach services
- support to increase the cultural competency of service provider staff, and to address some of the barriers Aboriginal and Torres Strait Islander older people experience

- funding for Primary Health Networks to provide end-user support for the use of telehealth in residential aged care facilities.

Forward focused objectives

- 1) For Federal Election: call for the scaling up of integrated care in the aged care sector to include specialists, responding to the considerable complex chronicity; expanding palliative care services.
- 2) Closely monitoring and being a source of advice on the implementation of Royal Commission reforms, most of which will take 1-3 years.

Integrated Care

Integrated care is a significant topic when it comes to health reform. For the RACP, a key message is for pragmatic systemic support for physicians and paediatricians when it comes to providing comprehensive patient centred care across and within health care sectors. This is relevant to older people, people with disabilities, people in rural and remote areas, children and families, young adults, and as we have shown through case studies, the increasing number of people with chronic conditions.



Nearly **40%** of Australian adults have a physical chronic condition, which can affect their wellbeing, and social and economic participation (60% more people have three or more conditions compared to ten years ago).

Fundamental problems have been well described such as limited collaboration between health care providers and disincentivising funding practice; poor service funding for non-patient healthcare collaborations and condition management. People with chronic conditions face significant costs, including the direct costs of attending

We led the way on this by developing the [RACP Model of Chronic Care Management](#)³⁵ (2019) and a set of enabling recommendations which have formed the basis for several RACP submissions in addition to pre-budget submissions and election advocacy. The model uses one example, but has other applications, which targets patients with cardiovascular-related illness and at least one other chronic disease who need an intermediate level of care.

This advocacy is growing in importance and relevance, for example a recent Productivity Commission report³⁶ describes the context:



Chronic conditions account for **37%** of all hospitalisations, 61% of total disease burden and 87% of deaths in Australia.³⁷



Preventable hospitalisations cost more than **\$2 billion** a year.³⁸

multiple appointments with healthcare professionals, the cost of medicines and other therapies, lost income and productivity, and the adverse effects that ongoing illness can have on people's wellbeing.

35 https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14

36 Productivity Commission 2021, Innovations in Care for Chronic Health Conditions, Productivity Reform Case Study, Canberra

37 Australian Institute of Health and Welfare. Australia's Health 2018: In Brief. No. AUS 222. Canberra: AIHW; 2018 [cited 2020 July 20]. Available from URL: <https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/about>

38 Productivity Commission 2021, Innovations in Care for Chronic Health Conditions, Productivity Reform Case Study, Canberra



Milestones

Since October 2020, the RACP's advocacy on integrated care has achieved these selected milestones:

- **March 2021:** Dr Tony Mylius FRACP and Dr Kathryn Powell invited to present on the RACP Model of Chronic Care Management to the Australian Institute of Health Innovation, Macquarie University.
- **May 2021:** Senior RACP staff met with Simon Cotterell, First Assistant Secretary, Primary Care Division, Australian Department of Health. He is supportive of working with state health to develop an initial proof of concept for the RACP Model.
- **May 2021:** Senior RACP staff met with the Hon Ged Kearney MP, Shadow Minister for Health and Ageing, similarly promoting bipartisan support for the principles of the RACP Model.
- **July 2021:** RACP President met with Minister Hunt advocating on integrated care and aged care.
- **July 2021:** [RACP Quarterly article](#)³⁹ featuring integrated care approach to a palliative and respiratory medicine gap in care.
- Submissions in which the RACP's integrated care recommendations regarding physicians have been applied and/or adapted include: to [the Federal pre-budget](#)⁴⁰, to [the Independent Hospital Pricing Authority](#)⁴¹, to [the Primary Health Steering Committee](#)⁴² (advising the Australian Government on the 10 Year Primary Health reform Plan).

Notable national pickup of our advocacy occurred in:

- **July 2021** the Medical Republic on the submission to the Primary Health Steering Committee⁴³

39 <https://racpquarterly.racp.edu.au/palliative-medicine>

40 https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

41 https://www.racp.edu.au/docs/default-source/advocacy-library/d-racp-submission-to-ihpa-pricing-framework-2022_23_gm-approved.pdf?sfvrsn=be1bc31a_4

42 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-primary-health-reform-steering-group-discussion.pdf?sfvrsn=2b83c21a_4

43 <https://medicalrepublic.com.au/profession-in-state-of-crisis-racgp/50060>

The RACP told the steering group that it should also consider the strong links that exist between the work of GPs and that of non-GP specialists in the community.

“Physicians and paediatricians are vital to the care of many health conditions involving primary care [with] obesity, diabetes and drug and alcohol addiction just some of the examples,”

the RACP said in its submission.

Forward focused objectives

- Development of application of integrated care to improve the access of patients with non-malignant lung disease to palliative medicine.
- Work as an expert advisory body to government on the implementation of a proof of concept site of the RACP Model (through the Department of Health)
- Advocate for integrated care approaches to chronic conditions and other relevant health care areas such as aged care, paediatrics (through the Pre-budget statement, election campaign and aged care reform implementation processes).

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f t in

Palliative medicine,
respiratory medicine
and integrated care



Telehealth

P&A has been advocating for the permanent retention of specialist telehealth items in the MBS since these were first introduced in March 2020 by the Australian Government in response to the COVID-19 pandemic. In 2021 this advocacy continued and encompassed both reactive work (preparing responses to consultations on the telehealth items initiated by the Commonwealth Department of Health) and more proactive advocacy.

In 2021 the RACP was invited to provide a response to the Commonwealth Department of Health's consultation on the future of the specialist telehealth items. P&A undertook a comprehensive member consultation and prepared a response to government.

The RACP was then invited to a follow up meeting organised by the Department to allow all specialist stakeholders to articulate their positions on the reform options. This meeting was held through videoconference on 12 March. President-Elect Dr Jacqueline Small FRACP, Dr Tony Mylius FRACP and Dr John Maddison FRACP attended the meeting on behalf of RACP. Other attendees

were representatives from the Australian Medical Association, the Australian Association of Consultant Pharmacy, The Royal Australian and New Zealand College of Psychiatrists and the Royal Australasian College of Surgeons.

Ultimately the Department decided in the interim to retain all existing specialist telehealth items (including the rural loading items) until the end of 2021. This has constituted a major success for the RACP and its members.

On 12 May P&A senior staff met with the Director and Assistant Secretaries of the MBS Policy & Specialist Services Branch of the Commonwealth Department of Health to reinforce the RACP's advocacy for retention of the specialist telehealth items. This was also raised in the meeting between the RACP President and Health Minister Greg Hunt on 14 May. We anticipate that there will be further consultation between the Department and the RACP about these items in 2022. P&A staff are currently working with the MBS division of Department to investigate telehealth usage data to prepare for future consultations.

Preventative health - Prioritising Prevention

National Preventative Health Strategy

Physicians, other clinicians and health policy experts strongly espouse the objective of refocussing Australia's approach to health care on to prevention. The statistics speak for themselves:

- Almost 40 percent of the national burden of disease is preventable and due to key modifiable risk factors such as unhealthy diet, harmful consumption of alcohol or lack of physical activity.⁴⁴
- Recently, obesity and overweight joined tobacco use as the two top contributors to the burden of disease: tobacco remains the top factor at 8.6 percent, closely followed by overweight and obesity at 8.4 percent. Dietary risks account for 5.4 percent, high blood pressure for 5.1percent and alcohol use for 4.5 percent.⁴⁵
- Over 80 percent of Australians are estimated to have at least one chronic condition or a risk factor for one.⁴⁶

The Royal Australasian College of Physicians (RACP) has long recognised that several powerful drivers of chronic disease are modifiable and should be targeted through systemic policies and interventions. The ongoing pandemic that impacts health and wellbeing of many Australians living with chronic illness and the health and sustainability of our health system has further highlighted the need to embed prevention in the system's design, funding and delivery models. At a time of rising costs and expectations of our health care system, the RACP stresses that it is critical to prioritise value-for-money investments in prevention that deliver effective and sustainable health outcomes for the future.

Over the course of the pandemic, the RACP has urged the Australian Government to increase its current 1.34 percent contribution of the healthcare expenditure spent on prevention to 5 percent. Mindful of the overall impact

of COVID-19 on our health system and budgets, we have asked the Government to prioritise prevention to ensure that this and coming crises do not overwhelm the capacity of the system and expose Australians to preventable disease and death.

During the two-stage consultation process for the forthcoming National Preventive Strategy, we asked that this critical document aim for a more resilient, agile, responsive, equitable and sustainable health system and:

- present a truly inclusive vision for Australian preventative health that proposes the means for effectively addressing major health and wellbeing challenges that can, should and must be prevented over the next decade



- include a comprehensive discussion of the social determinants of health and set out both systemic and specific actions to tackle them and other preventative health challenges and
- commit appropriate funding to all proposed policies and interventions and establish transparent targets and evaluation and accountability mechanisms to guide the Strategy towards success.

44 Britt, H., Miller, G.C., Henderson, J., Bayram, C., Harrison, C., Valenti, L., Pan, Y., Charles, J., Pollack, A.J., Wong, C. and Gordon, J., 2016. General practice activity in Australia 2015–16. Sydney University Press

45 Australian Burden of Disease Study– Key findings 2018 AIHW 2021

46 Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015 AIHW 2020

For the full discussion of our recommendations for the Strategy see:

RACP calls on Government to increase preventative healthcare to better prepare Australia for future health challenges

April 19, 2021

The Royal Australasian College of Physicians (RACP) has released its pre-budget submission which calls on the Federal Government to increase its investment in preventative health.

The College says this is critical for better preparing Australia for future health challenges by reducing risk factors causing chronic disease, and is urging the Government to increase its current 1.34 per cent contribution of the healthcare budget to 5 per cent. This increase should be accompanied by a significant increase in provision to train Public Health physicians.

RACP President Professor John Wilson says "The pandemic has taught us many things – one of them is the importance of having a strong robust health system that is prepared for major health crises.

"Our health system was clearly up to this challenge – but now is the time to be proactive and invest in protecting the Australian population against future pandemics and other health crises, which are inevitably in our future.

- [RACP feedback on the Consultation Paper for the National Preventative Health Strategy](#)⁴⁷
- [RACP Submission on the Draft National Preventive Health Strategy](#)⁴⁸

Prevention has also been a key component of the RACP Pre-Budget [Submission](#)⁴⁹ 2021-2022. The submission stresses that Australians are more vulnerable to most types of disease because of poor health caused by preventable conditions and reiterates our call for a substantive increase in funding. The submission was accompanied by a media [release](#)⁵⁰ calling on the Government to improve preventative healthcare and followed by another [release](#)⁵¹ expressing our concern over the Government's limited commitment to prevention in the May 2021 Budget.

47 https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-prev-health-submission_gm-approved.pdf?sfvrsn=d1b5f41a_4

48 https://www.racp.edu.au/docs/default-source/advocacy-library/submission-on-the-draft-national-preventive-health-strategy.pdf?sfvrsn=a407ff1a_4

49 https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

50 <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-on-government-to-increase-preventative-healthcare-to-better-prepare-australia-for-future-health-challenges>

51 <https://www.racp.edu.au/news-and-events/media-releases/disappointing-physicians-say-preventive-healthcare-overlooked-in-budget>

52 https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

"Now is the time to be proactive and invest in protecting the Australian population against future pandemics and other health crises, which are inevitably in our future.

By expanding preventative healthcare initiatives we can reduce the burden of disease in Australia and better protect our community against the challenges of the future – not to mention the benefits of easing the financial strain on our healthcare system."

RACP President Professor John Wilson AM

Reducing alcohol-related harm

As part of its two-pronged strategy aimed at preventing alcohol-related harm and improving access to treatment, the RACP has spent the last 12 months on concerted and effective advocacy for a range of RACP-endorsed, evidence-based measures that reduce the harms of alcohol and enhance the health and safety of the community.

Significant component of pre-Budget campaign

The RACP's [2021-2022 pre-Budget statement](#)⁵² highlights several key recommendations to tackle alcohol-related harm at a federal level. These recommendations centre around:

- investing in alcohol and other drug treatment sector reform through multidisciplinary workforce development and adequate physical infrastructure to address unmet demand for treatment
- investing adequately in alcohol and other drugs prevention and treatment as critical parts of the general and mental healthcare systems across Australia and

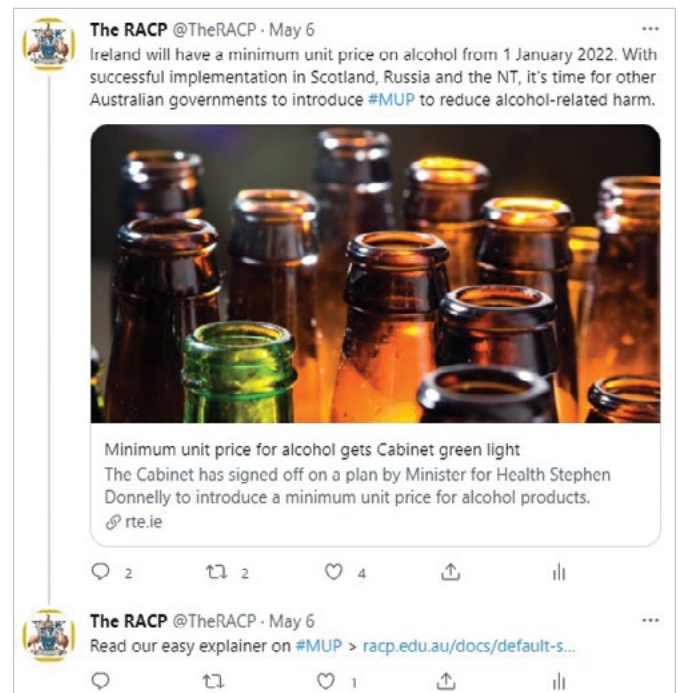
- providing funding for enhanced research into the alcohol and other drugs sector, including support for the establishment of a national clinical research network to deliver more effective treatment approaches for substance use disorders.

In April 2021, the RACP issued a [media release](#)⁵³ calling for an increase in preventative health funding that highlighted the burden of disease and the socioeconomic costs of alcohol. A follow-up [release](#)⁵⁴ expressed disappointment at the Budget's inadequate interest in prevention. It acknowledged the limited funding committed to continuation of existing alcohol and drug initiatives but stressed that the alcohol and other drugs sector and prevention more generally remain severely underfunded.

Continuing push for minimum unit pricing

The RACP is continuing its campaign for minimum unit pricing (MUP) on alcohol. On the back of earlier successful advocacy in the Northern Territory that saw the continuation of the Territory's pioneering minimum unit pricing legislation, the RACP used the [Queensland](#)⁵⁵, [Western Australian](#)⁵⁶ and [Tasmanian](#)⁵⁷ pre-election statements as opportunities to call for MUP in those jurisdictions. The statements also urged the incoming governments to improve access and quality of alcohol and other drug treatment services in those states.

MUP has been a particular focus of our member communications and social media activities as we continue to highlight media and research articles discussing the success of MUP in the NT and Scotland and the ongoing efforts to introduce the measure in other countries, such as Wales. This has been a useful opportunity to share the RACP's [MUP information sheet](#)⁵⁸ which provides background on the policy in an Australian context.



Supporting community-led advocacy across the country

Newcastle

In early 2021, AChAM President Professor Nick Lintzeris FACHAM sent a [letter](#)⁵⁹ to Ms Nuatali Nelmes, Lord Mayor of Newcastle, urging her to rethink the ongoing push to extend alcohol trading hours in the city. A related media [release](#)⁶⁰ was issued soon after.

53 <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-on-government-to-increase-preventative-healthcare-to-better-prepare-australia-for-future-health-challenges>

54 <https://www.racp.edu.au/news-and-events/media-releases/disappointing-physicians-say-preventive-healthcare-overlooked-in-budget>

55 https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-2020-qld-election-statement.pdf?sfvrsn=faf6f71a_4

56 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-wa-2021-election-statement.pdf?sfvrsn=808bfc1a_6

57 https://www.racp.edu.au/docs/default-source/advocacy-library/prioritising-health-racp-2021-tasmanian-election-statement.pdf?sfvrsn=2df2fe1a_4

58 https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/racp-factsheet-on-minimum-unit-pricing-on-alcohol.pdf?sfvrsn=d4f8f71a_10

59 https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/acham-presidents-response-to-the-draft-newcastle-destination-management-plan.pdf?sfvrsn=85c1fa1a_4

60 <https://www.racp.edu.au/news-and-events/media-releases/racp-urges-newcastle-mayor-to-protect-community-from-alcohol-related-violence>

In April, AChAM President-Elect Professor Adrian Dunlop FACHAM delivered a presentation to the Newcastle Community Groups Network on the evidence for measures preventing and reducing alcohol-related harms and the challenge of having such measures implemented. The presentation led to Professor Dunlop's unanimous endorsement by the Network to become a member of the Government and Council's governance committee to oversee a trial of weakened controls on high-risk licensed premises in Newcastle.

As a result, in June 2021 Professor Lintzeris wrote to Minister Dominello, Chair Mark Latham and the Lord Mayor seeking AChAM representation on the committee. Following a negative response from Mr Latham, the RACP issued a [media release](#)⁶¹ condemning this decision, asking for its urgent reconsideration and reiterating the importance of addiction medicine expertise to the work of the committee. Our call to action received local media coverage and sparked further discussion within the community.



Darwin megastore

Following social media advocacy, in late April the RACP issued a [media release](#)⁶² welcoming the news that plans for a liquor megastore in the NT had been axed. The release noted the recent successes of the NT alcohol reforms and expressed hope that the decision will herald an era where more socially responsible decisions are being made by commercial entities about the impacts of alcohol-related harm on their communities

Melbourne

In July 2021, Professor Lintzeris expressed AChAM and the RACP's concerns about the development of a large licensed venue next to St Kilda Primary School in Melbourne. In line with the RACP alcohol policy's recommendations on venue density and location, letters were sent to VCAT, Ministers for Health, Education and Liquor Regulation and the Anglican Diocese of Melbourne, asking them to reconsider the decision. AChAM indicated that the development of a 300-seat licensed venue next to a school is inappropriate and will lead to a rise in alcohol-related harms by increasing outlet density and facilitating a potential increase in aggressive and violent behaviour. Advocacy continues.

Focus on Fetal Alcohol Spectrum Disorder

The final [report](#)⁶³ from the Senate Community Affairs References Committee into Effective approaches to prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD) was handed down in March 2021. The report included [32 recommendations](#)⁶⁴ covering the prevention, diagnosis, and management of FASD. The report notes the [RACP submission](#)⁶⁵ to the Inquiry and discusses the RACP's testimony at a Senate hearing which was delivered by Professor Elizabeth Elliott FRACP.

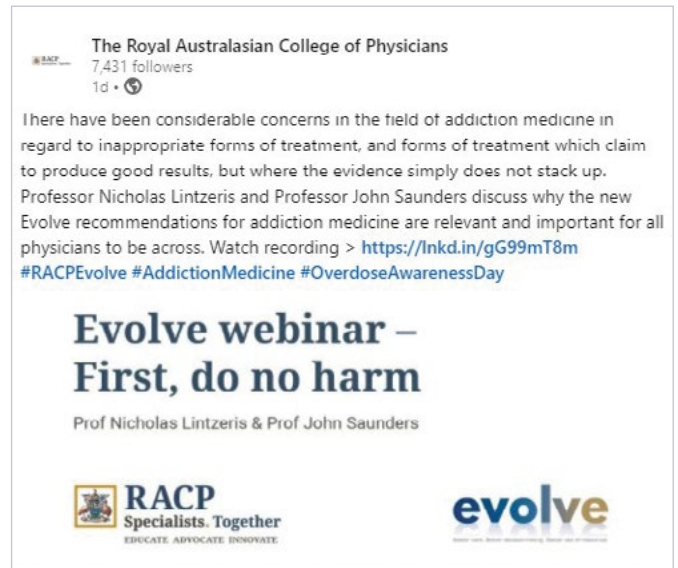
61 <https://www.racp.edu.au/news-and-events/media-releases/racp-concerned-over-refusal-to-increase-number-of-medical-experts-on-the-newcastle-committee-overseeing-licensed-venue-trials>
 62 <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-decision-to-axe-northern-territory-liquor-megastore>
 63 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/FetalAlcoholSpectrumDi/Report
 64 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/FetalAlcoholSpectrumDi/Report/section?id=committees%2freportsen%2f024357%2f27969
 65 https://www.racp.edu.au/docs/default-source/advocacy-library/c-racp_fasd-submission_gm-approved.pdf

The RACP is represented on the Clinical Advisory Group undertaking a comprehensive review and update of the Australian Guide to the Assessment and Diagnosis of FASD, first released in 2016. The project aims to ensure clinicians throughout Australia will have access to evidence-based clinical practice guidelines to support best practice and guide decision making in the assessment and diagnosis of FASD.

Promoting best practice to our members

In July 2021, Professor Lintzeris and Professor John Saunders FAFPHM, FACHAM, FRACP delivered a webinar as part of the Evolve Webinar Series 2021. The webinar, First, do no harm, addressed concerns in the field of addiction medicine regarding inappropriate forms of treatment and forms of treatment without a robust evidence base. Professors Lintzeris and Saunders explored the Evolve recommendations for substance use disorders and explained why these are relevant to and important for all physicians. You can [watch the webinar here](#)⁶⁶ and [access the presentation slides here](#)⁶⁷.

We continue to disseminate and promote member communications and social media advocacy on key publications, developments and campaigns related to our alcohol policy. Minimum unit pricing, unregulated online promotion of alcohol to children and young people and inadequate online sale and delivery regulations remain our key and ongoing priorities.



“Evidence shows that reducing the availability of cheap alcohol through a minimum unit price decreases the harm associated with alcohol use. We’ve seen the positive impacts that this policy can have in the Northern Territory, where there has been a significant reduction in alcohol related assaults and emergency admissions since minimum unit alcohol pricing was introduced. We know the incoming Government will address many challenges in the years ahead. Alcohol harm must be one of these.”

Chair of the WA Branch of the Australasian Chapter of Addiction Medicine, Dr Craig Connelly FACHAM

⁶⁶ <https://evolve.edu.au/resources/evolve-webinar-series-2021>

⁶⁷ <https://evolve.edu.au/docs/default-source/default-document-library/racp-evolve-webinar-addiction-medicine-lintzeris-and-saunders-final-version---7-21.pdf?sfvrsn=2>

Overweight and obesity: focus on prevention and treatment without stigma

Obesity and overweight have recently joined tobacco use as the two top contributors to the burden of disease in Australia: the two are now almost at the same level, with tobacco responsible for 8.6 percent and overweight and obesity 8.4 percent of disease burden.⁶⁸ With two out of three adults and one in four children overweight or obese, the RACP continues to advocate for “nothing short of a systemic reorientation needed to deal with the issue of overweight and obesity in Australia”, as previously stated in our [submission](#)⁶⁹ on the draft National Obesity Strategy.

Our work on obesity is underpinned by the [RACP Position Statement on Obesity - Action to prevent obesity and reduce its impact across the life course](#)⁷⁰.

Significant component of pre-Budget submission

The RACP’s [2021-2022 pre-Budget statement](#)⁷¹ prioritises overweight and obesity by calling on the Australian Government to:

- prevent further increases in the rate of obesity in the population through a comprehensive and well-funded national strategy on obesity
- introduce a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages
- provide dedicated funding for states and territories to ensure equitable access to bariatric surgery for public hospital patients
- invest in obesity and metabolic disease research

- commit funding for a national campaign targeting parents of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children about the screening and prevention and obesity and its complications, including type 2 diabetes mellitus.

Urgent call for new clinical guidelines

There are currently no official national clinical guidelines or framework for healthcare professionals on how to assess, help and manage people with obesity. The most recent national guidelines were rescinded by the National Health and Medical Research Council in 2018 after the standard five-year timeframe and there appear to be no plans to commission or issue new guidelines. To address this important advocacy priority, in early 2021, the RACP [joined a call](#)⁷² for [new clinical guidelines](#)⁷³ as an essential step towards getting health professionals up to date with best practice approaches to dealing with obesity.

An evidence-based approach to supporting people with obesity will help improve people’s health and quality of life, reduce harmful stigma, and decrease wasteful investments in ineffective approaches. New guidelines will be an important tool for ‘building back better’ post COVID-19.

Call to release the National Obesity Strategy

RACP calls for the urgent release of the National Obesity Strategy

Date published: 12 Aug 2021

The RACP President, the Presidents of the Australasian Faculty of Public Health Medicine and the Paediatrics and Child Health Division and the Chairs of all Regional Committees have asked the Australian Minister for Health and Aged Care The Hon Greg Hunt for the release of the Preventive National Obesity Strategy for an urgent final review and action.

The letter to Minister Hunt stresses the College’s concern that the much delayed strategy is at risk of becoming obsolete and ineffective if not acted on in a timely manner. The letter also notes that work on the Obesity Strategy’s treatment aspects should proceed as the second phase of this critical undertaking.

Similar letters have been issued to all Australian health ministers and Shadow Health Minister Mark Butler. The letter is part of the College’s ongoing efforts to tackle the challenge of obesity in a timely and resolute manner.

[Read letter to Minister Hunt](#)

68 Australian Burden of Disease Study– Key findings 2018 AIHW 2021

69 <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-consultation-on-a-national-obesity-strategy-2020-2030.pdf>

70 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf?sfvrsn=6e3b0b1a_5

71 https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

72 <https://www.racp.edu.au/news-and-events/all-news/news-details?id=69069daf-bbb2-61c2-b08b-ff01001c3177>

73 <https://static1.squarespace.com/static/57e9ebb16a4963ef7adfafdb/t/603f1888565cb55012195a8c/1614747785643/Clinical+Guidelines+Statement+V5.pdf>

Despite a protracted consultation and drafting process that started in 2019, Australia still does not have a national obesity strategy.

In August 2021, RACP President Professor John Wilson AM, President of the Australasian Faculty of Public Health Medicine (AFPHM) Professor Robyn Lucas FAFPHM, President of the Paediatrics and Child Health Division (PCHD) Dr Cathy Choong FRACP and Chairs of all Regional Committees [joined forces in asking Health Minister](#)⁷⁴ Greg Hunt for the release of the draft Preventive National Obesity Strategy for an urgent final review and action.

A letter to Mr Hunt expressed the RACP's concern that the much-delayed Strategy is at risk of becoming obsolete and ineffective if not acted on in a timely manner. The [letter](#)⁷⁵ notes that work on the Strategy's treatment aspects should proceed as the second phase of this critical undertaking. Similar letters have been issued to all Australian health ministers and Shadow Health Minister Mark Butler. The letter is part of the RACP's ongoing efforts to tackle the challenge of obesity in a timely and resolute manner.

Working collectively to streamline efforts and amplify outcomes

The RACP is a member of [The Obesity Collective](#)⁷⁶, which brings together individuals and organisations committed to working together to tackle the obesity challenge with an empathetic and whole-of-society approach. July 2021 marked three years since the Collective was launched; during that time it has progressed in a number of priority areas, including research and policy work as part of a campaign against [weight stigma](#)⁷⁷ and the development of an [activity map](#)⁷⁸ of obesity prevention, treatment and advocacy activities across Australia.



Another key endeavour of the Collective has been the development of the [Obesity Evidence Hub](#)⁷⁹, which identifies, analyses and synthesises evidence on obesity for use in future policy work. We are also working with the Victorian Government and the [Obesity Policy Coalition](#)⁸⁰ on a campaign to strengthen regulation of marketing and promotion of unhealthy food and drinks to children and youth in Victoria and, at a later stage, across Australia.

“A comprehensive and integrated national plan that outlines actions that need to be taken to prevent obesity and improve diets is now more urgent than ever. (...) A phased but connected National Obesity Strategy will help thousands of physicians and paediatricians to advocate for and support patients living with obesity and related health conditions.”

The RACP's call to release the National Obesity Strategy

⁷⁴ <https://www.racp.edu.au/news-and-events/all-news/news-details?id=7f59a4af-bbb2-61c2-b08b-ff01001c3177>

⁷⁵ https://www.racp.edu.au/docs/default-source/advocacy-library/call-for-the-urgent-release-of-the-national-obesity-strategy.pdf?sfvrsn=4986c51a_6

⁷⁶ <https://www.obesityaustralia.org/>

⁷⁷ <https://www.obesityaustralia.org/weight-stigma>

⁷⁸ <https://www.obesityaustralia.org/obesity-activity-map>

⁷⁹ <https://www.obesityevidencehub.org.au/>

⁸⁰ <https://www.opc.org.au/brands-off-our-kids>



E-cigarettes

The Australia and Aotearoa New Zealand governments continue their divergent regulatory developments for e-cigarettes.

Since December 2020, there have been three major vaping policy developments of interest in Australia and Aotearoa New Zealand, namely the Therapeutic Goods Administration's (TGA) decision to amend the nicotine scheduling, the Australian Senate inquiry into tobacco harm reduction and the proposed Smokefree Aotearoa 2025 Action Plan.

TGA's decision to amend the nicotine scheduling

In September 2020, the TGA made an interim decision to amend the current scheduling of nicotine for human use from Schedule 7 (Dangerous Poison) to Schedule 4 (Prescription Only Medicine), with the aim to clarify the regulation.

The RACP's [submission](#)⁸¹ expressed support for the intent of this interim decision and concerns over the prescribing of unapproved e-cigarette products and the development of prescribing guidelines.

Following our submission, the [TGA announced](#)⁸² the decision that from 1st October 2021, a doctor's prescription will be needed to access nicotine e-cigarettes and liquid nicotine in Australia. Child resistant closures will be required for all liquid nicotine products to minimise the risk of accidental exposure to, or ingestion of the products. The changes close a regulatory gap between Commonwealth and state and territory law and render consumers the opportunity to obtain medical advice on smoking cessation.

There are currently no nicotine e-cigarettes products listed on the Australian Register of Therapeutic Goods. In response to concerns regarding their safety and quality, the TGA has introduced the [TG0110: Standard for Nicotine Vaping Products](#)⁸³. The TG0110 sets out the minimum safety and quality requirements for unregistered vaping products to be supplied in Australia and covers requirements for labelling, packaging, ingredients and record keeping obligations. It will come into effect at the same time as prescription based vaping access, from 1 October 2021.

Senate Select Committee on Tobacco Harm Reduction

In October 2020, a [Select Committee on Tobacco Harm Reduction](#)⁸⁴ was established to inquire into tobacco reduction strategies, with specific reference to the use of nicotine vaping products.

The [RACP's submission](#)⁸⁵ strongly suggested that any additional recommendations to changing the regulatory framework await the outcomes of the current investigations underway by the National Health and Medical Research Council and the TGA. Consequently, the RACP President, Professor John Wilson AM, attended the public hearing to give further evidence to the Select Committee.

The resulting Select Committee's [final report](#)⁸⁶ did not suggest any regulatory changes, but consisted of the following recommendations to the Australian Government:

- Outlining concrete measures to meet the target of reducing smoking rates to below 10 per cent by 2025 and beyond.
- Continuing to invest in evidence-based strategies that are proven to reduce tobacco use and take-up, and in particular, consider renewed investment in a new national anti-smoking campaign.

81 https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-tga-consultation-on-interim-decision-in-relation-to-nicotine.pdf?sfvrsn=eb4fb1a_6

82 <https://www.tga.gov.au/media-release/tga-confirms-nicotine-e-cigarette-access-prescription-only>

83 https://www.tga.gov.au/sites/default/files/nicotine-vaping-products-and-vaping-devices_0.pdf

84 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Tobacco_Harm_Reduction/TobaccoHarmReduction

85 https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-senate-inquiry-on-tobacco-harm-reduction.pdf?sfvrsn=31b4fb1a_6

86 https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Tobacco_Harm_Reduction/TobaccoHarmReduction/Report

- Supporting the implementation of any prescription pathway as recommended by the TGA
- Implementing an evidence-based regulatory process, involving the appropriate statutory body, to assess, regulate, and if necessary, restrict the use of colourings and flavouring in e-cigarettes.
- Implementing national evidence-based regulations with respect to: minimum standards for manufacture and safety, child-resistant containers, appropriate health warnings, prohibited access for youth, appropriate restrictions on advertising, mandatory standards for labelling, clear guidelines about public vaping, a notification scheme for pre-market registration, a system for reporting harmful effects and recall of unsafe products and other related issues
- Accepting the Therapeutic Goods Administration's advice

The Select Committee also recommended that the TGA continues to oversee the classification of nicotine and the assessment of e-cigarette product as a therapeutic good. All these recommendations are in line with the RACP's position.

Proposed Smokefree Aotearoa 2025 Action Plan

Aotearoa New Zealand has long considered e-cigarettes as a means to quit smoking and move towards the Smokefree 2025 goal. The Vaping Amendment Act 2020 was introduced to support smokers to switch, which provides for the regulation of all vaping and smokeless tobacco products.

To accelerate progress towards Smokefree 2025 goal, the Aotearoa New Zealand Government has proposed a framework to guide the development of the [Smokefree Aotearoa 2025 Action Plan](#)⁸⁷. The proposed framework comprises three outcomes (e.g. equity, smokefree, and quit) and five focus areas (aiming to strengthen tobacco control and alter the broader environment), with potential actions.

87 <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>

Part B: Proposed Smokefree Aotearoa 2025 Action Plan

We propose the following framework to guide the development of the action plan. It comprises outcomes and focus areas, with potential actions. Which actions will be included in the action plan will be decided following public consultation.

Smokefree 2025 goal	
To reduce smoking and tobacco availability to minimal levels by 2025	
Outcomes	
Eliminating inequities in smoking rates and smoking-related illnesses	
Increasing the number of children and young people who remain smokefree	Increasing the number of people who successfully quit smoking
Focus areas and potential actions	
Strengthen the tobacco control system	
Strengthen Māori governance of the tobacco control programme	
Support community action for a Smokefree 2025	
Increase research, evaluation, monitoring and reporting	
Strengthen compliance and enforcement activity	
Make smoked tobacco products less available	
License all retailers of tobacco and vaping products	
Significantly reduce the number of smoked tobacco product retailers based on population size and density	
Restrict sales of smoked tobacco products to a limited number of specific store types	
Introduce a smokefree generation policy	
Make smoked tobacco products less addictive and less appealing	
Reduce nicotine in smoked tobacco products to very low levels	
Prohibit filters in smoked tobacco products	
Prohibit innovations aimed at increasing the appeal and addictiveness of smoked tobacco products	
Make tobacco products less affordable	
Set a minimum price for tobacco	
Enhance existing initiatives	
Increase investment in mass and social media campaigns	
Increase investment in stop smoking services for priority populations	

The [Aotearoa New Zealand RACP submission](#)⁸⁸ to the consultation expresses support for these focus areas and potential actions. It also underlines that of all proposals, three are of the greatest importance:

- the introduction of a smokefree generation policy
- the significant reduction in availability of tobacco products, including a 'sinking lid' policy
- the reduction of nicotine in smoked tobacco products to very low levels.

88 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-ministry-of-health-proposals-for-a-smokefree-aotearoa-2025-action-plan.pdf?sfvrsn=971fc11a_6

Evolve

About Evolve

Australia and Aotearoa New Zealand's health systems are recognised as being some of the best in the world. Even so, it is estimated that between 30% of our healthcare is 'low-value', with 10% being harmful to the patient⁸⁹. These numbers demonstrate the importance for all physicians to stay up to date with the latest evidence and improve their clinical processes to deliver contemporary, best-practice patient care.

Evolve is a physician-led initiative that reflects The Royal Australasian College of Physicians' (RACP) commitment to high-quality, safe and effective healthcare. Evolve is part of a growing national and international movement to analyse medical practices and reduce the use of low-value clinical procedures and interventions. The primary objective of Evolve is to ensure improved patient safety and quality of care through a reduction in practices that are low-value. The RACP is a founding member of Choosing Wisely in Australia and Aotearoa New Zealand.

Evolve Strategy Implementation Plan 2020-21

In February 2020, the RACP's Policy and Advocacy Team released the [Evolve Strategy Implementation Plan 2019-21](https://www.racp.edu.au/docs/default-source/secured-documents-library/evolve-strategy-implementation-plan-2020-21.pdf)⁹⁰ (Implementation Plan). The Implementation Plan was developed in consultation with the Evolve Policy Reference Group (PRG) in response to valuable feedback that was received during consultations for the [Evolve Strategy 2019-21](https://www.racp.edu.au/docs/default-source/secured-documents-library/cpac-approved-evolve-strategy-2019-2021.pdf).⁹¹

A key activity outlined in the Implementation Plan was to introduce comprehensive 6-month progress reporting against the plan. This was in response to member feedback requesting increased visibility on how activities are progressing. This is not only an opportunity to reflect on progress but to review the implementation plan and make iterative changes as needed. This agile approach will ensure the Implementation Plan remains relevant and develops as we gather data and insights to improve Evolve's impact. At this stage we will not make any changes to the Implementation Plan.

New Evolve Recommendations

In 2021, the RACP in partnership with Specialty Societies launched two sets of new Evolve recommendations on low-value practices. These were developed through a rigorous, peer-reviewed process led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

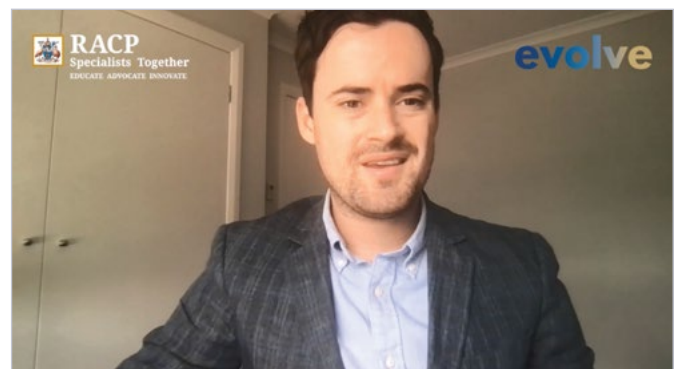
- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

For both lists, a launch plan was developed, in consultation with the Evolve Policy Reference Group, to distribute the new recommendations widely.

Australian and New Zealand Society of Nephrology

Activities for promoting the Australian and New Zealand Society of Nephrology (ANZSN) Top-5 Recommendations on low-value practices included:

- Talking head videos featuring Dr David Tunnicliffe, one of the Leads in the development of the recommendations.



89 Braithwaite J, Glasziou P, Westbrook JI. (2020) The three numbers you need to know about healthcare: the 60-30-10 Challenge. BMC Medicine.

90 <https://www.racp.edu.au/docs/default-source/secured-documents-library/evolve-strategy-implementation-plan-2020-21.pdf>

91 <https://www.racp.edu.au/docs/default-source/secured-documents-library/cpac-approved-evolve-strategy-2019-2021.pdf>

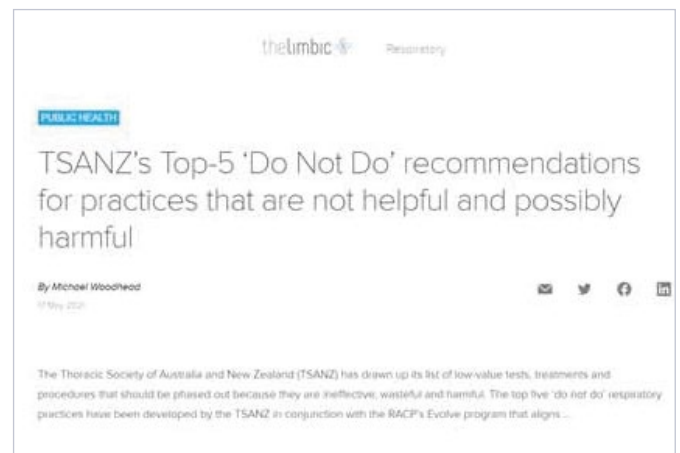
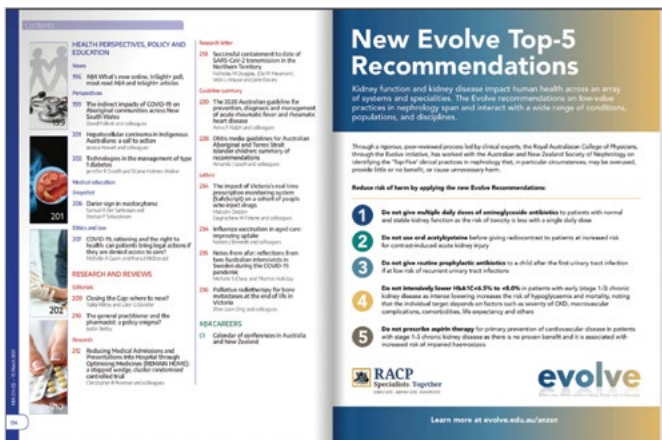
- An article in the [RACP Quarterly \(issue 2\)](#)⁹², featuring Dr David Tunnicliffe and a one-page advertisement promoting the recommendations.
- Promoted through RACP and ANZSN social media platforms, eBulletins and committee emails.
- Promoted at the ANZSN Conference through brochure advertisement and online exhibition space.
- Joint press release with Choosing Wisely Australia and ANZSN. This resulted in a write up being featured in [News Medical](#)⁹³ and the [Australian Doctor](#)⁹⁴.
- A full-page advertisement in the Medical Journal of Australia (MJA).

Thoracic Society of Australia and New Zealand



Activities for promoting the [Thoracic Society of Australia and New Zealand \(TSANZ\) Top-5 Recommendations](#)⁹⁵ on low-value practices included:

- An article for issue 3 of the RACP Quarterly (not published at time of reporting), featuring Associate Professor Lucy Burr FRACP and a one-page advertisement promoting the recommendations.
- Promoted through RACP social media platforms, eBulletins and committee emails.
- A full-page advertisement in the Medical Journal of Australia.
- The recommendations were picked up and featured in an article in the Limbic.



92 <https://racpquarterly.racp.edu.au/new-evolve-recommendations-focus-on-nephrology>

93 <https://www.news-medical.net/news/20210731/New-advice-Antibiotics-should-not-be-given-to-kids-as-a-preventative-measure-to-avoid-UTIs.aspx>

94 <https://evolve.edu.au/docs/default-source/default-document-library/australian-doctor-article-evolve-anzsn-uti.pdf?sfvrsn=2>

95 [https://evolve.edu.au/docs/default-source/default-document-library/evolve_top-five_tsanz_2021_f-\(002\).pdf?sfvrsn=4](https://evolve.edu.au/docs/default-source/default-document-library/evolve_top-five_tsanz_2021_f-(002).pdf?sfvrsn=4)



Evolve Webinar Series

For the first time Evolve has hosted a webinar series exploring interesting topics related to reducing low-value practices and improving the quality and safety of healthcare. The webinar series has been a great way to engage with members and the wider medical community on this important topic, demonstrating the multifaceted and widely impacting nature of low-value care. This has also been a fantastic opportunity to showcase the research, expertise, and leadership of our members.

Topics have included:

- Cognitive biases in clinical decision making – Led by Professor Ian Scott FRACP
- Considering equity in reducing low-value care: Led by Professor David Tipene-Leach and Dr Derek Sherwood
- Innovative teaching strategies to encourage implementation of Evolve recommendations: Led by Dr Chris Leung FRACP
- Machine learning and low-value care – promises and pitfalls (Congress session): Led by Dr Jonathan Chen FRACP, Professor Ian Scott and Dr Joanna Lawrence FRACP
- Low-value care and climate change: Led by Professor Alexandra Barratt
- First, do no harm (addiction medicine): Led by Professor Nicholas Lintzeris FACHAM and Professor John Saunders FAFPHM, FACHAM, FRACP
- Challenges and successes in reducing low-value care in Paediatrics: Led by Dr Joanna Lawrence and Dr Suzi Riess FRACP

- Prescribing cascade – improving the trickle down: Led by Dr Genevieve Gabb FRACP, Professor Jennifer Martin FRACP and Dr Chris Cameron

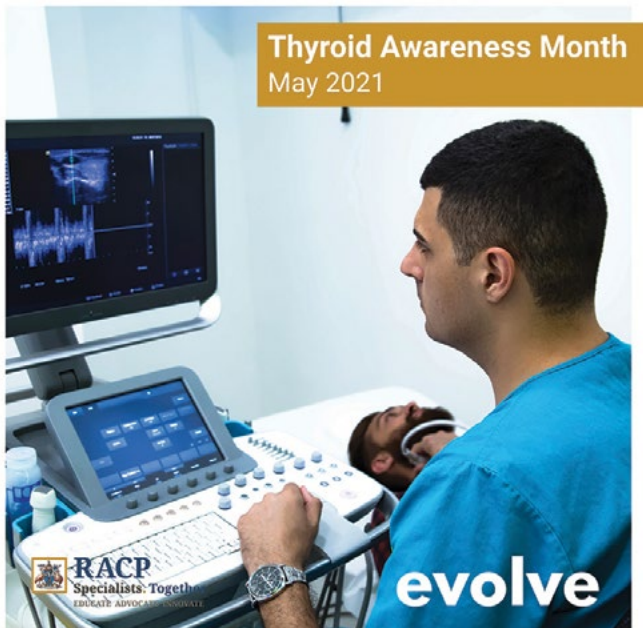
Not only have these webinars received very positive feedback from attendees, they have also resulted in a significant increase in Evolve Policy Reference Group sign ups. Recordings of the webinars are [available for viewing on the Evolve website](#)⁹⁶.

Dissemination and engagement

- During 2021 we have been proactively promoting relevant Evolve recommendations during national or international health dates, where appropriate.



⁹⁶ <https://evolve.edu.au/resources/evolve-webinar-series-2021/>



- We have been working with Fellows and trainees to develop a suite of Evolve case studies that aim to be a useful and engaging tool for medical professionals to reflect on clinical decision making and reduce low value care. We will disseminate these widely across Australia and Aotearoa New Zealand and these case studies may form the basis for future educational and clinical resources to ensure as many people as possible can benefit from them. The RACP and Specialty Societies have collaborated to produce [case studies](#)⁹⁷. As a close stakeholder of NPS MedicineWise and a founding member of Choosing Wisely, these case studies are made available as part of the [Choosing Wisely toolkit for clinical educators](#)⁹⁸ (ongoing). A case study for paediatrics has been published with case studies in development for geriatric medicine, rehabilitation medicine, occupational and environmental medicine and internal medicine.
- The Evolve Addiction Medicine Recommendations have been featured in several relevant [RACP eLearning Courses](#)⁹⁹.
- Evolve was mentioned in an MJA Article titled '[Crisis as opportunity: How COVID-19 can shape the Australian healthcare system](#)'¹⁰⁰. Evolve was recognised for our positive work in calling on clinicians to be more cognisant of waste and the potential harms of unnecessary investigations and treatments.
- Evolve was mentioned in another MJA Article titled '[Engaging patients in reducing low value care more effective than doctor-targeted campaigns](#).'¹⁰¹ Evolve has recognised the benefit engaging consumers in shared decision making and has promoted the necessity for clinicians to be effective at shared decision making in order to reduce low-value care.
- Evolve recommendations on antibiotics from thoracic, paediatrics, internal medicine, geriatric medicine and infectious disease were cited in the [Australian Commission on Safety and Quality in Health Care 2020 Antimicrobial Stewardship Clinical Care Standard](#)¹⁰².
- Evolve was cited in the [Queensland Statewide General Medicine Clinical Network, Reducing Low Benefit Care Guidance](#)¹⁰³.

97 <https://evolve.edu.au/resources>

98 <http://www.choosingwisely.org.au/resources/toolkit-for-clinical-educators>

99 <https://elearning.racp.edu.au/mod/page/view.php?id=27872>

100 <https://www.mja.com.au/journal/2020/213/5/crisis-opportunity-how-covid-19-can-reshape-australian-health-system>

101 <https://www.mja.com.au/journal/2021/engaging-patients-reducing-low-value-care-more-effective-doctor-targeted-campaigns-0>

102 <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/antimicrobial-stewardship-clinical-care-standard>

103 <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/maximising-benefits-care>

Disability

Working to address the significant health and social disparities faced by people with disabilities is an important area of policy and advocacy for The Royal Australasian College of Physicians (RACP). Most recently, the RACP has been responding to issues raised by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and responding to issues related to COVID-19 for people with disability. The National Disability Insurance Scheme (NDIS) Reference Group provide expert input into RACP work in this area. This group includes rehabilitation medicine physicians, public health physicians and paediatricians.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability



The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has made it abundantly clear that the current systems in place need significant improvement to provide people living with disabilities the health care and support they need. The Royal Commission is expected to make

recommendations which will transform the disability and related health sectors in its final report in 2023. In December 2020, President-Elect Dr Jacqueline Small FRACP and Associate Professor Mitra Guha FRACP, Chair of the RACP's College Education Committee, represented the RACP at the Royal Commission's Public Hearing 10 on the training and education of health professionals in relation to people with cognitive disability. Following the hearing, the RACP provided further advice to the Counsel Assisting on their written submissions outlining proposed recommendations in this area.

In May 2021, the [RACP provided a submission](#)¹⁰⁴ to the Royal Commission which proposed areas of transformational change to the health and disability sectors which are necessary to improve the health care of people with disability, including:

- A human-rights centred approach to health care to reduce levels of violence, abuse, neglect and exploitation of people with disabilities.
- Access to person centred, integrated care which cuts across sectors including health, disability, education and family and community services.
- Improvements to the NDIS to address known issues and provide a high-quality disability service platform.
- Enhancing the systems which support the health and disability sectors to ensure robust data collection, monitoring and evaluation.

104 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

Engagement with the NDIS

The RACP strongly supports the NDIS, its underlying values and principles, including individual autonomy, non-discrimination, and full and effective participation and inclusion in society. The RACP continues to contribute physician and paediatrician perspectives and expertise to inquiries into specific aspects of the NDIS.

The National Disability Insurance Agency (NDIA) is currently working on enhancing the NDIS Operational Guidelines to ensure they are clearer and easy to use to assist treating professionals to support their patients access to the NDIS. As part of this process, RACP representatives met with NDIA staff and provided feedback on NDIS access criteria policy. Issues were discussed regarding definitions of permanent impairments and health conditions and how these interact and the division between NDIS support for an impairment and health system responsibility for providing clinical and medical treatments.



Members of the NDIS Reference Group are also providing advice on consultation processes for the NDIS Quality and Safety Commission's evidence summaries on medications used for behaviours of concern in people with Autism to ensure they are developed in collaboration with key stakeholders and medical experts.

In January 2021, [the RACP provided feedback](#)¹⁰⁵ on the proposed recommendations to reset the Early Childhood Early Intervention (ECEI) approach.

The impact of COVID-19 on people with disability

Recent advocacy relating to the impact of COVID-19 on people with disability has focused on the rollout of COVID-19 vaccines to people with disability, particularly the low numbers and proportion of people with disability and disability support workers who have been vaccinated.

The [RACP has called for more transparency](#)¹⁰⁶ in the government's current method of publishing data on vaccination in the disability sector, which do not provide comprehensive data about the progress of vaccination of people with disability. The RACP also outlined these concerns in a letter to Professor Brendan Murphy, Department of Health Secretary, which called on the Government to take urgent action to expedite and streamline the rollout of the COVID-19 vaccine to the disability sector.

In July 2021 President-Elect Dr Jacqueline Small FRACP met with Chris Faulkner, Assistant Secretary for Disability at the Department of Health, to raise concerns on the slow rollout of vaccines to the disability sector and offered assistance from the RACP in improving the vaccine rollout implementation strategy. The Secretary took onboard the issues raised by Dr Small and provided an update on the delivery of accessible vaccine hubs and on progress with data collection on the vaccine rollout for people with disability.

¹⁰⁵ https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-ndis-consultation-supporting-young-children-early-to-reach-their-full-potential.pdf?sfvrsn=a395fd1a_6

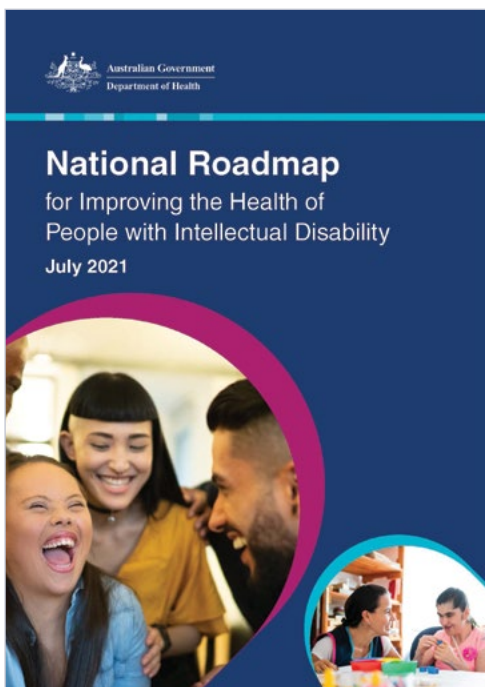
¹⁰⁶ <https://www.racp.edu.au/news-and-events/media-releases/racp-encourages-the-australian-government-to-release-further-information-on-the-vaccine-rollout-to-people-with-disability-and-disability-support-workers>

National roadmap for improving the health of Australians with intellectual disability

Since 2019 the Australian Government has been working with stakeholders to develop a national roadmap for improving the health of Australians with intellectual disability.

The RACP has contributed to the roadmap through two representatives, NDIS Reference Group members Dr Small and Associate Professor David Harley FAFPHM. The RACP also provided feedback from a range of medical specialties on an early draft of the Roadmap.

In August 2021, the [RACP welcomed the Government's release](#)¹⁰⁷ of the final National Roadmap for Improving the Health of People with Intellectual Disability, which included increasing the number of funded accredited training positions for physicians in Intellectual Disability.



The National Disability Strategy

The National Disability Strategy 2010-2020 is Australia's overarching framework for disability reform and sets out a ten-year national plan for improving the lives for Australians with disability, their families and carers. The Australian Government is leading the development of a new National Disability Strategy. In 2019, the first stage of consultations occurred to develop the new Strategy. The [RACP provided a submission](#)¹⁰⁸ to the consultation which include a range of suggestions, in particular:

- Focusing on changing community attitudes and improve awareness of disability.
- Emphasising calls for increased transparency and accountability.
- Calling for more engagement and involvement of people with disability.

Many of the RACP's suggestions were included in [the public report on submissions](#)¹⁰⁹. The new National Disability Strategy is expected to be released later in 2021.

107 <https://www.racp.edu.au/news-and-events/media-releases/specialists-welcome-government-roadmap-for-improving-the-health-of-people-with-intellectual-disability>

108 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission---new-national-disability-strategy-position-paper.pdf?sfvrsn=495ec41a_10

109 https://www.dss.gov.au/sites/default/files/documents/04_2021/new-nds-stage-2-consultations-report-submissions-full-report-final.pdf

Accelerated Silicosis

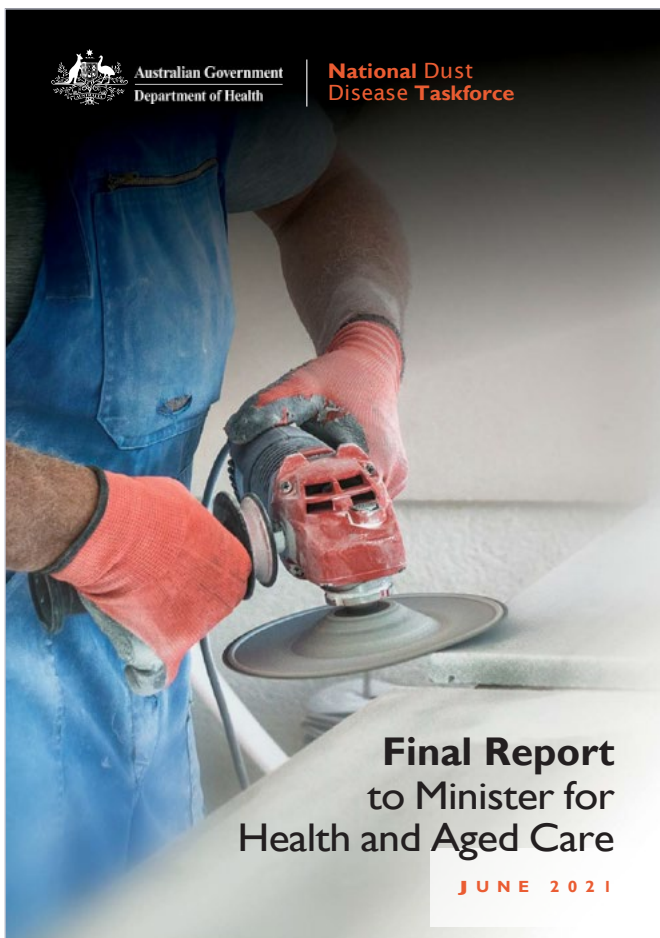
The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) continues to lead the RACP's strong advocacy on accelerated silicosis in collaboration with the Thoracic Society of Australia and New Zealand (TSANZ) following the establishment of the [National Dust Disease Taskforce](#)¹¹⁰ in July 2019 which resulted from strong joint advocacy from the RACP, AFOEM and TSANZ.

Public release of the National Dust Disease Taskforce's Final Report

The Taskforce has played a crucial role in driving the development of a national approach for the prevention, early identification, control and management of dust diseases in Australia. Taskforce membership included the following RACP members: Professor Fraser Brims FRACP, Dr Graeme Edwards FAFOEM, Dr Ryan Hoy FRACP and Professor Christine Jenkins FRACP.

The Australian Department of Health has recently released the [National Dust Disease Taskforce's Final Report](#)¹¹¹ which contains seven recommendations. These focus on work health and safety measures; work health and safety monitoring and compliance; national guidance to identify people at risk; better support for workers and medical, health and other related professionals; a strategic national approach to research and a cross-jurisdictional governance mechanism to coordinate responses and report on progress.

In [its last submission to the Taskforce](#)¹¹² led by AFOEM, the RACP advocated for the establishment of a permanent multi-disciplinary group to oversee the implementation of the National Dust Disease Taskforce recommendations. We were pleased to see this reflected in Recommendation 7 of the Taskforce Final Report and [we have called on the Government](#)¹¹³ to establish this cross-jurisdictional mechanism urgently to ensure the recommended actions in the report are adopted, monitored and progressed in an efficient and coordinated way.



110 https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-nat-dust-disease-taskforce.htm?Open=&utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=dust

111 [https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/\\$File/NDDT-Final-Report-June-2021.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/$File/NDDT-Final-Report-June-2021.pdf)

112 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-national-dust-disease-taskforce-draft-vision-strategies-and-priority-areas-for-action.pdf?sfvrsn=fb6c11a_4

113 RACP Media Release (18 July 2021) <https://www.racp.edu.au/news-and-events/media-releases/racp-urges-involvement-of-specialist-physicians-in-implementing-dust-disease-taskforce-report>

Professor Malcolm Sim AM, RACP spokesperson and President of the Australasian Faculty of Occupational and Environmental Medicine says “There is no doubt the prevention and control of silicosis and other occupational lung diseases in Australia is going to require the establishment of an effective National Dust Disease Registry and a dedicated cross-jurisdictional governance mechanism involving the expertise of specialist physicians.”

“There is a real risk that without a National Registry and this mechanism, overseeing the prevention and management of dust diseases including silicosis in Australia – more workers will continue to unnecessarily be at risk of developing these preventable and life-threatening diseases.”

Lead Fellows Group on Accelerated Silicosis continues to guide RACP advocacy

The Lead Fellows Group on Accelerated Silicosis continues to meet monthly. It includes the following RACP members: Professor Malcolm Sim AM, FAFOEM, FAFPHM, Associate Professor Deborah Yates FRACP, Dr Beata Byok FAFOEM, Dr Alexandra Muthu, Dr Warren Harrex FAFPHM, FAFOEM, Dr Graeme Edwards FAFOEM and Dr Ryan Hoy FRACP.

In 2021, the Lead Fellows Group is focusing its advocacy on calling for the Australian Government to fund the implementation of the National Dust Disease Taskforce’s findings and reinforcing key messages from previous submissions on the national dust disease registry.



Refugee and Asylum Seeker health

The Royal Australasian College of Physicians (RACP) retains a strong commitment to advocacy for refugee and asylum seeker health, outlined in our [position statement](#)¹¹⁴.

The RACP led a significant public advocacy campaign from 9-15 June 2021 supporting the release of the Murugappan family from immigration detention on Christmas Island.

Initial advocacy efforts involved:

- [publishing a media release](#)¹¹⁵ calling for the immediate release of the Murugappan family from immigration detention
- promoting it on social media
- securing an interview for President-Elect Dr Jacqueline Small FRACP on SBS
- writing tailored emails to MPs. This included MPs who had publicly supported the release of the family, as well as our RACP member MPs Dr Mike Freeland FRACP and Dr Katie Allen FRACP.

All other medical colleges were invited to sign the open letter. We also invited other organisations that endorsed the RACP's Refugee and Asylum Seeker Position Statement to sign the open letter.

8 other medical organisations endorsed the open letter in the limited time available:

- Australasian College for Emergency Medicine
- Australian and New Zealand College of Anaesthetists
- Australian Primary Health Care Nurses Association
- Australasian Society for Infectious Diseases
- College of Intensive Care Medicine of Australia and New Zealand
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Psychiatrists
- Australian College of Rural and Remote Medicine

A few others also indicated a willingness to join after the deadline and would like to continue to work together on refugee and asylum seeker health issues.

The open letter was itself promoted by another [media release](#)¹¹⁷, and received broad media coverage, including 685 online media mentions, 26 radio mentions, 14 print media mentions and 3 TV mentions. Notable media mentions include:

- Dr Small interviewed on [ABC RN Breakfast](#)¹¹⁸ and Sky News.
- SBS TV News and [online coverage](#)¹¹⁹
- 7News: ['Growing calls for Tamil family's release'](#)¹²⁰



Following this, P&A drafted an [open letter](#)¹¹⁶ to the Minister for Home Affairs, Karen Andrews, and copied to the Minister for Immigration and Citizenship Alex Hawke.

114 https://www.racp.edu.au/docs/default-source/default-document-library/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=7d092f1a_4

115 <https://www.racp.edu.au/news-and-events/media-releases/physicians-call-for-biloela-family-to-urgently-be-released-from-detention>

116 <https://www.racp.edu.au/news-and-events/all-news/news-details?id=ea09a1af-bbb2-61c2-b08b-ff01001c3177>

117 <https://www.racp.edu.au/news-and-events/media-releases/listen-to-the-medical-experts-racp-releases-open-letter-signed-by-9-peak-medical-organisations-to-minister-karen-andrews-calling-for-urgent-release-of-biloela-family/>

118 <https://www.abc.net.au/radionational/programs/breakfast/doctors-call-for-the-urgent-release-of-the-biloela-family/13386884>

119 <https://www.sbs.com.au/news/ongoing-detention-of-biloela-tamil-family-causes-extreme-risk-to-children-s-health-peak-medical-bodies-say>

120 <https://7news.com.au/politics/calls-build-for-biloela-family-to-be-freed-c-3097266>

- Sydney Morning Herald/The Age [‘It’s time they came back to the mainland’](#)¹²¹
- Nine News: [Medical professionals call for urgent release of Biloela Tamil family](#)¹²²
- The Guardian: [‘This has gone on too long’: more Coalition MPs call for Biloela family to be freed from detention](#)¹²³

The President of the Royal Australasian College of Psychiatrists, Associate Professor Vinay Lakra also gave media interviews on ABC Radio.



This successful advocacy by the RACP, aligning with advocacy from RACP Fellow MPs Dr Allen and Dr Frelander and other supporters, resulted in an [announcement](#)¹²⁴ on 15 June 2021 that the Murugappan family would be reunited in Perth and allowed to live in community detention while their legal claims are determined in the Federal Court.

The release of the family into community detention represents a significant win that demonstrates the power of the RACP’s voice in providing support and medical leadership on important public policy issues. The support of the medical profession may have been a significant factor in convincing Government MPs to speak out against the Government’s policy.

On 16 June, the RACP issued a [media release](#)¹²⁵ welcoming the Government’s decision. We also wrote to Fellow MPs with whom we were in contact about this and arranged appropriate communications with the RACP membership to keep members informed of our work on this priority.



121 <https://www.smh.com.au/politics/federal/it-s-time-they-came-back-to-the-mainland-coalition-mps-call-for-biloela-family-to-stay-20210612-p580hi.html>

122 <https://www.9news.com.au/national/peak-medical-bodies-calls-for-release-of-biloela-tamil-family/859f286f-31d6-44f3-9015-33d71a16ef7b>

123 <https://www.theguardian.com/australia-news/2021/jun/13/this-has-gone-on-too-long-more-coalition-mps-call-for-biloela-family-to-be-freed-from-detention>

124 <https://minister.homeaffairs.gov.au/AlexHawke/Pages/sri-lankan-family-detention.aspx>

125 <https://www.rACP.edu.au/news-and-events/media-releases/rACP-welcomes-decision-to-reunite-murugappan-in-perth>

Climate change and health

Climate change and health is a policy and advocacy priority for The Royal Australasian College of Physicians (RACP). Our position statements on [Climate Change and Health](#)¹²⁶, [Environmentally Sustainable Healthcare](#)¹²⁷ and the [Health Benefits of Mitigating Climate Change](#)¹²⁸ shape ongoing advocacy and strategic projects.

The RACP's key calls for action are for:

- The Commonwealth Government to develop and implement a national climate change and health strategy to coordinate action on health-specific climate adaptation and mitigation across all states and territories.
- An urgent transition from fossil fuels to zero emission renewable energy across all economic sectors, with support to affected communities.

- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners

Professor Lynne Madden FAFPHM, is Chair of the Advisory Committee and Associate Professor Linda Selvey FAFPHM, is the RACP's representative.

The report, currently being finalised, will include a literature review of health system responses to climate impacts; a policy and institutional analysis and case studies from around Australia that discuss and illustrate the issues and potential solutions. The case studies illustrate the real-world impacts of climate change on the health care system in a range of different settings and will be useful in advocating to policy makers for stronger climate policies that build health system resilience to climate impacts.

Climate Change and Health Research Project

This year, the RACP's key priority in this area has been the Climate Change and Health Research Project. The RACP engaged the Monash Sustainable Development Institute (MSDI), led by Prof Tony Capon FAFPHM, and the Climate and Health Alliance (CAHA) to carry out this work.

The development of the report is being shaped by expert input from an Advisory Committee of representatives from ten medical colleges, including:

- Australasian College for Emergency Medicine
- Australia and New Zealand College of Anaesthetists
- Australian College of Rural and Remote Medicine
- College of Intensive Care Medicine, Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Submissions and advocacy

The RACP is working with the Climate and Health Alliance (CAHA) on a number of climate change and health advocacy initiatives. We participated in the [Rewrite the Future roundtables](#),¹²⁹ which brought together 100 leaders from health, climate change, social and environmental justice, sustainable development and net-zero carbon futures from across Australia to develop narrative scenarios to shape post-COVID-19 advocacy. This work informed two of CAHA's key advocacy documents, [Australia in 2030 - Possible alternative futures](#)¹³⁰ and the [Healthy, Regenerative and Just policy agenda](#).¹³¹

¹²⁶ https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_5

¹²⁷ https://www.racp.edu.au/docs/default-source/advocacy-library/environmentally-sustainable-healthcare-position-statement.pdf?sfvrsn=2834361a_4

¹²⁸ https://www.racp.edu.au/docs/default-source/advocacy-library/health-benefits-of-mitigating-climate-change-position-statement.pdf?sfvrsn=3d34361a_5

¹²⁹ https://www.caha.org.au/rewrite_the_future

¹³⁰ <https://d3n8a8pro7vnm.cloudfront.net/caha/pages/1922/attachments/original/1613953971/caha-rewrite-the-future-FA-scenarios-ONLINE.pdf?1613953971>

¹³¹ <https://d3n8a8pro7vnm.cloudfront.net/caha/pages/1922/attachments/original/1614376057/caha-healthy-regenerative-just-policy-FA-ONLINE.pdf?1614376057>



The RACP endorsed the 2021 MJA-Lancet Australian policy brief which is due to be published towards the end of 2021, and focuses on sustainable healthcare, the impacts of heat on work and sport, and Aboriginal and Torres Strait Islander co-design.

The RACP is proud to contribute its expertise on international health policy documents in this area. We provided feedback to the [World Health Organization on its draft COP26 Special Report on Climate Change and Health: The Health Argument for Climate Action](#)¹³², which aims to raise the health voice, health arguments and health urgency of tackling the climate crisis ahead of COP26.

The RACP also supports State and Territory action on climate change and health. We recently provided feedback on the draft Victorian Health and Human Services Climate Change Adaptation Action Plan 2022-2026, which recognises the broad ranging effects of climate change on public health. The plan is due to be finalised in late 2021.

The RACP also contributed to CAHA's [Real, Urgent, Now \(RUN\)](#)¹³³ project which aims to build capacity within the healthcare sector to understand and communicate the challenges posed by the impact of climate change

on health. As part of the project, Australia-based adult medicine members were surveyed to explore their understanding of the issues surrounding climate change and communicating these issues. The RACP also worked with George Mason University to distribute a similar survey to Australia-based paediatric and child health members.

ipcc @IPCC_CH

“It has been clear for decades that the Earth’s climate is changing, & the role of human influence on the climate system is undisputed,” said #IPCC Working Group I Co-Chair Valérie Masson-Delmotte on the #IPCC’s #ClimateReport, released today.

Report → bit.ly/WGICC2021

Sixth Assessment Report
WORKING GROUP I
The Physical Science Basis
ipcc
INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE

It has been clear for decades that the Earth’s climate is changing, and the role of human influence on the climate system is undisputed.

#IPCC VALÉRIE MASSON-DELMOTTE
WORKING GROUP I CO-CHAIR
#ClimateReport

2:36 AM · Aug 10, 2021 · Twitter Media Studio

“The alarm bells are deafening and the evidence is irrefutable: greenhouse gas emissions from fossil fuel burning and deforestation are choking our planet and putting billions of people at immediate risk.”

**United Nations Secretary-General
Antonio Guterres.**¹³⁴

¹³² <https://www.who.int/news-room/articles-detail/public-consultation-draft-cop26-special-report-climate-and-health>

¹³³ <https://www.caha.org.au/run>

¹³⁴ <https://www.abc.net.au/news/2021-08-09/coal-climate-change-global-warming-ipcc-report-released/100355952>

Raise the Age advocacy

The Royal Australasian College of Physicians (RACP) supports raising the age of criminal responsibility to 14 years of age. Currently, children as young as 10 years old can be imprisoned across all states in Australia. Due to the ongoing impacts of colonisation and systemic racism, this disproportionately affects Aboriginal and Torres Strait Islander children. The RACP's advocacy to raise the age of criminal responsibility is linked to the Royal Commission into the detention and protection of Children in the Northern Territory (Royal Commission). The RACP provided two submissions to the Royal Commission and paediatrician Dr Mick Creati FRACP, provided expert testimony. The Royal Commission recommended raising the age of criminal responsibility.

Children aged 10 to 13-year-old in the youth justice system are physically and neuro-developmentally vulnerable. Most children in the youth justice system have significant additional neurodevelopmental delays and high rates of existing trauma.¹³⁵ Young children with problematic behaviour, and their families, need health care and protection.

Recent activities

We see raising the age as a foundational step to keeping children out of gaol and being provided with appropriate supports to thrive. The RACP is a member of the national steering group for the Raise the Age Campaign. The campaign includes a number of other key organisations, including the Australian Medical Association, the Royal Australian and New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners and a range of social justice organisations. The campaign includes activities to promote national leadership on raising the age, as well as targeted advocacy to individual jurisdictions. Recent activities include:

- Publicly releasing the [RACP's submission to the Council of Attorneys General on Raising the Age](#)¹³⁶, releasing a [media statement](#)¹³⁷, and supporting media engagement calling on Attorneys General to raise the age;

- Supporting a letter from the Campaign to the Federal Attorney General calling for the Australian Government to release the Council of Attorneys General report into raising the age;
- Preparing a submission to the ACT Government on its discussion paper on raising the age, calling for the age to be raised to 14;
- Supporting media and social media noting it has been a year of no action since the CAG received a report on raising the age;

The RACP
@TheRACP

We are calling for urgent change – the Council of Attorneys-General have failed to respond to the evidence-based report presented to them 12 months ago, which calls for all states and territories to [#RaiseTheAge](#) of criminal responsibility from 10 to 14. [racp.edu.au/news-and-event...](#)

DESPITE CALLS TO **#RAISETHEAGE** A DECISION HAS STILL NOT BEEN MADE.

Here's what's happened so far:

- SEPTEMBER 2019: The UN Committee on the Rights of the Child recommends that all nations raise the age of criminal responsibility to at least 14.
- JULY 2020: 100,000 people sign the petition calling on governments to raise the age. Attorneys-General hold a meeting, where they consider the report. They fail to raise the age.
- NOVEMBER 2020: The ACT government commits to raising the age to 14.
- JULY 2021: Delays continue, one year since Australia's top legal officers failed to raise the age of criminal responsibility from 10 to 14.

¹³⁵ Abram KM, Teplin LA, Charles DR, Longworth SL, McClelland GM, Dulcan MK. Posttraumatic Stress Disorder and trauma in youth in juvenile detention. Archives of General Psychiatry, 2004. 61. p403–410

¹³⁶ https://www.racp.edu.au/docs/default-source/advocacy-library/b-20190729racp-submission-cag-review_final-gm-approved.pdf?sfvrsn=b384e61a_6

¹³⁷ <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-on-state-and-territory-governments-to-immediately-raise-the-age-of-criminal-responsibility>

- Asking members to sign on to the [Raise the Age petition](#)¹³⁸ – the campaign reported that more than 1000 campaign supporters signed the petition;
- Directly emailing all WA members to write to their local WA MP requesting that they support raising the age;
- Requesting Queensland raise the age petition signatories [write to their local Qld MPs](#)¹³⁹ requesting that they support raising the age.

Impact of the campaign

Overall the Raise the Age campaign has been successful in raising the profile of youth justice issues and building a coalition of organisations committed to change, particularly on the issue of over-representation of Aboriginal and Torres Strait Islander children. Being part of the campaign has amplified our advocacy to maximise the overall impact. However, we acknowledge that it is going to take sustained effort over a long period to achieve the change we are seeking.

Specific campaign results include:

- The ACT Government has committed to raising the age and recently consulted on a discussion paper. We are in the process of making a submission to that process. We are also seeking a meeting with members of the ACT Government to discuss the issue further and offer our expertise in paediatric health.
- The Queensland Labor Party at its recent policy conference agreed to adopt raising the age as its policy, although this hasn't yet been reflected in a change in the Queensland Government's position.
- WA has a very strong network of local stakeholders who regularly meet with the WA Attorney-General, and WA Labor recently passed a motion at its State conference to raise the age to 14.

- The Northern Territory Government has canvassed potentially raising the age to 12, but not 14.

The joint campaign media release issued in July 2021 and supported by the RACP received wide media coverage:



- SBS - [Children continue to be jailed in Australia a year since governments failed to raise the age](#)¹⁴⁰
- The Guardian - [Jailing of nearly 500 children aged 13 and under a 'failure' by Australia's top legal officers, advocates say](#)¹⁴¹
- Sydney Morning Herald - [One year on, MPs still can't agree on laws to stop jailing 10-year-olds](#)¹⁴²
- The Courier Mail - [Push to raise Australian age of criminal responsibility to 14 stalls](#)¹⁴³
- Radio National Breakfast - [Renewed calls to raise the age of criminal responsibility](#)¹⁴⁴
- NITV - [Renewed push to raise criminal age of responsibility](#)¹⁴⁵

The RACP continues to participate in raise the age local stakeholder groups in New South Wales and Western Australia.

138 <https://www.raisetheage.org.au/>

139 <https://changetherecord.good.do/RTA-anniversary/qld/>

140 <https://www.sbs.com.au/news/children-continue-to-be-jailed-in-australia-a-year-since-governments-failed-to-raise-the-age>

141 <https://www.theguardian.com/australia-news/2021/jul/27/jailing-of-nearly-500-children-under-13-a-failure-by-australias-top-legal-officers-advocates-say>

142 <https://www.smh.com.au/politics/federal/one-year-on-mps-still-can-t-agree-on-laws-to-stop-jailing-10-year-olds-20210726-p58cxz.html>

143 <https://www.couriermail.com.au/breaking-news/push-to-raise-australian-age-of-criminal-responsibility-to-14-stalls/news-story/0dae81bc6bca09083fe3e4455fcb8c46?btr=487e96b4db44cf9b62703248e83e3d77>

144 <https://www.abc.net.au/radionational/programs/breakfast/calls-raise-age-criminal-responsibility-children/13471580>

145 <https://www.sbs.com.au/nitv/article/2021/07/27/renewed-push-raise-criminal-age-responsibility>

End-of-life care and voluntary assisted dying



End-of-life care

The Royal Australasian College of Physicians (RACP) continues its longstanding advocacy for good end-of-life care and positive end-of-life experiences for all Australians through its key policy statements, especially the [pre-Budget submission](#)¹⁴⁶ 2021-2022. Earlier in 2021 we asked the Australian Government to:

- substantially expand the Comprehensive Palliative Care in Aged Care package to fund additional specialist doctors and nurses across Australia to meet the unmet needs of patients in residential aged care facilities and acute hospital settings
- fund the training of residential aged care facility staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigate against potential shortages in standard delivery regimes of palliative care medications caused by COVID-19 and
- develop and appropriately fund population-based integrated models of care to ensure access to appropriate end-of-life and palliative care for all Australians.

We frequently communicate with members via digital platforms on relevant palliative and end-of-life campaigns and issues. Over the last 12 months, we publicised and supported the National Palliative Care Week, the Advanced Care Planning Week, new end-of-life law modules for clinicians developed by the End-of-Life Law for Clinicians initiative, eLearning tools for health professionals who provide palliative care to Aboriginal and Torres Strait Islander people and the Evolve recommendations for palliative medicine, among others. We remind members of the need to embed [key elements of good end-of-life care](#)¹⁴⁷ in physician training and in advocacy for systems reforms that will allow for these principles to be realised.

Voluntary Assisted Dying

In July 2021 the RACP made a [submission to the Queensland Parliament Health and Environment Committee's Inquiry into the Voluntary Assisted Dying \(VAD\) Bill 2021](#)¹⁴⁸. The RACP does not have a single position on VAD but provided relevant comments to ensure that appropriate safeguards and processes are in place should VAD legislation become operational in the state.

Our comments build on an earlier [submission on the Queensland Law Reform Commission's legal framework for voluntary assisted dying consultation paper](#)¹⁴⁹ released in November 2020. Both these submissions align with our [2018 Statement on Voluntary Assisted Dying](#)¹⁵⁰, which was developed following an extensive consultation and drafting process involving a wide range of members and which, accordingly, recognises the divergent views on VAD within the membership.

The RACP's contribution to the consultation has been acknowledged in the recent [response](#)¹⁵¹ from Queensland Health. Debate on the Bill is expected to resume in September 2021.

We keep a watching brief on the developments in policy and legislative space related to VAD and advise regional committees and members on these matters as required. Since Victoria became the first Australian jurisdiction to legalise VAD in more than 20 years in June 2019, Western Australia passed and commenced operation of VAD legislation on 1 July 2021. Tasmania and South Australia have also recently passed VAD legislation, but their laws will not come into force until an education program and a regulatory mechanism are in place. In New South Wales, a private member's draft bill was recently introduced, and parliamentary debate of the draft is set for later in 2021.

146 https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

147 <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-end-of-life-fact-sheet.pdf>

148 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-the-queensland-parliament-health-and-environment-committee-s-inquiry-into-the-voluntary-assisted-dying-bill-2021.pdf?sfvrsn=6efec31a_4

149 https://www.racp.edu.au/docs/default-source/advocacy-library/e-20-nov-qld-vad-draft-racp-submission_egm-approved.pdf?sfvrsn=7e97f91a_4

150 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_6

151 <https://www.parliament.qld.gov.au/documents/committees/HEC/2021/VADB2021/cor-14-Jul2021.pdf>

Aotearoa New Zealand Policy and Advocacy

This report covers policy and advocacy activities in Aotearoa New Zealand since Paengawhawha | April 2021.

Constitutional reform

The [Māori Health Committee](#)¹⁵² (MHC) continues to champion and lead work to acknowledge Te Tiriti o Waitangi | The Treaty of Waitangi and the worldviews of Māori, Aboriginal and Torres Strait Islanders in The Royal Australasian College of Physicians' (RACP) constitution, in partnership with the [Aboriginal and Torres Strait Islander Health Committee](#)¹⁵³.

From 2019 to 2021, the MHC has worked with Kāhui Legal to develop advice to the RACP on options to incorporate Te Tiriti o Waitangi and its principles into the RACP constitution. The political, social and cultural context of Aotearoa NZ is increasingly demanding

In Whiringa-a-Nuku | October 2021, the MHC led a wānanga | forum to introduce the Māori Caucus (the collective of trainees, Fellows and RACP staff who whakapapa Māori) to its work on constitutional reform, and how the Caucus can work to tautoko | support the campaign ahead of the 2022 AGM and vote.

The MHC will lead a campaign in 2022 to build support among the RACP membership in Aotearoa New Zealand for constitutional reform. The design and delivery of the campaign will be influenced by #MakeltTheNorm.

Letter on an Iceberg: A call to act on racism

Published 4 Pipiri 2021 | 4 June 2021 in the [NZ Medical Journal 2021; 134\(1536\):134-5](#)¹⁵⁴.



The MHC wrote a Letter to the Editor of the New Zealand Medical Journal to highlight the need for the doctors to urgently address racism and bias within the profession.

The Letter was prompted by the reporting of comments made by a urologist at an annual scientific meeting in 2020. The MHC see the incident as the tip of an iceberg: attention is focused on isolated incidences of racism, rather than addressing the causes, privilege, and structures and systems that perpetuate racism and inequity.



¹⁵² <https://www.racp.edu.au/about/committees/board/maori-health-committee>

¹⁵³ <https://www.racp.edu.au/about/committees/board/aboriginal-and-torres-strait-islander-health-committee>

¹⁵⁴ <https://www.nzma.org.nz/journal-articles/letter-on-an-iceberg>

By focussing efforts on the base structure of the iceberg – the mass that remains hidden beneath the surface – the medical profession and the wider health sector can work to reduce racism by promulgating cultural safety training, and a Te Tiriti o Waitangi-principled framework is embedded in all assessment and practice reviews.

Restoration: An ethic to guide health system reform in Aotearoa New Zealand and Australia

Published 10 Pipiri 2021 | 10 June 2021 on [Croakey News](#)¹⁵⁵.

Croakey commissioned an editorial piece from Dr Sandra Hotu FRACP, Māori Health Committee Chair and Dr George Laking FRACP, RACP Aotearoa New Zealand President following the RACP's [media release](#)¹⁵⁶ on the proposed health system reforms for Aotearoa New Zealand.



The health reforms cannot be transformative without a commitment to doing things differently. An ethic of restoration as a guiding principle will address the power imbalance inherent in our system. At the heart of the plan for sharing of power is a commitment to living Te Tiriti o Waitangi (The Treaty of Waitangi) and its principles: Tino Rangatiratanga (self-determination); Options, Active Protection, Equity and Partnership.

Reset for Equity: Covid-19 advocacy

An outbreak of the delta variant in Aotearoa New Zealand in Here-turi-kōkā 2021 | August 2021 meant a swift return to the highest levels of COVID-19 control. Vaccination rates at the beginning of the outbreak were low, with fewer than 25 per cent of New Zealanders fully vaccinated. The Government's vaccination rollout plans had been designed to work for the majority, rather than for equitable outcomes.

The vaccination roll out had not been informed by Māori and Pasifika leadership and expertise, and rates among these communities had been persistently low due to the Government's "one size fits all" emphasis.



¹⁵⁵ <https://www.croakey.org/restoration-an-ethic-to-guide-health-reform-in-aotearoa-new-zealand-and-australia/>

¹⁵⁶ <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-health-system-reform>

On 20 Here-turi-kōkā 2021 | 20 August 2021, RACP made a [media release](#)¹⁵⁷ and released a short [position statement](#)¹⁵⁸ on the need to lift vaccination rates among Māori and Pasifika with urgency, as communities that would experience the greatest burden of COVID-19 morbidity and mortality if sustained community transmission was to continue.

Doctors Stand Up for Vaccination



The RACP signed an [open letter](#)¹⁵⁹ (along with 5,000 other medical practitioners and health sector organisations) supporting the COVID-19 vaccines and public health measures as evidence-based interventions and the vaccination of all eligible New Zealanders as a priority. Open letters from Nurses and Pharmacists have also been released.

State of Child Health 2021

The RACP continues to participate in the Advisory Group that leads the development of the State of Child Health report, a collaboration between CureKids, the Paediatrics Society of New Zealand, the RACP and the Child and Youth Epidemiology Service at the University of Otago. In 2021, the report will consider action to address the health indicators of dental disease, respiratory conditions including asthma and wheeze, skin and soft tissue infections, and rheumatic fever.

The report will be launched in November 2021.

¹⁵⁷ <https://www.racp.edu.au/news-and-events/media-releases/reset-for-equity-first-dose-of-covid-19-vaccines-for-m%C4%81ori-and-pasifika>

¹⁵⁸ https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/reset-for-equity-first-dose-of-covid-19-vaccines-for-maori-and-pasifika.pdf?sfvrsn=3909c51a_4

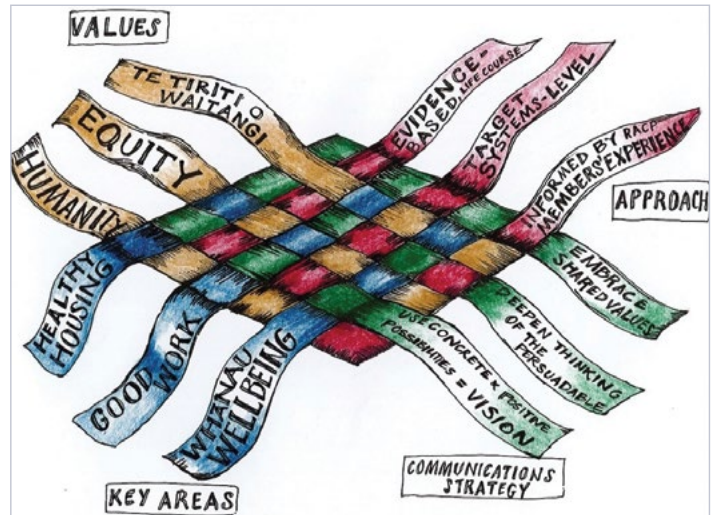
¹⁵⁹ <https://www.doctors-stand-up-for-vaccination.com/the-letter/>

Submissions 2021

At time of writing, the RACP had completed 24 submissions in Aotearoa New Zealand in 2021.

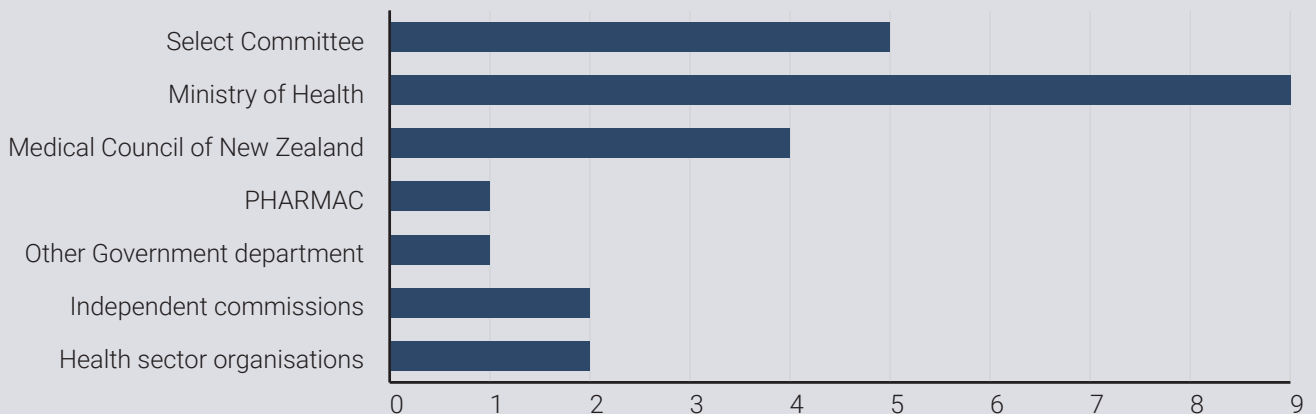
The majority of submissions were to the Ministry of Health, the Medical Council of New Zealand and to Select Committees (legislation topics included drug driving, extension to mandatory sick leave and on conversion practices).

The RACP’s submissions continue to highlight [#MakeItTheNorm](#)¹⁶⁰ in alignment with its continued deployment as a strategic framework for Policy and Advocacy in Aotearoa New Zealand.



#MakeItTheNorm: Strategic Framework for policy and advocacy in Aotearoa New Zealand

Submissions completed 2021



160 <https://www.racp.edu.au/advocacy/make-it-the-norm>

Aboriginal and Torres Strait Islander Health Committee

The Royal Australasian College of Physicians' (RACP) Board's [Aboriginal and Torres Strait Islander Health Committee](#)¹⁶¹ (ATSIHC) has, in partnership with the [Māori Health Committee](#)¹⁶² (MHC), continued to guide the implementation of the [Indigenous Strategic Framework](#)¹⁶³.

Focusing on priorities in the Indigenous Strategic Framework

In November 2019, ATSIHC held a priority setting workshop, where it was determined that ATSIHC's workplan going forward would focus primarily on priorities 2 and 4 of the Indigenous Strategic Framework namely:

- **Priority 2:** Increasing the number of Indigenous physicians
- **Priority 4:** Fostering a culturally competent College

Consequently, ATSIHC's workplan focuses on working with the RACP's Education, Learning and Assessment team and Office of Professional Practice to progress activities that contribute to the implementation of Indigenous Strategic Framework priorities 2 and 4. Specific areas of work underway include:

- equitable selection into training
- fee reimbursement as a tactic for reducing barriers to physician training by Aboriginal and Torres Strait Islander junior doctors
- the development of a cultural competence standard in the RACP Professional Practice Framework (PPF)
- Indigenous data sovereignty

Members of ATSIHC, MHC and RACP staff are part of Strategic Partner groups that work on activities associated with Indigenous Strategic Framework priorities 2 and 4.

RACP Constitutional reform

ATSIHC has been providing strategic direction into the RACP constitutional reform process to embed Indigenous knowledge, leadership and values in the RACP constitution. This will deliver on agreements between ATSIHC, MHC and the RACP Board at the historic 2019 Redfern meeting. Australian constitutional law expert Professor Megan Davis has provided initial advice regarding Indigenous recognition in the RACP constitution. Her advice emphasised the need to focus on the process of undertaking thorough and culturally appropriate dialogues with Aboriginal and Torres Strait Islander trainees and Fellows.

Immediately after the 2021 RACP AGM, a member poll occurred seeking input on constitutional reform. There was unanimous support for the development of an Indigenous object for the Constitution as the first reform in this direction.

Embedding Indigenous knowledge, leadership, and values in the RACP constitution is vital to enacting the principles of self-determination, justice and equity in the governance of the RACP.

¹⁶¹ <https://www.racp.edu.au/about/committees/board/aboriginal-and-torres-strait-islander-health-committee>

¹⁶² <https://www.racp.edu.au/about/committees/board/maori-health-committee>

¹⁶³ <https://www.racp.edu.au/about/board-and-governance/governance-documents/indigenous-strategic-framework-2018-2028>

Policy and advocacy activities

ATSIHC is kept up to date regarding Aboriginal and Torres Strait Islander health policy and advocacy activities including: Indigenous child health (refer to the Paediatric and Child Health Division section on page 52), raising the age of criminal responsibility (refer to the Raise the Age section on page 43), sexual health in Aboriginal and Torres Strait Islander communities (refer to the Australasian Chapter of Sexual Health Medicine section on page 57) and [support for the Uluru Statement from the Heart](#)¹⁶⁴.

Bamaga response

At the October 2020 College Policy and Advocacy Council meeting, Associate Professor Jaquelyne Hughes FRACP presented on the child fatality at Bamaga hospital, centred on the Office of Health Ombudsman report on the review into the quality of health services provided by Bamaga health services. Letters were sent from RACP President Professor John Wilson AM to Queensland Health Minister Hon Yvette D'Ath MP and Chief Health Officer Jeanette Young regarding this issue. A reply was received from Chief Health Officer Jeanette Young advising that the Torres and Cape Hospital and Health Service would be responding to the RACP on this matter.



¹⁶⁴ <https://www.racp.edu.au/about/board-and-governance/governance-documents/indigenous-strategic-framework-2018-2028/indigenous-statements/aboriginal-and-torres-strait-islander>

Paediatrics and Child Health Division

The [Paediatrics and Child Health Division](#)¹⁶⁵ (PCHD) and its [Paediatric Policy and Advocacy Committee](#)¹⁶⁶ (PPAC) and [Chapter of Community Child Health](#)¹⁶⁷ (CCCH) has continued to be a leading national voice on a wide range of child health matters through both proactive and responsive policy and advocacy.

Continuing to be a leading voice on child health matters

Together with CureKids (Child Health Research Foundation), the Paediatric Society of New Zealand and the University of Otago's Child and Youth Epidemiology Service, the RACP supported the development and launch of the inaugural [2020 State of Child Health in Aotearoa New Zealand Report](#)¹⁶⁸. The Report established a baseline across three key indicators to draw conclusions and make recommendations for policies and interventions to work towards equitable health outcomes. The inaugural Report was launched in November 2020.



Over the last three years the PCHD has developed three position statements which together form a suite of key positions about helping children start strong and stay strong. These are are: [Inequities in Child Health \(2018\)](#)¹⁶⁹, [Early Childhood: The Importance of the Early Years \(2019\)](#)¹⁷⁰ and [Indigenous Child Health in Australia and Aotearoa New Zealand \(2020\)](#)¹⁷¹. The Policy and Advocacy Team is working with the PPAC to develop an advocacy strategy which builds on the positions established in these position statements.

The PCHD led several RACP endorsements, including a campaign by Thrive by Five which calls on the Government to invest in a universally accessible, high-quality early learning and childcare system, delivered by a skilled and supported workforce.

The mental health of children and young people

PCHD members continue to contribute to the development of the National Children's Mental Health and Wellbeing Strategy. The Strategy will provide a framework for preventing mental illness and reducing its impact on children, families and the community. It is intended to address the mental health and wellbeing of infants and children aged 0-12 years, including the key mental health conditions affecting this age group, and early risk factors for youth or adult-onset conditions where they can be identified. An [RACP submission](#)¹⁷² providing feedback on the draft Strategy was submitted to the Commission in February 2021.

165 <https://www.racp.edu.au/about/committees/paediatrics-child-health-division>

166 <https://www.racp.edu.au/about/committees/paediatrics-child-health-division/paediatric-policy-advocacy-committee>

167 <https://www.racp.edu.au/about/committees/paediatrics-child-health-division/chapter-of-community-child-health>

168 https://curekids.org.nz/wp-content/uploads/2020/11/Cure-Kids_State-of-Child-Health-Report_2020_FINAL.pdf

169 <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-inequities-in-child-health-position-statement.pdf>

170 <https://www.racp.edu.au/docs/default-source/advocacy-library/early-childhood-importance-of-early-years-position-statement.pdf>

171 https://www.racp.edu.au/docs/default-source/advocacy-library/indigenous-ch-statement-on-ich.pdf?sfvrsn=450ef91a_7

172 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-national-children-s-mental-health-and-wellbeing-strategy.pdf?sfvrsn=996fd1a_4



The submission provided a range of recommendations to strengthen the draft strategy, including specific attention and consideration of the COVID-19 pandemic on the mental health of children and young people. The Strategy is expected to be finalised in late 2021.

Last year PCHD representatives met with staff at the Royal Commission into Victoria's Mental Health System to provide advice on the role of paediatricians in mental health and reforms needed for mental health services in Victoria.

Supporting cross-college advocacy

The PCHD has contributed to cross-college advocacy on a range of policy and advocacy initiatives.

In August 2021 the PCHD President Professor Cathy Choong FRACP and RACP President Professor John Wilson AM, joined the RACP's Faculty Presidents in [calling for Health Minister Greg Hunt to release the Preventive National Obesity Strategy](#)¹⁷³ for an urgent final review and action.

PCHD has played an important role in the RACP's COVID-19 advocacy particularly in relation to the impacts of school closures on the health, development and learning of children and young people.

In July, the RACP issued a [media release](#)¹⁷⁴ which urged the Federal Government to implement a targeted program to vaccinate teachers and all school staff. It also called on

the Government to provide national leadership to develop a national mitigation strategy which prioritises keeping schools open. The media release was reported by several media outlets and as a result PCHD representative, Dr Asha Bowen FRACP, was [interviewed on ABC NewsRadio](#)¹⁷⁵ on this issue.

In August, the RACP issued a [second media release](#)¹⁷⁶ which called on the National Cabinet to establish a plan to prioritise face-to-face learning for school-aged children and adolescents in the context of the Delta variant. The media release generated extensive coverage on traditional and social media, including an [article in the Sydney Morning Herald](#)¹⁷⁷. The RACP President was also interviewed on ABC television.



Both the RACP and PCHD Presidents co-signed a letter to the Department of Health Secretary Professor Brendan Murphy FRACP, which outlined the RACP's concerns with the impacts of school closures and called on the Government to develop a targeted program to provide priority COVID-19 vaccination for teachers and all school staff. A similar letter was also sent to The Hon Greg Hunt MP, Minister for Health, calling for national guidelines for children to return to school.

The PCHD also takes a key role in the Raise the Age campaign, which calls on all Australian governments to raise the age of criminal responsibility from 10 to 14 years.

Further information about Raise the Age can be found on page 43.

¹⁷³ https://www.racp.edu.au/docs/default-source/advocacy-library/call-for-the-urgent-release-of-the-national-obesity-strategy.pdf?sfvrsn=4986c51a_6

¹⁷⁴ <https://www.racp.edu.au/news-and-events/media-releases/racp-warns-against-blanket-school-closures-and-says-governments-should-not-extend-school-holidays-to-manage-outbreak>

¹⁷⁵ <https://www.abc.net.au/radio/newsradio/racp-says-school-closures-should-only-be/13427896>

¹⁷⁶ <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-for-covid-19-national-return-to-school-guidelines>

¹⁷⁷ <https://www.smh.com.au/politics/federal/some-children-will-not-bounce-back-push-for-national-plan-to-keep-schools-open-20210819-p58k2o.html>

Developing and updating positions on important issues

Health Care of Children in Care and Protection Services

A working group was established in 2020 to review and revise the [2010 RACP policy paper on the Health of Children in Out-of-Home Care \(OOHC\)](#)¹⁷⁸, to be renamed Health Care of Children in Care and Protection Services. The current RACP position statement was produced prior to the 2011 Australian Government National Clinical Assessment Framework for children in OOHC, and the changes to child protection services in Aotearoa New Zealand. The working group is undertaking early consultation with key stakeholders including Indigenous organisations and out-of-home care experienced young people to develop the recommendations. The position statement is due to be finalised in 2022.

Related to this work, Policy and Advocacy has recently worked with PCHD committees to provide a [submission to the Department of Social Services on implementing the successor plan to the National Framework for Protecting Australia's Children 2009-2020](#).¹⁷⁹

Circumcision of Infant Males

The RACP commissioned an independent review of scientific literature on infant male circumcision published since the [2010 RACP position statement on Circumcision of Infant Males](#)¹⁸⁰. In response to the findings of the literature review, the Circumcision of Infant Males Working Group made a number of key recommendations for revision of the 2010 position statement. These recommendations were agreed by the College Policy & Advocacy Council Executive Committee and will now be progressed.

Indigenous Child Health

The [statement on Indigenous child health in Australia and](#)

[Aotearoa New Zealand](#)¹⁸¹ (the statement) was launched in December 2020. The statement has been very well received, across the health sector in Australia and Aotearoa New Zealand. The statement's key recommendations focus on encouraging paediatricians to continue progress on their cultural safety journey and learn about the history of the people and land where they live and practice. The statement encourages paediatricians to learn about and discuss colonisation, privilege, bias and institutional racism.

The statement is an extremely important achievement for the RACP and provides invaluable practical steps for paediatricians to enhance the care provided to Indigenous children in Australia and Aotearoa New Zealand.

The statement has been heavily promoted through RACP communication channels and social media. In March 2021, a webinar promoting the key messages of the statement was held, with more than 100 people attending. The webinar was very well received by members and is [available online](#)¹⁸². Dr Niroshini Kennedy FRACP, member of the statement working party, is due to present on the statement at the Secretariat of National Aboriginal and Islander Child Care conference in December 2021.

Further advocacy will focus on promoting the statement and its messages to RACP members and the broader health sector.

An RACP pomegranate podcast on the statement is being developed and the themes of the statement are being used to curate a cultural safety resources collection for members.

Both sides now: Doctors launch landmark statement on Indigenous child health in Aotearoa NZ and Australia

17 Hakiheia / December 2020

Tangata ako ana i te whare, te tūranga ki te marae, tau ana.

A person nurtured in the community contributes strongly to society.

178 <https://www.racp.edu.au/docs/default-source/advocacy-library/health-of-children-in-out-of-home-care.pdf>

179 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-successor-plan-to-the-national-framework-for-protecting-australia-s-children.pdf?sfvrsn=18dfc51a_4

180 <https://www.racp.edu.au/docs/default-source/advocacy-library/circumcision-of-infant-males.pdf>

181 https://www.racp.edu.au/docs/default-source/advocacy-library/indigenous-ch-statement-on-ich.pdf?sfvrsn=450ef91a_7

182 <https://www.youtube.com/watch?v=qui-daJR2FM>

Adolescent and Young Adult Medicine



The [Adolescent and Young Adult Medicine](#)¹⁸³ (AYAM) Committee brings together paediatricians and adult medicine physicians who work with young people to address the health concerns of young people and their place in the health system. The AYAM Committee connects and represents The Royal Australasian College of Physicians' (RACP) trainees and Fellows across Australia and New Zealand by providing an opportunity for information and policy discussions to address the specific health issues of young people.

The AYAM Committee is working to shift the discussion around transitions from paediatric to adult health care into a broader conversation regarding youth appropriate health services. The AYAM Committee has scoped a new project which will consolidate and update several position statements relevant to this issue. The new consolidated position statement will provide the foundation for future policy and advocacy work on this issue.

The AYAM Committee has finished updating two position statements concerning health care of adolescents and young adults. The [Confidential Healthcare for Adolescents and Young Adults position statement](#)¹⁸⁴ aims to ensure that,

where appropriate, confidentiality is assured to adolescents and young adults to enhance their access to health care, their engagement with health professionals, and their health outcomes. The RACP also released an updated position statement on [Routine Adolescent and Young Adult Psychosocial and Health Assessment](#).¹⁸⁵

The AYAM Committee has also contributed to RACP submissions and policy papers on a range of issues including climate change (refer to page 41), youth justice and Raise the Age (refer to page 43), disability (refer to page 34) and children's mental health and wellbeing (refer to page 52).

183 <https://www.racp.edu.au/about/college-structure/paediatrics-child-health-division/adolescent-and-young-adult-medicine>

184 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-position-statement-confidential-health-care-for-adolescents-and-young-adults-12-24-years.pdf?sfvrsn=e77bc31a_6

185 https://www.racp.edu.au/docs/default-source/advocacy-library/routine-adolescent-psychosocial-health-assessment.pdf?sfvrsn=24a12f1a_24

Adult Medicine Division and Specialty Society engagement with Policy and Advocacy

The [Adult Medicine Division](#)¹⁸⁶ (AMD) and [Specialty Societies](#)¹⁸⁷ play an important role in the policy development process. The Specialty Societies represent their members in the consultation process.

Between September 2020 and August 2021, 88 items were sent to AMD.



43 matters were provided to specialty societies for feedback as part of the consultation process

31 matters were shared for information or were deferred to the Specialty Society to action as these matters related directly to their clinical expertise

10 matters were expressions of interest to represent the College and their Specialty Society on key external groups



11 matters were provided to AMD Council and 4 to the AMD Executive Committee for feedback as part of the consultation process or as part of external appointment expression of interest processes

1 item was sent to the AMD President for feedback or for consultation.

¹⁸⁶ <https://www.racp.edu.au/about/college-structure/adult-medicine-division>

¹⁸⁷ <https://www.racp.edu.au/about/college-structure/specialty-societies>

Australasian Chapter of Sexual Health Medicine

The [Australasian Chapter of Sexual Health Medicine](#)¹⁸⁸ (AChSHM) continues to provide impactful policy contributions and maintains cross sector partnerships to progress advocacy goals.

The AChSHM has continued a partnership with the Royal Australasian College of Obstetrics and Gynaecologists (RANZCOG). Dr Janet Knox FACHSHM represents AChSHM on the RANZCOG sexual health special interest group (SIG). The SIG focuses on sexual health for Aboriginal and Torres Strait Islander women, including the issues of underdiagnosis of pelvic inflammatory disease and adverse antenatal outcomes due to sexually transmissible infections.

Sexual health in Aboriginal and Torres Strait Islander communities is an ongoing policy and advocacy priority for AChSHM. Recommendations associated with Indigenous sexual health advocacy are included in the [RACP pre-budget submission](#)¹⁸⁹.

The AChSHM provided input into the following submissions and policy matters:

- AChSHM was provided with the opportunity to directly respond to the RANZCOG draft Australian clinical practice guideline for the diagnosis and management of endometriosis.
- AChSHM members were invited to directly provide feedback regarding the clinical performance requirements and risk mitigation strategies for IVD self-tests for serious infectious diseases.
- AChSHM members were invited to provide direct feedback to a Western Australian Child and Adolescent Health Service review of all children and young people being treated by the Gender Diversity Service.
- AChSHM members were invited to directly provide feedback on the scheduling of substances used in oral contraceptives by the TGA.

- AChSHM invited to respond to a request regarding a Kirby Institute application to Medical Services Advisory Committee survey on Application 1627 - Point-of-care test for diagnosis of Neisseria gonorrhoea, Chlamydia trachomatis and Trichomonas vaginalis infection in Aboriginal and Torres Strait Islander patients presenting at health services in areas with high sexually transmitted infection burden. The collated survey responses were provided to MSAC. Completing the survey aligns with the RACP's advocacy to address high rates of STIs in Aboriginal and Torres Strait Islander communities.



Australian Government

Department of Health

Consultation Survey on MSAC Application 1627

- AChSHM members were invited to respond as individuals to an ACT government options paper on protecting the rights of intersex people in medical settings.
- AChSHM members were invited to directly inform the implementation plan for transition to open access self-collection cervical screening pathway.
- AChSHM was provided with the opportunity to provide feedback on the draft Australian STI Guidelines update.

¹⁸⁸ <https://www.racp.edu.au/about/college-structure/adult-medicine-division/australasian-chapter-of-sexual-health-medicine>

¹⁸⁹ https://www.racp.edu.au/docs/default-source/advocacy-library/equitable-effective-and-efficient-pre-budget-submissions-2021-2022.pdf?sfvrsn=32bdfc1a_6

Australasian Chapter of Addiction Medicine

Joint Australasian Chapter of Addiction Medicine/ Australasian Faculty of Public Health Medicine Drug Policy Working Group

The work of the joint [Australasian Chapter of Addiction Medicine](#)¹⁹⁰ (AChAM) and the [Australasian Faculty of Public Health Medicine](#)¹⁹¹ (AFPHM) Drug Policy Working Group is now underway. The Working Group has been established for 18 months and is chaired by the AChAM President, Professor Nicholas Lintzeris FChAM. Work will highlight the need for the Australian and Aotearoa New Zealand Governments' drug policy to adopt a health-focused approach to substance use. The key deliverable is to develop a position statement which will be used by The Royal Australasian College of Physicians (RACP) to undertake relevant advocacy to key stakeholders, particularly policy makers, to influence Government policy.



Ongoing advocacy on ensuring the safe and effective roll out of real time prescription monitoring system (RTPM) for high-risk medications

Advocacy related to the implementation of RTPM continues to be a key priority for AChAM.

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, is the only real solution to reducing substance dependency. Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with addiction, and this should be the main priority for policy development and investment in this area.

[RACP Submission to the NSW Government's Regulation to support Real Time Prescription Monitoring consultation paper](#)¹⁹²

In March 2021, the AChAM led a [submission to the NSW Ministry of Health](#),¹⁹³ with input from the RACP affiliated Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, in response to the [NSW Ministry of Health's consultation paper on RTPM](#).¹⁹⁴

190 <https://www.racp.edu.au/about/college-structure/adult-medicine-division/australasian-chapter-of-addiction-medicine>

191 <https://www.racp.edu.au/about/college-structure/australasian-faculty-of-public-health-medicine>

192 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nsw-government-s-regulation-to-support-real-time-prescription-monitoring-consultation-paper.pdf?sfvrsn=81e4fc1a_16

193 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nsw-government-s-regulation-to-support-real-time-prescription-monitoring-consultation-paper.pdf?sfvrsn=81e4fc1a_16

194 <https://www.nsw.gov.au/sites/default/files/2020-12/RTPM%20Consultation%20Paper.pdf>

This submission recommended that the NSW Ministry of Health and the NSW Government:

1. Implement wider service planning focused on improving availability and access to multidisciplinary teams of qualified health professionals with expertise in addiction medicine and pain management; increasing funding for addiction medicine and other evidence-based alcohol and drug treatment services more broadly, and training general practitioners in managing patients with prescription drug and other substance use disorders.
2. Ensure that prescribers are well informed about RTPM and how to support patients identified by the system through the development of the proposed training for all prescribers.
3. Develop clinical guidelines aimed at all prescribers to complement this training.
4. Ensure that clear evidence-based guidance on safe and effective opioid tapering are made available to all prescribers.
5. Invest in research, evaluation and service models that combine pain and addiction medicine to build the evidence-base on how best to treat complex patients with concurrent chronic pain and substance use disorders.
6. Implement ongoing monitoring and evaluation of RTPM to ensure the system can be improved to best serve the health needs of patients and the broader community.

The submission was promoted to members through the RACP website and social media channels. It was featured on the front page of the RACP website and had its own [landing page](#)¹⁹⁵ which provides further information. It will be used to undertake further advocacy on the effective implementation of RTPM across Australian jurisdictions.

Advocating for Medically Supervised Injecting Centres

On 6 May 2021, the RACP issued a [media release](#)¹⁹⁶ urging all State and Territory governments to mark the 20th anniversary of the opening of the first Australian medically supervised injecting centre in Kings Cross, Sydney NSW, by identifying new sites to be integrated within the health system. This is particularly pertinent in Victoria, which is currently considering expanding supervised injecting facilities.

The AChAM also led the RACP endorsement of a joint letter in support of a trial supervised injecting service in Melbourne CBD, Victoria, which was supported by over 60 organisations in relevant sectors (health and medicine, homelessness, justice and youth services) including the Australian Medical Association.

Advocating for fairer funding models for Opioid Treatment in Australia

The AChAM has made a submission to the Commonwealth Opioid Dependency Treatment Review examining funding models for opioid agonist treatment (methadone, buprenorphine). The AChAM has highlighted inequities in current funding models that place an inordinate burden upon clients and contributes to poor treatment outcomes. The submission includes a range of alternative funding that aim to reduce the cost of treatment for patients, whilst ensuring health practitioners are adequately reimbursed for delivering this essential treatment approach.

¹⁹⁵ <https://www.racp.edu.au/news-and-events/all-news/news-details?id=c5be9daf-bbb2-61c2-b08b-ff01001c3177>

¹⁹⁶ <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-on-state-and-territory-governments-to-identify-new-msic-sites-after-two-decades-of-success>

evolve

WEBINAR SERIES 2021



First do no harm – Addiction medicine

Tuesday, 20 July 2021
6pm-7pm (AEST)/8pm-9pm (NZST)

First, do no harm: Evolve Webinar Series 2021

There have been considerable concerns in the field of addiction medicine in regard to inappropriate forms of treatment, and forms of treatment which claim to produce good results, but where the evidence simply does not stack up.

As part of Evolve Webinar Series 2021, AChAM President Professor Nicholas Lintzeris FACHAM and Professor John Saunders FAFPHM FACHAM FRACP led a webinar titled First, do no harm, to discuss why the new [Addiction Medicine Evolve recommendations](#)¹⁹⁷ are relevant and important for all physicians to be informed on. The recording and slides of the session are available on the [Evolve website](#).¹⁹⁸

Further information about the RACP's Evolve initiative can be found in the Evolve section of this report on page 30.

Alcohol

The AChAM continues to provide expert input into the RACP's ongoing policy and advocacy activities on reducing alcohol harms.

Further information about the College's policy and advocacy work on preventative health can be found in the Alcohol section on page 21 of this report.

197 <https://evolve.edu.au/recommendations/AChAM>

198 <https://evolve.edu.au/resources/evolve-webinar-series-2021>

Australasian Chapter of Palliative Medicine

Voluntary Assisted Dying Bill 2021

In July 2021 the [Australasian Chapter of Palliative Medicine](#)¹⁹⁹ (AChPM) supported the development of an [submission to the Queensland Parliament Health and Environment Committee's Inquiry into the Voluntary Assisted Dying \(VAD\) Bill 2021](#).²⁰⁰ The Royal Australasian College of Physicians (RACP) provided comments to ensure appropriate safeguards and processes if VAD legislation should become operational.

More information on RACP policy and advocacy on voluntary assisted dying and end of life care can be viewed on page 45.

The impact of restrictions on opioid prescribing on palliative care patients

Last year, the Pharmaceutical Benefits Scheme General Schedule made changes which had the effect of imposing unnecessary prescribing impediments for the pain management of people receiving palliative care. The AChPM Committee worked with palliative care organisations including Palliative Care Australia and the Australian and New Zealand Society of Palliative Medicine to raise concerns and provide feedback on the changes, which resulted in the Pharmaceutical Benefits Advisory Committee amending the Schedule to optimise appropriate access to analgesic opioids for palliative care patients. The AChPM Committee continues to monitor for any further changes in this space.



¹⁹⁹ <https://www.racp.edu.au/about/college-structure/adult-medicine-division/australasian-chapter-of-palliative-medicine>
²⁰⁰ https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-the-queensland-parliament-health-and-environment-committee-s-inquiry-into-the-voluntary-assisted-dying-bill-2021.pdf?sfvrsn=6efec31a_4

Supporting cross College advocacy

The AChPM plays an important role in cross-college response work. In particular, [the input into the Royal Commission into Aged Care Quality and Safety](#)²⁰¹. The final report of the Royal Commission into Aged Care Quality and Safety was released in February 2021. The report contains 148 wide-ranging recommendations for the fundamental reform of the aged care system with palliative care being one of four areas singled out for immediate attention. On 11 May 2021, the Government released their response to the Royal Commission and announced in the Federal Budget an additional \$17.7 billion for aged care over 5 years. The RACP released a [media release](#)²⁰² welcoming the new funding but outlining concerns that this may not be enough to address the recommendations of the Royal Commission.

AChPM members are currently contributing to a project led by the Health Reform Reference Group paper on integrated care to improve access to palliative medicine for patients with respiratory illness. The aim of this work is to develop an integrated care strategy on patient access to supportive palliative care in respiratory medicine, especially for patients with non-cancer conditions, and promote reform so that these patients may readily receive the services they need for safe, high-quality care.

The AChPM continues to contribute to a wide range of cross-college submissions, most recently ensuring that the [RACP submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)²⁰⁴ raises issues surrounding the palliative care needs of people with disability. The AChPM is also leading the development of the RACP submission to Palliative Care Australia's consultation on the development of national standards in generalist palliative care.

.....

“A number of our recommendations will contribute to ensuring high quality palliative care becomes core business for aged care services.”

[Final Report of the Royal Commission into Aged Care Quality and Safety to the Governor-General, February 2021](#)²⁰³

.....

201 https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-royal-commission-into-aged-care-quality-and-safety.pdf?sfvrsn=b534e21a_6

202 <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-additional-funding-for-aged-care-in-budget-but-is-concerned-it-may-not-be-enough-to-address-royal-commission-findings>

203 <https://agedcare.royalcommission.gov.au/publications/final-report>

204 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

Australasian Faculty of Occupational and Environmental Medicine

Bringing evidence-informed practice to work injury schemes to help workers and their workplaces

The [Australasian Faculty of Occupational and Environmental Medicine](#)²⁰⁵ (AFOEM) continues work developing an evidence-based discussion paper and a shorter 'key messages' document to support the development of a future advocacy strategy on bringing evidence-informed practice to work injury schemes to help workers and their workplaces. This work is timely and highly relevant in light of issues raised in WorkSafe Victoria and NSW iCare that have received significant media attention in recent months.

AFOEM Policy and Advocacy Committee (PAC) member, Dr Mary Wyatt FAFOEM, leads this work with support from current and previous AFOEM PAC members: Dr Beata Byok FAFOEM, Dr Mary Obele FAFOEM, Dr Robin Chase FAFOEM, Associate Professor Peter Connaughton FAFOEM, and Dr David Beaumont FAFOEM.

The external consultation phase of this work recently concluded and demonstrated strong interest as comprehensive feedback was received from key stakeholders including the Royal Australian College of General Practitioners, the Royal New Zealand College of General Practitioners, The Royal Australian and New Zealand College of Psychiatrists, the Australian National Mental Health Commission, Comcare, the Australian Department of Veterans Affairs, Workcover QLD, NT Worksafe, Workcover WA, Return to Work SA, Worksafe Aotearoa New Zealand, the New Zealand Medical Association and the Australian Physiotherapy Association.

Following finalisation of these documents, the next phase of this work will be the development of a position statement and advocacy strategy.

Driving high-value, high-quality care in Australia and Aotearoa New Zealand through Evolve case studies

AFOEM PAC Chair, Dr Chase and AFOEM PAC member, Dr Obele have led the development of two Evolve case studies based on the two following [AFOEM Evolve recommendations](#).²⁰⁶

- **Case study 1:** X rays and pre-medical placements – AFOEM Recommendation 1: Do not request low back X-rays or other forms of low back imaging as part of a routine preplacement medical examination
- **Case study 2:** non-specific low back pain – AFOEM Recommendation 2: Do not request X-rays or other imaging for acute non-specific low back pain, unless there are red flags or other clinical reasons to suspect serious spinal pathology.

Once finalised, the case studies will be published on the [Evolve website](#).²⁰⁷

Further information about the RACP Evolve initiative can be found in the Evolve section of this report on page 30.

Leading the RACP's advocacy on accelerated silicosis

The AFOEM PAC continues its lead role in guiding RACP advocacy on accelerated silicosis in collaboration with the Thoracic Society of Australia and New Zealand as detailed in the Accelerated Silicosis section of this report on page 37.

²⁰⁵ <https://www.racp.edu.au/about/college-structure/australasian-faculty-of-occupational-and-environmental-medicine>

²⁰⁶ <https://evolve.edu.au/recommendations/afoem>

²⁰⁷ <https://evolve.edu.au/resources>

Australasian Faculty of Public Health Medicine

This report from the [Australasian Faculty of Public Health Medicine](#)²⁰⁸ (AFPHEM) Faculty Policy & Advocacy Committee (FPAC) covers the period February 2021 to September 2021. The FPAC follows the AFPHEM 2021-2022 workplan to contribute to the strategic goals of AFPHEM as a whole and The Royal Australasian College of Physicians (RACP) more broadly.

AFPHEM 2021-22 workplan

Approved by the AFPHEM Council in December 2020, the AFPHEM 2021-22 workplan outlines the focus areas for the FPAC. Central to AFPHEM policy and advocacy activities are:

- Continual advocacy and support for current RACP climate change policy work
- Meeting with key influencers to advocate for sustainable government funding for training positions in public health medicine
- Advocating for the role of public health physicians and the importance of public health medicine as integral to population health
- Developing policy papers on priority issues in relation to population and public health.

AFPHEM Document on Role of Public Health Physicians

This year, the FPAC's flagship policy project – [Public Health Physicians: Protecting, Promoting and Improving Health for the Whole Community](#)²⁰⁹ was completed and officially released on 5 March 2021. The document articulates the value that public health physicians bring to the health system to reduce inequity, increase effectiveness, and enhance efficiency. It sets out the highly integrated array of roles and functions that public health physicians lead and undertake, focussing on evidence and equity, and communicates these skills to decision makers in health systems particularly those with a responsibility for workforce.

The accompanying release plan for this document developed by P&A supports its communication and dissemination. The actions contained in the release plan range from internal and external communications featuring social media profiles of selected public health physicians and scheduling meetings with key decision makers. A video was produced for the RACP annual conference in May 2021. This is now available permanently on the [AFPHEM webpage](#)²¹⁰. This video also acknowledges and thanks Associate Professor Wendy Edmondson for her expert cultural review of the draft document. Associate Professor Edmondson is an experienced Aboriginal health executive, academic and consultant who is currently CEO of Urapuntja Health Service.



208 <https://www.racp.edu.au/about/college-structure/australasian-faculty-of-public-health-medicine>

209 <https://www.racp.edu.au/docs/default-source/policy-and-adv/public-health-physicians---protecting-promoting-and-improving-health-for-the-whole-community.pdf>

210 <https://www.racp.edu.au/about/college-structure/australasian-faculty-of-public-health-medicine>

Public Health Workforce

On 26 June 2020, the National Cabinet announced a new National plan for Australia's Public Health Capacity and COVID-19. Although no more details have been released, there are six actions to guide state, territory and Commonwealth governments towards improving long term sustainability of the public health workforce for the remainder of COVID 19 and beyond. These are:

- strengthen a formal surge plan for the public health response workforce and review the ongoing structure of the public health units;
- progress the national interoperable notifiable disease surveillance system (NINDSS) project and prioritise appropriate interfaces;
- establish a national training program for surge workforce;
- better support the Communicable Disease Network of Australia (CDNA), including shared costs;
- prioritise enhancing the public health physician workforce capacity; and
- consider options for developing a formal public health workforce training program.

RACP President Professor John Wilson AM and AFPHM President Professor Robyn Lucas FAFPHM met with Deputy Chief Medical Officer, Dr Stephanie Davis FAFPHM, in July 2021 to discuss the critical role of public health physicians in multidisciplinary public health practice and were informed of a stakeholder roundtable discussion on the adequacy of the current public health medicine workforce, future workforce planning, and preparation for future pandemics. The FPAC will continue to support the AFPHM President in these high-level interactions, including the offer to facilitate this vitally important national roundtable. The AFPHM President is continuing her meetings with jurisdictional Chief Health Officers.

AFPHM Policy projects

As part of the AFPHM 2021-22 workplan, the FPAC is required to create a list of priority issues for policy development and seek the approval of the College Policy and Advocacy Council. At the time of writing this brief, the FPAC has identified anti-racism, gender equality and economic securities as evidence mounts for the effect of these on health outcomes. The FPAC has also contributed to the business case to update the AFPHM Unplanned Futures research so that an empirical basis for workforce demand would be available to stakeholders during 2022 if funded. No decision has yet been received.

Other involvement

The FPAC continues to integrate the [RACP Indigenous Strategic Framework](#)²¹¹ into its work. As an example, the FPAC has consulted and agreed to abandon the term 'vulnerable' in reference to Aboriginal, Torres Strait and Māori peoples and their communities, and to other communities so labelled as this masks remedial structural and political factors that render disproportionate health risk, potentially delaying their recognition and redress. A paper encouraging adoption of this style guidance RACP-wide has been submitted to the RACP Council.

Members in common with the Climate Change and Health Advisory Committee ensure strong links to climate change advocacy. Public health physicians Professor Lynne Madden FAFPHM and Associate Professor Linda Selvey FAFPHM have been selected to be Chair and RACP representative on the Advisory committee, respectively, for the climate change and health project. This project will produce a comprehensive evidence dossier for the risks and impacts of climate change to healthcare systems in Australia and how best to address these.

211 <https://www.racp.edu.au/docs/default-source/default-document-library/indigenous-strategic-framework.pdf>

A joint [Australasian Chapter of Addiction Medicine](#)²¹² and AFPHM Drug Policy Working Group has been established for 18 months. Its work, which will highlight the need for the Australian and Aotearoa New Zealand Governments' drug policy to adopt a health-focused approach to substance use, is now underway. This working group's key deliverable is to develop a position statement which will be used by the RACP to undertake relevant advocacy to key stakeholders, particularly policy makers, to influence Government policy. The AFPHM representatives on this Working Group are Dr Marianne Jauncey FAFPHM and Professor John Saunders FAFPHM FACHAM FRACP.

When consulted, the AFPHM FPAC has contributed its expertise to a wide range of other RACP policy matters. Short 'turnaround' times have been challenging especially as FPAC members are usually at the frontline of Australia's COVID-19 pandemic response.

The FPAC encourages social media use by members to add analysis and evidence to public discourse in issues affecting the public's health.

The FPAC Chair, Professor Jeanette Ward FAFPHM, thanks every FPAC member for their contributions and acknowledges the steady and positive impact the FPAC's work continues to achieve for members' professional standards and career satisfaction, and for the community at large.



Australasian Faculty of Rehabilitation Medicine

The [Australasian Faculty of Rehabilitation Medicine](#)²¹³ (AFRM) has played a key role in The Royal Australasian College of Physicians' (RACP) advocacy work this year. In particular, the AFRM Faculty Policy and Advocacy Committee (FPAC) and AFRM members on the NDIS Reference Group have provided expert input into the [RACP submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)²¹⁴ and continued work on the National Disability Insurance Scheme (NDIS). The FPAC is chaired by AFRM President-Elect, Dr Jenny Mann FAFRM.

Developing College position statements

The AFRM continues to pursue a number of separate issues via working groups. Over the last year, the Bariatric Rehabilitation Working Group has been developing a position statement on Bariatric Rehabilitation. The position statement will outline recommendations and define appropriate practice for the rehabilitation needs of patients with morbid obesity. The Working Group is chaired by Dr Peter Sturgess FAFRM and consists of nine adult rehabilitation representatives, two paediatric representatives and a surgeon who specialises in bariatric surgery.

The position statement will be based on a review of the literature and expert input from physicians and health professionals working in this area. It will also draw on results from a survey conducted by the Working Group in early 2021 of over 100 AFRM Fellows and trainees. The survey explored the current situation of bariatric rehabilitation in different areas of practice, challenges of working in this area and whether there is a role for rehabilitation medicine services to complement current services. The Working Group also conducted a smaller survey of weight management clinics. These survey results indicated that rehabilitation has the potential to play an important role in supporting bariatric patients, alongside a multidisciplinary team.

A Working Group is also progressing the update of the [AFRM Stem Cell Therapy for Children with Cerebral Palsy Position Statement](#)²¹⁵ which has now completed both internal consultation with College Bodies and an external consultation with key stakeholders including the Cerebral Palsy Alliance.

Supporting cross College advocacy

Disability and the National Disability Insurance Scheme

The AFRM has played a key role in the development of the [RACP submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#).²¹⁶ Recently the AFRM provided expert advice to inform key stakeholder meetings on the NDIS. The FPAC Chair met with the National Disability Insurance Agency (NDIA) to provide feedback on the NDIS access criteria for prospective participants and the health professionals that support them, which will inform wider consultations the NDIA is undertaking on their Operational Guidelines. AFRM members also provided feedback on NDIS processes to inform a meeting between RACP President-Elect Dr Jacqueline Small FRACP, and Senator Linda Reynolds, Minister for the NDIS.

213 <https://www.racp.edu.au/about/college-structure/australasian-faculty-of-rehabilitation-medicine>

214 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

215 <https://www.racp.edu.au/docs/default-source/advocacy-library/the-use-of-stem-cells-therapy-for-cerebral-palsy.pdf>

216 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-violence-abuse-neglect-and-exploitation-of-people-with-disability.pdf?sfvrsn=34efff1a_4

The role of rehabilitation in long COVID

The AFRM has been working to raise the important role that rehabilitation physicians have in assisting a person with long COVID to return to their previous level of function or to learn to function with a new disability. Two RACP [webinars on long COVID](#)²¹⁷ (available on RACP Medflix) were hosted in early September, which will help promote to the membership the role of rehabilitation medicine in assisting patients in recovery from long COVID. The first webinar, 'Understanding and managing long COVID' provides a better understanding of how to investigate and diagnose long COVID, and how to manage patients in the sub-acute phase of their disease. The second webinar 'Living and working with long COVID' explains the pathophysiology of long COVID and how to manage the longer-term practicalities of living and working with the consequences of this disease.



The RACP
@TheRACP

RACP members are invited to a set of webinars, brought to you by the RACP #COVID19 Expert Reference Group, on understanding the impact of #LongCOVID and how to manage both the short- and long-term practicalities in daily life.
event.racpevents.edu.au/racp-covid-19-...

RACP COVID-19 Webinar Series

2:02 PM · Aug 18, 2021 · Twitter Web App

4 Retweets 3 Quote Tweets 8 Likes

AN-SNAP Version 5

AFRM representatives provided feedback to the Independent Hospital Pricing Authority during the development of Australian National Subacute and Non-acute Patient Classification (AN-SNAP) Version 5. The FPAC and AFRM representatives on the AN-SNAP working group opposed changes to the AN-SNAP classification which had suggested incorporating a frailty measure into AN-SNAP. While frailty is accepted as an important comorbidity, the tool proposed was not felt to be appropriate for the usage suggested.

The ACHS Clinical Indicators Group

The Australian Council on Healthcare Standards Clinical Indicators Group chaired by Ms Frances Simmonds, and including AFRM representatives and allied health members, has suggested a change to the clinical indicators in the future which AFRM Council has approved. These changes involve removing two indicators which were no longer felt to be contributing to quality improvement and replacing them with two new indicators which are recognised to be key areas intended to drive quality improvement: falls and intensity of therapy.

Regional Committees



Overview

The Royal Australasian College of Physicians (RACP) [regional committees](#)²¹⁸ develop and contribute to RACP responses to inquiries, submissions, and statements, discharging their Board-delegated responsibility to lead RACP-wide policy priorities locally with Fellows, trainees and relevant stakeholders. They also advocate for local policy priorities back through the RACP, playing a representative role for the Fellowship in each region.

Regional committees support national and bi-national RACP campaigns, drawing on their members' expertise, local knowledge and networks to inform cross-RACP policy and advocacy efforts.

Regional committees are approached by state and territory governments and bureaucracies for input or comment on

legislation, regulatory changes, health department policy, parliamentary committees, and the like.

P&A also facilitates the involvement of Fellows (often the regional chair) to state and territory consultation forums, information sessions, and briefing calls.

²¹⁸ <https://www.racp.edu.au/about/committees/australian-regions>

NT Regional Committee

The NT Regional Committee's advocacy areas are set out in its most recent [election statement](#)²¹⁹:

- Climate change and health
- Alcohol
- Indigenous health
- Acute rheumatic fever and rheumatic heart disease
- Raising the age of criminal responsibility.

The NT Regional Committee celebrated a significant achievement earlier in 2021 [with the abandonment of plans for a large liquor outlet near three dry Indigenous communities](#)²²⁰, following years of opposition by medical groups, community groups, and ACCHOs.

The current priorities are climate change and youth justice. The Committee is working with the Paediatrics and Child Health Policy and Advocacy Committee to put its opposition to recent youth justice reforms on the record and urge the NT Government to develop alternative models of service provision and diversionary programs, in conjunction with communities.

The NT Regional Committee has continued its long interest in and advocacy for rural and remote physicians and health services. P&A has also supported engagement by the NT Committee with the NT Government and NT Health on sustaining a local NT training capacity for public health physicians. This work is currently being progressed by NT Health.

SA Regional Committee

The SA Regional Committee is preparing to develop election-related advocacy in advance of the 2022 state election, focussing on:

- Harms of alcohol, especially prevention
- Gender equity in training
- Health and wellbeing of trainees and physicians
- Rural and remote medicine
- Care of homebound patients.

Members of the SA Regional Committee have met their counterparts from the SA Branch of the Royal Australian and New Zealand College of Psychiatrists, with whom information and intelligence sharing is planned on the alcohol work, and possibly other areas.

²¹⁹ https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a_4

²²⁰ <https://www.racp.edu.au/news-and-events/media-releases/racp-welcomes-decision-to-axe-northern-territory-liquor-megastore>

QLD Regional Committee

The Queensland Regional Committee is focussed on important aspects of its [2020 election statement](#)²²¹:

- Wellbeing of the specialist and trainee specialist workforce
- Doctors' wellbeing in a pandemic
- Geriatric and related services
- Drug and alcohol strategy and services (including detox), especially in regional areas
- Raising the age of criminal responsibility
- Urgent action on accelerated silicosis.

Engagement with the Queensland Government is planned especially on wellbeing, raising the age of criminal responsibility, and the Queensland Government's response to the Queensland Health Ombudsman's findings of an investigation into the safety and quality of health services at Bamaga Hospital, Queensland, following the death of Charles (Charlie) Izaak Wilfred Gowa in 2017. (The last of these is a shared College Policy and Advocacy Council (CPAC), Paediatrics and Child Health Division, and Queensland Regional Committee priority following a discussion at CPAC's meeting in October 2020.)

The Queensland Regional Committee has also been consistently engaged in the process of legalising Voluntary Assisted Dying in some circumstances in Queensland, and contributed to the [RACP submission to the Queensland Parliament Health and Environment Committee's Inquiry into the Voluntary Assisted Dying Bill 2021](#)²²². This submission is based on the [RACP's 2018 Statement on Voluntary Assisted Dying \(VAD\)](#)²²³ and builds on our [November 2020 submission](#)²²⁴ on the Queensland Law Reform Commission's legal framework for VAD in Queensland.

NSW/ACT Regional Committee

The NSW/ACT Regional Committee's focus has been on education and training during the pandemic, especially on COVID-safe examinations, and advocating within the RACP for gender equity.

The Committee has contributed to the [RACP submission to the NSW Ministry of Health's consultation on Real Time Prescription Monitoring](#)²²⁵. The NSW/ACT Committee has also supported [RACP advocacy](#)²²⁶ urging Newcastle to reconsider its push to extend alcohol trading hours, and protect the Newcastle community from alcohol related violence.

The Committee has a longstanding interest in physician education around Medicare and regulatory compliance, has been active on changes to Medicare billing in NSW public hospitals, and supported a webinar on this subject. Ongoing engagement on these subjects is planned.

221 https://www.racp.edu.au/docs/default-source/advocacy-library/b-racp-2020-qld-election-statement.pdf?sfvrsn=faf6f71a_4

222 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-the-queensland-parliament-health-and-environment-committee-s-inquiry-into-the-voluntary-assisted-dying-bill-2021.pdf?sfvrsn=6efec31a_4

223 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_4#:~:text=The%20RACP%20recognises%20that%20legalisation,individual%20members%20in%20different%20ways.

224 https://www.racp.edu.au/docs/default-source/advocacy-library/e-20-nov-qld-vad-draft-racp-submission_egm-approved.pdf?sfvrsn=7e97f91a_4

225 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nsw-government-s-regulation-to-support-real-time-prescription-monitoring-consultation-paper.pdf?sfvrsn=81e4fc1a_16

226 <https://www.racp.edu.au/news-and-events/media-releases/racp-urges-newcastle-mayor-to-protect-community-from-alcohol-related-violence>

WA Regional Committee

The Western Australian Regional Committee developed an [Election Statement](#)²²⁷ to identify, convey, and advocate for its priority areas ahead of the 2021 state election:

- Wellbeing of the specialist and trainee specialist workforce
- Doctors' wellbeing during a pandemic
- Reducing the harms of alcohol, including by minimum unit pricing
- Geriatric and related services.

Since then the WA Regional Committee has also prioritised raising the age of criminal responsibility, noting law reform in this area is a priority of the WA Attorney General.

The harms of alcohol remains a focus, noting that Western Australia has the second largest alcohol related disease burden in the country, and it's one of the state's biggest health programs that remains unaddressed – accordingly, the WA Regional Committee is urging increased investment in drug and alcohol treatment facilities and expansion of preventative alcohol services such as minimum unit pricing.

The WA Regional Committee has been strongly supportive of the [RACP advocacy](#)²²⁸ for the Murugappan Family ("the Biloela Family"), who were eventually reunited after one of their daughters was transferred from Christmas Island to Perth for specialist paediatric treatment.

The WA Regional Committee has also been vocal on the sustainability of physician and paediatrician services in Western Australia, especially in rural and remote areas, given the state's considerable reliance on overseas trained physicians and historical recruitment patterns from other states and territories. This is a continued concern, in the pandemic more than ever.

Tasmania Regional Committee

The Tasmanian Regional Committee developed its [priorities](#)²²⁹ ahead of the early election in 2021, urging a focus on:

- Developing a sustainable long term workforce plan to improve service delivery for all Tasmanians
- Fostering a culture of wellbeing for physicians and trainee physicians
- Addressing health inequities in the Tasmanian population, especially in the northwest of the state
- Introducing Minimum Unit Alcohol Pricing to reduce alcohol related harm in the community.

The Committee has a long-held interest in strengthening Tasmania's capacity to train physicians and paediatricians, which is crucial to ensure the availability of a capable specialist workforce to meet current and future healthcare needs.

The Committee has supported ongoing RACP engagement with the Workcover scheme in Tasmania, including a and continued support for a sustainable occupation and environmental medicine workforce in the state.

227 https://www.racp.edu.au/docs/default-source/advocacy-library/racp-wa-2021-election-statement.pdf?sfvrsn=808bfc1a_6

228 <https://www.racp.edu.au/news-and-events/media-releases/physicians-call-for-biloela-family-to-urgently-be-released-from-detention>

229 https://www.racp.edu.au/docs/default-source/advocacy-library/prioritising-health-racp-2021-tasmanian-election-statement.pdf?sfvrsn=2df2fe1a_4

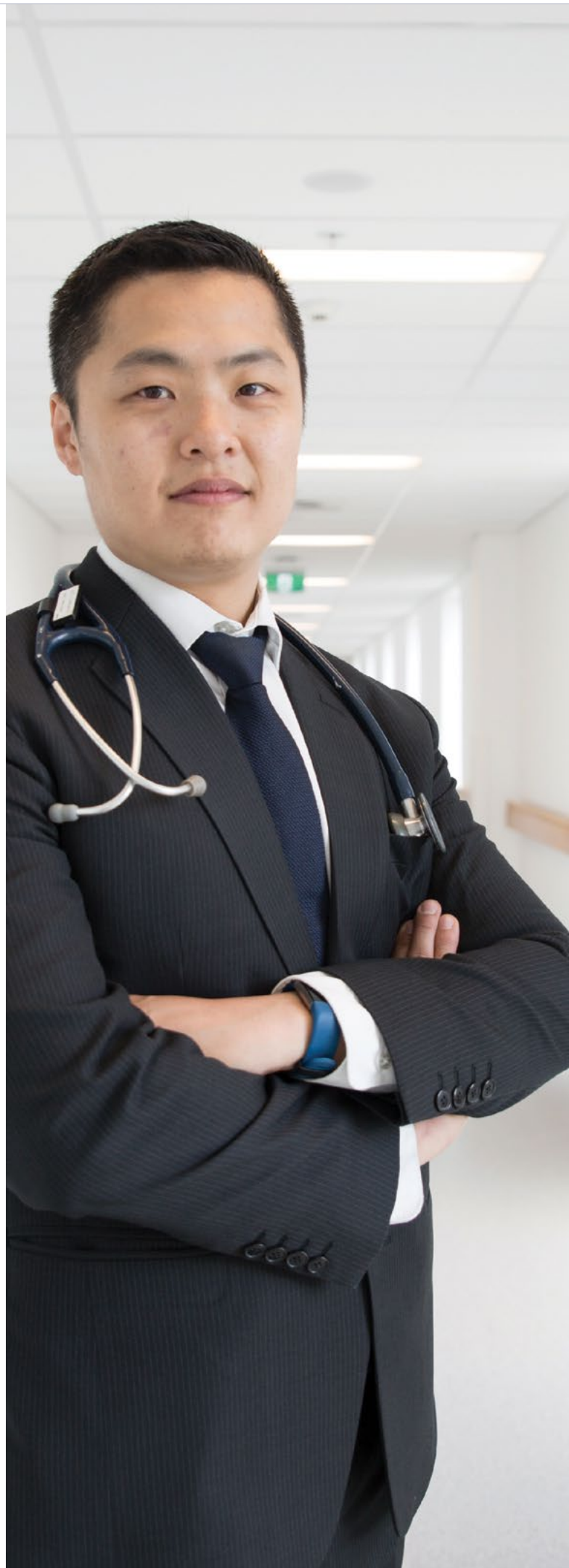
Victoria Regional Committee

The Victorian Regional Committee has represented the local Fellowship throughout the COVID-19 pandemic, including with respect to:

- wellbeing
- supervision and assessment arrangements
- maintaining the Victorian dual training scheme.

In keeping with its policy priorities, the Victorian Regional Committee had input into several RACP submissions, including the [RACP response](#)²³⁰ to the Victorian Health Secretary as part of the public consultation on the Draft Health and Human Services Climate Change Adaptation Action Plan 2022-2026. The Committee is a strong supporter of the RACP leadership of the multi-college climate change and health project, currently under development by the Monash Sustainable Development Institute and the Climate and Health Alliance.

Close links are maintained with Victorian committees of other specialist colleges through the Committee of Chairs of RACP Committees, which is chaired by Professor Judy Savige FRACP (Chair, Victorian Regional Committee).



²³⁰ https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-vic-doh-health-amp-human-services-cca-action-plan.pdf?sfvrsn=13c3c51a_8



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