



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE

Report of

# October 2020

College Policy & Advocacy Council



# Specialists. Together.



Educate



Advocate



Innovate



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# Introduction from the College Policy & Advocacy Council Chair

This will be my first report as Chair of The Royal Australasian College of Physicians' (College) College Policy & Advocacy Council (CPAC), at an unprecedented time for the College, our members, and our communities. Through this time, we have not only maintained our commitment to our health policy priorities but also strived to respond to the rapidly emerging COVID-19 pandemic. This has involved sustained advocacy in relation to issues such as telehealth and personal protective equipment (PPE) and transforming operations within the College.



In the following pages are the highlights from each CPAC member College Body and CPAC's priority health policy topics, reporting the last 9 month's activities. The successes we are able to achieve are founded on the expertise of and respect for our Fellows and trainees within our health community and strengthen the College's reputation as one of the leaders for health policy advice to Government and other health organisations.

A snapshot of the policy and advocacy work and some of the key achievements showcased in this report, include;



Supporting our members through the COVID-19 crises, by advocating to Government to extend telehealth for medical specialists and increase protection for health care workers and access to appropriate PPE. This follows the release of the College reports of Members' Surveys on [COVID-19 telehealth items](#)<sup>1</sup>, and on [PPE access and use](#)<sup>2</sup>. Both survey reports received significant coverage, numerous TV and radio interviews for the RACP President, and were sent to key stakeholders including the Commonwealth Department of Health, Chief Health Officer and Health Minister's office. The College continues to be a strong voice for COVID-19 advocacy on PPE and telehealth (covered in detail on page 6, of this report).



The College made a submission to the Australian Government detailing much needed reforms to patient care organisation; the [2020 Royal Commission into Aged Care Quality and Safety: Impact of COVID-19 on aged care](#)<sup>3</sup>. This submission which recommends better strategic use of multidisciplinary health care demonstrates the value of a College with many specialties (covered in detail on page 16, of this report).



Working to address the significant health and social disparities faced by people with disabilities is an important area of policy and advocacy for the College. Recently the College 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 disabilities (covered in detail on page 25, of this report).



The College supports raising the age of criminal responsibility to 14 years of age. We have contributed in raising the impact of incarceration on health and wellbeing for vulnerable children, many of whom have undiagnosed developmental or mental health concerns. We have continued to actively advocate to raise the age, with myself and other expert Lead Fellows and organisations giving our voices to these efforts (covered in detail on page 31, of this report).

1. <https://www.racp.edu.au/news-and-events/all-news/news-details?id=f1e08eaf-bbb2-61c2-b08b-ff00001c3177>

2. <https://www.racp.edu.au/news-and-events/all-news/news-details?id=1dad91af-bbb2-61c2-b08b-ff00001c3177>

3. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission\\_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a_6)



Earlier this year, the Aboriginal and Torres Strait Islander Health Committee (ATSIHC) initiated the formation of Strategic Partners groups to progress ATSIHC's key Indigenous Strategic Framework priorities. The Governance Strategic Partner group will have a particular focus in taking forward the resolutions from the meeting between the ATSIHC, the Māori Health Committee and the College Board in December 2019, the Redfern Meeting (covered in detail on page 34, of this report).

The hard work of the members is what leads, develops and delivers the College's policy and advocacy. It is through CPAC that we connect across the College, engaging with and supporting specialty and region led activities.

Member engagement is critical to the College being able to continue to build on the successes it has already made.

I would like to congratulate every member and staff who has helped deliver these achievements.

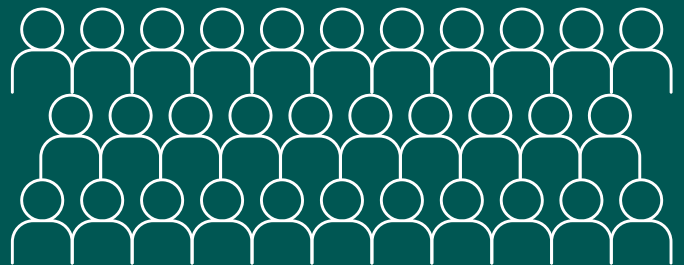
Dr Jacqueline Small  
**Chair, CPAC**  
**President-Elect, RACP**

## CPAC and CPAC EC overview

The College Policy & Advocacy Council (CPAC) comprises 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 College's focus and priorities for health policy and advocacy.

CPAC's Executive Committee (CPAC EC) is a 12 member rapid response group, highly experienced in health policy. This group has recently had a membership turnover and with the incoming members will see a renewed focus on delivering the highest standard of policy and advocacy for the College and for the members.

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



## CPAC's Executive Committee (CPAC EC) – **12** members



# CPAC EC activity: reporting period January and September 2020

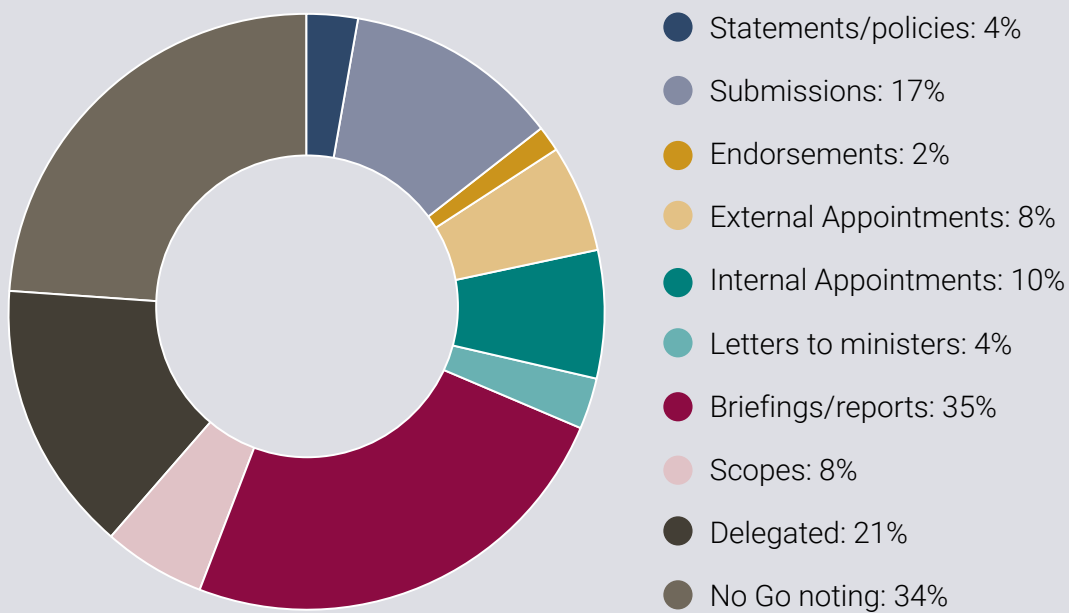
During the 9-month period between January and September 2020, College Policy and Advocacy Council Executive Committee (CPAC EC) considered a total of **168** matters. The split of these matters and the comparison against previous reporting periods can be seen in the table and charts shown below.

**168** matters total

**81%** threshold met over 9-month period

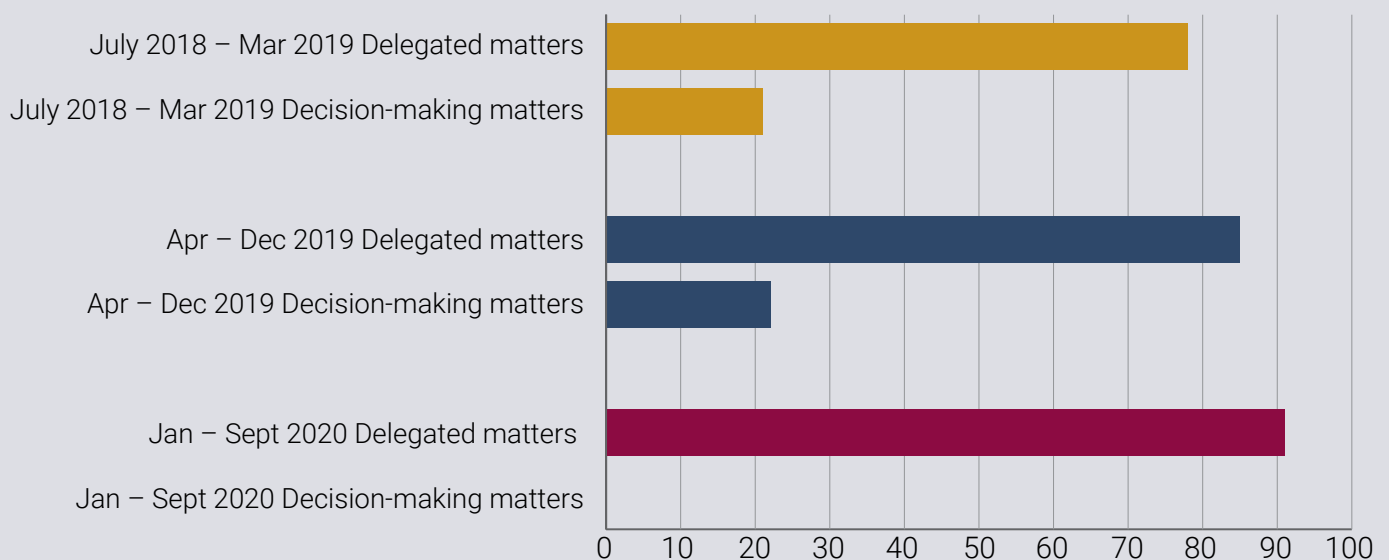
**21** of the noting matters were delegated to a College body under the model of delegation.

### CPAC matters by category



	Current 9 months Jan – Sept 2020	Previous 9 months Apr – Dec 2019	Previous 9 months July 2018 – Mar 2019
<b>Total matters</b>	<b>168</b>	<b>148</b>	<b>141</b>
<b>Of which were CPAC decision-making matters</b>	<b>78</b>	<b>85</b>	<b>91</b>
External submissions	17	36	30
Endorsements	21	18	20
External appointments	14	10	13
Scopes for new work (inc Go/No Go briefs)	8	6	9
Letters to ministers	4	0	1
College statements/policy	4	4	7
Internal appointments and governance	10	7	11
<b>Of which were noting matters</b>	<b>90</b>	<b>63</b>	<b>50</b>
Delegated to College bodies for decision making	21	22	n/a – data was not collected
No Go noting (matters that the RACP were not able to proceed with)	34	15	n/a – data was not collected
Noting for information/updates	35	26	50

## CPAC decisions and delegated matters



# COVID-19

## Telehealth items for COVID-19

The Royal Australasian College of Physicians (College) has long been proactively advocating for the lifting of all distance restrictions on the use of telehealth. The COVID-19 pandemic led to the rapid staged introduction by the Commonwealth government of new MBS telehealth items, not subject to distance/location restrictions as a means of facilitating physical distancing where clinically appropriate.

These new items covered telehealth via both phone and videoconferencing and encompassed a range of specialist and consultant physician and paediatrician attendances, starting 20 March 2020. Initially the attendances covered were the more 'generic' items (e.g. 104, 105, 110, 116) and these were subject to bulk billing requirements for patients at risk of COVID-19 (hence in practice most patients seen by our members), having major impacts on private practice sustainability.

P&A engaged directly with a wide range of members who contacted the College, and consulted extensively with committees and specialty societies (more than 40 responses) to develop a submission which advocated for a broader range of attendances to be covered by new telehealth items. In addition, at regular meetings with the Department of Health (DoH), the College advocated for the removal of the bulk billing restrictions. On 21 April, telehealth items were developed for additional specialist and physician attendances and the bulk billing requirement was lifted.

After the rollout of items attention turned to how to maintain this access beyond September. Signs of potential overuse by GPs (particularly telehealth only practices) led to concerns the government would roll back access. To help develop College advocacy in this area, a 42 question survey was distributed to all practising Australian members. 950 members responded to this survey (an average completion rate of 77%). The survey had a mix of multiple choice and free text questions – the rich free text responses provided compelling insights. The survey results were promoted in the media and sent to key stakeholders including the Commonwealth DoH, Chief Health Officer and Health Minister's office. The [survey report](https://www.racp.edu.au/docs/default-source/policy-and-advocacy/policy-and-advocacy/racp-members-survey-new-mbs-telehealth-attendance-items-introduced-for-covid-19.pdf?sfvrsn=31d1ef1a_7)<sup>4</sup> is being used

in further advocacy by the College for long term retention of MBS telehealth items.

## PPEs

Since March, the College has received and responded to many member emails raising concerns about access to personal protective equipment (PPE) and escalated these issues to the DoH and Minister's office. One key concern among our members has been the lack of access to the National Stockpile of PPEs for those in private practice. However, concerns about inadequate PPEs are also shared by members working in the hospital system.

Due to the Victorian second wave, member concerns have since intensified. To assist in advocacy, a 16 question survey was open for 5 days from 30 July 2020 to all practising Australian based members on their use of and access to PPE. The survey was mostly multiple choice (with some options to insert additional free text comments). There were 677 responses and an average completion rate of 98%.

A draft of the survey was reviewed by the College COVID-19 Expert Reference Group. Survey results were analysed, and findings compiled into a report. A final version of the report was then sent for noting to CPAC Executive Committee (CPAC EC). The final version of the survey report and a proposed media release accompanying it was subsequently shared for final comment with the ERG.

The report was sent to key stakeholders including Commonwealth DOH, Chief Health Officer and Health Minister's office. The [survey report](#)<sup>5</sup> was used in further advocacy by College for better PPE access for members.

4. [https://www.racp.edu.au/docs/default-source/policy-and-advocacy/policy-and-advocacy/racp-members-survey-new-mbs-telehealth-attendance-items-introduced-for-covid-19.pdf?sfvrsn=31d1ef1a\\_7](https://www.racp.edu.au/docs/default-source/policy-and-advocacy/policy-and-advocacy/racp-members-survey-new-mbs-telehealth-attendance-items-introduced-for-covid-19.pdf?sfvrsn=31d1ef1a_7)

5. [https://www.racp.edu.au/docs/default-source/policy-and-advocacy/results-of-racp-members-survey-on-personal-protective-equipment-access-and-use.pdf?sfvrsn=c480f01a\\_6](https://www.racp.edu.au/docs/default-source/policy-and-advocacy/results-of-racp-members-survey-on-personal-protective-equipment-access-and-use.pdf?sfvrsn=c480f01a_6)



On 10 August 2020, the survey was launched on the front page of The Age newspaper and continued to generate media coverage with mentions in over 220 online articles, 200 radio and 200 TV hits.

## COVID-19 Expert Reference Group

In immediate response to the development of the COVID-19 pandemic the Board requested that the CEO form a COVID-19 Expert Reference Group (ERG). The ERG was promptly formed in March 2020 by requesting relevant specialist groups within the College to nominate expert members and is currently chaired by RACP COVID-19 Coordinator Patrick Tobin.\*

The initial focus of the group was advising on pressing organisational issues such as decisions around Congress and face to face meetings, and transitioning staff to working from home.

In May 2020 the RACP undertook a review of the ERG membership to formalise the appointments of current members and the governance of the ERG. CPAC approved the updated ERG Terms of Reference on the 8 May 2020.

The ERG now focuses on providing advice both in relation to policy and advocacy issues and organisational matters.

The ERG considers a substantial amount of COVID matters that require rapid response from the RACP, many of which involve CPAC approval. Its Terms of Reference have recently been amended to expand its membership to include representatives from other speciality societies.

Following are the current members of the ERG:

<b>Professor John Wilson</b>	RACP President
<b>Professor Jennifer Martin</b>	RACP Board member and Australasian Society of Clinical and Experimental Pharmacologist and Toxicologists (ASCEPT)
<b>Dr Jacqueline Small</b>	RACP President-Elect, Chair, College's Policy and Advocacy Council (CPAC)
<b>Dr Tony Mylius</b>	Private Practice Cardiologist, and member of the Health Reform Reference Group, and CPAC Executive Committee.
<b>Dr Christopher Steer</b>	Private Practice Oncologist and a RACP representative on the government's out of pocket costs group.
<b>Dr Megan Rees</b>	Thoracic Society of Australia and New Zealand (TSANZ)
<b>Dr Lucy Burr</b>	Thoracic Society of Australia and New Zealand (TSANZ)
<b>Dr Tony Allworth</b>	Australasian Society for Infectious Diseases (ASID)
<b>Dr Frank Beard</b>	Australasian Faculty of Public Health Medicine (AFPHM)
<b>Dr Warren Harrex</b>	Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
<b>Dr Asha Bowen</b>	Paediatric and Child Health Division (PCHD)
<b>Dr John Maddison</b>	Australian and New Zealand Society for Geriatric Medicine (ANZSGM)
<b>Dr Naru Pal</b>	Aboriginal and Torres Strait Islander Health Committee
<b>TBA</b>	Aotearoa New Zealand Committee
<b>TBA</b>	Māori Health Committee

\* A Fellow from the ERG is being sought through an expression of interest process for the Chair position

# 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 patient<sup>6</sup>. 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' (College) 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 College is a founding member of Choosing Wisely in Australia and Aotearoa (New Zealand).

## Evolve Strategy Implementation Plan 2020-21

In February 2020, the College's Policy and Advocacy Team (P&A) released the [Evolve Strategy Implementation Plan 2019-21](#)<sup>7</sup> (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](#)<sup>8</sup>.

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. The comprehensive 6-month report

### Defining low-value care

Low-value care refers to tests, procedures or practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary patient harm. Explore some of the evidence at <https://evolve.edu.au/>

is available for [RACP members online](#)<sup>9</sup>, the information provided in this CPAC report is a snapshot.

## New Evolve Recommendations in development

P&A and the Australasian Chapter of Addiction Medicine Committee have worked with key members, specialties, and stakeholders to finalise new Evolve recommendations for addiction medicine. These rigorously vetted recommendations reflect key Chapter priorities in the area of low-value care but will be applicable to health practitioners beyond the specialty of addiction medicine.

The list offers best-practice guidance on such varied clinical matters as the key role of comprehensive treatment plans in supporting withdrawal management and medication use and the precautionary approach to treatment options that are emerging or not supported by evidence. It also tackles the important topic of not deprescribing opioids in people with chronic pain and substance abuse without considering the potential negative outcomes of deprescribing.

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

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

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

9. [https://www.racp.edu.au/docs/default-source/secured-documents-library/evolve-strategy-implementation-plan-2020-21-6-month-progress-report.pdf?sfvrsn=2652f21a\\_4](https://www.racp.edu.au/docs/default-source/secured-documents-library/evolve-strategy-implementation-plan-2020-21-6-month-progress-report.pdf?sfvrsn=2652f21a_4)

The list was launched on 31 August 2020 to coincide with International Overdose Awareness Day 2020 and will continue to be promoted over the next several months via a range of media and platforms.

P&A is working with lead members, specialties, and stakeholders to develop four new lists. These will deliver new Evolve recommendations for nephrology, thoracic medicine, neonatal medicine and neurodevelopmental and behavioural paediatrics. The thoracic and nephrology lists have now gone through extensive internal and external consultations and are close to completion.

## Evolve and equity

Evolve aims to reduce harm from unnecessary and low-value tests, treatments, and procedures. Inadequate access to health care is a significant driver of health inequities. There is evidence that for certain conditions, Māori, Pasifika and Aboriginal and Torres Strait Islander people receive less tests, fewer prescriptions and less treatment and may experience double burden of overtreatment for certain conditions. With this in mind, we have been looking at how in developing Evolve recommendations, we can avoid making health inequities worse, and help reduce health inequities.

We have updated the review criteria used to encourage reviewers to consider the potential impact of the recommendations on health inequalities. We have begun consulting the Indigenous Health Policy Reference Group, the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee on new Evolve Recommendations.

In 2019 the College, through Evolve, was a major sponsor for the [Choosing Wisely Means Equity Report](#)<sup>10</sup> that was commissioned by Choosing Wisely and Te Ohu Rata o Aotearoa New Zealand. This report was completed and launched in July 2020.

We are currently looking at how learnings from this research can be embedded in Evolve and how we can support our members to adopt their recommendations on shared decision-making.



## Dissemination and engagement

- During 2020 we have been proactively promoting relevant Evolve recommendations during national or international health dates, where appropriate.

10. <https://evolve.edu.au/evolve-research>



- Professor Harriet Hiscock FRACP and Dr Sarah Dalton FRACP were interviewed for Issue Two of the RACP Quarterly on what low-value care means to them and their work in working to reduce low-value practices for better patient outcomes. We sincerely thank Professor Hiscock and Dr Dalton for their contributions to Evolve and their continued efforts to reduce low-value care and improve medicine in Australasia. It is only with the leadership and courage of our members will a difference be made. You can [read the full article online](#)<sup>11</sup>.
- 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 College, NPS MedicineWise and specialty societies have collaborated to produce [case studies](#)<sup>12</sup> as part of the [toolkit for clinical educators](#)<sup>13</sup> (ongoing). At the time of writing this report we have published an [ASID case study](#), [GESA case study](#), [2 ESA case studies](#) and an [IMSANZ case study](#)<sup>14</sup>. There are currently 5 new case studies in development.

- The Royal Children's Hospital Melbourne are in the process of updating the Paediatric Handbook which is widely used by paediatricians and GPs and have included and cited the Australia and New Zealand Child Neurology Society (ANZCNS) Evolve Recommendations. Special thanks to Fellow Dr Mark Mackay FRACP for leading this process. To be published by Wiley in 2020.
- In late 2019 we created a series of new Evolve promotional collateral including branded pens, sticky pads, and notebooks. Over the last 6 months we have continued to create new and update existing Evolve collateral. These include updating the design of Evolve Recommendation PDFs that are on the old design, posters, template slides and email banners. We are currently working on new recommendation launch material, medical magazine inserts and continuing to transfer Evolve Recommendation PDFs on to the new design.
- Reflecting on clinical decisions and outcomes is an important part of ensuring appropriate clinical care and a core component of the new continuous professional development framework. Evolve has been highlighted in Category 3: Measuring outcomes of the College's [CPD: Applying the new framework elearning](#)<sup>15</sup>, the CPD Audit Tool, the CPD website, and the CPD Audit E-Learning resource, with the MyCPD team actively promoting Evolve as an option for audit projects.

11. [https://racp.readz.com/rq\\_issue02\\_2020\\_f\\_readz\\_r1.pdf](https://racp.readz.com/rq_issue02_2020_f_readz_r1.pdf)

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

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

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

15. <https://elearning.racp.edu.au/mod/page/view.php?id=21142>

# Peripheral blood testing for coeliac disease

Gastroenterological Society of Australia

# evolve



GESA case study

# evolve

**Low-value care, overdiagnosis and overtreatment are undermining high-quality care. Find out how you can do your part.**

Find out more at [evolve.edu.au](http://evolve.edu.au)



#RACPEvolve

New Evolve poster

# Refugee and Asylum Seeker health

The Royal Australasian College of Physicians (College) retains a strong commitment to advocacy for refugee and asylum seeker health and our policy is outlined in our [position statement](#)<sup>16</sup>.

In November 2019, the College stood united with the medical community in their position to save the Medevac legislation. A [media statement](#)<sup>17</sup> was released in December 2019, highlighting the disappointment in the decision to repeal these laws and the concern that this will mean that asylum seekers and refugees under Australia's care may experience serious and preventable harm.

This year in April as COVID-19 made its impact across all in the community, the [RACP joined together with other medical colleges and human rights organisations](#)<sup>18</sup> to urge the Federal Government to ensure people in detention were being protected and supported during the pandemic.

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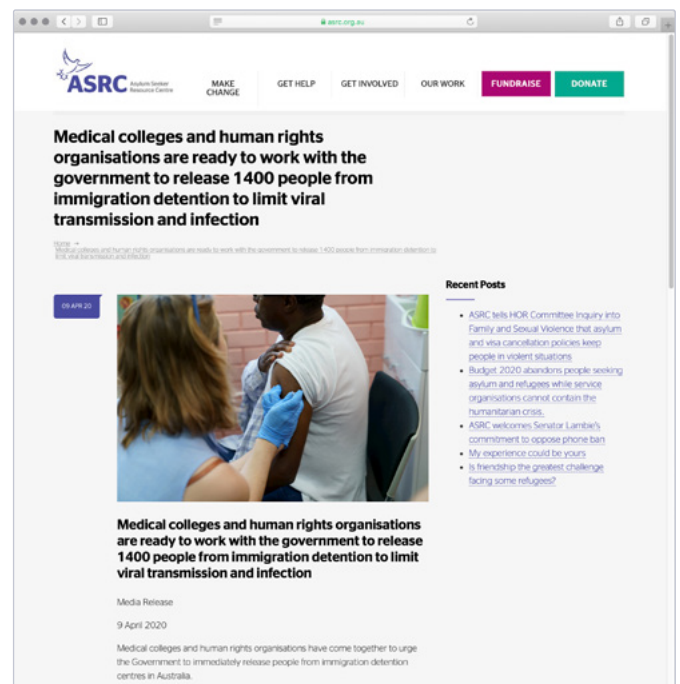
“We are very concerned about the risk of outbreaks in onshore detention centres. From a healthcare perspective, many of these people currently suffer from chronic conditions that place them in a high-risk category for COVID19. This request is about reducing risks to them, the community and the healthcare system.”

**Royal Australasian College of Physicians – Professor John Wilson, President of the RACP and Respiratory Physician**

.....

People held in detention suffer from existing chronic and complex medical conditions such as asthma, chronic obstructive pulmonary disease (COPD), respiratory illness and immunosuppressive states that place them in the high-risk category for COVID-19.

Conditions in detention make it very difficult to physically distance and self-isolate and the College called on the Government to ensure that there is appropriate medical oversight and access to health care.



Those who are in these detention facilities are people who have been transferred to Australia for medical treatment, so they have existing health conditions which puts them at high risk if they contract the virus. The people in detention have no control over coming into contact with guards and staff, and so are unable to appropriately physically distance.

The College is encouraged to see the release of [Huyen Thu Thi Tran and her two year old daughter Isabella](#)<sup>19</sup> – who has spent her entire life in a Melbourne immigration detention centre (MITO).

We urge the Government to release all vulnerable detainees including those people in APODS and children still in detention, and all detainees who could be safely managed in alternative accommodation into the community with appropriate safety net supports to enable them to practise physical distancing and self-isolation, as per the health advice to prevent the infection and spread of COVID-19.

16. [https://www.racp.edu.au/docs/default-source/policy-and-advocacy/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=7d092f1a\\_6](https://www.racp.edu.au/docs/default-source/policy-and-advocacy/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=7d092f1a_6)

17. <https://www.racp.edu.au/news-and-events/media-releases/doctors-deeply-disappointed-in-decision-to-repeal-medevac>

18. <https://www.asrc.org.au/2020/04/09/medical-colleges-and-human-rights-organisations-are-ready-to-work-with-the-government-to-release-1400-people-from-immigration-detention-to-limit-viral-transmission-and-infection/>

19. <https://www.sbs.com.au/news/two-year-old-girl-and-mother-released-after-years-in-australian-immigration-detention>

# Accelerated Silicosis

AFOEM continues to lead The Royal Australasian College of Physicians' (College) 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 in July 2019 which resulted from strong joint advocacy from the College, AFOEM and TSANZ over many months.

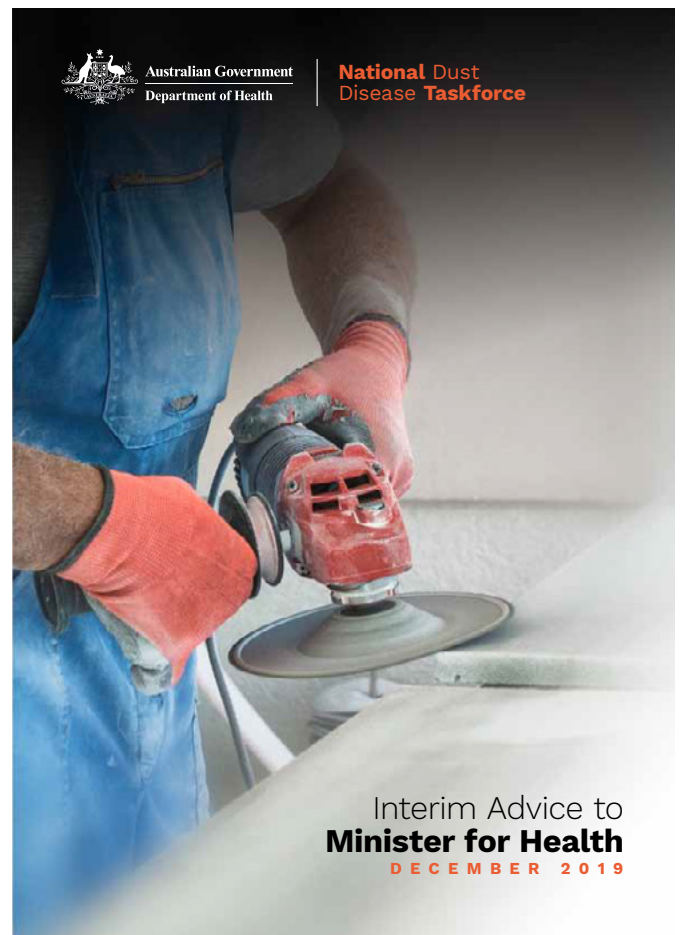


Dr Graeme Edwards says experts are forming a clearer picture about silica's toxicity (ABC News: Michael Atkins)

## Progress of the Australian Government's National Dust Disease Taskforce

Dr Graeme Edwards FAFOEM (the College spokesperson on accelerated silicosis – pictured) and Dr Ryan Hoy FRACP (respiratory physician) who are both members of the RACP/AFOEM/TSANZ Accelerated Silicosis Lead Fellows Group continue to play a pivotal role as members of the Taskforce along with College Fellows Professor Fraser Brims FRACP and Professor Christine Jenkins FRACP, both respiratory physicians.

The Taskforce which was originally chaired by the then Chief Medical Officer, Professor Brendan Murphy FRACP is now chaired by the Acting Chief Medical Officer, Professor Paul Kelly FAFPHM. Due to disruptions linked to the COVID-19 pandemic, the delivery of the Taskforce's final report has been extended by six months to 30 June 2021.



At the end of 2019, the [Taskforce provided interim advice](#)<sup>20</sup> to the Commonwealth Minister for Health on the prevention, early identification, control and management of occupational dust diseases in Australia, particularly accelerated silicosis. This advice identified five immediate and short-term national actions to address specific issues related to the re-emergence of silicosis:

1. Developing a targeted education and communication campaign to raise awareness of the risks of working with engineered stone.

20. National Dust Disease Taskforce Interim Advice to Minister for Health (December 2019): [https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/\\$File/nat-dusk-interim-advice-dec2019.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/562CF83B7AECFC8FCA2584420002B113/$File/nat-dusk-interim-advice-dec2019.pdf)

- Ongoing staged development of a national dust disease registry, with specific data requirements recommended by the Taskforce.



- Targeted investment in key research activities, to improve understanding of prevention, diagnosis and treatment.
- Developing national guidance on screening workers working with engineered stone.
- Development of a national approach to identify occupational silica dust exposure and other future occupational diseases.

These recommendations are supported by the College and it is encouraging that the Australian Government has accepted them all.

In March 2020, Dr Graeme Edwards FAFOEM and Dr Ryan Hoy led a stakeholder workshop organised by the Taskforce with support from the College to discuss the development of nationally consistent clinical guidelines for accelerated silicosis.

Despite the constraints of holding this event virtually due to COVID-19, the workshop managed to bring together key experts from relevant medical colleges and specialties including Lead Fellows from AFOEM and TSANZ.

The workshop generated discussions and points of agreements which will be valuable in furthering the development of the nationally consistent guidelines which the Taskforce is leading.

## Advocacy in Aotearoa New Zealand: Meeting with the NZ Minister for Workplace Relations and Safety

On 22 January 2020, the RACP Aotearoa New Zealand President, Dr Jeff Brown FRACP and the AFOEM NSW Lead Fellow on accelerated silicosis, Dr Alexandra Muthu AFOEM wrote to the New Zealand Minister for Workplace Relations and Safety, to request a meeting to discuss the Aotearoa New Zealand Government's approach to managing accelerated silicosis.

The letter raised a number of issues identified with the Aotearoa New Zealand Government's current approach including its lack of case finding activity which explains why there had been no identified cases of accelerated silicosis at that time despite observations from occupational physicians that many businesses working with artificial stone do not comply with workplace health and safety regulations for handling airborne silica dust.

In March 2020, Dr Brown and Dr Muthu met with the Minister of Workplace Relations and Safety, the Hon Iain Lees-Galloway to discuss the Aotearoa New Zealand Government's approach to managing accelerated silicosis. The meeting was initiated in response to the RACP's letter.

At the meeting the Minister agreed to:

- Undertake case finding activities urgently
- Provide a single online entry point or 'front door' is required for workers potentially exposed to respirable crystalline silica (RCS), and those working with potentially exposed workers, including employers and healthcare workers
- Establish a nationally coordinated and resourced case finding program.



## RACP Congress webinar on silicosis



In July 2020, Dr Edwards chaired an RACP Congress Webinar on Silicosis: a multidisciplinary update on the impacts, risks and recent findings. Dr Hoy took part in the expert panel along with other medical and associated experts.

## Appearance at NSW Public Hearing into the NSW inquiry into the Work Health and Safety Amendment (Information Exchange) Bill 2020

In August 2020, Dr Edwards and Associate Professor Deborah Yates FRACP (respiratory physician and member of the Lead Fellows Group), appeared at a NSW Parliament Public Hearing to inform the NSW inquiry into the Work Health and Safety Amendment (Information Exchange) Bill 2020.

This Bill seeks to amend the Work Health and Safety Act 2011 to authorise NSW Health to provide information to work health and safety regulators, SafeWork NSW and the NSW Resources Regulator, in relation to occupational diseases such as silicosis.

This hearing provided a valuable opportunity for Dr Edwards and Associate Professor Yates to reiterate the College's call for strong action on accelerated silicosis and in particular the need for the NSW Government to collect the necessary information and to put in place the effective infrastructure required to support the establishment of a national dust disease registry.

## Lead Fellows Group on Accelerated Silicosis continues to guide College advocacy

In June 2020, the lead Fellows Group led the development of a joint RACP/AFOEM/TSANZ/RANZCR letter to all relevant State and Territory Ministers enquiring about their actions to support the establishment of National Dust Disease Registry and seeking a meeting to discuss these issues.

As a result of this correspondence, AFOEM President Professor Malcolm Sim AM FAFOEM and Dr Hoy along with local College members, have attended virtual meetings with the WA Minister for Industrial Relations, The Hon Bill Johnston the SA Treasurer, The Hon Rob Lucas and with two senior advisors to the ACT Minister for Health, Minister Rachel Stephen-Smith MLA.

While progress is being made across states and territories and particularly in Queensland and Victoria, AFOEM and TSANZ continue to regularly engage with key stakeholders across jurisdictions via correspondence, submissions and meetings to stress the need for a coordinated response across all regulators and government departments.

The RACP/AFOEM/TSANZ Accelerated Silicosis Lead Fellows Group continues to meet via videoconference monthly to provide updates on activities across jurisdictions and to drive the College's ongoing advocacy activities in this area.

# Health System Reform

This section summarises recent work on aged care, integrated care, out of pocket costs, and the MBS review which are covered in the Royal Australasian College of Physicians (College) Health Systems Reform team of Policy and Advocacy.

## Aged care

The College has made two submissions to the Australian Government detailing much needed reforms to resident and patient care:

- [2019 Royal Commission into Aged Care Quality and Safety](#)<sup>21</sup>
- [2020 Royal Commission into Aged Care Quality and Safety: Impact of COVID-19 on aged care](#)<sup>22</sup>

These submissions which support better strategic use of multidisciplinary health care demonstrate the value of a College with many specialities.

Both contain specific recommendations for improving the quality and safety of health care to older people. The first emphasises the need to reconsider the boundary between primary care and secondary care to more efficiently care for complex patients and focus on preventative and restorative care; the need for simplified system navigation; improved assessment processes; a better trained health care workforce; improvement in addressing the needs of patients with dementia; access for older Aboriginal and Torres Strait Islander people to aged care services, including palliative care; and other areas.



The second COVID-19 related submission outlines the College's serious concerns about Residential Aged Care Facilities (RACFs) and the safety and quality of healthcare services able to be achieved by hospitals and community care.

## Integrated care

The College has advocated strongly on integrated care, stating that healthcare service delivery design must be more patient-centred, that health pathways should be reconfigured to more accessible points of care, and be better able to respond to complex, chronic conditions including those of older people.

The Integrated Care Sub-group of the Health Reform Reference Group, co-led by Dr Tony Mylius FRACP and Professor Nick Buckmaster FRACP have produced the Model of Chronic Care Management described in [RACP Complex care, consultant physicians and better patient outcomes: A new framework for physician engagement](#).<sup>23</sup>

In February 2020, College Policy and Advocacy had a successful meeting with the Department of Health (First Assistant Secretary, Primary care) such that they then commenced talks with one state health department to explore proof of concept sites. In March 2020, the College was invited to present the Model of Chronic Care Management at the 5th International Health Care Reform Conference (Professor Buckmaster, remotely). This work recently featured in the RACP Quarterly.

This model and its principles have been used to form recommendations in other submissions (such as Aged care above) and as the basis for College members to address health reform in their own work.

21. [https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-royal-commission-into-aged-care-quality-and-safety.pdf?sfvrsn=b534e21a\\_8](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-royal-commission-into-aged-care-quality-and-safety.pdf?sfvrsn=b534e21a_8)

22. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission\\_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission_aged-covid-30072020---web-upload.pdf?sfvrsn=810ef11a_6)

23. [https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a\\_14](https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14)



## Supporting patients with chronic care needs

Physicians have an essential role in improving best practice health outcomes for patients with chronic conditions – particularly those with complex multi-morbidity. The key to better supporting these types of patients is by ensuring that their various healthcare practitioners have access to better systems to coordinate and integrate their care.

**To address this, Associate Professor Nick Buckmaster FRACP and Dr Tony Myliss FRACP have been leading a small and dedicated team of physicians from different specialties who have been working together to develop the RACP Model of Chronic Care Management.**

The RACP Model of Chronic Care Management has now been provided to the Minister for Health, Greg Hunt, for consideration. In the meantime, the Model has received considerable support from a number of stakeholder groups, such as the Consumers Health Forum and the Australian Healthcare and Hospitals Association.

"Our model allows for a multidisciplinary approach to care for patients with complex needs in a community setting, one where consultant physicians play a key role," says Associate Professor Buckmaster.

"This model provides a shift away from healthcare practitioners (including physicians) working in silos to one where they become more and better connected and are better able to collaborate in the management of their patients."

Dr Myliss said that "there is a need and an opportunity to better integrate consultant physicians earlier and more effectively in the multi-disciplinary healthcare team which is crucial to patients achieving quality of care and safer, better health outcomes."

"This can be done through implementing the innovative health service reform proposed in the RACP's Model of Chronic Care Management."

**What does an integrated model of healthcare actually look like?**

**The Model of Chronic Care Management:**

- expands primary care teams beyond GP services to encompass long-term roles for specialist physicians, nurses and allied health practitioners
- introduces flexibility in the scope of practice of non-physician team members (e.g. nurse specialists)
- moves away from the 'one problem per visit' basis
- could be supported by reforming the Medicare Benefits Schedule (MBS) to better incentivise communications between GPs and specialists in the management of chronic disease patients.

The RACP recommends that any model of care that is adopted be evaluated as a two-year trial, with ongoing monitoring, evaluation and reporting on the trial's outcomes.

**OVER 80 PER CENT OF AUSTRALIANS ARE ESTIMATED TO HAVE AT LEAST ONE CHRONIC CONDITION OR RISK FACTOR**

**Who would benefit from a model of care for chronic care management?**

The Model says that our health system needs to address the gap in care for people with chronic and complex care needs.

Not only would this system provide better support for people who currently have complex needs, but it might also reduce the growth of future patient needs by preventing the exacerbation of otherwise undiagnosed conditions.

Unlike many other health providers, our physicians work across all sectors of healthcare and would see their patient management practices benefit greatly from participating in a better integrated model of care.

The RACP Model of Chronic Care Management has identified a specific target group for this. The group includes patients with two or more of the following:

- Cardiovascular disease (CVD)
- Obesity
- Hypertension
- Diabetes
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD).

## Primary Health Reform Consultation Group

This Australian Government health reform initiative centres on the aims of the Department of Health Primary Health Care 10 Year Plan (10 Year Plan) to modernise Australia's health system, focusing on equity, integration, continuity of care, and using the community space. The College is represented by RACP President, Professor John Wilson AM, FRACP and Professor Paul Colditz PRACP.

The first meeting was held in November 2019 and was attended by Professor Nick Buckmaster as proxy for the President. Consistent with key College advocacy on health reform (and the Model of Chronic Care Management), there was discussion on specialists being more involved in primary care, especially regarding complex and chronic disease (although this was not recorded in the official minutes). The second meeting (April 2020) was cancelled due to COVID-19.

- The Consultation Group meetings will be resumed (date not known) and continue for several months. The public consultation has yet to be released.
- The outcome will be a final 10 Year Plan.

## Out of pocket costs

On 29 May 2019 Professor Christian Gericke FAFPHM, FRACP was appointed as College representative to the Department of Health's Out of pocket costs (OOP) Transparency Reference Group. On 24 July 2019 Dr Christopher Steer FRAP was appointed as RACP representative to the Department's OOP Costs Transparency Working Group. Both these groups were established following the Government's commitment to implement the recommendation of its Ministerial Advisory Committee on OOP Costs to fund the development of a national searchable website to provide the public with greater access to information about the costs of medical specialist services. The work of Policy and Advocacy in this area has been to support the two College representatives including with the advice of the OOP Costs Sub-Group of the Health Reform Reference Group.

However due to the COVID-19 outbreak there have been no further meetings of these DOH groups this year. The Commonwealth 2020-21 Budget has allocated additional funding to enhance the Commonwealth's Medical Costs Finder website to provide information to consumers on specialist fees.

## MBS Review

The MBS Review Taskforce (the Taskforce) was established in 2015 to consider the over 5,700 MBS items and their alignment with improved patient outcomes and contemporary clinical evidence and practice and improve health outcomes for patients. This includes identifying any services that are outdated or potentially unsafe. The Taskforce has convened over 70 clinical committees. Recommendations made by the Taskforce are considered by the Government which often undertakes further consultation.

The most recent key submission made by the College to this taskforce was [the submission](#)<sup>24</sup> in response to the draft report of the Specialist and Consultant Physician Consultations clinical committee of the MBS Review Taskforce of June 2019. In January 2020, the College also made short [submissions to the Taskforce Reports from the Paediatric Surgery Advisory Group and the Otolaryngology, Head and Neck Clinical Committee](#)<sup>25</sup> and [the Taskforce Report of the Consumer Panel](#)<sup>26</sup>. There have been no

further updates from the Taskforce as it has yet to release any further reports for consultation nor has the government released its response to the final report of the Specialist and Consultant Physician Consultations clinical committee.

The Government will provide \$17.3 million over two years from 2020-21 to continue implementation of recommendations from the Medicare Benefits Schedule (MBS) Review Taskforce to ensure patient safety and high quality care.

The 2020-21 Budget Paper No 2 states the “Government has responded to a number of recommendations from the MBS Review Taskforce including updating item descriptions and explanatory notes to align with contemporary practice, tightening clinical indicators and restricting inappropriate co claiming of selected cardiac and orthopaedic services items.”

24. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-report-from-the-specialist-and-consultant-physician-consultation-clinical-committee-of-the-mbs-review-taskforce.pdf?sfvrsn=8e621b1a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-report-from-the-specialist-and-consultant-physician-consultation-clinical-committee-of-the-mbs-review-taskforce.pdf?sfvrsn=8e621b1a_4)

25. [https://www.racp.edu.au/docs/default-source/advocacy-library/f-submission-to-mbs-review-taskforce-reports\\_ps-advisory-group-and-the-ohn-clinical-committee\\_app-gm.pdf?sfvrsn=3c31e51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/f-submission-to-mbs-review-taskforce-reports_ps-advisory-group-and-the-ohn-clinical-committee_app-gm.pdf?sfvrsn=3c31e51a_4)

26. [https://www.racp.edu.au/docs/default-source/advocacy-library/g-submission-to-mbs-taskforce-report-consumer-panel\\_app-gm.pdf?sfvrsn=e331e51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/g-submission-to-mbs-taskforce-report-consumer-panel_app-gm.pdf?sfvrsn=e331e51a_4)

# Digital Health

The Royal Australasian College of Physicians' (College) Digital Health Reference Group leads our policy work in response to digital health initiatives. Digital health is key to a number of College policy priority areas such as integrated care.

Over 90% of Australians have a My Health Record (MHR), however the majority of physicians have not yet registered for the system. The RACP has been working with the Australian Digital Health Agency (ADHA) to increase physician awareness and confidence in using MHR, and to respond to questions or concerns raised by members. ADHA has been responsive to these questions and identifying opportunities for further resources and support to be developed. Activities and resources include:

- General communication and promotion of resources to members
- My Health Record events in each region and online webinars
- [My Health Record Curated Collection](#)<sup>27</sup>
- [My Health Record Webinars](#)<sup>28</sup> led by Professor Steven Boyages FAFPHM, FRACP, Professor Nick Buckmaster FRACP, and Dr Rosalie Schultz FAFPHM
- [My Health Record in Practice](#)<sup>29</sup> Pomegranate Podcast
- Development of [3 user case studies](#)<sup>30</sup>
- [A Pomegranate podcast](#)<sup>31</sup> on My Health Record
- Principal Partnership of RACP Congress

Initiatives that are still in progress as part of these contracts include:

- ADHA/RACP Foundation Scholarship to support implementation of MHR and electronic prescribing
- Creation of a College digital health webpage
- Interactive webinar sessions
- Short e-prescribing animation video

The College has also supported ad hoc requests from the ADHA including the recruitment of Fellows to in-depth interviews to help ADHA gather insights into the current specialist workflows, opportunities and barriers related to MHR registration and usage.

## RACP representation on ADHA Committees

The College and its members are active in engaging with Digital Health and ensuring physicians perspectives are fed into the work of ADHA. The College has representation on several ADHA Committees and Steering Groups. These include:

- ADHA Secure Messaging Interoperability Committee – represented by Dr Daryl Cheng FRACP
- ADHA Medicines Safety Program (MSP) Steering Group – represented by Associate Professor Madlen Gazarian FRACP
- ADHA MHR Expansion Programme Consultative Committee – represented by Dr James Cameron FRACP
- ADHA Pathology Steering Committee – represented by Dr Geoffrey Hawson FRACP, FChPM
- ADHA Children's Digital Health Record Clinical Informatics Endorsement Committee – represented by Dr Sandra Johnson FRACP

27. <https://elearning.racp.edu.au/course/view.php?id=227>

28. [https://elearning.racp.edu.au/mod/data/view.php?id=58&perpage=1000&search=&sort=0&order=DESC&filter=1&advanced=1&f\\_284=Information+sessions](https://elearning.racp.edu.au/mod/data/view.php?id=58&perpage=1000&search=&sort=0&order=DESC&filter=1&advanced=1&f_284=Information+sessions)

29. <https://www.racp.edu.au/pomegranate/view/ep54-my-health-record>

30. <https://elearning.racp.edu.au/course/view.php?id=227>

31. <https://www.racp.edu.au/pomegranate/view/ep54-my-health-record>

# Alcohol policy

The past several months have marked a period of concerted and highly effective advocacy for a range of Royal Australasian College of Physicians-endorsed (College), evidence-based measures that reduce the harms of alcohol and enhance the health and safety of the community.

## Campaign for pioneering pregnancy warning labels

Most notably, after years of advocacy and an intensive five-month campaign by the College and partners, the Australian Commonwealth and State governments and the New Zealand Government approved a pioneering scheme for appropriate and mandatory pregnancy warning labels on alcohol products. The July 2020 decision to implement the scheme will safeguard the health and wellbeing of children in Australia and Aotearoa New Zealand.



The comprehensive College campaign included:

- a two-stage letter writing campaign by the RACP President to the ministers responsible for regulation of alcohol products in Australia and Aotearoa New Zealand asking them to approve the best-practice pregnancy warnings scheme developed by Food Standards Australia and New Zealand (FSANZ). The March 2020 and July 2020 letters were supported by similar correspondence from regional committee chairs and social media messaging.
- endorsement of a public [letter](#)<sup>32</sup> developed by the Foundation for Alcohol Research and Education in support of the FSANZ scheme (184 organisations and over 4000 individuals signed the letter). The letter was published in key national papers before the decisive ministerial meeting.
- a media [release](#)<sup>33</sup> in support of the scheme which generated media coverage via an [article](#)<sup>34</sup> in the Sydney Morning Herald in Australia and another one on [Newshub](#)<sup>35</sup> in Aotearoa New Zealand and garnered considerable interest and commentary on social media.
- a follow-up media [release](#)<sup>36</sup> welcoming the decision to adopt effective pregnancy warning labels on alcohol.

It is hard to overestimate the coming positive effects of this critical, long-awaited public health win.

“The RACP has been supportive of pregnancy warning labels on alcohol products for over a decade – it’s great to see Australian and New Zealand governments now take this necessary step for the health of our communities.”

**RACP President, Professor John Wilson AM FRACP**

32. <https://visiblehealthwarning.org/>

33. <https://www.racp.edu.au/news-and-events/media-releases/pregnancy-warning-labels-on-alcohol-must-be-mandated-racp/>

34. <https://www.smh.com.au/politics/federal/proven-ineffective-doctors-urge-stronger-alcohol-pregnancy-warning-labels-20200707-p559r6.html>

35. <https://www.newshub.co.nz/home/health/2020/07/doctors-demand-better-pregnancy-warning-labels-on-alcohol-bottles.html>

36. <https://www.racp.edu.au/news-and-events/media-releases/physicians-welcome-ministerial-decision-to-adopt-effective-pregnancy-warning-labels-on-alcohol-products/>

## Significant component of key national policy statements

Alcohol harm reduction is part of the [2020-2021 Pre-Budget Submission](#)<sup>37</sup> and the related [pre-budget update](#)<sup>38</sup> prompted by the COVID-19 pandemic. Both statements ask the Australian Government to reduce alcohol-related harm by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcoholic products. The update also recommends urgent action to mitigate the potential impact of COVID-19 on harmful alcohol use through:

- continuing to fund telehealth and digital options for accessing alcohol and other drug services,
- investing adequately in mental health and including alcohol and other drugs prevention and treatment as critical parts of mental health care, and
- funding enhanced alcohol services as a key part of investment in regional and rural Australia.

## Continuing push for minimum unit pricing

Alcohol harm reduction advocacy was a key part of the August [2020 Northern Territory \(NT\) election statement](#)<sup>39</sup>. Among other alcohol harm reduction recommendations, the statement highlighted the NT Government's successful policy on minimum unit pricing on alcohol. The innovative policy on a minimum price, long [supported](#)<sup>40</sup> by the College, has produced positive outcomes for health and safety of the Territorians, recently confirmed by the [first independent review](#)<sup>41</sup> of the measure.

.....

**“Booze should not be cheaper than water”** –  
Physicians mark anniversary of NT alcohol laws with renewed national push for minimum pricing.

In the runup to the Territory election, the RACP President and Chair of the NT Regional Committee wrote to the three major political parties asking for their public commitment to the measure. A [media release](#)<sup>42</sup> and social media messaging supported the letter campaign which resulted in a public announcement by the incoming Government that it would continue with the policy.

The Queensland election in October 2020 marks the next phase of the ongoing campaign for minimum pricing on alcohol across jurisdictions.

## Ongoing activities

P&A has contributed to the following activities which are expected to result in further advocacy work over the next six to twelve months:

- a [Submission to the Australian Senate's Inquiry into the effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder \(FASD\)](#)<sup>43</sup>
- a [Submission to NHMRC Consultation on Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#)<sup>44</sup>
- a letter-writing and associated advocacy campaign in support of strengthening the provisions of the NSW Liquor Act, with a special focus on online sales and delivery, with a view of extending the push to other jurisdictions
- member communications and social media advocacy on key publications, developments and campaigns related to alcohol policy (e.g. participation in the annual FASD awareness day, messaging on the potential impact of COVID-19 on people who use alcohol, emerging research on the effectiveness of various interventions and others).

37. [https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019\\_slg-app.pdf?sfvrsn=a735e51a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019_slg-app.pdf?sfvrsn=a735e51a_6)

38. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a_4)

39. [https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a_4)

40. <https://www.racp.edu.au/news-and-events/media-releases/booze-should-not-be-cheaper-than-water-physicians-mark-anniversary-of-nt-alcohol-laws-with-renewed-national-push-for-minimum-pricing/>

41. [https://alcoholreform.nt.gov.au/\\_data/assets/pdf\\_file/0007/818278/investigating-introduction-of-alcohol-minimum-unit-price-nt-final-report.pdf](https://alcoholreform.nt.gov.au/_data/assets/pdf_file/0007/818278/investigating-introduction-of-alcohol-minimum-unit-price-nt-final-report.pdf)

42. <https://www.racp.edu.au/news-and-events/media-releases/racp-calls-on-all-parties-to-commit-to-protecting-minimum-unit-alcohol-pricing-in-the-nt>

43. [https://www.racp.edu.au/docs/default-source/advocacy-library/c-racp\\_fasd-submission\\_gm-approved.pdf](https://www.racp.edu.au/docs/default-source/advocacy-library/c-racp_fasd-submission_gm-approved.pdf)

44. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nhmrc-consultation-on-draft-australian-guidelines-to-reduce-health-risks-from-drinking-alcohol.pdf?sfvrsn=9f0ae61a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nhmrc-consultation-on-draft-australian-guidelines-to-reduce-health-risks-from-drinking-alcohol.pdf?sfvrsn=9f0ae61a_4)

# Climate change and health

Climate change and health has been a policy and advocacy priority for The Royal Australasian College of Physicians (College) over the last few years and we have position statements on [Climate Change and Health](#)<sup>45</sup>, [Environmentally Sustainable Healthcare](#)<sup>46</sup> and the [Health Benefits of Mitigating Climate Change](#)<sup>47</sup>.

## Key College positions

The College’s key calls for action from our recent climate change and health work 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.

## Submissions and advocacy

Our climate change and health work, alongside other health organisations following the Black Summer bushfires of 2019-20 and other recent extreme weather events, has contributed to the public perception of the risk climate change poses to health. We are continuing this work to ensure both adaptation and mitigation efforts are prioritised to protect human health now and in the future.

During the bushfire season we released two media statements, [statement 1](#)<sup>48</sup> and [statement 2](#)<sup>49</sup> as well as one [jointly with other health organisations](#),<sup>50</sup> calling for short and long-term strategies to deal with the public health emergency unfolding due to climate change in relation to bushfires. Bushfire smoke was responsible for an estimated 417 excess deaths in eastern Australia compared to the previous year, as well as 1,124 hospitalisations for cardiovascular issues, 2,027 for respiratory problems, and 1,305 emergency department presentations with asthma.<sup>51</sup>

45. [https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a\\_5](https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_5)  
 46. [https://www.racp.edu.au/docs/default-source/advocacy-library/environmentally-sustainable-healthcare-position-statement.pdf?sfvrsn=2834361a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/environmentally-sustainable-healthcare-position-statement.pdf?sfvrsn=2834361a_4)  
 47. [https://www.racp.edu.au/docs/default-source/advocacy-library/health-benefits-of-mitigating-climate-change-position-statement.pdf?sfvrsn=3d34361a\\_5](https://www.racp.edu.au/docs/default-source/advocacy-library/health-benefits-of-mitigating-climate-change-position-statement.pdf?sfvrsn=3d34361a_5)  
 48. <https://www.racp.edu.au/news-and-events/media-releases/physicians-call-on-the-nsw-and-federal-governments-to-take-action-on-climate-public-health-emergency/>  
 49. <https://www.racp.edu.au/news-and-events/media-releases/physicians-say-bushfires-are-creating-an-unprecedented-public-health-crisis>  
 50. <https://www.caha.org.au/air-pollution>  
 51. Arriagada, N.B., Palmer, A.J., Bowman, D.M.J.S., Morgan, G.G., Jalaludin, B.B., & Johnston, F.H. (2020) Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. Medical Journal of Australia. doi: 10.5694/mja2.50545  
 52. <https://www.nytimes.com/interactive/2020/01/03/climate/australia-fires-air.html>



These media statements were shared widely within Australia and were picked up by [international media outlets](#).<sup>52</sup>

“Since the bushfire crisis began, doctors have already seen an increase in patients presenting with respiratory issues.”

**RACP President and respiratory physician, Professor John Wilson AM, FRACP**



Following on from this work, we made a [submission to the Federal Government's Royal Commission into National Natural Disaster Arrangements](#)<sup>53</sup> urging the Government to address health impacts in its review. We commend the development of the [Issues paper: Health arrangements in natural disasters](#)<sup>54</sup> following submissions from numerous other health organisations including the Royal Australian College of General Practitioners and the Royal Australasian College of Surgeons. We responded to this issues paper and hope to see the health impacts of climate change integrated into national planning for natural disasters as well as action to [mitigate climate change](#).<sup>55</sup>

Our advocacy on extreme weather events has highlighted the connection between the environment, climate change and human health and the need to protect the environment in order to protect human health. We made a [submission to the Environment Protection and Biodiversity Conservation Act 1999 Review](#)<sup>56</sup> to urge a stronger focus on the link between the environment and health in the Act, with expert physicians providing relevant input into any reform of the Act, and for health impacts of environmental development to be addressed in law and enforceable.

.....

“It is imperative that the impacts of climate change and the capacity of the health and emergency services systems to respond to the increasing extreme weather events that we are seeing are addressed. The RACP and the broader health sector have long called for a national climate and health strategy. This crisis underlines the urgent need for a national approach.”

**Past-President of the Australasian Faculty of Public Health Medicine Associate Professor  
Linda Selvey FAFPHM**

.....

This year we are again working with the MJA-Lancet Countdown Australian Policy Brief, which will be framed in light of the impact of COVID-19 on climate change and health policy and advocacy. This follows our recent endorsement of a [#HealthyRecovery letter](#)<sup>57</sup> to Prime Minister Scott Morrison to call for public health to be central in the response to COVID-19 and to continue to reduce greenhouse gas emissions. The letter was coordinated by Doctors for the Environment (DEA) and was endorsed by the AMA and several medical colleges.

## Multi-college project

We will be leading a group with other interested medical colleges to develop a research report on the risks of climate change to the Australian healthcare system and how best to adapt for and mitigate these risks. This project is more urgent than ever because the increasing frequency and intensity of extreme weather events increases pressure on health care systems. We are in the processing of contracting our preferred supplier and we are reaching out to other medical colleges to form a multi-college steering committee to provide expert direction to the report and form a solid alliance for future advocacy.

53. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-national-natural-disaster-arrangements.pdf?sfvrsn=784deb1a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-national-natural-disaster-arrangements.pdf?sfvrsn=784deb1a_4)

54. <https://naturaldisaster.royalcommission.gov.au/system/files/2020-05/Issues%20Paper%20-%20Health%20Arrangements%20in%20Natural%20Disasters.pdf>

55. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-national-natural-disaster-arrangements---issues-paper--health-arrangements-in-natural-disasters.pdf?sfvrsn=f2b7f11a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-royal-commission-into-national-natural-disaster-arrangements---issues-paper--health-arrangements-in-natural-disasters.pdf?sfvrsn=f2b7f11a_6)

56. [https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-environment-protection-and-biodiversity-conservation-\(epbc\)-act-review.pdf?sfvrsn=e379f31a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-environment-protection-and-biodiversity-conservation-(epbc)-act-review.pdf?sfvrsn=e379f31a_4)

57. [https://www.dea.org.au/wp-content/uploads/2020/08/2020-08-06-Healthy-Recovery-Letter\\_-\\_Scott-Morrison-PM.pdf](https://www.dea.org.au/wp-content/uploads/2020/08/2020-08-06-Healthy-Recovery-Letter_-_Scott-Morrison-PM.pdf)

# End-of-life care and voluntary assisted dying



**#RACPEvolve** and **@ANZSPM** recommend targeting referrals to bereavement services for family and caregivers of patients in **#palliativecare** to those experiencing more complicated forms of grief rather than as a routine practice. **#NPCW2020** **#lowvaluecare** **#choosingwisely**

## End of life care

The Royal Australasian College of Physicians (College) has continued its longstanding advocacy efforts for good end-of-life and palliative care for all Australians through its key policy statements, especially the [Pre-Budget Submission 2020-2021](#)<sup>58</sup> and the attendant [update](#)<sup>59</sup> developed in response to COVID-19.

We have asked the Australian Government to:

- without delay prioritise end-of life-care as part of the National Cabinet's health agenda and establish collaborative arrangements with the States and Territories to address the urgent need for population-based integrated models of care to ensure access to appropriate end-of-life care for all Australians, and
- address the existing gaps in service delivery by providing secure, long-term funding for appropriate palliative care services across all settings, including their expanded presence in the community.

Residents in Residential Aged Care Facilities (RACFs) are at an especially high risk of serious illness and death from COVID-19. As a result, we are urging the Government to improve the accessibility of palliative care services in residential aged care through, in the first place, training RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigating against potential shortages in standard delivery regimes of palliative care medications.

We also regularly communicate with members via College digital platforms on palliative and end-of-life care campaigns and issues. Examples include publicising the National Palliative Care Week, the Advanced Care Planning Week and the palliative-care related [recommendations](#)<sup>60</sup> stemming from Evolve, our program to reduce low-value care.

## Voluntary assisted dying

After the release of a [Statement on Voluntary Assisted Dying](#)<sup>61</sup> in November 2018, a group of College members initiated legal proceedings in the High Court of New Zealand seeking judicial review of the College's decision to publish the Statement without first having called a General Meeting and for the College to withdraw the Statement.

The matter was heard in Auckland on 7 October 2019 and was dismissed in a decision handed down on 21 February 2020 (see *Donnelly v The Royal Australasian College of Physicians* [2020] NZHC 242).

In addition to contesting in the Aotearoa New Zealand legal proceedings, the College has kept a watching brief on the developments in policy and legislative space related to voluntary assisted dying (VAD). These developments include:

- the continuing operation of Australia's first voluntary assisted dying scheme in Victoria, where, according to the latest [Government report](#)<sup>62</sup>, access to VAD has increased by 50 percent over the first six months of the operation and the number of trained and registered medical practitioners increased by 30 percent over the initial six months
- the passing of the [VAD legislation](#)<sup>63</sup> in Western Australia; the WA scheme is expected to commence operation in mid-2021
- the [deferral](#)<sup>64</sup> of the Queensland VAD legislation to after the October 2020 state election
- the progress of the [VAD Bill](#)<sup>65</sup> through the Tasmanian Parliament later in 2020
- the Aotearoa New Zealand [VAD referendum](#)<sup>66</sup> that is to be held on 17 October 2020 in conjunction with the 2020 general election.

58. [https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019\\_slg-app.pdf?sfvrsn=a735e51a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019_slg-app.pdf?sfvrsn=a735e51a_6)

59. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a_4)

60. <https://evolve.edu.au/recommendations/anzspm-achpm>

61. [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_4)

62. <https://www.bettersafecare.vic.gov.au/reports-and-publications/voluntary-assisted-dying-report-of-operations-january-to-june-2020-0>

63. <https://ww2.health.wa.gov.au/voluntaryassisteddying>

64. <https://www.brisbanetimes.com.au/politics/queensland/palaszczuk-puts-voluntary-euthanasia-reform-on-hold-20200520-p54uwk.html>

65. <https://www.parliament.tas.gov.au>

66. <https://www.referendums.govt.nz/endoflifechoice/index.html>

# Disability, including the National Disability Insurance Scheme

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 (College). Most recently, the College has been responding to issues raised by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) and responding to issues related to COVID-19 for people with disabilities.

The College's work in this area is led by the National Disability Insurance Scheme Reference Group (NDIS Reference Group). This group includes physicians and paediatricians from a wide range of College specialities, including public health, rehabilitation, and paediatrics.

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

The Royal Commission is expected to make recommendations which transform the disability and related health sectors when it reports in 2022. The RACP's major submission will propose 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; and
- Enhancing the systems which support the health and disability sectors to ensure robust data collection, monitoring and evaluation.

Following this major submission, the College will continue to engage with the Royal Commission on key issues, including restrictive practices and training.



*Professor Steven Leeder FRACP, FAFPHM AO, Dr Jacqueline Small FRACP and Professor Julian Trollor FRANZCP at a hearing of the Royal Commission*

## Responding to the challenge of COVID-19 for people with disabilities

People with disabilities are particularly vulnerable to adverse outcomes associated with COVID-19. Many individuals are within a high-risk category because of poor health status, 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 College has supported people with disabilities and physicians in this area during COVID-19 through:

- Providing input into the [Commonwealth Government Management and Operational Plan for People with Disability](https://www.health.gov.au/resources/publications/management-and-operational-plan-for-people-with-disability)<sup>67</sup> and associated materials, including factsheets through Dr Jacqueline Small FRACP who is a member of the steering group in a non-College capacity

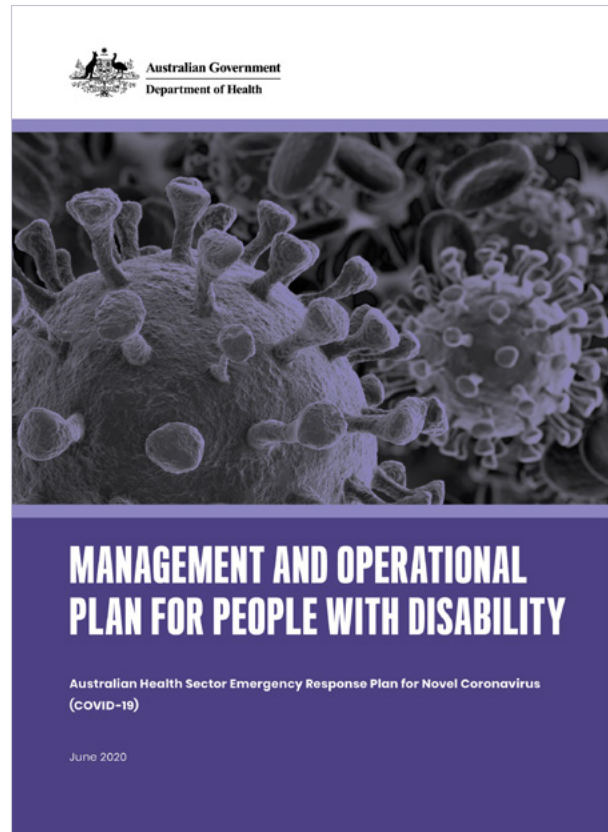
<sup>67</sup> <https://www.health.gov.au/resources/publications/management-and-operational-plan-for-people-with-disability>

- 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](#).<sup>68</sup>
- Commenting on an Australian Human Rights Commission document titled: Protecting the rights of people with disability: guidelines on human rights-based decision making in health and disability care settings in the context of COVID-19.

Endorsing the International Society for Social Paediatrics & Child Health (ISSOP) [Declaration on Advancing Health Equity and Social Justice in Response to COVID-19](#),<sup>69</sup> which advocates for Governments to prioritise, identify and respond to the needs and rights of children and young people with disabilities in the pandemic response.

## Advocating for increased investment in diversion programs for people with intellectual and cognitive disabilities

People with intellectual disability and cognitive impairment are significantly over represented in the criminal justice system.<sup>70</sup> Reducing these rates and providing support and treatment options which improve the wellbeing of people with disabilities is an important area for the College. In June 2020 the College joined with the Council for Intellectual Disability to advocate for continued funding for the Cognitive Impairment Diversion Program (the CIDP), a NSW program which aims to address these goals. The College wrote to the NSW Attorney General requesting that funding be continued. While this advocacy was unsuccessful at this time, the NSW Government has indicated that it is considering establishing a broader diversion program for people with cognitive impairment that extends well



beyond the two local courts for which the CIDP was funded. This is a positive development which the College will continue to monitor and advocate for.

## Appearing on behalf of the College and contributing to College submissions

In addition to the above, the NDIS Reference Group has contributed to a wide range of College submissions, including:

- [Submission to draft report into the Productivity Commission's inquiry into the social and economic benefits of improving mental health](#)<sup>71</sup>
- [Submission to the Senate Select Committee on Autism](#)<sup>72</sup>
- [Survey on telehealth in the context of COVID-19](#)<sup>73</sup>

In addition to contributing to these submissions, Dr Jacqueline Small FRACP (paediatrician, RACP President-Elect and CPAC Chair) represented the College at a hearing into the Senate Select Committee on Autism in July 2020.

68 [https://3dn.unsw.edu.au/sites/default/files/ddn/page/Position%20Statement%20COVID-19%20and%20People%20with%20ID%20or%20DD\\_Final.pdf](https://3dn.unsw.edu.au/sites/default/files/ddn/page/Position%20Statement%20COVID-19%20and%20People%20with%20ID%20or%20DD_Final.pdf)

69 <https://www.issop.org/2020/06/01/issop-covid-19-declaration/>

70 Mental Health Commission of NSW (2017). Towards a just system: mental illness and cognitive impairment in the criminal justice system. Sydney, Mental Health Commission of NSW

71 [https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a_6)

72 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a_4)

73 <https://www.racp.edu.au/news-and-events/all-news/news-details?id=f1e08eaf-bbb2-61c2-b08b-ff00001c3177>

# E-cigarettes

The Australia and Aotearoa New Zealand governments continue with substantially differing regulatory environments in relation to e-cigarettes. Australia has taken a precautionary approach, with the Australian Health Minister and Therapeutic Goods Administration (TGA) strongly opposed to access to e-cigarettes without a prescription, and the Aotearoa New Zealand government has taken a wider regulatory focused approach. The Royal Australasian College of Physicians' (College) [policy position on e-cigarettes](#)<sup>74</sup> remains unchanged.

## Introduction of ban on vaping import in Australia

On 19 June, the TGA announced the Australian Government's decision to prohibit the importation of e-cigarettes containing vaporiser nicotine and nicotine-containing refills unless on prescription from a doctor, effective from 1 July. According to Health Minister's [media release](#)<sup>75</sup>, this regulatory change has been made in the context of non-smokers being introduced to nicotine through vaping in other jurisdictions, rising cases of nicotine poisoning, and importation of e-cigarette products of dubious quality and safety.

A [College media statement](#)<sup>76</sup> was released to lend our support to this regulatory change.

The commencement of the prescription only access was postponed for six months to 1 January 2021 to enable further time for implementation of the change by establishing a streamlined process for patients obtaining prescriptions through their GP.

To inform the implementation, it was also announced that the TGA will undertake a consultation on the scheduling of nicotine in the Poisons Standard. The College is providing a submission to the consultation which closes in November.

According to the [TGA](#)<sup>77</sup>, under this new measure the prescribing doctor will need to:

- Apply for an approval to supply nicotine containing e-cigarettes under Special Access Scheme B or authorised prescriber scheme to the TGA.
- Prescribe nicotine containing e-cigarettes
- Arrange the importation through a pharmacy/ companies which import products for this purpose or apply online to the Office of Drug Control (ODC) for an import permit

## College response to pro-vaping advocates

In the face of intense lobbying from pro-vaping advocates, the College released a [clarifying statement](#)<sup>78</sup> on the College position on vaping in April this year. Despite the release of the College's clarifying statement, pro-vaping groups – namely the [Australian Tobacco Harm Reduction Association](#)<sup>79</sup> (ATHRA) and the [Australian Retail Vaping Industry Association](#)<sup>80</sup> (ARVIA) – continued using the College name in their advocacy.

As part of our effort to stop and correct this misinformation, letters have been sent to the abovementioned pro-vaping groups, requesting to cease using the College name in this way and again clarifying our position on e-cigarettes, respectively.

74 <https://www.racp.edu.au/docs/default-source/advocacy-library/policy-on-electronic-cigarettes.pdf>

75 <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/prescription-nicotine-based-vaping>

76 <https://www.racp.edu.au/news-and-events/media-releases/racp-strongly-supports-tga-decision-to-ban-the-importation-of-e-cigarettes-into-australia/>

77 <https://www.tga.gov.au/behind-news/prohibition-importing-e-cigarettes-containing-vaporiser-nicotine>

78 <https://www.racp.edu.au/news-and-events/media-releases/racp-clarifies-position-on-vaping>

79 <https://www.athra.org.au/why-athra-opposes-the-tga-nicotine-amendments/?isentiaPostId=post-1>

80 <https://arvia.org.au/newsroom/latest-aihw-report-shows-smoking-targets-well-off-track/>

The screenshot shows the TGA website's news room page. The header includes the Australian Government logo, Department of Health, and Therapeutic Goods Administration. A search bar is visible. The main navigation menu includes Home, Safety information, Consumers, Health professionals, Industry, About the TGA, and News room. The news room section is active, showing a list of categories: News & public notices, Latest news & updates, Media releases & statements, Behind the news, Newsletters & articles, Subscribe to updates, TGA tenders, and TGA laboratory testing reports. The main article is titled "Prohibition on importing e-cigarettes containing vaporiser nicotine" and is dated 29 June 2020. An update section, dated 26 June 2020, states: "The implementation timeframe for the proposed prohibition on the importation of e-cigarettes containing vaporiser nicotine has been extended by six months to 1 January 2021".

## Proposed Senate Inquiry into Vaping

On 31 August, Australian Federal Senators Hughes and Canavan moved that a select committee, to be known as the Select Committee on Tobacco Harm Reduction, be established to inquire into tobacco reduction strategies, with particular reference to the treatment of nicotine vaping products (electronic cigarettes and smokeless tobacco).

In response to requests for the College to advocate against the initiation of yet another inquiry into this matter, the College sent letters to key cross bench senators to recommend that they do not vote in support of this motion as [recommendations](#)<sup>81</sup> from a previous parliamentary standing committee inquiry, produced in 2018, were still being implemented. These recommendations included that the National Health and Medical Research Council (NHMRC) and the TGA review the emerging evidence on e-cigarettes and recommend future regulation, and we strongly support the completion of this work before any further inquiries are undertaken.

In June 2020, NHMRC established the [Electronic Cigarettes Working Committee](#)<sup>82</sup> to oversee the update of the 2017 NHMRC CEO Statement on E-cigarettes. It is expected that the updated CEO Statement will be released mid-2021. The updated Statement will reflect the best available evidence and be relevant for consumers and policy makers and assist in understanding the current evidence relevant to the marketing and use of e-cigarettes and their impacts on individual and population health.

The College is of the strong view that holding a Senate inquiry into e-cigarettes and personal vaporisers in Australia at this time will not currently provide any additional evidence regarding health impacts and regulatory approaches and the current investigations by the regulators should be left to run their course.

However, the vote in the Senate took place on 6 October and the Select Committee will be established.

81 [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/ElectronicCigarettes/Report/section?id=committees%2freportrep%2f024115%2f25236](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/ElectronicCigarettes/Report/section?id=committees%2freportrep%2f024115%2f25236)

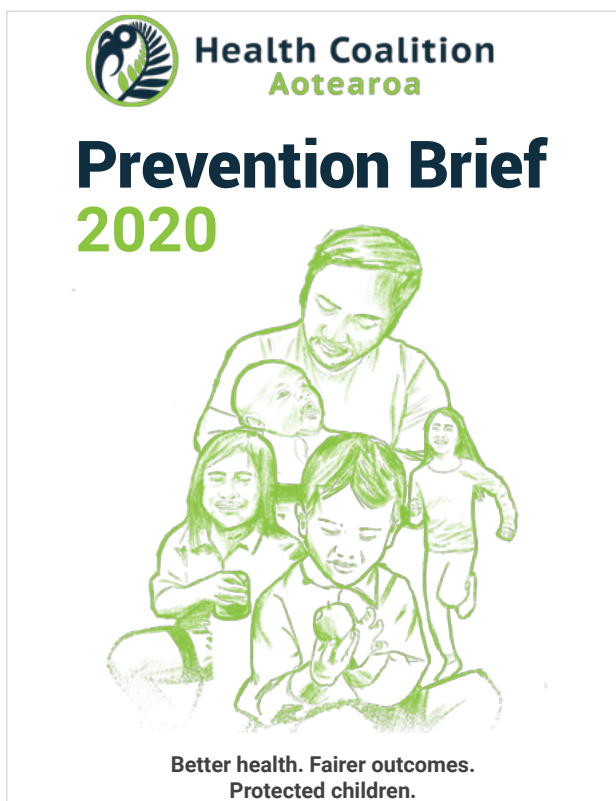
82 <https://www.nhmrc.gov.au/about-us/leadership-and-governance/committees/electronic-cigarettes-working-committee>

# Obesity

Since the launch of its [position statement](#)<sup>83</sup> and [evidence review](#)<sup>84</sup> on obesity and the obesogenic environment, the Royal Australasian College of Physicians (College) has been active in Aotearoa New Zealand and Australia advocating for actions which will reduce the impact of obesity across the life course.

## Aotearoa New Zealand

### Health Coalition Aotearoa – Endorsement of Prevention Brief 2020



The College is a founding member of the Health Coalition Aotearoa (HCA), a collective of health NGOs, speciality groups and academics advocating for action on unhealthy foods, obesity, tobacco and alcohol – products that contribute to 34 per cent of preventable premature death and disability in Aotearoa New Zealand.

In July 2020, the HCA launched its [2020 Prevention Brief](#)<sup>85</sup> which has a particular focus on improving equity of outcomes for children. The policy priorities for unhealthy foods are in line with the College's own recommendations to foster a health-promoting environment for children:

- Regulation of all unhealthy food marketing to children
- Schools and early childhood centres have healthy food service policies
- Levy on sugar-sweetened beverages.

## General Election 2020

The current government has failed to take any substantive action to address obesity rates or obesogenic environments. Rates of obesity continue to stagnate for both children and adults, and in adults over 15 years there has been no reduction in chronic conditions associated with obesity, including heart disease, hypertension, and diabetes.

In its election campaign #MakeItTheNorm the College will focus its advocacy on the commercial, political and economic determinants of obesity, particularly advertising and marketing, and food insecurity. The COVID-19 lockdowns have highlighted food insecurity as a significant issue for whānau (families), particularly when children rely on school breakfast and lunch programmes for regular meals.

## Australia

In Australia, the College has contributed to the consultation process for the first national obesity strategy. The National Strategy 2020-2030 is being developed as part of the National Preventative Health Strategy and the Long-Term National Health Plan.

83 <https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-position-statement.pdf>

84 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-evidence-review.pdf?sfvrsn=713b0b1a\\_5](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-obesity-evidence-review.pdf?sfvrsn=713b0b1a_5)

85 <https://www.healthcoalition.org.nz/wp-content/uploads/2020/08/Health-Coalition-Prevention-Brief-20.8.pdf>

Since a comprehensive, well-coordinated and evidence-based national obesity strategy has been a key element of the College's preventative health advocacy over the last five years, our [submission to the Australian Government's consultation paper](#)<sup>86</sup> offered several compelling recommendations on how to make the proposed strategy more effective and robust. With two out of three Australian adults and one in four children overweight or obese, we urged the Government to:

- not partner with the food industry as a matter of both scientific evidence and principle
- implement a systemic reorientation of economic policies, subsidies, investment and taxation systems to best benefit healthy eating and active living, health outcomes, our communities and the environment
- clarify the scope of the strategy to ensure that effective treatment of obesity is included in Government planning along with an emphasis on prevention
- focus on systems change, rather than on changing individual behaviour and
- budget for implementation as an essential component of the strategy.

Preventing and treating obesity is also a key part of our broader Government-facing policy statements, including the [2020 – 2021 Pre-Budget Submission](#)<sup>87</sup> and the [update](#)<sup>88</sup> to that submission necessitated by the COVID-19 pandemic. These documents call for a tax on sugar-sweetened beverages to reduce consumption, introducing restrictions on the marketing of unhealthy diets to children and young people, dedicated funding for states and territories to provide equitable access to bariatric surgery for public hospital patients and further investment in obesity and metabolic disease research.

The College has worked with its partners at the Obesity Collective to provide a [call to action](#)<sup>89</sup> on COVID-19 and obesity. This special statement asked Collective supporters to take particular care when discussing the link between

**The RACP**  
@TheRACP

Natural experiments provide innovative evidence for [#obesity](#) prevention, says [@CPC\\_usyd](#)'s Dr Mel Crane at [#Prevention2020](#). [#COVID19](#) social distancing is offering one such unique research opportunity. [@\\_PHAA\\_](#)

**Implications**

**Strengths**

- ability to evaluate processes & outcomes of policies & interventions within the real world complex social and political conditions they naturally operate.
- offer opportunistic evidence where RCT methods may be impossible due to timing or exposure.
- flexibility – to use for a range of research questions, intervention settings and scale and evaluation methods

**Weaknesses**

- Often criticised for their inability to eliminate bias (esp. confounding)
- When weak study designs are used this reduces the ability to make causal inferences. (only a 1/3 of studies used a pre/post control group comparator post only non-experimental design) \*

\*See UK Medical Research Council guidelines on natural experiments for how to improve statistical methods

The University of Sydney

4:06 PM · May 15, 2020 · Twitter Web App

6 Retweets 5 Likes

the disease and obesity and to consider the potential risk of increasing obesity rates and health inequity arising from the pandemic. The statement also emphasised the value of: our health system and health workers, prevention to reduce risks of both communicable and noncommunicable diseases, access to a safe and secure supply of fresh and nutritious foods and access to telehealth consultations as a complementary option to traditional services to reach more people, among other recommendations.

We have extensively used our internal and external digital channels to communicate other work of the Collective, particularly to highlight the growing [Obesity Evidence Hub](#),<sup>90</sup> promote a campaign to shift national narrative on obesity away from [stigma](#)<sup>91</sup> and blame and to support the [advocacy](#)<sup>92</sup> by the [Weight Issues Network](#)<sup>93</sup> of people affected by overweight and obesity.

We also actively publicise a wide range of policy and research developments on obesity prevention and treatment as part of our regular communications with members.

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

87 [https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019\\_slg-app.pdf?sfvrsn=a735e51a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/b-2020-21-pre-budget-submission-dec-2019_slg-app.pdf?sfvrsn=a735e51a_6)

88 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-pre-budget-update-2020-21.pdf?sfvrsn=484bf51a_4)

89 <https://static1.squarespace.com/static/57e9ebb16a4963ef7adfafdb/t/5ec1d4718e20752715c37a09/1589761142851/COVID+statement+180520.pdf>

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

91 [https://static1.squarespace.com/static/57e9ebb16a4963ef7adfafdb/t/5f2919b4e3538d6f2ce75fff/1596529081274/Weight+stigma+and+bias\\_Policy+Brief\\_Final+2020.pdf](https://static1.squarespace.com/static/57e9ebb16a4963ef7adfafdb/t/5f2919b4e3538d6f2ce75fff/1596529081274/Weight+stigma+and+bias_Policy+Brief_Final+2020.pdf)

92 <https://www.facebook.com/watch/?v=3001161830006525>

93 <http://auswin.org.au/>



# Raise the Age advocacy

The Royal Australasian College of Physicians (College) 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 College'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 College 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.<sup>94</sup> Young children with problematic behaviour, and their families, need health care and protection.

College advocacy has a governmental focus. Government-directed advocacy activities included:

- providing two submissions to the Council of Attorneys-General working group reviews of the age of criminal responsibility
- participating in a meeting with NSW Attorney-General Hon. Mark Speakman
- Corresponding with state/territory Attorneys-General and the federal Attorney-General

The College employed a collaborative approach to advocacy, engaging with extensive established stakeholder networks. The College is a member of a national raise the age campaign steering group. The steering group

coordinates campaign strategy, messaging, media engagement and political lobbying. The group includes the following organisations: Human Rights Law Centre, National Aboriginal and Torres Strait Islander Legal Services, Law Council of Australia, Change the Record, Amnesty International Australia, Australian Medical Association and the Public Health Association of Australia. This group launched and delivered a campaign focused on influencing the discussion on raising the age at the Council of Attorneys-General (CAG) meeting held on 27 July. The meeting did not come to a decision, with the report drafted by the CAG Working Group and led by the WA Attorney-General, not made public.

As the Council of Australian Governments (COAG) is due to be replaced by the National Cabinet established during COVID-19, the future of CAG is uncertain. CAG's next meeting is scheduled for November 2020, however with the changing structures it is not certain the meeting will occur. The CAG function may be incorporated into the National Cabinet framework. Consequently, an upcoming advocacy priority is to keep this on the government agenda, regardless of changing government structures.

## Impact of advocacy

On 6 August 2020, in the New South Wales parliament, Ms Jo Haylen MP referred to Dr Creati when discussing raising the age:

<sup>94</sup> 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



**NATSILS**  
National Aboriginal and  
Torres Strait Islander Legal Services  
TRUE JUSTICE FOR OUR PEOPLE



**AIDA**  
AUSTRALIAN INDIGENOUS  
DOCTORS' ASSOCIATION



Smarter Justice. Safer Communities.



Human Rights  
Law Centre



**AMA**

**AMNESTY  
INTERNATIONAL**



DEFENDING HUMAN RIGHTS



Law Council  
OF AUSTRALIA



Public Health Association  
AUSTRALIA



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE

“Dr Mick Creati of the Royal Australasian College of Physicians explained that the current age of criminal responsibility goes against medical advice. He said: The latest neuroscience shows the human brain does not fully develop until you’re about 25, and the last bits to develop are the bits which control impulse control and seeing the long-term consequences for your actions. Criminalisation is not an effective solution.”

On 20 August, the Australian Capital Territory government passed a motion in support of raising the age to 14 years of age. The law has not yet changed however this is significant progress.

The national campaign elevated the meeting of the CAG, where raising the age would be discussed, to a key trigger event. The campaign created momentum during the lead up to the CAG meeting. Despite the CAG meeting occurring during a global pandemic, the campaign resulted in significant media attention and over 100,000 people signed the campaign’s online petition.

The College participated in a number of advocacy activities including the following:

- Raise the Age Webinar panel organised by the Public Interest Advocacy Centre on Tuesday 21 July 2020 12.30pm-1.30pm. Over 160 people attended the webinar. Dr Jacqueline Small FRACP was the RACP representative on the panel.
- A press conference was held on Monday 27 July in Sydney at 9.00am calling on all the Attorneys-General to support raising the age of criminal responsibility to 14 years. The press conference received good coverage in the media. The speakers included Dr Small.

The Black Lives Matter movement both overseas and in Australia across June and July increased the focus on the criminalisation and deaths in custody of Indigenous people in Australia. This coincided with increased media activity and attention on the issue of raising the age in anticipation of the CAG meeting. Raising the age of criminal responsibility was framed as a means of reducing the criminalisation and incarceration of Indigenous young people. The health perspective helped to shift the narrative and framing from a primarily legal discussion, to a discussion that includes a focus on the medical evidence regarding children’s neurodevelopment.

## Stakeholder feedback

“The RACP’s involvement shifted the debate to a new level. Previously the legal arguments had been exhausted, the new level brought new opportunities.”

**Joel Clark, Strategic Campaigns Advocate,  
Amnesty International Australia**

“The RACP strengthens the credibility of the raise the age national campaign.”

**Sophie Trevitt, Executive Officer, Change the Record**

“I think the RACP spokespeople brought a whole different expertise to the campaign and helped explain the issue (including causal pathways through adverse life experiences, poor health and disability) from a more humane and impactful perspective that really connected with politicians. They saw children as children, rather than statistics and through the lens of offenders in the criminal justice system. Paediatricians bring the human element, politicians sat up and listened.”

**Shahleena Musk, Senior Lawyer, Human Rights Law Centre**

## Media

### FINANCIAL REVIEW

[‘Push to lift criminal age of responsibility to 14’<sup>95</sup>](#)



[‘Pressure grows on law-makers to raise the age of criminal responsibility’<sup>96</sup>](#)



[‘Raise the Age campaign calls for Australia to stop imprisoning children as young as 10 years old’<sup>97</sup>](#)



[‘Prison is no place for a child’: Australia to discuss raising the age of criminal responsibility’<sup>98</sup>](#)



**Late Night Live, ABC**

[‘Should ten year olds be jailed?’<sup>99</sup>](#)

### croakey

[‘#RaiseTheAge is critical for Closing the Gap targets: senior paediatrician’<sup>100</sup>](#)

95 <https://www.afr.com/politics/federal/push-to-lift-criminal-age-of-responsibility-to-14-20200625-p5561h>

96 <https://www.abc.net.au/radio/programs/pm/campaign-to-raise-the-age-of-criminal-responsibility/12394092>

97 <https://www.news.com.au/national/courts-law/raise-the-age-campaign-calls-for-australia-to-stop-imprisoning-children-as-young-as-10-years-old/news-story/471dba7db9f5a23e4dd00830c4abe7ce>

98 <https://www.sbs.com.au/news/prison-is-no-place-for-a-child-australia-to-discuss-raising-the-age-of-criminal-responsibility>

99 <https://www.abc.net.au/radionational/programs/latenightlive/raising-the-age-of-criminal-responsibility/12483652>

100 <https://www.croakey.org/raisetheage-is-critical-for-closing-the-gap-targets-senior-paediatrician/>

# Indigenous Strategic Framework

P&A provides the secretariat for the Indigenous Strategic Framework Implementation Steering Group. The Steering Group is made up of staff from all levels and Teams within the Royal Australasian College of Physicians (College) and works to meet the five priorities set out in the [Indigenous Strategic Framework](#)<sup>101</sup> with guidance from the Aboriginal and Torres Strait Islander Health Committee (ATSIHC) and Māori Health Committee (MHC).



The five priorities aim to contribute to Indigenous equity through:

1. Contributing to addressing Indigenous health inequities
2. Growing the Indigenous physician workforce
3. Educating and equipping the broader physician workforce to improve Indigenous health
4. Fostering a culturally safe and competent College
5. Meeting Australian Medical Council and Medical Council of New Zealand requirements

A key focus of ATSIHC's work has been driving the implementation of the Indigenous Strategic Framework – particularly the two key priorities of Growing the Indigenous Physician Workforce; and Fostering a culturally safe and competent College.

Earlier this year, ATSIHC initiated the formation of Strategic Partners groups to progress ATSIHC's key Indigenous Strategic Framework priorities. There are three strategic partner groups covering Growing the Indigenous Physician Workforce, Cultural Safety, and Governance. The Strategic Partners each have lead members from ATSIHC, the MHC and staff from key College Teams.

The Strategic Partner groups provide strategic oversight by member leads and support for implementation of the Indigenous Strategic Framework priorities to ensure key activities are progressing and to provide advice and solutions for any barriers encountered by College staff undertaking these activities. The groups facilitate direct communication and collaboration between member leads and College staff to progress projects between meetings. The Strategic Partner groups provide advice back to ATSIHC and MHC for any formal decision-making required.

The Growing the Indigenous Physician Workforce Strategic Partners will have their focus on implementing Indigenous Entry into Training recommendations provided by consultant Associate Professor Wendy Edmondson following guidance from ATSIHC and the MHC.

The Strategic Partners on Cultural Safety will build on the work of the Member Services, People and Culture, Education Learning and Assessment, and Professional Practice teams. There is a focus on embedding cultural safety in all activities for staff, trainees and Fellows.

The Governance Strategic Partners has a particular focus on taking forward the resolutions from the Redfern Meeting between ATSIHC, the MHC and the College Board in December 2019.

As well progressing Indigenous Strategic Framework priorities, the Indigenous Strategic Framework Implementation Steering Group also functions as the College's Reconciliation

<sup>101</sup> <https://www.racp.edu.au/docs/default-source/default-document-library/indigenous-strategic-framework.pdf>

Action Plan (RAP) Work Group. The [RAP](#)<sup>102</sup> was approved by Reconciliation Australia earlier this year and all Teams across the College are working towards progressing the deliverables. P&A has been coordinating the monitoring and reporting against these deliverables and is working on building connections with Aboriginal and Torres Strait Islander organisations as well as other health sector organisations who are working towards their own RAPs. Mr Terry Williams, who is the Aboriginal consumer representative on the College Consumer Advisory Group, also sits on the RAP Working Group.



P&A has also been supporting the Indigenous Strategic Framework's first priority – contributing to addressing Indigenous health inequities, with a recent focus on the Raise the Age campaign, Indigenous child health and Indigenous sexual health (covered in detail on pages 31, 46 and 50, of this report).

102 [https://www.racp.edu.au/docs/default-source/policy-and-advocacy/policy-and-advocacy/reflect-reconciliation-action-plan-feb-2020-feb-2021.pdf?sfvrsn=f8dfeb1a\\_4](https://www.racp.edu.au/docs/default-source/policy-and-advocacy/policy-and-advocacy/reflect-reconciliation-action-plan-feb-2020-feb-2021.pdf?sfvrsn=f8dfeb1a_4)



# The Aboriginal and Torres Strait Islander Health Committee

The Aboriginal and Torres Strait Islander Health Committee (ATSIHC) has, in partnership with the Māori Health Committee (MHC), continued to progress the objectives of the Indigenous Strategic Framework.<sup>103</sup>

## Focusing on priorities in the Indigenous Strategic Framework

The ATSIHC had been reviewing its function and processes across 2019 in order to better define its priorities and to ensure that it continues to set and lead the Indigenous agenda for the Royal Australasian College of Physicians (College), in collaboration with the Māori Health Committee (MHC). This involves ensuring that its workplan focusses on driving ATSIHC's identified priorities and engaging more across other parts of College the rather than primarily responding to policy review matters.

Members of ATSIHC met with the MHC prior to Congress in Auckland in May 2019. This was the first time that there had been a formal meeting of the two Indigenous Committees and a strong caucus was formed around shared principles and goals to meet the priorities outlined in the Indigenous Strategic Framework.

One of the key outcomes of this meeting was the development of the Joint Statement of Principles for Justice and Equity. Acknowledging the Board's commitment to the Indigenous Strategic Framework, the two Committees called for a joint meeting with the Board to progress the principles outlined in the Joint Statement.

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

ATSIHC saw the need to hold this workshop as it had many competing priorities and many groups calling on its limited resources. ATSIHC wanted to orient its workplan to an outcomes focused approach.

## Indigenous self-determination

Following the request from ATSIHC and the MHC, the RACP Board invited the two Committees to meet with it at the National Centre of Indigenous Excellence at Redfern, on 6 December 2019.

The ATSIHC have identified growing the Indigenous physician workforce and creating a culturally safe College are its two key priorities from the Indigenous Strategic Framework. The Committee believes these two priorities are where it can have the most impact and be able to create foundational change throughout the College. The principles of justice and equity are core to achieving this change.

The College has recognised that there are disparities in the number of Indigenous physicians and trainees. At the time of the meeting at Redfern, there were just **13 Fellows** who identify as Aboriginal or Torres Strait Islander, and **19 Fellows** who identify as Māori out of a total of **18,000 College Fellows**.





Cultural safety, within the College and within the training pathways, is a key factor in these educational disparities. This is evidenced by the experiences of Māori and Aboriginal & Torres Strait Islander trainees and physicians.

As the College Board was due to commence a review of its governance structures and constitution, ATSIHC and MHC saw a unique opportunity for the College to approach its constitutional reform from an Indigenous perspective. This recognition of sovereignty is necessary for the successful implementation of the College's Indigenous Strategic Framework. At the Redfern meeting, [Professor Megan Davis](https://www.law.unsw.edu.au/staff/megan-davis),<sup>104</sup> Pro Vice-Chancellor Indigenous UNSW and a Professor of Law, provided a presentation on issues of Aboriginal and Torres Strait Islander self-determination and constitutional reform at both an organisational level and national level and how these can contribute to addressing inequities.

The endorsements provided by the College Board at the Redfern meeting on 6 December 2019 reinforce a commitment from the College to ensuring the Indigenous Strategic Framework and the priorities as set by ATSIHC and the MHC are successfully implemented.

These endorsements outlined a shift in the governance enabling environment that guarantees that Indigenous people are at the centre of decision-making processes and mechanisms across all areas that impact the lives of Indigenous people within the College. Recognising the centrality of self-determination within College governance reflects the significance of the [Uluru Statement from the Heart](https://ulurustatement.org/the-statement)<sup>105</sup> at the national level. Notions of Indigenous sovereignty and constitutional reform are not abstract concepts but are fundamental to how we come together to shape our future, both as a College and as a nation. This is the structural change required for us to meet our goals of growing the Indigenous physician workforce and creating a culturally safe College.

The Redfern meeting concluded with the following agreement:

*It is clear cultural and structural change within the College is occurring and there is an incredible amount of good will and momentum, experience and expertise to take the necessary next steps.*

<sup>104</sup> <https://www.law.unsw.edu.au/staff/megan-davis>

<sup>105</sup> <https://ulurustatement.org/the-statement>

*There was agreement that both ATSIHC and MHC become Committees of the Board. Consequently, ATSIHC is no longer a committee of CPAC, however ATSIHC will retain an ongoing connection with CPAC.*

*In addition, Indigenous skills, values and knowledge systems are to be incorporated at Board level – with the Board endorsing the Joint Statement of Principles on Justice and Equity and reaffirming that Indigenous health and education equity are core business of the College.*

These fundamental governance changes and recognition of sovereignty are designed to strengthen the College's decade commitment to implementing the Indigenous Strategic Framework, which will now also be overseen by the two Indigenous committees.

ASTIHC and MHC members are engaging directly with College staff as strategic partners to progress the work of the Indigenous Strategic Framework and Board resolutions.

ATSIHC seeks the help of the CPAC members in achieving its two key priorities. ATSIHC are seeking committed allies who are willing to serve as touchstones within the College for advancing Indigenous education and health equity within the College and beyond. Like all matters that concern Indigenous people, advancing cultural competency and safety for Aboriginal and Torres Strait Islander people is a process that requires Indigenous leadership but it cannot be the sole responsibility of Indigenous people to undertake this work. Non-Indigenous people must reflect on their own biases – including those that may not be conscious - and proactively work to address the inequities that arise from the ongoing process of colonisation.

## ATSIHC COVID-19 Advocacy and self-determination

ATSIHC engaged in advocacy for Indigenous self-determination to ensure equitable outcomes for Aboriginal and Torres Strait Islander peoples during the Australian government response to COVID-19.

A statement to the National Cabinet was developed by ATSIHC members and the Australian Faculty of Public

Health Medicine to outline ways in which the national COVID-19 response needs to enable increased Indigenous direct autonomy to achieve equitable outcomes for Aboriginal and Torres Strait Islander peoples and not further amplify or exacerbate existing inequities. The Statement affirmed the universal importance of self-determination, community control, resources and authority to achieve Aboriginal and Torres Strait Islander health improvement.

The specific "ask" was for the Aboriginal and Torres Strait Islander Advisory Group's Management Plan to be fully funded, and for strengthened Indigenous oversight of resource allocation, implementation, evaluation and community engagement through a newly constituted Aboriginal and Torres Strait Islander COVID-19 Response Task Force reporting directly to the Australian Health Protection Principal Committee with executive authority to control resources.

The Statement also suggests that an elected Indigenous representative from this Task Force independent of government should be ex officio at the AHPPC for discussion of any matter pertaining to Aboriginal and Torres Strait Islander peoples.

Subsequently, Dr Dawn Casey, Deputy CEO of the National Aboriginal Community Controlled Health Organisation (NACCHO) and co-chair of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, reported satisfactory resolution and progress on important aspects raised in the Statement. Dr Casey expressed appreciation to the College for amplifying the issue in this way, and appreciation for the partnership NACCHO and the College have developed.

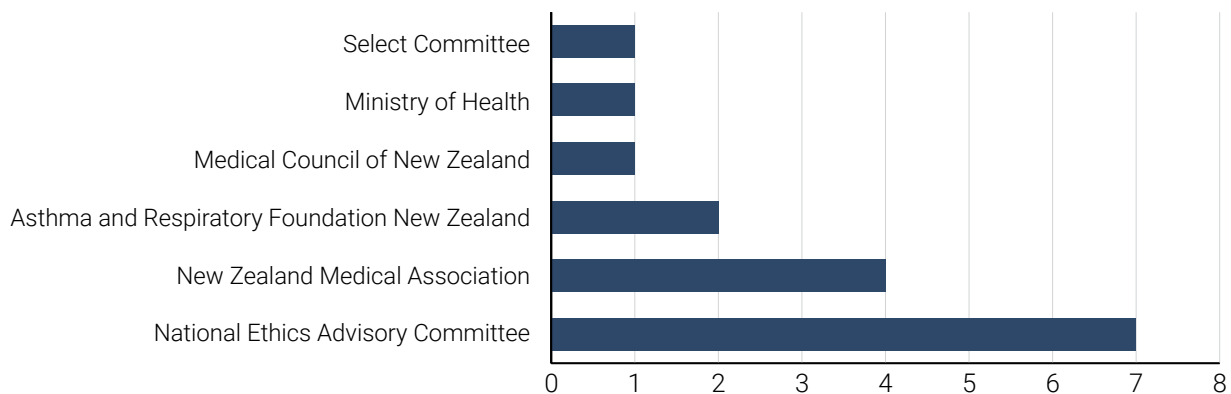
Aboriginal and Torres Strait Islander people represent only 0.5% of COVID-19 cases in Australia, that is one sixth of the rate of the non-Indigenous population which reflects the great success that the ACCHO sector and Indigenous organisations have had in responding to COVID-19. The ACCHO sector was especially aware of the need to contain COVID-19, as the impacts of COVID-19 would have been severe given the existing co-morbidities of many Aboriginal and Torres Strait Islander people.



# The Aotearoa New Zealand Policy and Advocacy Committee

Since November 2019, the Aotearoa New Zealand Policy and Advocacy Committee (AoNZ PAC) has been very active, producing a number of submissions to both Government and non-Government organisations across a wide range of topics. Highlights include submissions on the [Urban Development Bill](#), [New Zealand Child Asthma Guidelines](#),<sup>106</sup> and the [2020 Budget Policy Statement](#).<sup>107</sup> The AoNZ PAC has remained agile and responsive to relevant topics of consultation throughout this period, despite the ongoing impact of COVID-19.

## AoNZ PAC Submissions, by Recipient (since November 20, 2019)



## Māori health equity

The Royal Australasian College of Physicians (College) submissions have continued to highlight disparities in outcomes and equity as an urgent priority in Aotearoa New Zealand. The Crown's commitment to and principles of Te Tiriti o Waitangi provide a fundamental lens through which our submissions are interpreted and developed, and this has been demonstrated prominently, for example in the College's submission on the Electoral (Registration of Sentenced Prisoners) Amendment Bill.

Findings and recommendations from the Waitangi Tribunal's *Hauora* Report, released as part of Phase 1 of the Tribunal's Wai 2575 Inquiry into Health Services and Outcomes for Māori have continued to influence action in the health sector. Submissions prepared by the AoNZ PAC consistently emphasise its findings, and the ways in which they are recognised in the consultation at hand. For example, our submission on the New Zealand Child Asthma Guidelines states:

“Asthma care will largely be managed in primary care for many people, and as such it is important that the Guidelines are in line with change throughout the system.

Key principles that must be embodied in the Guidelines are both the promotion of equity, and the empowerment of Māori to have control over their own health (tino rangatiratanga in health). With the Guidelines intended to be applicable until 2025, it is key that these principles are reflected.”

<sup>106</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-asthma-respiratory-foundation-nz-child-asthma-guidelines.pdf?sfvrsn=bc03ec1a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-asthma-respiratory-foundation-nz-child-asthma-guidelines.pdf?sfvrsn=bc03ec1a_4)

<sup>107</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-budget-policy-statement-2020-21.pdf?sfvrsn=1b6ae41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-budget-policy-statement-2020-21.pdf?sfvrsn=1b6ae41a_4)

## New Zealand Health and Disability System Review

The final report of the two-year review of the health and disability system was released in June 2020, delayed some months by the onset of COVID-19. In many ways the pandemic not only renders some of the recommendations out of date, it underscores the urgency for widespread system reform.

Key recommendations include reducing the number of District Health Boards from 20 to between 8 and 12, the establishment of both a Māori Health Authority, and a new crown entity to lead the delivery of health and disability services across the country. The College joined other health sector groups in deriding the superficial prioritisation of Hauora Māori (Māori approaches to health and wellbeing), and the lack of commitment to providing the funding, resourcing, and decision-making authority to support its success. Our response favoured the alternative commissioning framework proposed and supported by the entirety of the Māori Expert Advisory Group, and a majority of the [Review Panel's members](#).<sup>108</sup> RACP Aotearoa

New Zealand President Dr George Laking FRACP was also interviewed live on Māori TV on the College's support for the alternative model.

Submissions delivered by groups such as the College continue to provide valuable feedback on the development of health systems in Aotearoa New Zealand, and the ways in which the recommendations of reports such as these are implemented.



<sup>108</sup> The Royal Australasian College of Physicians. Health and Disability System Review: Māori Health Authority proposal rings hollow. [Internet] Sydney: The Royal Australasian College of Physicians; 2020. Available from <https://www.racp.edu.au/news-and-events/media-releases/health-and-disability-system-review-m%C4%81ori-health-authority-proposal-rings-hollow/>. Accessed 28 August 2020.

# Māori Health Committee report

2019 will be a significant year in the whakapapa (genealogy) of the Māori Health Committee (MHC), as the year ended with two influential events: the fourth biennial Māori Health Hui, and the Redfern meeting, with the Aboriginal and Torres Strait Islander Committee (ATSIHC) and the Board.

## Redfern

The Redfern meeting established the partnership and ongoing, inclusive engagement between the MHC, ATSIHC and the Board, providing the opportunity for justice and equity within the structures and systems of The Royal Australasian College of Physicians (College). This partnership is founded on the principles embedded in foundational and contemporary texts of both nations: Te Tiriti o Waitangi and the Uluru Statement from the Heart.

By reaffirming that the advancement of Indigenous health and education is core business of the College, the work of an engaging, inclusive partnership is extended to all Members across Divisions, Faculties and Chapters and College staff through the mechanisms of the Indigenous Strategic Framework.

## Indigenous Strategic Framework

The MHC looks forward to collaborating with ATSIHC and key College Teams to advance the priorities of the Indigenous Strategic Framework through the Strategic Partnership Groups (SPGs). Members who self-nominated for the SPGs have a particular interest and experience in these areas in their District Health Boards, bringing important knowledge, skills and expertise to these groups. Aotearoa New Zealand representatives on the SPGs include:

- Education: Dr Myra Ruka FRACP and Dr Jade Tamatea FRACP
- Cultural Safety: Dr Danny De Lore FRACP and Veronica Thompson, Kaitohutohu Ahurea (Strategi and Cultural Advisor)
- Governance: Dr Tane Taylor FRACP (Hon) and Dr Sandra Hotu FRACP

He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses

Māori have been inequitably affected by pandemics through history – in the 1918 influenza pandemic, mortality for Māori was nearly 9 times that of Pākehā. The government's response to COVID-19 had failed to engage actively with Māori, contributing to the establishment of Te Rōpū Whakakaupapa Urutā, the National Māori Pandemic Group. Urutā is comprised of leading Māori health practitioners and academics and sought to provide guidance and advice for Māori whānau (families), hapū (wider sub-tribal groups) and iwi (tribal groups) on many aspects, including guidance for tangihanga (funerals) and for people who have pre-existing conditions, including cancer, diabetes and heart disease.

The MHC agreed to develop a [position statement which supported the leadership of Urutā](#)<sup>109</sup> in this space, and advocated for key tenets of the Urutā approach – partnering with Māori in decision-making; ensuring escalation of care is through an equity lens and resource rationing does not exacerbate inequities experienced by Māori; and that ethnicity data is of a high quality – as being the basis for planning and strategy as a result of the pandemic.

The statement was circulated to all College committees in Aotearoa New Zealand, specialty societies and the COVID-19 Expert Reference Group. It was also sent to Ministry of Health officials and the Minister and Associate Ministers of Health. To date, the Committee has received positive responses welcoming the MHC's statement, and several District Health Boards have announced they will be prioritising Māori and Pasifika patients in the rescheduling of elective surgeries following the lockdown period.

The statement has also been used to influence policy work within the College, as the MHC have provided significant oversight and input into the work of the AoNZ PAC, and the many submissions which have been produced through the work of that Committee in 2020. Examples of submissions where feedback from the MHC has been invaluable include the responses to the National Ethics Advisory Committee's [Draft Ethical Framework](#)<sup>110</sup> for Resource Allocation In Times of Scarcity, and the Medical Council of New Zealand's Discussion paper on when [Artificial Intelligence](#)<sup>111</sup> is involved in the care of patients.

## Open Letter to the University of Otago

The MHC published an [open letter](#)<sup>112</sup> in response to the University of Otago's reported proposals to cap yearly entrance to medical programmes through equity pathways for Māori and Pasifika.

The MHC see the proposed actions by the University as deeply disturbing, particularly when inequity for tangata

wenua is still so prevalent within the Aotearoa New Zealand health system. Māori lives across the nation are shorter, and of a lower physical quality of life when compared to Pākehā, which contravenes the third article of Te Tiriti o Waitangi, which guarantees Māori health equity, and affords Māori all the rights and privileges of British citizens.

This open letter has been recognised and covered across a wide range of media and social media since its release, including on Radio NZ, the NZ Herald and in the Otago Daily Times.

On 30 September 2020, the University of Otago announced it was withdrawing the proposed caps and discussion document, and is expected to issue an apology to students.

What RACP members and friends are tweeting in support of the advocacy of the Māori Health Committee

The screenshot shows a Twitter thread starting with a tweet from The RACP (@TheRACP) titled "Open Letter to the University of Otago | Te Wānanga o Ōtāgo (@otago): Medical School to introduce equity pathway caps disturbing". Below this are several tweets:

- Sudhvir Singh (@sudhvir)**: Proud to me a Member of @TheRACP #equity
- Mavis Duncanson (@MavisDuncanson)**: "A cap dulls the brilliance all equity pathway graduates bring to our health system"
- Vanessa Selak (@VanessaSelak) · Sep 12**: This is what leadership looks like. Thank you @TheRACP
- Jo Baxter (@JoMBaxter) · Sep 11**: Kia ora RACP - words can't express our appreciation for your unreserved and powerful tautoko - growing a health workforce able to meet the needs of our communities.
- Renee Liang (@ReneeLiang) · Sep 13**: "...because they know that the person in charge of their care can understand them in a way no one else can". Agree entirely. No amount of research/training can substitute for being an actual insider, from the culture of your patients. We must ensure a move towards equity.

The RACP tweet includes a link to the open letter: [racp.edu.au/news-and-event...](http://racp.edu.au/news-and-event...)

110 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-nz-submission-national-ethics-advisory-committee-draft-ethical-framework-for-resource-allocation-in-times-of-scarcity.pdf?sfvrsn=4996f11a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-nz-submission-national-ethics-advisory-committee-draft-ethical-framework-for-resource-allocation-in-times-of-scarcity.pdf?sfvrsn=4996f11a_4)

111 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-mcnz-discussion-paper-on-artificial-intelligence.pdf?sfvrsn=c076f01a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-mcnz-discussion-paper-on-artificial-intelligence.pdf?sfvrsn=c076f01a_4)

112 <https://www.racp.edu.au/news-and-events/media-releases/open-letter-to-the-university-of-otago-te-whare-w%C4%81nanga-o-ot%C4%81go-medical-school-proposal-to-introduce-equity-pathway-caps-disturbing>

# #MakeItTheNorm – Aotearoa New Zealand Election Statement 2020



Aotearoa New Zealand will head to the polls on 17 October 2020. The four-week delay from the original date of 19 September is due to the resurgence of COVID-19 in the community, which halted all campaigning.

The Royal Australasian College of Physicians (College) has maintained its key themes of Healthy Housing, Good Work, Whānau Wellbeing for the 2020 election statement, adding a fourth of “Health Equity”. In the current environment, where many whānau are experiencing significant hardship as a result of the pandemic’s economic impacts, these areas are as important as ever.

## Framework

The 2020 campaign has adopted a Framework to articulate how each aspect of the project weaves into and supports other elements, covering the three key aspects (housing, work and wellbeing); the methodology, and the communications strategy. This Framework also explicitly states three values for the project (humanity, equity and Te Tiriti o Waitangi) which in turn support the College’s call for civil society to consider how Aotearoa responds to issues which demand long-term, sustained action to address. This call is ‘Vision 2040’ – what sort of country do we want to see when Aotearoa New Zealand commemorates the bicentennial of Te Tiriti o Waitangi?



## Elements of the Campaign

The 2020 campaign will maximise digital and online spaces, creating assets which can be shared among members’ networks and the wider public. This strategy aims to drive traffic to the College’s website through a range of elements, including:



Early draft of Tom – main character in the RACP’s animation

**Improved website location**  
 All #MakeItTheNorm content<sup>113</sup> will be housed in one area, under the [Policy and Advocacy tab](#)<sup>114</sup> on the RACP website, increasing profile.

## Case study animation

The flagship product of the 2020 campaign is a scroll-through animation, which will be hosted on the [RACP website](#).<sup>115</sup> It tells the story of 10-year old Tom, who is experiencing learning difficulties at school, asthma due to his cold and mouldy house, and witnesses his parents arguing. The narrative looks at ways Tom’s life can be positively impacted through changes at the policy and systems levels.

## Position paper series

These are a series of short and accessible papers covering each area of focus. The papers use case studies to illuminate the critical areas for action, and each paper leads with the RACP’s Vision for Aotearoa NZ in 2040 and recommendations for more immediate actions to make health equity the norm. There are 10 position statements which can be downloaded for [Housing](#),<sup>116</sup> [Work](#),<sup>117</sup> [Wellbeing](#)<sup>118</sup> and [Equity](#)<sup>119</sup>.

### 1 Somewhere to Live: Make Healthy Housing the Norm

**Housing Condition**

Health equity in Aotearoa has been left unaddressed for far too long. The longer we ignore it, the more urgent the issues will become and the greater the resources which are lost in terms of human potential and lives. The RACP is committed to making health the norm for all, now.

Our members look beyond a three-year election cycle for the resources to make and sustain the changes urgently needed to realise the promises of Te Tiriti o Waitangi – equity, active protection, and tino rangatiratanga for all people of Aotearoa. We recognise that good health is supported by much more than infrastructure or staff; we need to look at the factors that promote healthiness, and work outside our traditional borders to advocate, collaborate and create.

The RACP’s vision for health equity in Aotearoa NZ is enduring. We want to see a more fair and just society for the year when Aotearoa commemorates the bicentennial of Te Tiriti o Waitangi in 2040.

**Our vision for Aotearoa in 2040: A healthy home is a human right**

- Homes can be heated and cooled effectively and cheaply
- Indoor air is warm and dry to reduce mould and damp risks

**RACP recommendations to make healthy housing the norm**

- Mandate a Healthy Housing Waikato of Papatia to support the advancement of the Healthy Homes Standards legislation
- End personal payment discounts for energy charges
- Bring forward Kaitiaki Ora compliance with Healthy Homes Standards to July 2022
- Ensure all public and community owned buildings are subject to a Healthy Homes Standards Waikato of Papatia assessment by July 2023 and private landlords by July 2024

This is Maria. She’s 21 years old, and lives in the outer suburbs of a big city. Maria came to the city for work and moved in with her aunt, uncle and cousins. The location was perfect: they live out near the airport, where Maria found work as a cleaner at a nearby hotel. Maria shares a bedroom with her 19-year-old cousin, and their clothes are often spotted grey with mould. Maria’s asthma has worsened since she moved in. The house has cracked guttering which overflows when it rains, and the pipes under the house leak. The property owner is overseas, and his friend is managing their tenancy. Although Maria’s uncle had left messages about the leaking gutters and downpipes and the mould inside, nothing has been fixed.

*“I’m reaching for my inhaler all the time. My chest feels tight and it’s hard to breathe.”*

**MARIA ON LIVING IN A DAMP AND MOULDY HOME**

**Homes in Aotearoa NZ are cold and damp – and it’s bad for health**

Although there might be less tobacco smoke in the air, and a greater likelihood of ceiling insulation in our homes in 2020, the “draughty, cold and damp” New Zealand home is still unexceptional.

Living in cold, damp and mouldy homes increases the risk for health conditions for all ages including asthma, rheumatic fever, bronchiectasis, pneumonia, cardiovascular disease, chronic respiratory conditions, allergies, and fungal infections. For children and adults who already have compromised immunity, disability, or mental health conditions, substandard indoor environments have cumulative effects, making it harder to recover from illnesses, and reducing wellbeing and quality of life.

**RACP**  
Specialists, Together  
Māori, āwhenua, kaitiaki

### 2 Somewhere to Live: Make Healthy Housing the Norm

**Housing Supply**

Health equity in Aotearoa has been left unaddressed for far too long. The longer we ignore it, the more urgent the issues will become and the greater the resources which are lost in terms of human potential and lives. The RACP is committed to making health the norm for all, now.

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The RACP’s vision for health equity in Aotearoa NZ is enduring. We want to see a more fair and just society for the year when Aotearoa commemorates the bicentennial of Te Tiriti o Waitangi in 2040.

**Our vision for Aotearoa in 2040: A healthy home is a human right**

- High quality public housing meets the needs of Aotearoa NZ
- Housing is affordable

**RACP recommendations to make healthy housing the norm**

- Promote building of public housing as an essential infrastructure project in the economic recovery
- All new public housing is built to universal design standards
- Build greater numbers of larger houses, or smaller properties in close proximity to one another to support whānau connections while giving people space to live, play and learn

Nina is 4 years old. She’s in hospital with Rheumatic Fever. Nina’s house is crowded: there are 13 in her whānau, including her siblings, parents, Nani and Poppy, aunts and cousins. Everyone squeezes into a three-bedroom house – the living room is used as a sleeping space, and Nina’s aunt and cousins slept in the garage through the first lockdown in April. Nina shares a bedroom with three of her siblings and the sisters top and tail in a set of bunkbeds.

Nina had complained of a sore throat, as had some of the other children in the house during the weeks of lockdown. When the other children recovered after a few days, her parents thought she would be okay – she was playing with her siblings, eating, and did not show any symptoms other than her sore throat. One day Nina was slow to wake up; she was tired and lethargic, and said her arms and legs were hurting her. She felt hot and was flushed.

Nina and her whānau went to the hospital Emergency Department, and imaging showed inflammation in Nina’s heart. Nina was admitted to the Paediatrics ward, and once a diagnosis of Rheumatic Fever was confirmed, she was started on antibiotics.

*“We all get sick in this house, it’s so damp and cold. I don’t want my sister-in-law and her kids sleeping in the garage, but they don’t have anywhere else to go – they are on all the waitlists already.”*

**NINA’S NIHI SHANNON**

**Whānau overcrowded homes are our hidden homeless**

Household overcrowding is Aotearoa NZ’s most dominant form of homelessness affecting more than 30,000 people.

When housing affordability is low and supply limited, many whānau on low incomes are forced to crowd together and turn to unsuitable forms of housing, like garages, sheds, caravans, and cars. Doubling or tripling the number of families in a home will share the costs of care but increase the risk of infectious disease spreading.

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### 3 Somewhere to Live: Make Healthy Housing the Norm

**Fair Housing**

Health equity in Aotearoa has been left unaddressed for far too long. The longer we ignore it, the more urgent the issues will become and the greater the resources which are lost in terms of human potential and lives. The RACP is committed to making health the norm for all, now.

Our members look beyond a three-year election cycle for the resources to make and sustain the changes urgently needed to realise the promises of Te Tiriti o Waitangi – equity, active protection, and tino rangatiratanga for all people of Aotearoa. We recognise that good health is supported by much more than infrastructure or staff; we need to look at the factors that promote healthiness, and work outside our traditional borders to advocate, collaborate and create.

The RACP’s vision for health equity in Aotearoa NZ is enduring. We want to see a more fair and just society for the year when Aotearoa commemorates the bicentennial of Te Tiriti o Waitangi in 2040.

**Our vision for Aotearoa in 2040: Housing is fair**

- The system is welcoming and supportive to those experiencing any form of homelessness, and addiction needs, are embraced and supported by services
- Residential tenancies are based on an integrated rental system where homes are safe and healthy, and tenancy have secure tenure

**RACP recommendations to make healthy housing the norm**

- Invest from Residential Tenancies Boards are needed in Tenancy Advisory services
- The tenancy system in Aotearoa is reoriented towards an integrated rental system, where there is less difference between private and public sector dwellings
- Housing First programmes are provided nationally as an urgent priority to support people with complex housing, health and/or addiction needs
- Emergency housing placements in motels are a last resort – the emphasis is on healthy, safe, and secure tenancies

Jo is 35 and lives in a regional town. Jo left an abusive relationship. The local women’s refuge had no room, and she has been using all her connections to find somewhere to stay. While she waits for emergency housing Jo is sleeping on friends’ couches, with her kids placed with foster families.

Jo’s goal is to have a house where she and the kids are safe. She’s doing her best to save a bond at her minimum wage job, because she doesn’t know when the public housing system will come through for her.

*“Being homeless has kicked the ground out from under me. Everything is unstable. It makes everything harder: working, keeping in touch with my kids, saving money for our new place. My friends are so kind to let me stay, but they have a big whānau – they need the extra space.”*

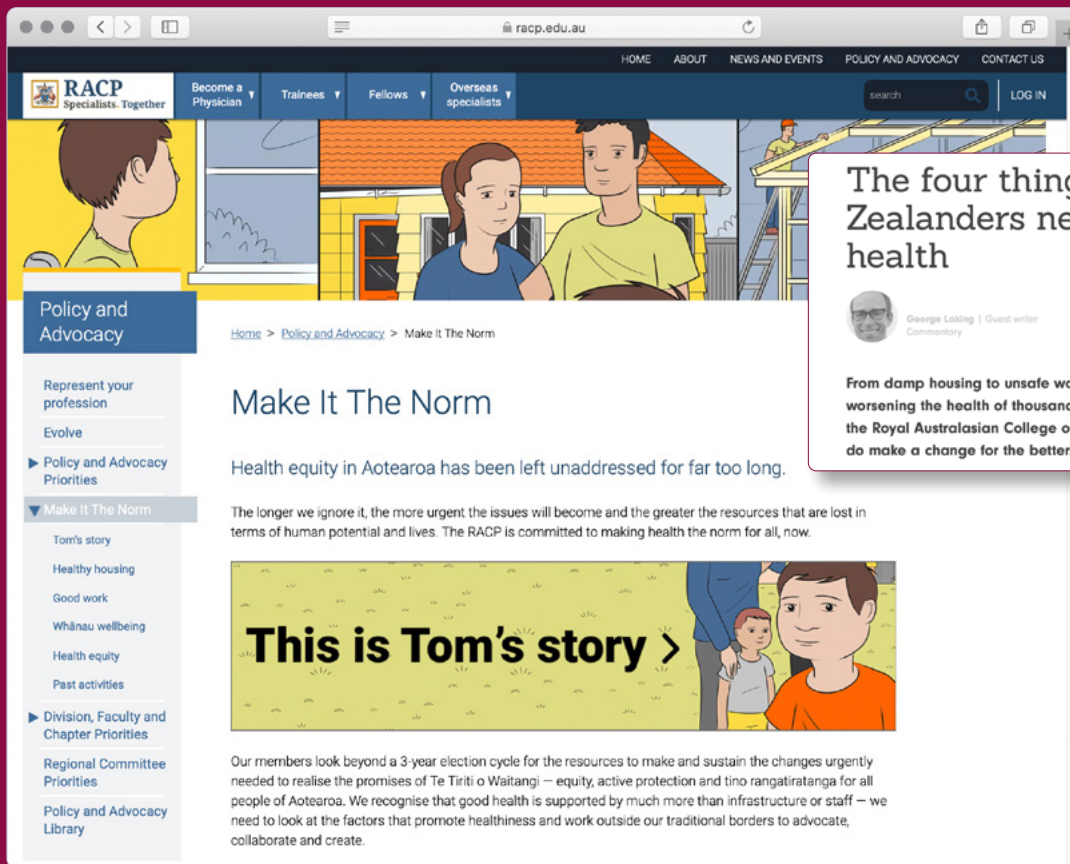
**JO ON HOMELESSNESS**

**Nearly 1 per cent of our population is homeless**

The number of people experiencing severe housing deprivation is conservatively estimated at 43,644 people – approximately 0.9 per cent of the population. Compared with previous 2013 Census data analysis, it is estimated that severe housing deprivation has increased by 0.7 per cent per 10,000 population – an increase of around 4,600 people. This means that many people in Aotearoa NZ are struggling to find safe housing, and do not have a home to call their own.

**RACP**  
Specialists, Together  
Māori, āwhenua, kaitiaki

113 <https://www.racp.edu.au/advocacy/make-it-the-norm>  
 114 <https://www.racp.edu.au/advocacy>  
 115 <https://www.racp.edu.au/advocacy/make-it-the-norm/toms-story>  
 116 <https://www.racp.edu.au/advocacy/make-it-the-norm/healthy-housing>  
 117 <https://www.racp.edu.au/advocacy/make-it-the-norm/good-work>  
 118 <https://www.racp.edu.au/advocacy/make-it-the-norm/whanau-wellbeing>  
 119 <https://www.racp.edu.au/advocacy/make-it-the-norm/health-equity>



## #MakeItTheNorm feedback from members



Thank you so much for the “Make it the Norm” initiative which encapsulates so clearly the impact of social determinants on the health and well-being of New Zealanders. A courageous stance but much needed.



Thank you for the great message. Working at Middlemore Hospital I see every day the destruction produced by poverty.



This is a wonderful piece of work, fantastic messaging.

# The Paediatric and Child Health Division

The Paediatric and Child Health Division (PCHD) and its Paediatric Policy & Advocacy Committee (PPAC) has continued to be a leading national voice on a wide range of child health matters through both reactive and proactive advocacy.

## Continuing to be a leading voice on child health matters

On 17 July 2020, the Ministerial Forum on Food Regulation made the important and pioneering decision to [endorse the warning labels, safeguarding the health and wellbeing of children in Australia and Aotearoa New Zealand](#).<sup>120</sup>

The Royal Australasian College of Physicians (College) has been supportive of effective pregnancy warning labels on alcohol products for over a decade and the positive effects of this very important public health measure are expected to be significant and felt well into the future (covered in detail on page 20 of this report).



Following on from the successful Early Childhood Health Roundtable in 2019, the PCHD have continued to engage with the Government to advocate for improved policies for children and young people. In March 2020 Fellows took part in a Commonwealth National Mental Health Commission to participate in the development of a National Children's Mental Health and Wellbeing strategy (ages 0-12). In July PCHD Victorian paediatricians represented the College at a meeting with staff from the Royal Commission into Victoria's Mental Health system.

The PCHD has recognised the impact of COVID-19 on children and adolescents and has engaged in proactive advocacy to ensure that their voices and needs are not forgotten in the response. PCHD President, Professor Cathy Choong FRACP wrote to national and state and territory ministers for domestic violence, children and families to raise concerns about the impact that increased rates of family and domestic violence during the lockdowns has had. Additional work is currently underway to develop advocacy which highlights the myriad ways that COVID-19 has impacted children.

Together with CureKids (Child Health Research Foundation), the Paediatric Society of New Zealand and the University of Otago's Child and Youth Epidemiology Service (CYES) the College is supporting the development and launch of the inaugural 2020 State of Child Health Report. The Report seeks to establish a baseline across three key indicators to draw conclusions and make recommendations for policies and interventions to improve these indicators and work towards equitable health outcomes. The inaugural Report will be launched in November 2020.



In response to a request from the Commonwealth Minister for Health the PCHD led the College's consideration of the care and treatment of children and adolescents with gender dysphoria. The resulting letter states that the College [strongly supports expert clinical care that is non-judgemental, supportive and welcoming for children, adolescents and their families experiencing gender dysphoria](#).<sup>121</sup> The advice was received by the Minister for Health who has stated that: "Any next steps will be undertaken in partnership with relevant experts and taking into account the best available evidence"

## Hunt rules out trans inquiry, wants nationally consistent care

### Developing new positions on important issues

The Indigenous Child Health statement is in its final stages of development. The statement has passed through the stages of internal and external consultation. Valuable feedback and input was received during both rounds of consultation. The statement includes two cases studies showcasing paediatricians providing care to local Indigenous communities in Australia and Aotearoa New Zealand.

A working group has been established to review and revise the 2010 [College policy paper on the Health of children in out-of-home care](#) (OOHC),<sup>122</sup> to be renamed Health Care of Children in Care and Protection Services (HCCCPS). The current College 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.

### Appearing on behalf of the College and contributing to College submissions

The PCHD has contributed to a wide range of College submissions, including:

- [Submission to the draft report into the Productivity Commission's inquiry into the social and economic benefits of improving mental health](#)<sup>123</sup>
- Support for the COVIDDA – COVID-19 Digital Asset Australian National Stillbirth Action Plan consultation
- [Submission to the Senate Select Committee on Autism](#)<sup>124</sup>
- Survey on telehealth in the context of COVID-19
- Endorsement of Leukaemia Foundation National Strategic Action Plan for Blood Cancer
- Endorsement of FARE-sponsored public letter in support of visible pregnancy warnings on alcohol products
- Type 1 Diabetes in Schools programs Australian National Draft Preventive Health Strategy

PCHD Fellows have represented the College at the following events:

- National Mental Health Commission Consultation on the development of the National Children's Mental Health and Wellbeing Strategy
- Meeting to discuss the Royal Commission into Victoria's Mental Health System
- The Children's Digital Health Collaborative

<sup>121</sup> <https://www.smh.com.au/national/hunt-rules-out-trans-inquiry-wants-nationally-consistent-care-20200418-p54113.html>

<sup>122</sup> <https://www.racp.edu.au/docs/default-source/advocacy-library/health-of-children-in-out-of-home-care.pdf>

<sup>123</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a_6)

<sup>124</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a_4)

# Adolescent and Young Adult Medicine

The Adolescent and Young Adult Medicine (AYAM) Committee brings together paediatricians and adult medicine physicians who work with young people to discuss the particular health concerns of young people and their place in the health system. The boundaries between paediatric and adult care can be difficult to navigate for young people, especially those with chronic or complex health issues. The AYAM Committee aims to connect and represent trainees and Fellows across Australia and New Zealand by providing a place for information, resources, and policy discussions to address the specific health issues of young people.

The Royal Australasian College of Physicians (College) has continued advocacy on adolescents' and young adults' unique health needs requiring tailored responses from governments and health services.

The AYAM Committee is considering its priorities for the 2021-2022 period. Potential areas of work include:

- Advocacy to highlight the unique set of health needs of young people that require a specifically designed set of health policies and services
- Collaborations with other organisations in the sector to strengthen advocacy especially around issues that disproportionately affect young people, such as mental health, climate change and the impact of the COVID-19 pandemic
- Working to shift the discussion around transitions from paediatric to adult health care into a conversation about youth appropriate health services

The AYAM Committee has also contributed to policy and advocacy work on a range of issues including gender dysphoria, youth suicide and raising the age of criminal responsibility.



## Appearing on behalf of the College and contributing to College submissions

The AYAM Committee has contributed to a wide range of College submissions, including:

- [Submission to the draft report into the Productivity Commission's inquiry into the social and economic benefits of improving mental health](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a_6)<sup>125</sup>
- Raise the Age advocacy – Submission to the Council of Attorneys-General public consultation
- [Submission to the Senate Select Committee on Autism](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a_4)<sup>126</sup>
- Survey on telehealth in the context of COVID-19
- Endorsement of Leukaemia Foundation National Strategic Action Plan for Blood Cancer

AYAM Fellows have represented the College at the following events:

- Meeting to discuss the Royal Commission into Victoria's Mental Health System
- Raise the Age Advocacy

<sup>125</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-draft-report-into-the-productivity-commissions-inquiry-into-the-social-and-economic-benefits-of-improving-mental-health.pdf?sfvrsn=419ee61a_6)

<sup>126</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-autism-select-committee.pdf?sfvrsn=75cdf41a_4)

# Adult Medicine Division and Specialty Society engagement with Policy and Advocacy

The Royal Australasian College of Physicians' (College) Adult Medicine Division (AMD) and Specialty Societies<sup>127</sup> play an important role in the policy development process and represent their members in policy consultation processes.

Specialty Societies bring together physicians, as well as research and clinical scientists, who are actively involved in the study of a particular specialty. The College maintains close links with the Specialty Societies and draws upon their expertise for guidance on matters relevant to their specialty.

Between September 2019 and August 2020, 113 policy and advocacy matters were sent to the Specialty Societies, and 12 matters were sent to the AMD:



**65** matters provided to Specialty Societies for feedback as part of the consultation process



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



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



**6** matters were provided to AMD Council and 4 to the AMD Executive Committee for feedback as part of the consultation process



**2** items were sent to the AMD President for feedback or for information

P&A has also attended key meetings to keep Specialty Societies up to date with the Colleges Policy and Advocacy priorities around the COVID-19 pandemic.

<sup>127</sup> <https://www.racp.edu.au/about/college-structure/specialty-societies>

# The Australasian Chapter of Sexual Health Medicine

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

AChSHM has created a meaningful partnership with the Royal Australasian College of Obstetrics and Gynaecologists (RANZCOG) with the view to undertake collaborations in relation to sexually transmissible infections in pregnancy, underdiagnosis of pelvic inflammatory disease and sexual health for women in regional and remote areas. AChSHM and RANZCOG have signed a memorandum of understanding to formalise their shared commitment to working together in a mutually beneficial manner to address sexual, obstetric and gynaecological health issues.

Dr Janet Knox FACHSHM will represent AChSHM on the RANZCOG sexual health special interest group (SIG). The SIG will focus 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.

AChSHM is in the process of finalising a model of collaboration (MoC) with the New Zealand Sexual Health Society. The MoC will include:

1. Principles of interactions between the Specialty Societies and The Royal Australasian College of Physicians (College),
2. Activities in which this interdependence can be expressed,
3. Roles the Specialty Societies and the College will play in expressing this interdependency, and
4. Opportunities for additional collaboration.

The MoC with New Zealand Sexual Health Society aims to increase collaboration and explore advocacy opportunities.

Sexual health in Aboriginal and Torres Strait Islander communities is an ongoing policy and advocacy priority for AChSHM. Professor James Ward, Director of University of Queensland Poche Centre for Indigenous Health, will participate in a First Nations health session at the College Digital Congress in October 2020 to discuss action to address the ongoing syphilis outbreak that affects predominantly young people living in remote communities.



**The Royal Australian  
and New Zealand  
College of Obstetrician  
and Gynaecologists**  
*Excellence in Women's Health*

## MEMORANDUM OF UNDERSTANDING

BETWEEN

**THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS  
AUSTRALASIAN CHAPTER OF SEXUAL HEALTH MEDICINE  
CHAPTER COMMITTEE (AChSHM)**

# The Australasian Chapter of Addiction Medicine

## Ensuring patients have access to opioid dependence medication during the COVID-19 pandemic

In April 2020, the Australasian Chapter of Addiction Medicine (AChAM) led a group of professional societies, colleges and consumer groups in developing [interim national guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19](#)<sup>128</sup>. These were well received by clinicians across the country.

At its planning meeting in July 2020, the AChAM agreed to update this guidance in collaboration with key stakeholders and to include a discussion on the importance of ensuring the availability of naloxone to patients at risks of overdose in further updates.

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

The AChAM's advocacy in this area focuses on highlighting the need for State and Territory Governments to implement RTPM alongside wider system planning and resourcing. This needs to include addressing the limited availability and access to specialist multidisciplinary pain clinics and addiction medicine services and improving the funding model for primary care to ensure that GPs are better supported to manage complex patients.

In November 2019, the then AChAM President, Dr Martyn Lloyd-Jones FACHAM, wrote to all State and Territory Health Ministers (bar Tasmania given they have had a system in place for over 10 years) seeking a meeting to discuss RTPM of targeted high-risk medications. To date, the AChAM President has had three meetings as a result of this correspondence, with:

- The NT Minister for Health – 17 December 2019
- The SA Minister for Health – 24 February 2020
- The senior adviser to the ACT Minister for Health – 8 April 2020

The Chapter is now looking to further its advocacy in this area.

## Joint AFPHM/AChAM Drug Policy Working Group

The soon to be established joint Australasian Faculty of Public Health Medicine (AFPHM)/AChAM Working Group will highlight the need for the Australian and Aotearoa New Zealand Governments' drug policy to adopt a health-focused approach to substance use and will be based on a rapid review of the evidence and consultation with relevant College bodies and College-affiliated Specialty Societies as well as key external stakeholders. It will outline the College's

### Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response

Prof Nicholas Lintzeris<sup>1</sup> FACHAM, Dr Vicki Hayes<sup>2</sup> FAFPHM FACHAM, Dr Shalini Arunogiri<sup>3</sup> FRANZCP.

The authors would like to acknowledge the following people who contributed their comments:

Prof Adrian Dunlop FACHAM	A/Prof Kees Nydam FACEM FACHAM AFRACMA
A/Prof Nadine Ezard FACHAM	Dr Richard O'Regan FACHAM
Prof. Michael Farrell FRCP FRCPsych	Dr Noel Plumley FACHAM
Dr Anthony Gill FACHAM	Dr John Reilly FRANZCP
Dr Paul Grinzi FRACGP	A/Prof Adrian Reynolds FACHAM
Dr Jeremy Hayllar FRACP FACHAM	Mr Darren Smyth
Dr Martyn Lloyd Jones FACHAM	Dr Chris Tremonti
A/Prof Michael McDonough FACHAM	Ms Melanie Walker
A/Prof Suzanne Nielsen	Dr Hester Wilson FRACGP FACHAM
Members of the Australasian Professional Society Alcohol and other Drugs (APSAD) Council	

This interim guidance document has been endorsed by the following organisations:



<sup>1</sup> Director, Drug & Alcohol Services, South East Sydney Local Health District, NSW Health  
 Conjoint Professor, Discipline of Addiction Medicine, Central Clinical School, University of Sydney  
 President-Elect, Chapter of Addiction Medicine, Royal Australasian College Physicians  
<sup>2</sup> Staff Specialist, South East Sydney Local Health District, NSW Health, Drug & Alcohol Services Conjoint Lecturer, University of New South Wales  
<sup>3</sup> Chair, Faculty of Addiction Psychiatry, Royal Australian and New Zealand College of Psychiatrists, Clinical Psychiatrist and Senior Lecturer Monash University

position on effective drugs policy including prevention measures, evidence-based treatment services and regulatory options to reduce harms from substance use.

The position statement is not intended to be a comprehensive drug policy and will be distinct from the College's current [alcohol policy](#)<sup>129</sup>. Its purpose is to set out the principles that Governments should consider in developing drug policies and programs that are effective, evidence-based and properly resourced to achieve the desired community benefits.

## Evolve list

As part of Evolve, the College program that aims to drive high-value, high-quality care in Australia and Aotearoa New Zealand, AChAM has developed a new list of low-value practices in addiction medicine.

Further information about AChAM's Evolve list can be found in the Evolve section (on page 8 of this report).

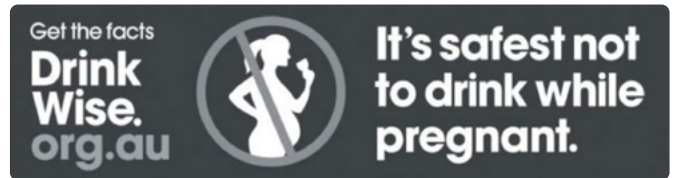
## Alcohol

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

Over the last decade, lead AChAM members and the AChAM Committee have been committed supporters of effective pregnancy warning and their expertise has been integral to the College's advocacy in this area.

On 17 July 2020, the Ministerial Forum on Food Regulation made the important and pioneering decision to endorse evidence-based pregnancy warning labels on alcohol products, safeguarding the health and wellbeing of children in Australia and Aotearoa New Zealand.

Further information about the College's policy and advocacy work can be found in the Alcohol section (on page 20 of this report).



## Key submissions

- [Submission to the Australian Senate's Inquiry into the effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder \(FASD\)](#) – December 2019<sup>130</sup>
- [Submission to NHMRC Consultation on Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#) – February 2020<sup>131</sup>
- Submission letter to Queensland Health on proposed changes to the Queensland Opioid Treatment Program (QOTP) policy – March 2020
- [Submission letter to SA Health on proposed changes to the Controlled Substances Act 1984 \(CS Act\)](#) – April 2020<sup>132</sup>

129 [https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=3f78331a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=3f78331a_6)

130 [https://www.racp.edu.au/docs/default-source/advocacy-library/c-racp\\_fasd-submission\\_gm-approved.pdf?sfvrsn=733ae51a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/c-racp_fasd-submission_gm-approved.pdf?sfvrsn=733ae51a_4)

131 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nhmrc-consultation-on-draft-australian-guidelines-to-reduce-health-risks-from-drinking-alcohol.pdf?sfvrsn=9f0ae61a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-nhmrc-consultation-on-draft-australian-guidelines-to-reduce-health-risks-from-drinking-alcohol.pdf?sfvrsn=9f0ae61a_4)

132 [https://www.racp.edu.au/docs/default-source/advocacy-library/rtpm-controlled-substances-amendment-bill-2020.pdf?sfvrsn=55abef1a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/rtpm-controlled-substances-amendment-bill-2020.pdf?sfvrsn=55abef1a_6)

# The Australasian Chapter of Palliative Medicine



The Australasian Chapter of Palliative Medicine's (AChPM) current policy priority is a key issue currently affecting palliative care patients - the impact of restrictions on opioid prescribing. Earlier this year, the AChPM President met with the Royal Australian College of General Practitioners (RACGP) and the Australian and New Zealand College of Anaesthetists' (ANZCA) Faculty of Pain Medicine (FPM) to discuss working together to advocate for improved education on opioid prescribing in end of life care patients.

As a result of AChPM advocacy work on opioid prescribing the AChPM President was invited to attend a workshop led by the FPM which considered how the palliative care community can deliver the National Strategic Action Plan for Pain Management. The AChPM President also attended a meeting hosted by the Therapeutic Goods Administration (TGA) on how stakeholders can take a coordinated approach to communicating the reforms on the regulation of prescription opioid medicines.

On 1 June 2020, changes were made to prescribing regulations on the Pharmaceutical Benefits Scheme General Schedule which imposed unnecessary prescribing impediments for the pain management of people receiving palliative care. The AChPM Committee is working with palliative care organisations to address the concerns arising from the changes. The Royal Australasian College of Physicians (College), the AChPM, Palliative Care Australia (PCA) and the Australian & New Zealand Society of Palliative Medicine (ANZSPM) co-signed a letter to the Pharmaceutical Benefits Advisory Committee (PBAC) which set out their concerns and provided feedback on the changes, which was considered at PBAC's July 2020

internal meeting. Initial correspondence from PBAC indicates that they have taken this feedback on board and intend to work with the Department of Health to address these issues. In September 2020 the PBAC made changes to the Pharmaceutical Benefits Schedule to optimise appropriate access to analgesic opioids for palliative care patients and come into effect on October 1st 2020.

The AChPM has played an important role in the College's COVID-19 response work this year, contributing to the [College submission to the Royal Commission for Aged Care on the impact of COVID-19 on aged care services](#)<sup>133</sup> and leading the College's endorsement of the Australian & New Zealand Society of Palliative Medicine (ANZSPM)'s COVID Palliative Care Guidelines.

The Committee continues to contribute to a wide range of cross-College submissions, most recently ensuring that the College submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability raises issues surrounding the palliative care needs of people with disabilities (*at the time of writing this submission is in development*).

# The Australasian Faculty of Occupational and Environmental Medicine

## Providing guidance on COVID-19 workplace-related issues

In March 2020, the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Policy and Advocacy Committee (PAC) identified the need to urgently produce guidance for healthcare professionals, employers and employees on work-related issues which are emerging as a result of the COVID-19 pandemic.

This pressing need for guidance on workplace-related issues and COVID-19 was clear from queries from The Royal Australasian College of Physicians (College) members looking for guidance on advising workplaces on COVID-19 and from matters discussed by the College COVID-19 Expert Reference Group (ERG) of which Dr Warren Harrex FAFOEM, AFOEM President-Elect is a member.

To date, AFOEM PAC has rapidly developed three guidance documents which are available on the College website:

- [Guidance for occupational physicians providing advice on COVID-19](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/racp-guidance-for-occupational-physicians-providing-advice-on-covid-19.pdf?sfvrsn=bdcd81a_2)<sup>134</sup>
- [COVID-19: Guidance for pregnant healthcare workers](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/covid-19-guidance-for-pregnant-healthcare-workers.pdf?sfvrsn=b22eac1a_6)<sup>135</sup>
- [COVID-19: Workplace Risk Management](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/foem-covid-19-workplace-risk-management.pdf?sfvrsn=d035f11a_8)<sup>136</sup>

These resources focus on work-related issues and have been developed collaboratively by members of the AFOEM PAC with additional input from other AFOEM experts as required. They have also benefited from review by the COVID-19 ERG to ensure they align with the College's broader response to COVID-19. At the Chief Medical Officer's request, the latter two guidance documents on pregnant healthcare workers and workplace risk management were also submitted to the Australian Government's Infection Control Expert Group (ICEG) for review prior to publication.

AFOEM PAC is currently finalising a guidance document focusing on vulnerable healthcare workers.

“We have concerns that due to a lack of workplace training, healthcare workers may not always be using PPE correctly, such as the donning and doffing process which is crucial.

We need hospitals across Australia but particularly in Victoria, to urgently ramp up their workplace training on PPE use, as a central part of a comprehensive workplace health COVID-19 prevention program.

We must do everything we can to ensure that healthcare workers are protected from infection while at work – and that includes urgent PPE training for all hospitals who have not yet rolled this out.”

**AFOEM President,  
Professor Malcolm Sim AM FAFOEM**<sup>137</sup>

Lead AFOEM Fellows including the AFOEM President, Professor Sim and AFOEM President-Elect, Dr Harrex are contributing their expertise to the College's ongoing advocacy to improve access to and correct use of PPE for health and aged care workers and to improve the management of workplace risks linked to COVID-19 more broadly.

As a result of AFOEM's advocacy in this area, Professor Sim was appointed to the Victorian Government's Healthcare Worker Infection Prevention and Wellbeing Taskforce and to the Australian Department of Health's Infection Control Expert Group (ICEG) which advises the

<sup>134</sup> [https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/racp-guidance-for-occupational-physicians-providing-advice-on-covid-19.pdf?sfvrsn=bdcd81a\\_2](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/racp-guidance-for-occupational-physicians-providing-advice-on-covid-19.pdf?sfvrsn=bdcd81a_2)

<sup>135</sup> [https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/covid-19-guidance-for-pregnant-healthcare-workers.pdf?sfvrsn=b22eac1a\\_6](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/covid-19-guidance-for-pregnant-healthcare-workers.pdf?sfvrsn=b22eac1a_6)

<sup>136</sup> [https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/foem-covid-19-workplace-risk-management.pdf?sfvrsn=d035f11a\\_8](https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/foem-covid-19-workplace-risk-management.pdf?sfvrsn=d035f11a_8)

<sup>137</sup> RACP Media Release, 10 August 2020 RACP survey: <https://www.racp.edu.au/news-and-events/media-releases/racp-survey-20-per-cent-of-physicians-in-public-hospitals-sourcing-their-own-ppe-calls-for-greater-transparency-on-government-stockpile>



Australian Health Protection Principal Committee (AHPPC) and its other standing committees on infection prevention and control issues.

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

AFOEM PAC has been continuing its work on developing an evidence-based discussion paper and a shorter 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 policy document is timely and highly relevant in view of the problems in WorkSafe Victoria and NSW iCare that has received significant media attention this year. This work is led by AFOEM PAC member Dr Mary Wyatt FAFOEM with support from current and previous AFOEM PAC members. These two documents will be sent out for consultation with internal and external stakeholders over the coming months and an advocacy strategy will be developed.

## Leading the College's advocacy on accelerated silicosis

The AFOEM PAC also continues its lead role in guiding the College's advocacy on accelerated silicosis in collaboration with Thoracic Society of Australia and New Zealand (TSANZ) as detailed in the Accelerated Silicosis section (on page 13 of this report).

## Key submissions

- [Joint RACP/AFOEM/TSANZ submission to the National Dust Disease Taskforce on measures recommended be implemented across all jurisdictions and nationally to address the current epidemic of accelerated silicosis and identify and control other new or emerging occupationally acquired lung diseases](#) – November 2019<sup>138</sup>
- [Submission to the NSW State Insurance Regulatory Authority \(SIRA\)- Health outcomes and reporting framework for the NSW Workers Compensation and CTP schemes](#) – September 2020<sup>139</sup>
- [Submission to the Victorian Government's Independent Review into the management of complex workers' compensation claims by WorkSafe agents](#) – October 2020<sup>140</sup>

138 [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-including-the-australasian-faculty-of-occupational-and-environmental-medicine-and-the-thoracic-society-of-australia-new-zealand-joint-submission.pdf?sfvrsn=a012e31a\\_12](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-including-the-australasian-faculty-of-occupational-and-environmental-medicine-and-the-thoracic-society-of-australia-new-zealand-joint-submission.pdf?sfvrsn=a012e31a_12)

139 [https://www.racp.edu.au/docs/default-source/advocacy-library/college-submission-to-the-nsw-state-insurance-regulatory-authority-\(sira\)-on-the-draft-health-outcomes-and-reporting-framework-for-the-nsw-workers-compensation-and-ctp-schemes.pdf?sfvrsn=84b5f41a\\_8](https://www.racp.edu.au/docs/default-source/advocacy-library/college-submission-to-the-nsw-state-insurance-regulatory-authority-(sira)-on-the-draft-health-outcomes-and-reporting-framework-for-the-nsw-workers-compensation-and-ctp-schemes.pdf?sfvrsn=84b5f41a_8)

140 [https://www.racp.edu.au/docs/default-source/advocacy-library/submission\\_viccompreview.pdf?sfvrsn=b3def41a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/submission_viccompreview.pdf?sfvrsn=b3def41a_6)

# The Australasian Faculty of Public Health Medicine

The Australasian Faculty of Public Health Medicine (AFPHM) Faculty Policy & Advocacy Committee (FPAC) has endeavoured to fulfil the strategic priorities endorsed by AFPHM Council in the 2018-2020 Work plan. To this end, the FPAC has revitalised its membership and now includes 10 members of whom 4 are trainees. In 2020, we also welcomed the Immediate Past President of the AFPHM, Professor Linda Selvey FAFPHM as an incoming FPAC member and acknowledge the significant pro bono contribution of all members to respond to submission requests and provide urgent feedback on diverse topics.

Under the 2018-2020 Work plan, AFPHM's flagship project is nearing completion. The draft *"Public Health Physicians: Protecting, Promoting and Improving Health for the Whole Community"* position statement has been through extensive review and consultation. This document has been written for an Australian context. An Australasian position statement is envisaged for 2021. The Royal Australasian College of Physicians (College) P&A Team is preparing a release plan to accompany the document to facilitate communication and dissemination. The purpose of the position statement is to clearly articulate the value that Public Health Physicians bring to the health system in striving for good health in the whole community. It sets out the complex array of roles and functions that Public Health Physicians lead and undertake, with a view to communicating to decision makers in health systems the importance of building and maintaining a strong focus on population and public health.

Public Health Physicians have been at the forefront of the response to the COVID-19 pandemic. Their leadership has highlighted the critical importance of public health in our health systems. The challenges of COVID-19 have also identified some gaps in the way that public health functions are delivered.

In June 2020, a new National plan for Australia's Public Health Capacity and COVID-19 was announced by the National Cabinet. This plan will:

- 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.

## Participating in this initiative will be a key priority for AFPHM in the coming months

The AFPHM President, Professor Robyn Lucas FAFPHM, worked hard behind-the-scenes to ensure an earlier proposal from the Public Health Association of Australia (PHAA) to the AHPPC included pertinent advice about the public health physician workforce. In its budget submission, PHAA subsequently noted that the current Specialist Training Program supports over 1,000 medical specialist training program (STP) places around Australia although fewer than 30 go to public health physician training through the AFPHM. PHAA recommended a thorough review of public health workforce with a view to establishing a long-term strategy to strengthen Australia's public health capacity for future generations. PHAA emphasised the need to increase the number of specialist training program places for Public Health Physician training to 70 and establish a minimum of 50 per year on an ongoing basis.

AFPHM FPAC contributed to the College's [pre-budget submission](#),<sup>141</sup> and as a result the pre-budget submission

similarly recommends the establishment of a long-term, appropriately funded National Public Health Physician Training Program to strengthen the public health physician workforce capacity and leadership. It is envisaged that such a program would include training for public health physicians, recognising the important leadership contribution to the public health workforce that such physicians make.

The AFPHM Council has been very active embedding the College Indigenous Strategic Framework (ISF) into the AFPHM work plan (the ISF is covered in detail on page 34), and it continues to make climate change a priority for its policy and advocacy work (covered in detail on page 22).

AFPHM President Professor Lucas and the President of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), Professor Malcolm Sim AM FAFOEM, have participated in the *Rewrite the Future: Possible Alternative Future Scenarios for Australia 2020–2030* facilitated by the Climate and Health Alliance (CAHA). This work develops a set of narrative scenarios describing possible alternative futures for Australia and key policy recommendations for a net-zero carbon, healthy, equitable society in the post COVID-19 period and beyond. CAHA will use these scenarios to shape post-COVID-19 climate change and health advocacy.

The FPAC in partnership with the Australasian Chapter of Addiction Medicine (AChAM) developed a scoping document for the development of a new health-focused approach to drug policy in Australia and Aotearoa New Zealand.

Shortly a joint AChAM/AFPHM Drug Policy Working Group will be formed to develop a position statement that will highlight the need for drug policies in Australia and Aotearoa New Zealand to adopt a health-focused approach to substance use. The position statement will be based on a rapid review of the evidence. It will outline the College's position on effective drugs policy including preventative measures, evidence-based treatment services and regulatory options to reduce harm from substance use disorders and the use of drugs more broadly.

Through the AFPHM President, Professor Lucas, the College Council will soon consider a proposal from AFPHM for style guidance across the College when using the term 'vulnerable'.

The AFPHM FPAC has also contributed its expertise to a wide range of other College policy matters, including the RACP pre-budget submission, obesity, sugar tax, the College statement on gender dysphoria and provided detailed ideas for the College response to the National Prevention Strategy Consultation Paper.

AFPHM FPAC will soon receive the proposed 2021-2022 AFPHM workplan which includes attention to partnership with Aboriginal, Torres Strait and Maori leaders and communities in health gain.

# The Australasian Faculty of Rehabilitation Medicine

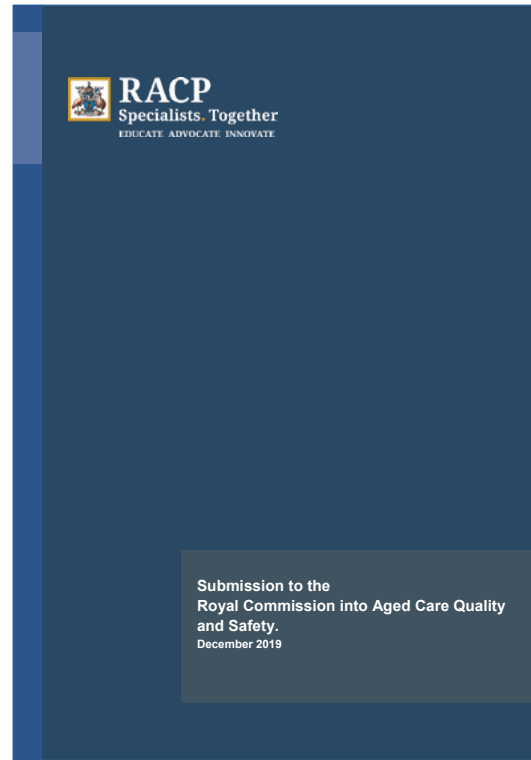
The Australasian Faculty of Rehabilitation Medicine (AFRM) has played a key role in the Royal Australasian College of Physicians' (College) advocacy work this year in areas such as the Royal Commission into Aged Care Quality and Safety, continued work on the National Disability Insurance Scheme (NDIS) and climate change and health.

The Faculty commenced work on a position statement on Bariatric Rehabilitation. The College has limited current positioning on bariatrics – most recently, the College Position Statement on Obesity included a section and a recommendation advocating that governments in Australia and Aotearoa New Zealand should provide equitable access to bariatric surgery in public hospitals for all suitable patients who have severe obesity.

The Bariatric Rehabilitation Position Statement Working Group will create a position statement based on up to date evidence and develop recommendations and define appropriate practice for physicians who specialise in bariatric rehabilitation medicine in Australia and Aotearoa New Zealand. The AFRM Policy and Advocacy Committee (FPAC) selected lead Fellow Dr Peter Sturgess FAFRM, to progress this position statement.

The AFRM is also in the process of reviewing and updating existing policy documents. The Faculty has established the Multi-Resistant Organisms (MROs) Working Party to review and expand on the AFRM Position Statement on Patients with MROs in Rehabilitation Units. The updated position statement will include a set of evidence-based guiding principles to assist in standardising infection precaution procedures to improve access to rehabilitation for people with MROs without compromising the safety of patients who do not have MROs.

The review and update of the AFRM Position Statement on the Use of Stem Cell Therapy for Children with Cerebral Palsy commenced in August 2020. The aim of this review is to identify any relevant new evidence and update the position statement accordingly. This work is led by the Stem Cell Therapy Working Group, with Dr Kim McClennan being the Chair.



“Rehabilitation services for people with dementia have been overlooked

There is increasing evidence of the importance of rehabilitation for people living with dementia. It is important that multidisciplinary rehabilitation be embedded in programs of dementia care.

Non-pharmacological interventions can delay functional decline and improve quality of life in people with dementia. A structured, multidisciplinary rehabilitation program allows specific symptoms to be addressed and identifies goals that are meaningful to the person.”

# Regional Committees

Regional committees develop and contribute to The Royal Australasian College of Physicians (College) responses to inquiries, submissions, and statements, discharging their Board-delegated responsibility to lead College wide policy priorities locally with Fellows, trainees and relevant stakeholders and advocating for local policy priorities back through the College.

They also support national and bi-national College campaigns, drawing on their members' expertise, local knowledge and networks to inform cross-College policy and advocacy efforts.

Regional committees are also approached by state and territory governments and bureaucracies for input or comment on legislation, regulatory changes, health department policy, parliamentary committees, and the like.

Notably, regional committees have been engaged on several broader College/College Policy and Advocacy Council (CPAC) priorities over this reporting period including:

- urging state and territory governments and regulators to undertake agreed actions/activities to support a coordinated response to accelerated silicosis (covered in detail on page 13).
- alcohol regulation - including successful campaign for pregnancy warning images on beverage receptacles (covered in detail on page 20).

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

## NT Regional Committee

The NT Regional Committee developed an [election statement](https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a_4)<sup>142</sup> calling for specific action on the Committee's priorities:

- Climate change and health (covered in detail on page 22)
- Alcohol
- Raising the age of criminal responsibility (covered in detail on page 31)
- Indigenous health (covered in detail on page 34)
- Acute rheumatic fever and rheumatic heart disease

Some of these issues have been the subject of ongoing engagement with the NT Government, especially Health Minister Natasha Fyles. The NT Regional Committee continues a years-long effort to maintain close working relations with the government, positioning physicians as a trusted source of medical expertise.

We received a comprehensive and detailed written response to the election statement from Minister Fyles. The election statement was developed in a strict non-partisan manner.

Minister Fyles office also contacted us to say that advocacy on climate change and health by the College and other organisations created political room to move on this crucial issue. This may lead directly to more ambitious legislated climate change targets in the Territory.

The NT Regional Committee has actively supported the College's advocacy for a continued minimum price on alcohol (MUP), generating Territory media coverage especially around the first anniversary of the MUP.

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

- Met the (Interim) Chief Medical Officer to raise concerns about sustainable Paediatric training and community service delivery in South Australia.
- SA Regional Committee members joined Australasian Faculty of Occupational and Environmental Medicine (AFOEM) members to meet SA Treasurer to advocate swift introduction of a national dust diseases registry.
- Developed detailed submission on the Draft SA Rural Medical Workforce Plan.

<sup>142</sup> [https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/2020-nt-election-statement.pdf?sfvrsn=71eef11a_4)

## QLD Regional Committee

- Developed submission to the National Safety Priorities in Mental Health (Queensland consultation), flagging Indigenous suicide prevention as a priority and providing summary of recent RACP work on mental health promotion.
- Developed submission to the Queensland Health Equity Consultation 2020, strongly supporting the amendment of the Hospital and Health Boards Act 2011 so that:
  - each Hospital and Health Service must have a strategy for achieving health equity for Aboriginal people and Torres Strait Islander people
  - each Hospital and Health Board to have one or more Aboriginal persons and/or Torres Strait Islander persons as member.
- The QLD Regional Committee is also developing an election statement for the October 2020 election; this falls outside the reporting period for this report but the statement prioritises:
  - Wellbeing of the specialist and trainee specialist workforce
  - Doctors' wellbeing in a pandemic
  - Drug and alcohol strategy and services, especially in regional areas
  - Raising the age of criminal responsibility
  - Urgent action on accelerated silicosis
  - Care and residential services for people affected by dementia and/or severe physical disablement and/or intellectual disability

## NSW/ACT Regional Committee

- Focus on advocating for physician and trainee wellbeing
- Strong support for regulation and reform to reduce the harms of alcohol
- Played a key role representing NSW physicians' and paediatricians' concerns during the COVID telehealth rollout
- Hosted well-attended COVID-era webinars covering subjects including:
  - Medicolegal issues surrounding telehealth
  - Logistics of implanting telehealth in private practice
  - Sustainability in healthcare
  - PPE

## WA Regional Committee

- WA Regional Committee members, along with AFOEM representatives, attended a meeting with the Minister for Industrial Relations to assess progress on previous commitments made towards implementing action on accelerated silicosis.
- Meeting reviewed progress against deliverables including an update on the research project being conducted into improved means of differential diagnosis of accelerated silicosis. This project is partly funded by the WA Government following previous engagement by the College.
- Committee has fielded considerable interest from WA Fellowship about forthcoming voluntary assisted dying (VAD) implementation.
  - VAD is scheduled to become a choice available to people in mid-2021, following an 18-month implementation phase
  - The College has made submissions at previous points in the process, developed with detailed input from WA physicians; several Fellows are on the VAD Implementation Leadership Team (in non-College representative capacity)

## Victoria Regional Committee

- The Victorian Regional Committee has represented the local Fellowship throughout the COVID pandemic, including with respect to:
  - wellbeing
  - supervision and assessment arrangements
  - maintaining the Victorian dual training scheme
- The Victorian Regional Committee had major input into several College submissions, including to
  - [the Aged Care Royal Commission](#)<sup>143</sup>
  - the Senate inquiries into the NDIS
  - the Victorian Mental Health Royal Commission
- Victoria was the key wavering state whose vote enabled the future of the alcohol labelling scheme warning of risks in pregnancy. The Victorian Regional Committee made a public statement in support of the scheme prior to the vote.
- Close links are maintained with Victorian committees of other specialist colleges through the Committee of Chairs of College Committees, which is chaired by Professor Judy Savige FRACP, (Chair, Victorian Regional Committee)
- Hosted webinars on COVID, with another on climate change and health planned for October
- Consistent focus on preventative health as well as clinical service delivery
- Regular meetings throughout COVID with Victoria's Chief Health Officer (via the Committee of Chairs of Medical Colleges)

## Tasmania Regional Committee

- Tasmanian Regional Committee members attended the Tasmania National Medical Workforce Strategy Consultation Forum.
- Key focus on workforce:
  - especially for specialities with few or no practitioners in the state
  - including specialties which are no longer available via publicly funded services (such as occupational and environmental medicine)
- Consistent focus on regional paediatric policy, with input into broader College policy work on:
  - NDIS functionality
  - Interface between paediatric/young adult and adult health services
  - Disability Royal Commission
- Regional Committee welcomed presentation at a meeting by Tasmanian Chief Medical Officer Tony Lawler (an ACEM Fellow)
- Tony Lawler joined the meeting with the Director of Health Workforce Planning, Ruth Kearon. He provided updates on:
  - COVID and closure of NW hospitals
  - Workforce
  - Praised the College as "an exemplar" among Colleges for communicating with bureaucracies about our COVID adjust



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