



**RACP**  
**Specialists. Together**

EDUCATE ADVOCATE INNOVATE

## **Prioritising Health**

**2019 New South Wales election statement**

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand, including more than 4,500 physicians and over 2,200 trainee physicians in New South Wales. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, addiction medicine, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, and rehabilitation medicine.<sup>1</sup>

## Overview

Beyond the drive for medical excellence, the RACP is committed to developing policies, programs, and initiatives which will improve the health of communities. Patients should have access to an integrated and well-coordinated health system, and governments should take a whole-of-government approach to improve health, including addressing the social determinants of health.

The RACP and its [New South Wales/Australian Capital Territory Regional Committee](#) are committed to working with all political parties on the development of health policies that are evidence-based, informed by specialist expertise and experience, and that focus on ensuring the provision of high quality healthcare accessible to all, and integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

We have identified four major priority areas for 2019 and beyond, each with specific recommendations for the incoming Government. These priorities reflect the clinical expertise and professional experience our members possess, as well as the opportunities for improvement that we and our physician and trainee colleagues across the state, encounter in the course of our work. They have been selected because we see clear potential benefits via improved patient outcomes and overall public health.

We seek a cooperative and productive relationship with the Government in the next term, as well as MPs and MLCs of all parties, noting that the RACP routinely makes important contributions and submissions to parliamentary (and other) inquiries, taskforces, panels, and reviews.

We welcome responses from major parties to this election statement in advance of the election, as well as close cooperation post-election: as the professional organisation for physicians and paediatricians, the RACP a key source of advice and expertise across specialist medicine, health, and health systems.

Our objective is to improve and optimise the NSW health system so it continues to operate at a world-class level, delivering good health outcomes in a sustainable way that works well for patients and physicians alike. This will require innovation, increased efficiency and effectiveness, and a focus on integrated high quality, high value specialist care.

## Our priorities

### 1. Physician and trainee wellbeing and workplace culture

Doctors' health and wellbeing is a growing concern within the RACP, and within the medical profession and the community more generally. In 2017, the early deaths of several doctors in training brought health and wellbeing to the forefront of the health sector, making physician health and wellbeing a priority.

We know from the 2013 *beyondblue* National Mental Health Survey of Doctors and Medical Students that junior doctors report high rates of burnout across emotional exhaustion, cynicism, and professional efficacy,<sup>2</sup> and our members see this phenomenon first-hand.

All RACP's NSW trainees, like most junior doctors, are simultaneously engaged in postgraduate specialist medical training and working in the state's health system. The RACP recognises that high quality specialist training is demanding and that there are intrinsic pressures and stressors within medical workplaces that are not always avoidable. Specialist training is a shared responsibility, and we believe that improving the health and wellbeing of trainees requires the cooperation of government, hospitals, health services, specialist colleges, training supervisors, doctors' own doctors, and doctors themselves.

The RACP strongly supports the initiatives in the [NSW JMO Wellbeing & Support Plan](#) and looks forward to seeing the results of the work to which NSW Health is committed to. The incoming Government must build on its initiatives to achieve sustainable improvement in the wellbeing of doctors and the culture of the NSW healthcare system.

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

provide a safe, inclusive and respectful environment.” The RACP is determined to take an active role to shape a healthier training culture for doctors.

While there is much that has been done to improve the working hours and culture in medicine, more needs to be done to address the untenable working hours and unacceptable behaviour in some hospitals and training sites.

As indicated in our new accreditation standards, our expectation is that all training sites provide a safe, respectful working and learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident.

The RACP seeks a continuing commitment from all political parties to the NSW Health *Statement of Agreed Principles on a Respectful Culture in Medicine* and to work in partnership with the College on ways of combatting discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalise and accommodate safe work arrangements or practices to support all aspects of a physician’s work including leadership, training and career development opportunities, in a way that is appropriately mindful of family and other care responsibilities.

Bullying or harassment of any kind is totally unacceptable—towards Fellows, trainees (of the RACP or other colleges), non-trainee junior doctors, other health practitioners, or non-clinical staff. The RACP has zero tolerance for such behaviour.

While working conditions are improving for junior doctors, albeit gradually, there is also much to be achieved for senior doctors. At present, many physicians and paediatricians have only enough time for clinical duties. The RACP would like the incoming government to focus on measures that support senior doctors’ ongoing professional development, and flexibility to conduct research. This is critical to maintaining NSW as the premier state in health care and medical research nationally, with an acknowledged international reputation.

The RACP also invites the incoming government to be a signatory to our [Health Benefits of Good Work](#) principles - an initiative from the RACP’s Australasian Faculty of Occupational and Environmental Medicine (AFOEM).

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

### **The RACP recommends the incoming Government:**

- Prioritise and commit to improving trainee and physician health and wellbeing, to providing a positive workplace culture and working conditions for trainees and physicians.
- Commit to workplaces and workforce models that support high quality specialty training.
- Work collaboratively with the RACP and other stakeholders to eliminate bullying and harassment, building on the NSW Statement of Agreed Principles on Respectful Culture in Medicine partnership.
- Become a signatory to the AFOEM Health Benefits of Good Work principles to further champion health and wellbeing and supportive workplace culture in the health sector.

## **2. Urgent action to address the spike in accelerated silicosis and occupational lung diseases**

Silicosis or fibrosis of the lungs due to inhalation of crystalline free silica, is a disease that was thought to be obsolete in Australia until very recently. However, there has been an extremely concerning resurgence in cases of accelerated silicosis in NSW which has resulted in young men developing severe progressive lung disease and disablement.

The RACP calls on the NSW State Government to take urgent action on this issue because accelerated silicosis is a totally preventable disease, and to work with experts from our Australasian Faculty of

Occupational and Environmental Medicine (AFOEM) and Thoracic Society of Australia and New Zealand (TSANZ) .

In 2016, the first index case of accelerated silicosis related to working with artificial stone was recognised in NSW and reported to regulators by concerned respiratory specialists. This patient had such severe disease that lung transplantation was soon required. Other cases were found, and respiratory physicians gathered cases together and published a case series in 2018,<sup>3</sup> which was notable for the fact that workers all had severe progressive disease. Workers were using no precautions at all against dust inhalation and were dry cutting the engineered stone both in the preparation factory and at the site of installation despite existing preventative regulatory provisions. A uniform feature in these patients was their rapid decline. Another concern was the fact that cases of silicosis were first detected in secondary care, implying that there were likely to be many more workers affected remaining undiscovered throughout Australia.

This concern was confirmed in September 2018 when health surveillance of workers cutting and polishing artificial stone benchtops in Queensland found that 12 of 35 workers from just two businesses had accelerated silicosis. By 5 December 2018, WorkCover Queensland had identified 66 cases from across the State. Worryingly, this number continues to rise and further cases have been reported in NSW and Victoria

The accelerated silicosis cases have been identified in workers and stonemasons using artificial stone (also known as engineered, reconstituted or manufactured stone, and quartz conglomerate), which contains very high levels of crystalline silica. Engineered stone is used to make bench tops in kitchens, bathrooms and laundries, often in new developments which have accompanied the housing boom. Due to the rapidly progressive nature of this type of silicosis, lung transplantation is often required for respiratory failure, and there is a high burden of disablement and distress. Use of artificial stone is widespread throughout NSW. Although the number of workers in the industry is currently unknown, the number of registered businesses undertaking kitchen bench-top manufacture in NSW suggests there may be at least 1000 workers at risk of accelerated silicosis.

There are potential major costs to public hospitals arising from the management of these totally preventable diseases. These diseases are difficult to diagnose and require expert respiratory diagnostic services and surgical expertise for lung biopsy. The cost of lung transplantation is borne by state and territory governments, albeit partially federally funded through the COAG Agreements, as are the significant disability and medical costs. Consequently, prevention and identification of silicosis in its early stages should reduce demands on the public hospital system.

This situation requires a national response centred around the urgent establishment of a national occupational lung diseases registry to map cases in similar industries across NSW, as well action from state and territory Governments. Although an Artificial Stone Taskforce has been established in NSW, it has no health remit and has not implemented widespread screening of workers to date.

#### **The RACP calls on the incoming government to:**

- Undertake serial health screening of all workers (past and present) in the artificial stone industry and other industries where high risk exposure (dry processing) has occurred – this is essential to establish a baseline for all high-risk exposed workers. This will enable any deterioration in their health to be appropriately monitored and interventions that could save their lives to be implemented. Waiting until these at risk workers develop symptoms is too late. At that stage, the only option for treatment is lung transplantation. Serial health screening will enable better understanding of the extent of the problem, the risks and progression of the disease, as well as inform the resource planning by the NSW health system.
- Establish a Medical Advisory Committee to ensure uniform standards of investigation, diagnosis and treatment and independent advice to government as well as the development of diagnostic and treatment guidelines.
- Undertake an urgent review of the dust control measures used in the industry, including independent monitoring of dust levels

- Undertake an independent assessment of worker exposure associated with optimal dust control (i.e wet cutting) and appropriate PPE to allow accurate risk assessment and facilitate application of appropriate controls.
- Comprehensively enforce the current hazardous substances regulations related to silica dust exposure
- Implement and enforce an immediate prohibition on uncontrolled dry cutting techniques
- Collaborate with the Federal and other state and territory Governments as this is a national problem. An effective response requires the collaboration of all stakeholders, particularly the most populous state of NSW.

### 3. Minimising the harms from drug and alcohol consumption

Substance use disorders are a health issue, and governments should move away from the dominant paradigm of criminality as the means to deal with people who use drugs. The incoming government should instead adopt an increased focus on health and wellbeing to improve outcomes for individuals and communities more broadly.<sup>4</sup>

While we need to address the social norms that perpetuate the views across society that drug use can be an acceptable and effective way to cope, socialise, or to minimise internal distress, we also have to accept that the use of drugs, whether licit or illicit, is a part of our society which we are extremely unlikely to eradicate fully. Thus, there is an ongoing need for effective, evidence-based policies focused on preventing and reducing harm to drug users, their families and society more broadly.

The recent deaths of at least five young people at NSW music festivals since September last year highlight the need for further harm reduction measures to be put in place across the State. All harm minimisation measures available should be carefully considered and assessed to keep people as safe as possible at music festivals and elsewhere. The RACP supports carefully designed and evaluated pill testing trials and has urged all State and Territory governments to follow the lead of the ACT Government and consult with medical experts to establish pill testing trials in their jurisdiction in an [Open Letter](#) published on 17 January 2019.

As stated in the 2018 Report on the ACT GTM Pill Testing Pilot<sup>5</sup>, the three aims of pill testing are to save lives by:

- *“Providing the opportunity for people to be informed and consider a range of options before determining whether or not to consume an illicit drug.*
- *Reducing the number of people potentially requiring an ambulance call out, as well as attending hospitals, police holding cells and courts as a result of consuming unknown drugs – which in turn delivers a range of individual, family and community based positive outcomes; and*
- *Obtaining a range of street samples for detailed testing that allows for community health warnings on new compounds and assists law enforcement intelligence on illegal drug manufacturing and importations in Australia.”*

We also note that NSW has not had a comprehensive drug and alcohol strategy since 2010. With rapid changes in illicit drug supply markets, there is a risk that without a comprehensive strategy and supporting cooperative relationships between police, health professionals and community workers, drug related deaths and harms could rise. NSW needs a strategy that comprehensively addresses drug demand, supply and harm minimisation, in consultation with practicing clinical health professionals.

The New South Wales Government’s last Drug Summit took place 20 years ago in 1999 in the context of a spate of deaths caused by heroin overdose. Today’s challenges are different and evolving. Drug use since then has changed markedly, with amphetamine use declining, and methamphetamine and psychostimulant (e.g. MDMA) use increasing<sup>6</sup>. There is also concern amongst the medical and law enforcement communities about the introduction of synthetic drugs such as fentanyl, which have become a significant public health and social problem in North America<sup>7,8</sup>. Synthetic drugs such as fentanyl are cheap to produce, and for this reason are often mixed into other drugs, including cocaine and MDMA<sup>9</sup>.

### **The incoming government should:**

- Following consultation with relevant medical specialists including addiction medicine physicians, public health medicine physicians and clinical pharmacologists and toxicologists and other stakeholders, support well-designed and evaluated pill testing trials at NSW music festivals as a vital harm reduction safety strategy. There is sufficient evidence to support trials, which themselves will add to the evidence base.
- Convene a drug summit with medical experts and stakeholders including law enforcement and community representatives, focussed on the evolving challenges of drug use and the government's role in coordinating an appropriate response, including preventive education campaigns and treatment support for people with substance use disorders.
- Develop a comprehensive new NSW strategy that addresses drug demand, supply and harm minimisation and covers illegal drugs as well as alcohol, tobacco, and prescription drugs associated with substance abuse and harms (i.e. benzodiazepines and opioids) in consultation with practicing clinical health professionals, law enforcement at the NSW and Commonwealth levels, and other relevant stakeholders. This comprehensive new strategy should be informed by the harm reduction strategies raised by medical experts at the drug summit, along with other stakeholders' input, and provide strategic leadership and policy consistency coherence across government portfolios and across levels of government.

## **4. High-value care**

While Australia is recognised as providing high-value, high-quality patient care, it is important that all states and territories continually improve their clinical processes to ensure the delivery of contemporary best practice and patient care.

Part of a global movement, [Evolve](#) is an initiative led by physicians and the RACP to drive high-value, high-quality care in Australia and New Zealand, making sure patients receive care that is proven to be necessary, safe and effective. Evolve identifies each specialty's 'top five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm to patients, enabling physicians to make the best use of health resources.

RACP is a founding member of Choosing Wisely in Australia and New Zealand, and all Evolve recommendations are available via these campaigns. By bringing together recommendations from multiple medical colleges and healthcare organisations, together with expertise in consumer and patient care, Choosing Wisely helps healthcare providers and consumers start important conversations about improving the quality of healthcare.

Evolve, and the broader Choosing Wisely campaign, provides the NSW Government with an invaluable opportunity to appropriately invest, via grants or other support initiatives, in the implementation of recommendations that aim to reduce low-value care and improve both the quality and safety of healthcare and also support the best use of valuable healthcare resources.

Aspects that would be particularly valuable for the NSW Government to invest in include the development of patient resources, quality improvement initiatives, change management strategies, and translational research across the health sector. This will maximise ongoing and effective use of health resources, promote clinical quality improvement, shared-decision making, and improve clinical culture and patient outcomes.

### **The incoming government should:**

- Continue to drive high-value, high-quality care in clinical practice by supporting the implementation of the Evolve recommendations in clinical services the Government runs, plans, or funds within NSW.
- Invest in providing accessible resources relating to appropriate patient care for consumers and promoting shared decision-making.

- Invest in quality improvement measures and change management strategies across the health system, via grants or supported initiatives.
- Support translational research, bridging the divide between academic identification of low-value clinical practices and the reduction of these practices in clinical environments.

## The Way Forward

High quality and appropriate training of junior doctors, including physician trainees, is crucial to ensuring the availability of a competent specialist workforce to meet current and future healthcare needs.

The incoming government must be cognisant of, support, and value the contribution made by physicians to training junior doctors within the NSW health system. Direct clinical care is the ultimate role of most specialist medical practitioners, but their duties to that end include indispensable but non-clinical activities such as supervision, research, mentoring, and management.

The incoming government should acknowledge that these activities constitutes an essential investment in New South Wales' future specialist workforce, and:

- Recognise that the training of physicians is an integral part of the delivery of healthcare services, and commit to services having adequate physical resources and sufficient protected time for teaching, supervision, and research
- Support the health and wellbeing of physicians and physician trainees, and collaborate with sector partners in improving training environments and medical professional culture
- Continue to work with the Commonwealth and other State and Territories in undertaking workforce planning
- Ensure that any post-election new directions in clinical workforce policies (regardless of the election's outcome) are only developed and implemented with appropriate consultation with and appropriate input and leadership from physicians.

The RACP calls on all political parties and candidates to make a commitment to the health of all people in NSW that extends beyond the election cycle, and to engage and work with key health stakeholders to deliver effective evidence-based and expert-informed health policies.

Developing relationships with government in support of RACP advocacy priorities is both a commitment of the RACP Board<sup>10</sup> and an identified priority for the NSW Committee.

We therefore look forward to working collaboratively with the incoming government, as well as all successful candidates, to improve the health of all people in New South Wales.

To provide us with a response to these election priorities, which we will make available to physicians and trainees across the state before the election, or to seek more information about the RACP and the NSW Committee, please contact Rhiannon Moran, Senior Executive Officer, by emailing [racpnsw@racp.edu.au](mailto:racpnsw@racp.edu.au).



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- <sup>1</sup> For a diagram showing the diversity of RACP medical specialities, training programs, and qualifications, see of the [RACP Strategic Plan 2019-2021](#), p. 25.
- <sup>2</sup> National Mental Health Survey of Doctors and Medical Students (beyondblue, 2013, [dataset and executive summary available by request](#)).
- <sup>3</sup> Hoy, Ryan F., et al. "Artificial stone-associated silicosis: a rapidly emerging occupational lung disease." *Occup Environ Med* 75.1 (2018): 3-5.
- <sup>4</sup> See RACP [submission](#) to the Victorian Parliament Law Reform, Road and Community Safety Committee Inquiry into Drug Law Reform, March 2017, from which parts of this section are adapted.
- <sup>5</sup> Makkai, T., Macleod, M., Vumbaca, G., Hill, P., Caldicott, D., Noffs, M., Tzanetis, S., Hansen, F., 2018, Report on Canberra GTM Harm Reduction Service, Harm Reduction Australia, p. 3.
- <sup>6</sup> Australian Bureau of Statistics, [2016 Drug Induced Deaths in Australia](#)
- <sup>7</sup> For example, [Fentanyl use surges in Australia, drug monitoring program finds](#) (The Guardian, 9 October 2018).
- <sup>8</sup> See CDC [Synthetic Opioid Overdose Data](#).
- <sup>9</sup> United Nations Office on Drugs and Crime, [World Drug Report 2018](#).
- <sup>10</sup> See Goal 5, Advocacy & Influence, of the [RACP Strategic Plan 2019-2021](#), p. 20.