RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Healthy workforce, healthy communities

2025 Western Australian Election Statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, including 1,764 physicians and 765 trainees in Western Australia.[1]

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

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Key Priorities

In the lead up to the Western Australian election, the Royal Australasian College of Physicians (RACP) is calling on political parties and leaders in Western Australia to commit to:

1. **Supporting the physician workforce to meet growing healthcare needs:**
    - Growing the physician workforce (particularly the Aboriginal and Torres Strait Islander physician workforce)
    - Taking action to attract and retain physicians and trainees in Western Australia
    - Tailored solutions to address low numbers of physicians in specific specialties and locations in Western Australia.

2. **Fostering a culture of health and wellbeing** for physicians and trainees to maintain the sustainable delivery of health care.

3. **Improving drivers of good health[2]:**
    - Improving access to child development health services
    - Reducing the harms of alcohol, including by minimum unit pricing
    - Adopting a health focused approach to youth justice
    - Action on climate change.

The RACP and its Western Australian Committee are committed to advocating for the development of policies that are evidence-informed, advised by the knowledge and expertise of our physicians, and that benefit the health and wellbeing of all people in Western Australia.

The following priority areas reflect the professional expertise and experience of our physicians.

1. Supporting the physician workforce to meet growing healthcare needs

What's the issue?
Rising healthcare needs in Western Australia are placing increasing demands on the physicians and trainees who work across the state.

Growing the physician workforce (and the healthcare workforce more generally) is essential to meet these demands and ensure access to high-quality care for Western Australians, whether they live in metropolitan, regional, rural or remote areas.

The population of Western Australia is almost 3 million.[3] Around one fifth of the population lives outside Greater Perth, including in regional, rural and remote areas.[4]

Although most Aboriginal and Torres Strait Islander people reside in metropolitan Perth, in the more remote local government areas of Broome and Derby-West Kimberley, 28.6% and 60.3% of their respective populations identify as Aboriginal or Torres Strait Islander.[5]

Western Australia is home to 1,764 physicians and 765 trainees, but only 111 (4% of total 2,529 members) are based in regional or remote parts of the state.[6]

The RACP seeks equitable access to, and availability of, culturally safe and responsible health outcomes for Western Australians living in regional and remote locations and those

identifying as Aboriginal or Torres Strait Islander. Improved access to the specialist services of RACP members is important to address current inequity.

Growing healthcare needs are also linked to changing expectations from consumers and carers. For example:

- preventive healthcare is becoming more important
- an ageing population has greater needs, and
- increased immigration requires healthcare to be delivered with a cultural lens.[7]

Work underway in Western Australia
The RACP acknowledges that WA Health is prioritising health workforce issues through initiatives such as the WA Health Workforce Strategy 2034, which focuses on modelling; attraction; retention; leadership; digitalisation; and partnerships.[8]

The Strategy targets many of the workforce concerns shared by the RACP, such as:
- addressing the challenges with health care in rural and remote areas
- the need for strategies around attraction, retention and flexibility within the medical workforce, and
- growing and supporting the Aboriginal and Torres Strait Islander workforce.[9]

A continuing and expanded Government focus on workforce is needed to serve the whole population of Western Australia equitably and efficiently.

We need better collaboration between the Government, employers and medical colleges to increase the number of high quality, well-resourced and attractive accredited training settings and training positions, particularly in regional and rural locations. This will encourage trainees to seek these opportunities and live and work in non-metropolitan Western Australia following the completion of their training.

We are concerned about:
- Inequitable access to high-quality specialist care for those living in rural, regional and remote communities, particularly Aboriginal and Torres Strait Islander peoples, their families and communities. The RACP has developed a Regional, Rural and Remote Physician Strategy to assist with reducing these inequities.
- Shortages of physicians and trainees more broadly in WA - in adult general medicine, in community and general paediatrics, and in particular specialties such as nephrology, public health and rehabilitation medicine.

We call on the incoming Western Australian government to:
- Resource the healthcare system to address inequity of access to care in the WA population.
- Grow the physician workforce:
    - particularly the Aboriginal and Torres Strait Islander physician workforce, and
    - especially in rural, regional and remote areas.
- Address supervisor and trainee shortages and provide more support for supervisors and trainees.
- Implement effective and flexible attraction and retention strategies.
- Tailor workforce solutions for specialties with low numbers of physicians, including in rural and remote Western Australia.

How to do it:
- Consult, coordinate and collaborate with physicians and the RACP Western Australian Committee, particularly in relation to:
    - Implementing the WA Health Workforce Strategy 2034 to address patient access to physicians, especially in regional, rural and remote areas
    - Implementing or developing other relevant policies which aim to improve the delivery of healthcare for physicians, trainees and patients (e.g. WA Health

Digital Strategy 2020-2030; WA Aboriginal Health and Wellbeing Framework 2015-2030.)
    - New directions in healthcare workforce planning to anticipate and strategically support training in specific specialties/locations before critical shortages occur
    - Design of innovative models of care that promote cultural safety in clinical settings and address barriers to accessing health care – the RACP has undertaken a range of work on potential integrated care models.
- Support RACP implementation of our Regional, Rural, and Remote Physician Strategy and forthcoming implementation plan.
- Track, map, and research the effects of increased medical school places and scholarships on long-term specialist workforce distribution, particularly in rural and remote areas.[10]
- Implement mechanisms to grow the local Western Australian trainee and physician workforce to reduce the reliance on physicians from other states and territories or overseas.
- Incentivise and support rural/regional training for physician trainees and consider a flexible mix of attraction strategies such as access to childcare, rental affordability measures, moving assistance, and other measures.[11]
- Ensure protected time for physicians to teach and supervise trainees, as well as protected time for trainees to engage in learning and research.
- Support high quality physician care by providing expanded cultural safety training to Overseas Trained Physicians and other International Medical Graduates and encourage them to have a reflective practice with respect to patient experiences.
- Support RACP advocacy for a dedicated national training program for the public health physician workforce to address workforce shortages exacerbated by the COVID-19 pandemic.[12]
- Commit to developing and implementing a culture of high-value care, including supporting the RACP's flagship Evolve initiative, driving high-value, high-quality care.
- Develop a Western Australian-specific action plan to optimise the use of telehealth facilities, where clinically appropriate, to maximise outpatient specialist care by members of the RACP.
- Remove barriers to discharge from hospital care settings, including accessible rehabilitation, disability services and supported accommodation and partner with social care services such as aged care, disability and mental health services in an integrated care manner to assist with this. For Aboriginal and Torres Strait Islander patients, barriers may also include lack of access to culturally safe care, unconscious biases within the health system and experiences of racism.
- Ensure there is appropriate physician and other clinical involvement in healthcare leadership.
- Ensure meaningful consultation with health consumers and carers who are impacted by changes to workforce policies.

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

What's the issue?
Wellbeing of physicians and trainees is vital for safe and effective healthcare, and for sustainability of the physician workforce.

The RACP takes an active role in shaping a healthier training culture for our physicians and trainees and takes an active role in promoting the highest standards of behaviour and ethics to our members.

Our accreditation standards reflect our expectation that all training sites provide a safe, healthy, respectful working and learning environment and address any behaviour that undermines self-confidence or professional confidence as soon as it is evident.

The RACP acknowledges that the WA Health Workforce Strategy 2034 has a focus on workforce culture, wellbeing and committing to safe work environments.[13] Despite this focus, there are ongoing challenges that need to be addressed.

We are concerned about:

- Hospitals and healthcare services operating at or over capacity putting workload pressure on physicians, trainees and other healthcare professionals, which has consequences beyond overcrowding, and is a strong driver of burnout.
- Rising time on-call harming physician and trainee wellbeing and reducing career longevity.[14]
- Rising workloads.
- Worsening burnout.[15]
- Risks to physician health, wellbeing and career longevity.
- Potential for poor workforce health and wellbeing to affect the quality of care and health outcomes of patients.[16]

We call on the incoming Western Australian government to:

- Work with us and invest in physician and trainee health and wellbeing.
- Enable, normalise, and accommodate safe and healthy work arrangements and practices.
- Champion workplace cultures that foster kindness among healthcare colleagues.
- Support all aspects of physician and trainee work, including leadership, training, and career development opportunities in a way that is appropriately mindful of family and other caring responsibilities.

How to do it:

- Strengthen the capacity to train physicians and resource the overall system to serve the population's needs fairly and equitably, including systems to empower Aboriginal and Torres Strait Islander physicians, trainees and patients.
- Implement strategies for flexible training, work hours, parental leave and other support mechanisms for physicians and trainees.
- Reduce frustrations of everyday practice such as poor IT, frequent time on call and challenges in timely access to key patient information and records, which can be impacted by fragmented IT systems which do not connect to each other.
- Invest in Chief Wellness Officers in healthcare settings across WA (paid clinical positions with health and wellbeing responsibilities, including contributing to the evidence base for supporting wellbeing).
- Support RACP advocacy for national training and employment flexibility, where appropriate.
- Develop a system of locum support to maintain healthcare service delivery. This should cover routine planned staff leave plus leave for continuing professional development, to encourage a highly trained and safe specialist workforce.
- Work with the RACP to address and eliminate racism in the healthcare system, which impacts on the wellbeing of physicians and patients. Racism in the healthcare system is also a barrier to Aboriginal and Torres Strait Islander patients accessing healthcare.[17]

3. Improving access to child development health care

What's the issue?

In Western Australia, lengthy wait times to access paediatric developmental assessments are a significant concern. Early intervention and treatment are crucial for improved health and wellbeing outcomes in children.

The RACP submission to the WA Select Committee Inquiry into Child Development Services highlighted that the current paediatrician workforce is not sufficient to meet service demands in WA.[18] This is especially the case in the sub-specialties of neuro-developmental, mental health, and adolescent paediatrics.[19]

The RACP acknowledges that in April 2024, there was an additional $39 million funding announced for the Child Development Service to increase staff (including paediatricians) and infrastructure.[20] Despite this, the median wait time for a child to access a paediatrician through the metropolitan Child Development Service remains unacceptably high (22.2 months as at November 2024).[21] Timely access to paediatricians is crucial for improving the health outcomes of children and their families.

We are concerned about:

- Long wait lists to access public child development services, thereby delaying early diagnosis and intervention, potentially worsening conditions, increasing strain on families, and resulting in poorer health outcomes.

We call on the incoming Western Australian government to:

- Improve access to paediatric care by increasing resources for paediatric training positions, to strengthen the paediatrician workforce across the state.[22]
- Explore funding innovative approaches to training in collaboration with the RACP and other relevant stakeholders including in private practice and the Aboriginal Community Controlled Health Services (ACCHS).

How to do it:

- At the broadest level, any changes to workforce models or strategies should be informed by and consistent with the National Medical Workforce Strategy, which has been endorsed by the nation's health minsters and the RACP.[23]
- The RACP strongly supports integrated, cross-profession, team-based approaches to health care. However, the primary responsibility for developmental assessment and diagnosis should remain with paediatricians (and other specialists such as psychiatrists) who have the specialised training and expertise needed to conduct these complex assessments.[24]
- Work with RACP paediatric experts to implement the recommendations of the Inquiry into Child Development Services, ensuring paediatricians are included in relevant implementation advisory and oversight groups.[25]
- Work with RACP paediatric experts more broadly, for example on foundational supports to assist with identifying children with developmental delays early. Paediatric members have highlighted the role of early identification via:
    - play groups and childcare centres
    - drop-in sessions arranged by child health services, including private practices, and
    - community organisations, including religious organisations (such as churches and mosques), especially for culturally and linguistically diverse communities.

4. Reducing the harms of alcohol, including by minimum unit pricing

What's the issue?

Alcohol remains one of the most harmful drugs in Australia and a leading contributor to disease.

While the prevalence of Fetal Alcohol Spectrum Disorders (FASD) in Australia is unknown, seminal studies in the Kimberley and prison settings in WA have established high prevalence. Nationally alcohol is the most common preventable cause of neurodevelopmental disability. Qualitative reporting shows that many children who had been exposed to prenatal alcohol are experiencing learning and emotional difficulties. A large number of affected young people are coming into contact with the juvenile justice system.[26]

Alcohol-related harms create enormous social and economic costs to Australian society. In 2017-2018, the estimated social cost of alcohol use in Australia was $66.8 billion.[27]

Evidence shows that a coordinated public health approach to reducing alcohol consumption is required to comprehensively tackle the harms associated with alcohol. Minimum Unit

Pricing (MUP) is an evidence-based public health measure aimed at addressing the over-consumption of alcohol.[28] [29] [30]

The Final Report to the Western Australian Government of the Sustainable Health Review includes minimum unit pricing as one of two priorities designed to reduce harmful alcohol use by 10 per cent by July 2024.[31] Since heavy drinkers of alcohol and young people are sensitive to changes in the price of alcohol, MUP can be used to:

- cut rates of underage alcohol consumption
- reduce both regular consumption of large volumes of alcohol and episodic binges, and
- encourage safer consumer choices.[32]

Physicians advocate for minimum unit pricing because where it has been tried in Australia, it works. After one year of MUP in the Northern Territory, the data shows:

- reduced emergency department presentations
- reduced alcohol-related assaults
- reduced alcohol-related domestic violence.[33]

In July 2022, a report on the three-year review of MUP in the NT, prepared for the NT Department of Health, recommended retaining the MUP at its current level as there was some evidence that it impacted consumption.[34]

A recent study also highlighted that alcohol pricing policies (including MUP) can help reduce the social harms associated with alcohol consumption in Australia as part of a comprehensive alcohol policy approach. The study considered a range of social harms including sickness-related absences from work, presenting at work with alcohol-related illnesses, unemployment, alcohol-related anti-social behaviour and police-reported crimes.[35]

We are concerned about:

- Alcohol is responsible for 4.5 percent of the total disease burden across Australia and is a factor in over 30 diseases and injuries.[36] In Western Australia, it has been estimated that 5.6 per cent of the disease burden is attributable to alcohol use, the second highest rate in Australia.[37]

We call on the incoming Western Australian government to:

- Increase the availability and range of treatment services for those with alcohol use disorder.
- Introduce minimum unit pricing.
- Increase funding for prevention services to reduce the incidence of alcohol and other drug misuse.

How to do it:

- The RACP's Alcohol Policy, developed jointly with the Royal Australian and New Zealand College of Psychiatrists, provides an in-depth review of the evidence and provides recommendations on effective policies to reduce the harms of alcohol.[38]
- Investing adequately in evidence-based interventions to prevent and treat harms arising from the use of alcohol and other drugs across hospital and community-based care, including services delivered by multidisciplinary teams.
- Increasing investment in the addiction medicine and addiction psychiatry workforce to address severe shortages of treatment services across Australia.
- Increasing workforce capacity through professional development, investment in physical infrastructure, addressing unmet demand for treatment, and providing for a range of treatment models.
- Deliver appropriate infrastructure and data collection systems for alcohol-related medical consultations, ambulance call outs, emergency department presentations and hospital admissions, and for other key issues such as family violence.

- Introducing a system for ongoing monitoring of alcohol-related harm including harm to others, especially within the hospital sector, and for monitoring and analysis of assessments and diagnoses of FASD.
- Raise awareness about the harms of alcohol through public education campaigns (e.g. media campaigns).

5. Adopting a health-focused approach to youth justice

What's the issue?
The RACP urges a focus on health whenever considering approaches to youth justice.

We also urge a fundamental premise of respect for children and their potential. This premise should inform and underpin all children-specific policy-making before the election, and legislation in the new Parliament.

Children who encounter the criminal justice system and the child protection system often have complex health and social needs.[39] Many inequities start at or before conception, continue into early childhood, and increase along a clear social gradient.[40]

The greater a child's disadvantage, the worse their health tends to be. Often gaps widen as children grow older, resulting in adverse health in adulthood, poorer educational and vocational outcomes, with increased premature mortality and morbidity. This can have an intergenerational effect with inequity passed on to the next generation.[41]

Poor access to services compounds inequities, and custodial environments are intrinsically unsuited to promote child health and wellbeing. Intensive early multi-disciplinary support is needed to prevent inequities, rather than episodic responses to crises as they happen.

Aboriginal and Torres Strait Islander children in Western Australia are overrepresented in the child protection and youth justice systems. As a founding member of the Close the Gap Campaign, we see youth justice reform as a critical part of efforts to ensure better health outcomes for Aboriginal and Torres Strait Islander people and their communities.[42] We are committed to respecting and promoting Aboriginal and Torres Strait Islander self-determination, leadership and knowledge systems.[43] There is a need to prioritise Aboriginal and Torres Strait Islander leadership, both at the healthcare system and the healthcare service delivery levels for children in the youth justice system.

Members of our Paediatrics and Child Health Division have specific training and expertise that is key to evidence-informed youth justice reform that supports the health and wellbeing of children and young people. With the right supports and treatment, children can be given he best chance to thrive in life.

The RACP strongly supports raising the minimum age of criminal responsibility to at least 14, in line with expert medical advice.

We are concerned about:
- Over-representation of Aboriginal and Torres Strait Islander children in the child protection system, and in both the custodial and non-custodial parts of the adult and youth justice system.
- Deaths of young people in custody.
- Ensuring there are appropriate opportunities for Aboriginal and Torres Strait Islander leadership both at the system reform and the healthcare service delivery levels for

children in the Western Australian youth justice system.
- Poor access to preventive and support services compounding inequities.
- Children being seen through the lens of criminality rather than through a health lens.
- Need for access to intensive early multi-disciplinary support.
- Children being detained in adult facilities.

We call on the incoming Western Australian government to:
- Prioritise Aboriginal and Torres Strait Islander health leadership in youth justice reform, and in youth justice service design and delivery, and ensure a culturally safe and responsive approach.
- Commit to raising the age of criminal responsibility to at least 14 years, with no exceptions.[44] It is inappropriate for children aged 10 to 13 years to be in the youth justice system.[45]
- Implement recommendations made in the RACP's position statement on the Health Care of Children in Care and Protection Services,[46] which complements the RACP position statement on the Health and Well-being of Incarcerated Adolescents.[47]
- Commit to involving paediatricians and other child health experts in healthcare service design and delivery.
- Commit to ensuring that children who are detained are placed only in purpose-designed and purpose-built facilities that also provide access for proper specialist medical care.
- Invest in models of care and initiatives that promote equitable access to, and availability of, culturally safe health care services.
- Commit to funding and delivering appropriate health promotion, early intervention and preventive health measures.

How to do it:
- Implement a health-first approach to youth justice.
- Ensure Aboriginal and Torres Strait Islander leadership and involvement in all decision-making processes.
- Raise the age of criminal responsibility from 10 years to at least 14 years, with no exceptions. We have long called for national consistency, and in its absence, we call on all jurisdictions to raise the age.[48]
- Incarceration, when necessary for children above 14 years of age, should only ever be in purpose-designed and purpose-built environments where proper health care (including specialist medical care) and suitable social supports are provided.
- Implement effective and timely health assessments for all children and young people entering custodial settings.
- Provide developmental disability/delay assessments by paediatricians when clinically warranted.
- Implement the RACP's recommendations for state and territory governments in our Health Care of Children in Care and Protection Services position statement.[49]

6. Action on climate change

What's the issue?
Climate change is impacting health and healthcare systems. Australia is facing greater climate impacts than many other parts of the world.[50] Climate impacts, such as more frequent and intense extreme weather events and increasing temperatures, plus changes to vector-borne disease patterns, and worsening food and water shortages, result in health consequences including heat stress; respiratory, gastrointestinal, and cardiovascular illness; injury; malnutrition, and psychological distress.[51]

WA continues to expand fossil fuel infrastructure and extraction,[52] contributing to climate change and causing both direct and indirect health impacts, and is one of the few states in which net emissions have increased over the last two decades.[53]

The WA health system is a significant contributor to carbon emissions, contributing to approximately 8% of the state's emission profile in 2020.[54] The RACP acknowledges the WA

Health Climate Action Plan 2023, and the establishment of the Sustainable Development Unit (SDU) to lead and coordinate the response to climate action and sustainability.[55]

We are concerned about:

- Increasing impacts of climate change to the health of Western Australians.
- Climate-related demand for healthcare services, pressuring already stretched services.
- Increased risks to medical workforce sustainability due to climate change impact.

We call on the incoming Western Australian government to:

- Recognise, prevent and address harms that fossil fuel developments pose directly to human health and indirectly through exacerbation of climate change.
- Build healthcare system climate resilience including a strong, sustainable medical workforce.
- Commit to, and deliver on-track progress towards, net zero healthcare emissions by 2040, ten years earlier than the ambition in the WA Climate Policy.[56]

How to do it:

- Centre and elevate Aboriginal and Torres Strait Islander knowledges and ways of knowing and being, and be guided by Aboriginal and Torres Strait Islander governance and leadership in all climate change and health mitigation and resilience responses.
- Develop and implement a just, equitable, effective, and feasible transition plan for a whole-of-state transition to renewable energy, [57] which includes community-led processes, plans, and programs and provision of support to affected communities.
- Require all fossil fuel extraction projects within WA to undertake a full independent Health Impact Assessment, including an assessment of the effects on climate change.[58]
- Increase active transport use and safety, increase public transport, particularly to inadequately serviced areas, and incorporate active and public transport into the planning of new developments, including hospitals and health services.
- Facilitate construction of new buildings and retrofit existing buildings to high health, environmental, and climate resilience standards.
- Ensure that sector climate change adaptation and resilience planning and implementation integrates health, and healthcare system preparedness for climate change, guided by Aboriginal and Torres Strait Islander leadership.
- Invest in public health, including reducing the burden of chronic disease, through a Health in All Policies approach that addresses the social, commercial, environmental, economic, spiritual, and cultural determinants of health.
- Work with the Commonwealth Government to implement the National Health and Climate Strategy in WA.
- Leverage the State Public Health Plan and corresponding local government area Public Health Plans (outlined under the *Public Health Act 2016)*, to coordinate place-based cross-government actions that support health focused climate change mitigation and resilience planning responses including:
    - Urban planning for built environments that are climate resilient and promote health and wellbeing, including walkability, strong public transport infrastructure, preserving and increasing urban canopy, and equitable access to green spaces.
    - Prioritising the insulation, cooling, energy efficiency, and electrification of homes through subsidies and community education on climate and health benefits of such changes.
    - Investing in community-led responses to climate mitigation and building climate resilience that are culturally appropriate and meet the needs of priority populations,
    - Work with communities on heat adaptation responses, such as exploring equitable access to public cooling spaces for those without access to thermally safe housing, with facilities and support for priority populations including transport to cooling spaces.

        - Improving community climate change and health literacy through education programs, workshops, forums, and events and providing access to information in easily accessible formats and pathways.
- Take a healthcare system reform approach to building climate resilience and reducing healthcare system emissions by centering prevention, optimising models of care, reducing low-value care, such as through the RACP's Evolve program, and leveraging digital health opportunities.
- Support the healthcare workforce to undertake actions that build climate resilience.
- Strengthen and expand health system responses to climate change through:
    - Increasing funding and resourcing of climate-related activities, including supporting more SDU staff and providing dedicated funding for SDU mitigation and adaption programs and initiatives
    - Building visibility and cross-portfolio integration of the SDU within the Department of Health
    - Building capacity for the SDU to work with and across community, government departments and non-government organisations including research and education organisations
    - Establishing a Climate Friendly Health System Innovation Fund in WA to provide grants to local healthcare services for implementing emissions reduction, climate impact, and sustainability initiatives.
    - Working with the Commonwealth Government to support and contribute to a National Climate Change and Health Resilience Research Fund to identify resilience strategies for the WA health system.
    - Auditing, monitoring and reporting on healthcare emissions annually.

The Way Forward

The RACP calls on all political parties and candidates to commit to the health and wellbeing of all people in Western Australia extending beyond the election cycle, and to deliver effective evidence-informed and expert-advised health policies.

We look forward to working collaboratively with the incoming government and all successful candidates to improve the health and wellbeing of all Western Australians.

Please contact us to respond to these election priorities, arrange a meeting, or to seek more information about the RACP and the RACP Western Australian Committee.

RACP Western Australian Committee Contact:
Ms Jennifer Bennett, Senior Executive Officer (WA), via RACPWA@racp.edu.au

RACP Policy & Advocacy Contact:
Ms Jessica Falvey, Policy & Advocacy Officer, via policy@racp.edu.au

[1] As of 13 December 2024.
[2] Improving drivers of good health supports the Sustainable Health Review. Sustainable Health Review: Final Report to the Western Australian Government. Perth. Department of Health, Western Australia; 2019 [cited 2025 Jan 16] Available from: https://www.health.wa.gov.au/improving-wa-health/sustainable-health-review/final-report.
[3] Department of Treasury. Population. Perth: Government of Western Australia [cited 2024 Dec 13]. Available from: https://www.wa.gov.au/organisation/department-of-treasury/population.
[4] Australian Bureau of Statistics. Snapshot of Western Australia 2021. Canberra: Australian Bureau of Statistics Website; [cited 2024 Dec 13]. Available from: https://www.abs.gov.au/articles/snapshot-wa-2021.
[5] Australian Bureau of Statistics. Western Australia: Aboriginal and Torres Strait Islander population summary. Canberra: Australian Bureau of Statistics; [cited 2024 Dec 13]. Available from: https://www.abs.gov.au/articles/western-australia-aboriginal-and-torres-strait-islander-population-summary.
[6] RACP data as at 13 December 2024.
[7] See for example, WA Health Promotion Strategic Framework in relation to preventive health. The Western Australia Population Report no 12 found that the proportion of the population aged 65 years and over is forecast to increase from 16% in 2022 to 19.5% by 2036. In 2023-2024, overseas migration contributed a net gain to the WA

population of 58,080 – see Australian Bureau of Statistics data at https://www.abs.gov.au/statistics/people/population/overseas-migration/latest-release.
[8] WA Department of Health, WA Health Workforce Strategy 2034.
[9] WA Department of Health, WA Health Workforce Strategy 2034, see for example pp 14, 15, 16 and 19.
[10] For example, research has shown that students who undertake a placement through the Rural Clinical School of WA at the University of WA are four times more likely to return to work in regional areas compared to others. See for example: Playford DE, Evans SF, Atkinson DN, Auret KA, Riley GJ. Impact of the Rural Clinical School of Western Australia on work location of medical graduates. Medical Journal of Australia. 2014 Feb;200(2):104–7. Available from: https://www.mja.com.au/journal/2014/200/2/impact-rural-clinical-school-western-australia-work-location-medical-graduates
[11] The Royal Australasian College of Physician's Regional, Rural, and Remote Physician Strategy has been developed to this end.
[12] See The Royal Australasian College of Physicians. Submission to Department of Health and Aged Care consultation "Role and Function an Australian Centre for Disease Control (CDC)" [Internet]. 2022 [cited 2024 Dec 4]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-centre-for-disease-control-and-prevention.pdf?sfvrsn=6bd1d11a_10, in turn citing Riddout L, Cowles C, Madden L, Stewart G. Planned and unplanned futures for the Public Health workforce in Australia: [Internet]. Sydney: The Australasian Faculty of Public Health Medicine; 2017 [cited 2024 Dec 4]. Available from: https://www.racp.edu.au/docs/default-source/about/afphm/afphm-public-health-physician-workforce-futures-report.pdf?sfvrsn=6ea23c1a_8
[13] WA Department of Health, WA Health Workforce Strategy 2034, p 27.
[14] National Academies of Sciences, Engineering, and Medicine, National Academy of Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. Factors Contributing to Clinician Burnout and Professional Well-Being [Internet]. www.ncbi.nlm.nih.gov. National Academies Press (US); 2019 [cited 2024 Dec 4]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK552615/ We note the following comment on job demands from this source: "Globally considered, the evidence for an association between job demands and clinician burnout is arguably the strongest for any independent variable."
[15] Of the 3069 RACP trainees nationwide who were surveyed in the 2024 Medical Training Survey:

- 54% of RACP trainees considered their workload heavy or very heavy.
- 1 in 3 trainees reported that the amount of work they are expected to do adversely impacts their wellbeing always or most of the time.
- Only 60% of surveyed trainees reported that they can access protected study time/leave.

[16] Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction. JAMA Internal Medicine [Internet]. 2018 Oct 1;178(10):1317 [cited 2025 Jan 21]. Available from: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144
[17] See, for example, Australian Government. Position Statement: Impacts of Racism on the Health and Wellbeing of Indigenous Australians Key Points [Internet]. 2021. Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/position-statement-impacts-of-racism-on-the-health-and-wellbeing-of-indigenous-australians-impacts-of-racism-on-the-health-and-wellbeing-of-indigenous-australians.pdf
[18] The Royal Australasian College of Physicians. Submission to the WA Select Committee into Child Development Services [Internet]. 2022 [cited 2025 Jan 21]. Available from: https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/5640666FEC0E28AE4825890900117F23/$file/00083NoCover.pdf p 2.
[19] The Royal Australasian College of Physicians. Submission to the WA Select Committee into Child Development Services [Internet]. 2022 [cited 2025 Jan 21]. Available from: https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/5640666FEC0E28AE4825890900117F23/$file/00083NoCover.pdf pp 1-2.
[20] $39 million for major expansion of Child Development Service, Western Australian Government [Internet]. Western Australian Government. 2024 [cited 2025 Jan 21]. Available from: https://www.wa.gov.au/government/media-statements/Cook-Labor-Government/%2439-million-for-major-expansion-of-Child-Development-Service--20240409
[21] Western Australia. Parliament. Legislative Assembly. Hansard: 41st Parliament, 1st Session, 6 November 2024. [Internet]. p 5840 Available from: https://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/3793BCC07FCD40C948258BD200165AE9/$File/C41%20S1%2020241106%20All.pdf
[22] The Royal Australasian College of Physicians. Submission to the WA Select Committee into Child Development Services [Internet]. 2022 [cited 2025 Jan 21]. Available from: https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/5640666FEC0E28AE4825890900117F23/$file/00083NoCover.pdf p 2.
[23] The Royal Australasian College of Physicians. Submission to the WA Select Committee into Child Development Services [Internet]. 2022 [cited 2025 Jan 21]. Available from: https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/5640666FEC0E28AE4825890900117F23/$file/00083NoCover.pdf p 2.
[24]The Royal Australasian College of Physicians. Submission to the WA Select Committee into Child Development Services [Internet]. 2022 [cited 2025 Jan 21]. Available from: https://www.parliament.wa.gov.au/Parliament/commit.nsf/luInquiryPublicSubmissions/5640666FEC0E28AE4825890900117F23/$file/00083NoCover.pdf p 2.
[25] Western Australia. Parliament. Legislative Council. Committee report: Compilation Report: Select Committee into Child Development Services: Child Development Services in Western Australia: Valuing our children and their needs. [Internet]. April 2024. Available from:

https://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/97243864767EFE6E48258B02002A6A67/$file/cd.cds.240418.rpf.003.Web%20Version.pdf

[26] See Bower C, Watkins RE, Mutch RC, et al, Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia BMJ Open 2018;8:e019605. doi: 10.1136/bmjopen-2017-019605 which found FASD prevalence of 36%.

[27] Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia, AIHW, Australian Government; 2024 [cited 2024 Dec 16] Available from: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/economic-impacts.

[28] See The Royal Australasian College of Physicians. Factsheet on minimum unit pricing on alcohol. [cited 2024 Dec 16]. Available from: https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/racp-factsheet-on-minimum-unit-pricing-on-alcohol.pdf?sfvrsn=d4f8f71a_10.

[29] See The Royal Australasian College of Physicians. Minimum unit pricing: select bibliography. [cited 2024 Dec 16]. Available from: https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/minimum-unit-pricing-select-bibliography.pdf?sfvrsn=dbf8f71a_8.

[30] See WA Alcohol and Youth Action Coalition The case for a minimum (floor) price for alcohol in Western Australia. 2018 [cited 2024 Dec 16]. Available from: https://web.archive.org/web/20181010000551/https:/mcaay.org.au/assets/publications/reports/wa-alcohol-and-youth-action-coalition---the-case-for-a-minimum-(floor)-price-for-alcohol-in-western-australia-oct-2018.pdf.

[31] Western Australian Government. Sustainable health review: final report. Perth: Western Australian Government; 2020 [cited 2024 Dec 16]. Available from: https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf p. 50, with implementation to include:

1. "Introduction of a minimum floor price for alcohol with regular adjustments for inflation, guided by reform in the Northern Territory.
2. "Health system action plan for alcohol-related violence aligned to whole-of-government approach to family and domestic violence including the WA Alcohol and Drug Interagency Strategy 2017–2021."

[32] The small increase in the cost of alcohol that might affect moderate drinkers must be seen in the context of the total health, social and economic costs of excessive alcohol use. Minimum unit pricing preserves consumer choice while promoting healthier options. Under MUP, alcohol will remain widely accessible in Australia and adults will remain free to make their own choices. The idea is to reduce the hazardous levels of use by the heaviest consumers and support healthier choices for all users.

[33] Northern Territory Government. Alcohol harm minimisation action plan 2019-2023: update August 2019. Darwin: Northern Territory Government; 2019 [cited 2024 Dec 16]. Available from: https://industry.nt.gov.au/__data/assets/pdf_file/0010/1089442/ahm-plan-201908-update.pdf. Specifically, the data shows:

- a 17.3% reduction in emergency department presentations in July 2018 to June 2019 compared to the same period in 2017-2018
- In Katherine, a 42.5% reduction in alcohol-related assaults in April-June 2019 compared to October-December 2017
- In Alice Springs, there were 45% fewer alcohol-related assaults, 37% fewer alcohol-related domestic violence assaults and 33% fewer alcohol-attributable emergency presentations between 2017-2018 and 2018-2019.

[34] Frontier Economics. Evaluation of minimum unit price of alcohol in the Northern Territory: a report prepared for the Northern Territory Department of Health. 2022 [cited 2024 Dec 16]. Available from: https://health.nt.gov.au/__data/assets/pdf_file/0010/1146448/evaluation-mup-alcohol-nt.pdf

[35] Marzan M, Callinan S, Livingston S, Jiang H. Modelling the impacts of volumetric and minimum unit pricing for alcohol on social harms in Australia. Int J Drug Policy. 2024;129:104502 [cited 2024 Dec 15]. Available from: https://doi.org/10.1016/j.drugpo.2024.104502

[36] See The Royal Australasian College of Physicians. Factsheet on minimum unit pricing on alcohol. [cited 2024 Dec 16]. Available from: https://www.racp.edu.au/docs/default-source/policy-and-adv/alcohol/racp-factsheet-on-minimum-unit-pricing-on-alcohol.pdf?sfvrsn=d4f8f71a_10

[37] Australian Institute of Health and Welfare. Australian burden of disease study: impact and causes of illness and death in Australia 2011. Canberra: Australian Institute of Health and Welfare; 2016.

[38] The Royal Australasian College of Physicians. Alcohol policy. [cited 2024 Dec 16]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf?sfvrsn=6 Our alcohol advocacy webpage includes additional recommendations to reduce the rates of FASD and other alcohol-related physical and psychological health outcomes connected to alcohol use in pregnancy and breastfeeding; recommendations to strengthen licensing provisions; and recommendations so that better data collection can ensure targeted and evidence-based policy.

[39] Hertzman C. The Biological Embedding of Early Experience and Its Effects on Health in Adulthood. Annals of the New York Academy of Sciences [Internet]. 1999 Dec [cited 2024 Dec 5];896(1):85–95. Available from: https://pubmed.ncbi.nlm.nih.gov/10681890/.

[40] World Health Organisation. Closing the gap in a generation: Health equity through action on the social determinants of health Commission on Social Determinants of Health [Internet]. 2008 [cited 2024 Dec 5]. Available from: https://iris.who.int/bitstream/handle/10665/69832/WHO_IER_CSDH_08.1_eng.pdf?sequence=1.

[41] Nicholson J, And Berthelsen N, Wake D. Socioeconomic inequality profiles in physical and developmental health from 0–7 years: Australian National Study. Journal of Epidemiology & Community Health [Internet]. 2007 [cited 2024 Dec 5];66(1). Available from: http://eprints.qut.edu.au/38393/1/c38393.pdf.

[42] The Royal Australasian College of Physicians. Media Release: Efforts to Close the Gap must include raising the age of criminal responsibility to 14 [Internet]. 2022 [cited 2024 Dec 5]. Available from: https://www.racp.edu.au/news-and-events/media-releases/efforts-to-close-the-gap-must-include-raising-the-age-of-criminal-responsibility-to-14.

[43] See The Royal Australasian College of Physicians. Indigenous Strategic Framework 2018-2028 [Internet]. 2018 [cited 2024 Dec 5]. Available from: https://www.racp.edu.au/docs/default-source/default-document-library/indigenous-strategic-framework.pdf, and The Royal Australasian College of Physicians. Medical Specialist Access Framework: A Guide to Equitable Access to Specialist Care for Aboriginal and Torres Strait Islander people [Internet]. 2018. Available from: https://www.racp.edu.au/docs/default-source/policy-and-adv/medical-specialist-access-framework/medical-specialist-access-framework.pdf?sfvrsn=25e00b1a_0.

[44] We are joined in this position by, among others, the Australian Medical Association and the Australian Indigenous Doctors' Association. See Australian Medical Association. Media Release: AMA Calls for Age of Criminal Responsibility to be raised to 14 years of age [Internet]. 2019 [cited 2024 Dec 5]. Available from: https://www.ama.com.au/media/ama-calls-age-criminal-responsibility-be-raised-14-years-age and Australian Indigenous Doctors' Association. Media Release: Indigenous Doctors deeply concerned about raising the age of criminal responsibility to 12, urge AGs to follow medical advice [Internet]. 2021 [cited 2024 Dec 5]. Available from: https://aida.org.au/app/uploads/2021/11/20211117-AIDA-Raise-the-Age-media-release.pdf.

[45] RACP submission to the Council of Attorneys General Working Group reviewing the Age of Criminal Responsibility, July 2019 [cited 2024 Dec 5]. Available from https://www.racp.edu.au//docs/default-source/advocacy-library/b-20190729racp-submission-cag-review_final-gm-approved.pdf.

[46] The Royal Australasian College of Physicians. Position Statement: Health Care of Children and Care and Protection Services [Internet]. 2023 [cited 2024 Dec 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/health-care-of-children-in-care-and-protection-services-australia-position-statement.pdf?sfvrsn=6325d21a_4.

[47] The Royal Australasian College of Physicians. The Health and Well-being of Incarcerated Adolescents [Internet]. 2011 [cited 2025 Jan 21]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/the-health-and-wellbeing-on-incarcerated-adolescents.pdf.

[48] For example, see The Royal Australasian College of Physicians. Media Release: Physicians commend Tasmanian Government for announcing it will raise the minimum age of criminal responsibility [Internet]. 2023 [cited 2024 Dec 5]. Available from: https://www.racp.edu.au/news-and-events/media-releases/physicians-commend-tasmanian-government-for-announcing-it-will-raise-the-minimum-age-of-criminal-responsibility.

[49] Specifically, recommendations 9-17 (starting p. 11) and 24-28 (starting p. 13), relating to the outlined nine areas for improvement, being:

1. Health assessment and management plans, with appropriate follow-up
2. Culturally safe care
3. Trauma informed care
4. Prevention and early engagement with support services
5. Transitioning out of care
6. Integrated care and accessible health care records
7. Accountability, acknowledging State/Territory and National variations
8. Reporting, data and research
9. Care and protection system and care and protection workers.

See The Royal Australasian College of Physicians. Position Statement: Health Care of Children and Care and Protection Services [Internet]. 2023 [cited 2024 Dec 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/health-care-of-children-in-care-and-protection-services-australia-position-statement.pdf?sfvrsn=6325d21a_4

[50] Bragge P, Armstrong F, Bowen K, Burgess M, Cooke S, Burgess M, et al. Climate Change and Australia's Healthcare Systems A Review of Literature, Policy and Practice [Internet]. Monash Sustainable Development Evidence Review Service, BehaviourWorks Australia, Monash University; 2021 Oct [cited 2025 Jan 21]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-australias-healthcare-systems-a-review-of-literature-policy-and-practice.pdf?sfvrsn=efe8c61a_6

[51] The Royal Australasian College of Physicians. Climate Change and Health Position Statement [Internet]. 2016 [cited 2025 Jan 21]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_5

[52] See for example, recent approval by the WA Government of the 50 year extension of the North West Shelf Gas Project: ABC News. WA environmental minister approves North West Shelf extension. ABC News [Internet]. 2024 Dec 12 [cited 2024 Dec 16]. Available from: https://www.abc.net.au/news/2024-12-12/wa-environmental-minister-approves-north-west-shelf-extension/104654110

[53] Department of Climate Change, Energy, the Environment and Water. State and territory greenhouse gas inventories: annual emissions. National Greenhouse Accounts 2022 [Internet]. 2022 [cited 2024 Dec 16]. Available from: https://www.dcceew.gov.au/climate-change/publications/national-greenhouse-accounts-2022/state-and-territory-greenhouse-gas-inventories-annual-emissions#:~:text=Total%20emissions%20for%20Western%20Australia,fuel%20extraction%20since%202004%2D05

[54] Western Australia Department of Health. WA Health Climate Action Plan 2023. Perth: Western Australia Department of Health; 2023 [cited 2024 Dec 16]. Available from: https://www.health.wa.gov.au/~/media/Corp/Documents/Reports-and-publications/WA-Health-Climate-Action-Plan/WA-Health-Climate-Action-Plan-2023.pdf

[55] Western Australia Department of Health. WA Health Climate Action Plan 2023. Perth: Western Australia Department of Health; 2023 [cited 2024 Dec 16]. Available from: https://www.health.wa.gov.au/~/media/Corp/Documents/Reports-and-publications/WA-Health-Climate-Action-Plan/WA-Health-Climate-Action-Plan-2023.pdf

[56] Western Australia Department of Health. Climate change and sustainability. Perth: Western Australia Department of Health; [cited 2024 Dec 16]. Available from: https://www.health.wa.gov.au/Improving-WA-Health/Climate-change-and-sustainability.

[57] Rempel A, Gupta J. Equitable, effective, and feasible approaches for a prospective fossil fuel transition. WIREs Climate Change [Internet]. 2021 Dec 28 [cited 2024 Jul 14];13(2). Available from: https://doi.org/10.1002/wcc.756
[58] The Royal Australasian College of Physicians. The Health Benefits of Mitigating Climate Change Position Statement [Internet]. 2016 [cited 2024 Dec 17]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/health-benefits-of-mitigating-climate-change-position-statement.pdf?sfvrsn=3d34361a_5