



RACP
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EDUCATE ADVOCATE INNOVATE

Prioritising Health
2024 NT Election Statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, including 173 physicians and 84 trainees in the Northern Territory¹. 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 Northern Territory election, the Royal Australasian College of Physicians (RACP) is calling on political parties and leaders in the Territory to commit to:

- 1. Improving drivers of good health:**
 - Action on climate change to protect health and reach a net zero health system
 - Universal access to quality early childhood education
 - Health-focused youth justice reform.
- 2. Supporting the healthcare profession workforce to meet growing healthcare needs:**
 - Attracting and retaining physicians and trainees
 - Tailored solutions to address low numbers of physicians in certain specialties
 - Initiatives to ensure continuing professional development and support of high quality training.
- 3. Fostering a culture of health and wellbeing** for physicians and trainees to maintain the sustainable delivery of health care.

The RACP and its [Northern Territory 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 the Northern Territory (NT).

These priority areas reflect the health care expertise and professional experience of our physicians, as well as the opportunities for improvement that physicians and trainees can contribute.

1. Improving drivers of good health

Improvements in health outcomes of individuals and the health of Territorians requires sustained investment in preventive health and the social determinants of health. The RACP calls for at least 5% of the health budget to be earmarked for prevention (in line with the National Preventive Health Strategy and Australia's Long Term National Health Plan).²

The [RACP Health in All Policies](#) statement recognises the role of healthcare professionals in addressing the social determinants of health, including the social, economic, political, cultural, and physical circumstances that influence the prevention, treatment, and trajectory of illness.³

The Northern Territory should adopt a whole-of-government approach, and a Health in All Policies approach, to all policy areas. We focus here on three drivers of good health: action on climate change; universal access to quality early childhood education; and health-focused youth justice reform.

Action on Climate Change

What's the issue?

Climate change is impacting health and healthcare systems in Australia. Australia is facing greater climate impacts than many other parts of the world.⁴ The Territory faces increasing temperatures and the complex challenges of supporting communities in rural and remote areas through extreme weather events.

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.⁵

We are concerned about:

- Increasing impacts of climate change on the health of Territorians, including from heat.
- 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 Territory 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 in the NT.
- Commit to, and deliver on-track progress towards, net zero healthcare emissions by 2040.

How to do it:

- Develop and implement an equitable, effective, and feasible transition plan to renewable energy, ⁶ which includes the provision of support to affected communities.
- Require all fossil fuel extraction projects within the NT to undertake a full independent Health Impact Assessment, including an assessment of the effects on climate change.⁷
- Work with the Commonwealth Government to implement the National Health and Climate Strategy in the NT.
- Ensure that adaptation and resilience planning and implementation integrates health promotion and healthcare system preparedness for climate change and are guided by Aboriginal and Torres Strait Islander leadership.
- Prioritise actions that protect and promote health in the NT Climate Change Response's list of [Action Items](#) and the next associated [Progress Report](#), including bringing about health co-benefits in areas such as urban and community landscapes, transport and housing.
- 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.
- Audit, monitor and report on healthcare system emissions annually.
- Support and empower the healthcare workforce to undertake actions that build climate resilience and increase environmental sustainability.
- Establish a Climate Friendly Health System Innovation Fund in the NT to provide grants to local healthcare services for implementing emissions reduction, climate impacts and sustainability initiatives.

Universal access to quality early childhood education

What's the issue?

Ample research⁸ demonstrates the benefits of early childhood education as later life outcomes are long-term and far-reaching, particularly for disadvantaged children. Broader impacts of quality ECE, beyond improved school performance, include a higher level of employment, income and financial security, improved health outcomes and reduced crime.⁹ The [RACP's Kids Catchup Campaign](#) highlights that universal access to quality early childhood education programs for all 3-year-old children positively affects their health and wellbeing throughout their life course, and in turn, reducing demands on the healthcare system.

Early childhood education usually focuses on children aged 4-5 years in the year before they commence school. However, evidence shows the benefits of including 3-year-old children, especially children from disadvantaged backgrounds.^{10 11} These children should be

prioritised for access, as two years of early education leads to better outcomes, compared to just one year of early education.¹²

The RACP strongly recommends extending subsidised preschool places to all children in the Territory from 3 years old.

We are concerned about:

- Inequities experienced by Territory children at a young age can significantly undermine their physical, social, cognitive and emotional development, often resulting in poorer health outcomes in adulthood.

We call on the incoming Territory government to:

- Commit to subsidised universal access to quality education programs for all three-year-old children in the Territory.

How to do it:

- Implement subsidized universal access to education programs for all three year olds.¹³
- Fund, resource, and recruit the early childhood education workforce required to deliver this major commitment to future health and wellbeing throughout the Territory.¹⁴

Health-focused youth justice reform

What's the issue?

The RACP urges a focus on health whenever considering approaches to youth justice.

Children who encounter the criminal justice system and the child protection system often have complex health and social needs.¹⁵ Many inequities start at or before conception, continue into early childhood, and increase along a clear social gradient.¹⁶

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.¹⁷

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 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.¹⁸ We are committed to respecting and promoting First Nations leadership.¹⁹ There is a need to prioritise First Nations 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 the best chance to thrive in life.

The RACP is strongly opposed to any proposal to lower the age of criminal responsibility below 14 years of age, which would involve rejecting Recommendation 27.1 of the Royal

Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory.²⁰

We are concerned about:

- 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.
- 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 youth justice system.
- Need for First Nations leadership both at the system reform and the healthcare service delivery levels for children in the Territory youth justice system.

We call on the incoming Territory government to:

- Commit to raising the age of criminal responsibility to at least 14 years, with no exceptions.²¹ It is inappropriate for children aged 10 to 13 years to be in the youth justice system.²²
- Implement recommendations made in the RACP's position statement on the [Health Care of Children in Care and Protection Services](#),²³ which complements the RACP position statement on the [Health and Well-being of Incarcerated Adolescents](#).²⁴
- Commit to involving paediatricians and other child health experts in healthcare service design and delivery.
- Prioritise First Nations health leadership in youth justice reform, and in youth justice service design and delivery.

How to do it:

- Raise the age of criminal responsibility from 12 years to at least 14 years, with no exceptions. We have long called for national consistency, and in its absence, we commend all jurisdictions that raise the age.²⁵ The NT no longer leads the nation in the way it once did – it's time to restore NT leadership and raise the age again, to at least 14 years.
- Implement the RACP's recommendations for state and territory governments in our [Health Care of Children in Care and Protection Services](#) position statement.²⁶

2. Supporting the physician workforce to meet growing healthcare needs

What's the issue?

The RACP seeks equitable health outcomes for Territorians living in regional and rural locations by prioritising, advocating for, and supporting regional, rural and remote workforce and training initiatives.

Growing healthcare needs in the Territory are demanding more and more from the limited number of physicians and trainees who practise here. A renewed and continuing Government focus on workforce is needed to serve the whole population of the Territory 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 in regional and rural locations. This will encourage trainees to competitively seek these opportunities and consider remaining in the Territory following the completion of their training.

The physician workforce in the Territory may also be adversely impacted by climate change. One of the many challenges of climate change is the threat to health via its impacts on patient health and the medical workforce. Recently published peer reviewed literature²⁷ establishes that among surveyed NT medical practitioners:

“Over a third (34%) of the respondents indicated that climate change is already causing, or likely to cause, them to consider leaving the Northern Territory”

“85% of respondents reported that climate change is already causing, or likely to cause, negative effects on the health of their patients”

“Nearly three-quarters (74%) responded that climate change is already causing, or likely to cause, parts of the Northern Territory to become uninhabitable.”

We are concerned about:

- Hospitals and healthcare services operating at or over capacity putting workload pressure on physicians and other healthcare professionals, which has consequences beyond overcrowding, and is a strong driver of burn out.
- Rising healthcare demands putting essential physician activities like teaching, training and ongoing learning under pressure and affecting the future workforce quality, capacity and wellbeing.
- Rising time on-call harming physician and trainee wellbeing and reducing career longevity.²⁸
- The effects of climate change on the Territory’s community health and its medical workforce.

We call on the incoming Territory government to:

- Grow the physician workforce (particularly the First Nations physician workforce).
- Increase career pathways for Career Medical Officers and Junior Medical Officers across the Territory healthcare system by providing doctors with rural and remote medicine experience, attractive training, stimulating career opportunities, and quality professional development opportunities.
- Resource the healthcare system adequately to meet the needs of the population.
- Implement effective and flexible attraction and retention strategies.
- Tailor workforce solutions for specialties with low numbers of physicians working in the Territory, particularly where workforce shortages are urgent.
 - Examples would be geriatrics, sexual health medicine, and addiction medicine.
 - In 12 of the RACP’s 33 specialty training pathways there are 5 or fewer specialists in the Territory, and in many of those specialties there are only one or two specialists.
- Acknowledge and address the effects of climate change on the NT’s medical workforce.

How to do it:

- Consult, coordinate and collaborate with physicians and the RACP NT Committee, particularly on any post-election new directions in healthcare workforce policies.
- Incentivise rural/regional training for physician trainees.
- Introduce a flexible mix of attraction strategies such as access to childcare, rental affordability measures, moving assistance, and other measures.^{29 30}
- Promote flexible work arrangements (including via contract length).
- Support high quality physician care by providing expanded cultural safety training to Overseas Trained Physicians and other International Medical Graduates.
- Provide recipients of Commonwealth Flexible Approach to Training in Expanded Settings (FATES) funding with additional Territory funding and support (especially when recipients are in isolated areas or have competing clinical duties), to maximise the value of the grants and catalyse patient outcomes.

- 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.
- Support RACP advocacy for a dedicated national training program for the public health workforce to address workforce shortages exacerbated by the COVID-19 pandemic.³¹
- 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 Territory-specific action plan to optimise the use of telehealth facilities, where clinically appropriate, to maximise outpatient specialist care.
- Remove barriers to discharge from hospital care settings, including accessible rehabilitation, disability services and supported accommodation.
- Act on climate change and support measures to mitigate the health effects of climate change.

3. Fostering a culture of 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.

We are concerned about:

- Rising workloads.
- Worsening burnout.³²
- Risks to physician health, wellbeing and career longevity in the Territory.
- Potential for poor workforce health and wellbeing to affect the quality of care and health outcomes of patients.³³

We call on the incoming Territory 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.
- 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.
- Implement strategies for flexible training, work hours, parental leave and other support mechanisms for specialists and physicians in training
- Reduce frustrations of everyday practice such as poor IT, frequent time on call and challenges in timely access to key patient information and records.
- Invest in Chief Wellness Officers (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 in areas where physician cover is limited. This should cover routine planned staff leave plus

leave for continuing professional development, to encourage a highly trained and safe specialist workforce.

- Join the RACP in committing to gender equity in medicine and health leadership, including endorsing the [UN Women's Empowerment Principles](#).³⁴

The Way Forward

The RACP calls on all political parties and candidates to commit to the health and wellbeing of all people in the Territory 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 Territorians.

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

RACP NT Committee Contact:

Ms Katherine Economides, Senior Executive Officer (SA/NT), via RACPNT@racp.edu.au

RACP Policy & Advocacy Contact:

Mr Samuel Dettmann, Senior Policy Officer, via policy@racp.edu.au

¹ As of 27 June 2024.

² This would fulfil Aim 4 of the National Preventive Health Strategy: "Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030." See Australian Government Department of Health. National Preventive Health Strategy 2021–2030. Obesity Research & Clinical Practice [Internet]. 2021 [cited 2024 Jul 18]. Available from:

https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf, and Australian Government Department of Health. Australia's long term national health plan to build the world's best health system [Internet]. 2019 [cited 2024 Jul 22]. Available from:

https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

³ See RACP Health in All Policies Position Statement [Internet]. 2016 [cited 2024 Mar 11]. Available from:

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

⁴ 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 2024 Jul 10]. 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

⁵ The Royal Australasian College of Physicians. Climate Change and Health Position Statement [Internet]. 2016 [cited 2023 Jul 25]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_5

⁶ 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>

⁷ The Royal Australasian College of Physicians. The Health Benefits of Mitigating Climate Change Position Statement [Internet]. 2016 [cited 2024 Jul 4]. Available from:

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

⁸ OECD. What are the benefits from early childhood education? Education Indicators in Focus [Internet]. 2016 [cited 2024 Jul 4]; Available from: https://www.oecd-ilibrary.org/education/what-are-the-benefits-from-early-childhood-education_5jlwqvr76dbq-en

⁹ Pascoe S, Brennan D. Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions [Internet]. 2017 [cited 2024 Jul 1]. Available from:

<https://www.education.vic.gov.au/Documents/about/research/LiftingOurGame.PDF>

¹⁰ Pascoe S, Brennan D. Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions [Internet]. 2017 [cited 2024 Jul 1]. Available from:

<https://www.education.vic.gov.au/Documents/about/research/LiftingOurGame.PDF>

¹¹ OECD. What are the benefits from early childhood education? Education Indicators in Focus [Internet]. 2016 [cited 2024 Jul 4]; Available from: https://www.oecd-ilibrary.org/education/what-are-the-benefits-from-early-childhood-education_5jlwqvr76dbq-en

¹² Fox S, Geddes M. Preschool - Two Years are Better Than One: Developing a Preschool Program for Australian 3 Year Olds – Evidence, Policy and Implementation. Mitchell Institute Policy Paper No 03/2016 [Internet]. 2016 Mar [cited 2024 Jul 22]; Available from: <https://www.vu.edu.au/sites/default/files/two-years-are-better-than-one-mitchell-institute.pdf>

¹³ This is a key advocacy objective of the RACP and its Paediatric and Child Health Division. It reflects the evidence, research, and analysis presented in the [Position Statement on Early Childhood: The Importance of the Early Years and our Submission to the Early Years Strategy Discussion Paper](#). It also aligns with our partnership with the [Thrive by 5 Campaign](#).

¹⁴ We are keen to support this initiative with expert advice from NT-based paediatricians and other RACP experts. In addition, the following RACP position statements will assist policymakers:

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

¹⁵ 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 Jul 11];896(1):85–95. Available from: <https://pubmed.ncbi.nlm.nih.gov/10681890/>

¹⁶ 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 Jul 11]. Available from: https://iris.who.int/bitstream/handle/10665/69832/WHO_IER_CSDH_08.1_eng.pdf?sequence=1

¹⁷ 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 Jul 26];66(1). Available from: <http://eprints.qut.edu.au/38393/1/c38393.pdf>

¹⁸ 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 Jan 12]. 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>

¹⁹ See The Royal Australasian College of Physicians. Indigenous Strategic Framework 2018-2028 [Internet]. 2018 [cited 2024 Feb 15]. 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

²⁰ Findings and Recommendations - Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory [Internet]. 2017 [cited 2024 Jul 26]. Available from: <https://www.royalcommission.gov.au/system/files/2020-09/findings-and-recommendations.pdf>

²¹ 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 Jan 12]. 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 Jan 12]. Available from: <https://aida.org.au/app/uploads/2021/11/20211117-AIDA-Raise-the-Age-media-release.pdf>.

²² RACP submission to the Council of Attorneys General Working Group reviewing the Age of Criminal Responsibility, July 2019 [cited 2024 Jul 3]. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/b-20190729racp-submission-cag-review_final-gm-approved.pdf

²³ The Royal Australasian College of Physicians. Position Statement: Health Care of Children and Care and Protection Services [Internet]. 2023 [cited 2024 Jul 4]. 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

²⁴ The Royal Australasian College of Physicians. The Health and Well-being of Incarcerated Adolescents [Internet]. 2011 [cited 2024 Jul 4]. Available from: <https://www.racp.edu.au/docs/default-source/advocacy-library/the-health-and-wellbeing-on-incarcerated-adolescents.pdf>

²⁵ 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 Jan 12]. 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>

²⁶ 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 Jul 4]. 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

²⁷ Pendrey C, Quilty S, Gruen R, Weeramanthri T, Lucas R. Is climate change exacerbating health-care workforce shortages for underserved populations? *The Lancet Planetary Health* [Internet]. 2021 Apr 8 [cited 2024 Jun 22]; Available from: <https://www.sciencedirect.com/science/article/pii/S2542519621000280?via%3Dihub>

²⁸ 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 Jul 5]. 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."

²⁹ The RACP's [Regional, Rural, and Remote Physician Strategy](#) has been developed to this end. An Implementation Plan is under development.

³⁰ See especially Chapter 4, Building a Sustainable Rural Physician Workforce, in Ostini R, McGrail MR, Kondalsamy-Chennakesavan S, Hill P, O'Sullivan B, Selvey LA, et al. Building a sustainable rural physician workforce. Medical Journal of Australia [Internet]. 2021 Jul [cited 2024 Jul 5];215(S1). Available from: <https://onlinelibrary.wiley.com/doi/10.5694/mja2.51122>

³¹ 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 Jul 23]. 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 Jul 23]. Available from: https://www.racp.edu.au/docs/default-source/about/afphm/afphm-public-health-physician-workforce-futures-report.pdf?sfvrsn=6ea23c1a_8

³² Of the 3305 RACP trainees nationwide who were surveyed in the [2023 Medical Training Survey](#) (the most recent surveyed year):

- 55% 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 59% of surveyed trainees reported that they can access protected study time/leave.

³³ 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. Available from: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144>

³⁴ New South Wales, Queensland, Victoria, and Western Australia have become Government Partners of UN Women Australia by signing the UN Women's Empowerment Principles.