



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Prioritising Health
2024 Queensland 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 3,416 physicians and 1,583 trainees in Queensland¹. 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 Queensland election, the Royal Australasian College of Physicians (RACP) is calling on political parties and leaders in Queensland to commit to:

- 1. 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.
- 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:**
 - 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.
 - A public health approach to social media.

The RACP and its [Queensland 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 Queensland.

The following priority areas reflect the health care expertise and professional experience of our physicians, and the opportunities for improvement to which physicians and trainees can contribute.

1. Supporting the physician workforce to meet growing healthcare needs

What's the issue?

Growing healthcare needs in Queensland 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 Queensland 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 non-metropolitan Queensland following the completion of their training.

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

The physician workforce in parts of Queensland 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 literature² establishes that among surveyed medical practitioners in the Northern Territory:

“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.”

Because parts of Queensland are comparably tropical and remote, we hold similar concerns for the workforce implications of climate change in Queensland.

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 burnout.
- 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.³
- The effects of climate change on the Queensland community’s health and its medical workforce.
- Increasing community need for services like ADHD assessment by paediatricians. Lengthy waitlists are currently experienced in many parts of Queensland prior to publicly funded services, and there are also significant wait times to access private services.⁴
- The shortage of geriatric medical and psychogeriatric services, especially outside metropolitan areas, and the presence on hospital wards of patients who are medically dischargeable but lack suitable supported accommodation or residential aged care facility beds.

We call on the incoming Queensland 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 Queensland 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 rural and remote Queensland, particularly where workforce shortages are urgent.
- Acknowledge and address the effects of climate change on Queensland’s medical workforce.
- Boost resourcing for publicly funded clinics offering specialist neurodevelopmental assessment for children.
- Expand geriatric medical and psychogeriatric services, including by outreach and telehealth.

How to do it:

- Consult, coordinate and collaborate with physicians and the RACP Queensland 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.^{5 6}
- Promote flexible work arrangements (including via contract length).
- Ensuring sufficient, protected time to teach and supervise trainees,
- Support high quality physician care by providing expanded cultural safety training to Overseas Trained Physicians and other International Medical Graduates.

- 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.⁷
- 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 Queensland-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.
- Measure, track, and report waitlists for certain agreed specialist services such as neurodevelopmental assessment of children, in order to align appropriate resourcing with the growing community need for such services.
- Support hospital based general medicine services where the bulk of acute medical care is carried out with inpatient frameworks for managing patients with Behaviours and Psychiatric Syndromes of Dementia.
- Ensure there is sufficient funding to meet the needs in ambulatory and community settings (including residential aged care facilities) for appropriately qualified palliative medicine, geriatric medicine and other physicians and advanced trainees.
- Fund and facilitate the development of more community situated services that promote healthy aging, such as community transport for older people.
- Ensure adequate funding to build up community services for geriatric evaluation and home-based rehabilitation.
- Commit to working with the Federal Government to provide appropriate (and age-appropriate) accommodation and care services for non-geriatric patients, including addressing differing needs of:
 - People with intellectual disabilities.
 - People with dementia and related diseases.

2. 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.⁸
- 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.⁹

We call on the incoming Queensland 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](#).¹⁰

3. Improving drivers of good health

Improvements in health outcomes of individuals and the health of Queenslanders 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).¹¹

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.¹²

Queensland should adopt a whole-of-government approach, and a Health in All Policies approach, to all policy areas. We focus here on four drivers of good health: action on climate change; universal access to quality early childhood education; health-focused youth justice reform; and responsible social media 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.¹³ Queensland 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.¹⁴

We are concerned about:

- Increasing impacts of climate change on the health of Queenslanders, 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 Queensland 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 Queensland.
- 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, ¹⁵ which includes the provision of support to affected communities.
- Require all fossil fuel extraction projects within Queensland to undertake a full independent Health Impact Assessment, including an assessment of the effects on climate change.¹⁶
- Work with the Commonwealth Government to implement the National Health and Climate Strategy in Queensland.
- 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.
- 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 Queensland 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?

Research¹⁷ demonstrates the benefits of early childhood education ('ECE') 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.¹⁸

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.^{19 20} 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.²¹

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

We are concerned that:

- Inequities experienced by Queensland 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 Queensland government to:

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

How to do it:

- Implement subsidised universal access to education programs for all three year olds.²²
- Fund, resource, and recruit the early childhood education workforce required to deliver this major commitment to future health and wellbeing throughout Queensland.²³

Health-focused youth justice reform

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 campaigning 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.²⁴ Many inequities start at or before conception, continue into early childhood, and increase along a clear social gradient.²⁵

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.²⁶

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.²⁷ We are committed to respecting and promoting First Nations leadership.²⁸ 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 strongly supports raising the minimum age of criminal responsibility to at least 14, in line with expert medical advice.

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 Queensland youth justice system.
- Children being detained in adult facilities including police watch houses.

We call on the incoming Queensland government to:

- Commit to raising the age of criminal responsibility to at least 14 years, with no exceptions.²⁹ It is inappropriate for children aged 10 to 13 years to be in the youth justice system.³⁰
- Implement recommendations made in the RACP’s position statement on the [Health Care of Children in Care and Protection Services](#),³¹ which complements the RACP position statement on the [Health and Well-being of Incarcerated Adolescents](#).³²
- 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.
- 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.

How to do it:

- 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.³³
- 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.³⁴

Social media use by young people

What’s the issue?

The RACP is concerned about the impact social media can have on the health, wellbeing and development of children and young people in Queensland.

We are concerned about:

Increasing evidence that social media use by children is associated with harms (as well as benefits).

We note advice provided recently by the Office of the Chief Health Officer (Queensland):

*Despite the absence of irrefutable evidence, the existing studies provide compelling indications of possible negative links between unrestrained social media usage and the cognitive, emotional, and social well-being of young people.*³⁵

We call on the incoming Queensland government to:

Commit to working with paediatricians and other RACP physicians to improve the online safety environment for young Queenslanders.

How to do it:

- Take a public health approach to social media that prioritises the health and wellbeing of young people.
- Support, encourage, and fund research into the health effects of social media use by children and young people.
- Collaborate with other jurisdictions to design nationally consistent laws to regulate social media, based on expert advice and consultation with young people, parents, and paediatricians and other child health experts.

The Way Forward

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

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

RACP Queensland Committee Contact:

Ms Tracey Handley, Senior Executive Officer (QLD), via RACPQLD@racp.edu.au.

RACP Policy & Advocacy Contact:

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

¹ As of 26 September 2024.

² 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>

³ 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."

⁴ Cost of living pressures can also place these assessments beyond the reach of many families, especially for families facing poverty, disadvantage, or living in low socioeconomic conditions. Families who live in rural areas must also factor in the costs of travelling to access specialist care.

⁵ The RACP's [Regional, Rural, and Remote Physician Strategy](#) has been developed to this end. An Implementation Plan is under development.

⁶ 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>

⁷ 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

⁸ 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.

⁹ 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>

¹⁰ New South Wales, Queensland, Victoria, and Western Australia have become Government Partners of UN Women Australia by signing the UN Women's Empowerment Principles.

¹¹ 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

¹² 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>

¹³ 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

¹⁴ 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

¹⁵ 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>

¹⁶ 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

¹⁷ 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

¹⁸ 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>

¹⁹ 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>

²⁰ 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

²¹ 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>

²² 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](#).

²³ We are keen to support this initiative with expert advice from Queensland 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 \(2020\)](#)

²⁴ 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/>

²⁵ 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

²⁶ 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>

²⁷ 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>

²⁸ 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

²⁹ 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>.

³⁰ 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

³¹ 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

³² 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>

³³ 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>

³⁴ 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

³⁵ Office of the Chief Health Officer. Position Statement: Social Media and the Mental Health and Wellbeing of Young Queenslanders [Internet]. 2024 [cited 2024 Sep 20]. Available from: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/1332362/cho-statement-social-media.pdf