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# COVID-19 Living Narrative

RACP activity in response to the COVID-19  
pandemic

March 2020 – November 2024

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145 Macquarie Street, Sydney NSW 2000, Australia

Telephone +61 2 9256 5444 | Facsimile +61 2 9251 7476 | Email [COVIDERG@racp.edu.au](mailto:COVIDERG@racp.edu.au)

## The Royal Australasian College of Physicians (RACP)

The Royal Australasian College of Physicians (RACP) represents almost 40,000 physicians and trainees across Australia and Aotearoa New Zealand and educates, advocates and innovates. The RACP plays a lead role in developing world best practice models of care and drawing on the expertise of our members. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of our patients and the broader 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. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

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## Acknowledgements

The RACP COVID-19 activities were led over the years by the COVID-19 Expert Reference Group (COVID ERG). With COVID-19 now considered endemic across much of the world it was determined the COVID ERG would formally close at the lapse of its Terms of Reference in July 2024.

We thank every member that served on the COVID ERG, providing their time and expertise to contribute to the RACP efforts to protect the health, safety and wellbeing of all RACP members, staff and the community since 2020.

The RACP acknowledges the invaluable leadership of the RACP Presidents and Chairs of the COVID ERG who served during this unprecedented time, and whose leadership and guidance were instrumental to the RACP COVID-19 response.

This Living Narrative document was developed by the RACP Policy and Advocacy team: Priscilla Rodriguez, Policy and Advocacy Officer, and Justine Watkins, Manager Policy and Advocacy.

*The RACP pays tribute to the dedication of all medical and other healthcare professionals during the COVID-19 pandemic and acknowledge those who have been lost and those who continue to be impacted by COVID-19.*

## Coronavirus (COVID-19)

The coronavirus disease, COVID-19, is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some people will become seriously ill and require medical attention. Older people and those with underlying medical conditions are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.<sup>1</sup>

## RACP COVID-19 Expert Reference Group (ERG)

In March 2020, the RACP COVID-19 Expert Reference Group (ERG) was formed in response to the COVID-19 pandemic. The ERG encompassed broad expertise in its membership:

- College Policy and Advocacy Council
- Aboriginal and Torres Strait Islander representatives
- Aotearoa New Zealand representatives
- Australasian Faculty of Occupational and Environmental Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Faculty of Rehabilitation Medicine
- Australasian Society of Clinical and Experimental Pharmacologist and Toxicologists
- Australasian Society of Clinical Immunology and Allergy
- Australasian Society for Infectious Diseases
- Australian and New Zealand Society for Geriatric Medicine
- Internal Medicine Society of Australia and New Zealand
- Paediatric and Child Health Division
- Private Practice
- RACP Consumer Advisory Group
- Thoracic Society of Australia and New Zealand

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<sup>1</sup> Coronavirus (who.int)

## COVID-19 and the RACP

In the immediate response to the COVID-19 pandemic, the ERG focused on protecting RACP members and staff, advising on the rapid transition of RACP staff to working from home, and advocating for the health and safety of Fellows and trainees, particularly regarding the availability of personal protective equipment (PPE).

As the pandemic continued, the ERG considered a substantial number of COVID-19 matters, which often required rapid response from the RACP. The ERG moved to regular reviews and provision of advice on government policies and resources, with RACP representatives on various Government COVID-19 committees/taskforces, including the National COVID-19 Clinical Evidence Taskforce, COVID-19 General Practitioner Peak Bodies Advisory Group, COVID-19 Disability Advisory Committee, and Department of Health forums on the COVID-19 vaccine rollout.

The ERG members, and numerous RACP Fellows across the specialties, contributed their expertise to the public health response with the COVID-19 pandemic, representing the RACP on a range of committees and advisory bodies which oversaw Government measures and response.

### This document

This document provides an overview of the RACP key positions in response to the COVID-19 pandemic, which were developed in consultation with members.

The document is divided into five overarching areas:

1. Healthcare worker health and safety
2. Clinical care
3. Public health
4. Priority populations
5. Equity and health system capacity

# 1. Healthcare worker health and safety

## The Hierarchy of Controls

The RACP guidance document on Workplace Risk Management provides guidance on how to implement the principles of infection prevention and control with respect to COVID-19 using the hierarchy of controls, a commonly understood framework for managing workplace health and safety risks. This aimed to assist workplaces to manage the risk of COVID-19 on similar terms as for any other workplace hazard. The *Application of the Hierarchy of Controls to controlling COVID-19* table provides examples of measures for consideration for controlling COVID-19 hazards, and the preferred order.

**Table 1: Application of the Hierarchy of Controls to controlling COVID-19**

This table provides examples of measures for consideration for controlling COVID-19 hazards, and the preferred order.

Most Effective	Example actions
<b>Remove the potential for exposure to the the SARS-CoV-2 virus</b>	<ul style="list-style-type: none"> <li>Workers with any symptoms to get tested for COVID-19 and remain at home awaiting the result.</li> <li>Screen staff daily at the workplace (fever, symptoms) and send home and for testing if unwell.</li> <li>Remove vulnerable HCWs (as defined per the <a href="#">AFOEM</a> or <a href="#">Australian Department of Health website</a>) from high risk areas (e.g. dedicated COVID-19 wards, EDs, and ICUs to lower risk areas (e.g. non-COVID-19 general medical or surgical wards).</li> <li>Triage patients with respiratory symptoms and/or travel or contact history to dedicated assessment areas.</li> <li>Screen, restrict and manage visitors with respiratory symptoms.</li> <li>Do not perform non-essential higher risk procedures.</li> </ul>
<b>Substitution</b> (Replace processes that create exposure to the SARS-CoV-2 virus)	<ul style="list-style-type: none"> <li>Use teleconferencing / telehealth / virtual consultations and meetings.</li> <li>Use non-aerosolising techniques, equipment, and cleaning techniques where possible.</li> </ul>
<b>Engineering</b> (Isolate people from the the SARS-CoV-2 virus)	<ul style="list-style-type: none"> <li>Install perspex cashier spray guards and distancing spacers, create queue lines with spacing markers.</li> <li>Use airborne infectious isolation/negative pressure rooms (where available) per the relevant procedures.</li> <li>Exhaust room air via HEPA filters with frequent air turnover using fresh air rather than recycled air.</li> <li>Use closed system ventilators and suction, where possible.</li> <li>Where possible, move monitoring equipment outside patient rooms; otherwise, it should be specifically dedicated as such and remain in patient rooms.</li> <li>Aggregate (cohort) known cases in wards away from non-COVID-19 patients.</li> <li>Provide covers/booths over patients during transportation (where possible).</li> </ul>
<b>Administrative</b> (Change how people work)	<ul style="list-style-type: none"> <li>Implement <b>non-engineering</b> physical distancing measures (e.g. card-only payment).</li> <li>Regular hand hygiene with soap and water and/or hand sanitiser.</li> <li>Institute elevator, work break and routine training separation protocols.</li> <li>Encourage staff risk reduction behaviours when at home or in the community (e.g. social distancing, hand hygiene).</li> <li>Develop a sick employee policy and staff education on self-care and recognising early symptoms.</li> <li>Staff education on requirements for isolation following unprotected contact, know who to contact.</li> <li>Institute measures to prevent bringing the virus home (e.g. change and contain work clothes before leaving the workplace).</li> <li>Ensure staff are current on all immunisations (especially influenza).</li> <li>When higher-risk tasks are being undertaken, restrict number of workers in the room.</li> <li>Disinfecting protocols for cleaning in clinical and non-clinical shared areas, focusing on high use/high-touch surfaces.</li> <li>Policies on transfer of infectious patients.</li> </ul>
<b>PPE (Table 2)</b> (Protect people where there is exposure to the SARS-CoV-2 virus )	<ul style="list-style-type: none"> <li>Develop a respiratory protection program covering all aspects of selection, use, testing, checking and medical evaluation.</li> <li>Easy access to soap and water and obtain required PPE.</li> <li>Identify high and low risk tasks: select and <b>use the most appropriate PPE for the identified level of risk (Table 2)</b>.</li> <li>Train in appropriate and effective PPE use, fit testing and checking depending on PPE type, cleaning and disposal.</li> <li>Stop at intervals to check PPE is being worn properly (e.g. use a spotter or buddy).</li> <li>Identify and manage any hazards associated with using PPE (Table 3)</li> </ul>
Least Effective	

## Personal protective equipment (PPE)

Throughout the COVID-19 pandemic the RACP strongly advocated for access to and use of PPE for the health and wellbeing of health care workers.

*“The Government must ensure that specialist physicians, as well as GPs, have access to PPE in order to protect themselves and their patients, many of whom are particularly vulnerable with serious, pre-existing chronic conditions. The inability of specialist physicians in private and non-hospital community-based practices to access PPE may lead to some services not being able to continue.”*

In August 2020, a survey of RACP members revealed a significant proportion of members in public hospitals were resorting to buying their own PPE, with almost half of those who responded having



limited or no access to N95 grade masks and 11% with no access. The RACP called on the Government to urgently:

- *Ensure frontline healthcare workers have access to necessary PPE and required training (in public and private hospitals as well as residential aged care settings).*
- *Ensure physicians and paediatricians working in private practice in the community can access the National Medical Stockpile for their PPE requirements.*
- *Provide transparent information about reserves in the National Medical Stockpile, including by jurisdiction.*
- *Extend PPE requirements for the use of N95 masks to aged-care facilities.*

The RACP statement on use of PPE recommended that healthcare workers, including aged care workers, should use surgical masks when at work, or N95/P2 masks when in contact with high risk patients or performing high risk (aerosol generating) procedures, together with other appropriate PPE as outlined by the available advice from the Infection Control Expert Group (ICEG).

The RACP provided input into the Infection Prevention and Control Panel's guidelines on PPE (eye protection and masks), which were adopted by the Australian Government. The guidelines on PPE were extremely well received by healthcare worker groups as they constitute a significant improvement on previous advice in terms of recognising the need for healthcare workers to have access to P2/N95 respirators when they are providing direct patient care to patients with suspected or confirmed COVID-19 or are near patients with suspected or confirmed COVID-19. The guidelines also recommend a risk assessment – if it is concluded based on consideration of several factors including proximity, current community levels, the patient's pre-existing risk of infection, etc that there is a high risk of infection, then P2/N95 respirators should be used in preference to surgical masks.

## **Healthcare worker infection**

In August 2020, the RACP raised concerns regarding the rate of COVID-19 infections in healthcare workers acquired in the workplace and raised that urgent action must be taken to protect frontline workers. The RACP called on governments to:

- *Commit to a target of zero occupationally acquired healthcare worker COVID-19 infections.*  
*“All Governments have a responsibility to provide a safe working environment for healthcare workers, and to commit to a target of zero occupationally acquired infections.”*
- *Report nationally and by jurisdiction on healthcare workers testing positive to COVID-19 by age group, occupation, primary workplace and if the infection was occupationally acquired.*

In September 2020, the RACP welcomed the establishment of a new partnership between the Infection Control Expert Group (ICEG) and the national COVID-19 evidence taskforce.

*The RACP outlined that the partnership is “critical in ensuring a safer environment for physicians, surgeons, their trainees and other health workers. The partnership will bring together leading experts in infectious diseases and infection control and a range of other*

*specialists to review the high volume of emerging evidence and develop key recommendations for clinical settings. [...] Our colleges will continue to work closely with the Commonwealth and states to ensure additional measures for tracking workplace acquired infections with a commitment to ensure the safety of health and aged care workers, patients and residents are implemented.”*

In 2020, the RACP Australasian Faculty of Occupational and Environmental Medicine (AFOEM) released several COVID-19 guidance documents on Workplace Risk Management, Guidance for pregnant healthcare workers and Guidance for occupational physicians providing advice on COVID-19.

## **Healthcare worker vaccination**

*The RACP supports efforts to maximise the uptake of immunisation across the community for all vaccine preventable diseases, including COVID-19. Immunisation provides effective means to reduce the impact of COVID-19 on individuals and the community. The vaccines available in Australia have an excellent safety profile and are extremely effective in preventing severe disease, hospitalisation and death.*

*Making immunisation a condition of employment for health and aged care workers is an appropriate response to the COVID-19 pandemic, as it aligns with advice from the clinical advisory bodies in Australia and Aotearoa New Zealand and is supported by the RACP.*

*Respectful discussions between employers, employee groups and individual employees will allow for the voicing of concerns and resolution of uncertainties as we all move forward together to mitigate the risk of the virus that causes COVID-19.*

(Statement developed by COVID ERG and RACP approved on 17 December 2021).

## **Healthcare worker wellbeing**

In March 2022, the RACP hosted two webinars with experts focussing on the health and wellbeing of physicians. The first webinar “Psychosocial disruptions of COVID-19 and mental health needs of healthcare workers” aimed to provide attendees with an increased understanding and awareness of the psychosocial disruptions of COVID-19 and mental health needs of healthcare workers.

The second webinar “Supporting physician health and wellbeing” informed participants of initiatives available to support physician health and wellbeing as well as information on available resources. Experts in the areas of clinical psychology, mental health, staff wellbeing, trainee mentoring and leadership provided presentations at these webinars.

## Specific COVID-19 Activities

Date published – most recent activity noted first

Please note internal links will only be accessible for RACP staff.

Personal protective equipment (PPE)	
<b>Advice</b>	
23/10/2020	<a href="#">COVID-19: Guidance on Workplace Risk Management</a> Author: Australasian Faculty of Occupational and Environmental Medicine (AFOEM) The purpose of this document is to provide guidance on how to implement the principles of infection prevention and control with respect to the SARS-CoV-2 virus, using the hierarchy of controls, a commonly understood framework for managing workplace health and safety risks
25/05/2020	<a href="#">COVID-19: Guidance for pregnant healthcare workers</a> Author: Australasian Faculty of Occupational and Environmental Medicine (AFOEM) The purpose of this document is to minimise the risk of COVID-19 infection to pregnant healthcare workers
25/03/2020	<a href="#">Guidance for occupational physicians providing advice on COVID-19</a> Author: Australasian Faculty of Occupational and Environmental Medicine (AFOEM) This document seeks to provide guidance to occupational and environmental physicians and trainees who are advising workplaces on COVID-19
<b>Advocacy</b>	
21/08/2020	<a href="#">RACP statement on use of PPE</a> RACP recommends that in areas in Australia under Stage 3/4 restrictions and other hotspots as they are determined by jurisdictions, cloth or surgical masks be worn in any public place where physical distancing is not possible The College also notes that healthcare workers are at higher risk of COVID-19 infection and should use surgical masks when at work, or N95/P2 masks when in contact with high risk patients or performing high risk (aerosol generating) procedures, together with other appropriate PPE as outlined by the most recent available advice from the Infection Control Expert Group (ICEG)
15/07/2020	<a href="#">RACP advice on use of masks in coronavirus hotspots</a> RACP recommends that in areas under Stage 3 restrictions and other hotspots as they are identified, cloth or surgical masks be worn in any public place where physical distancing is not possible
6/04/2020	<a href="#">RACP says face masks must be conserved for frontline health workers</a> RACP is urging the public not to inappropriately use medical masks, in an effort to ensure that supplies are available for healthcare workers and other at-risk groups
18/03/2020	<a href="#">Physicians need access to personal protective equipment</a>

	RACP said that it is concerned by reports that specialist physicians are not being able to access Personal Protective Equipment (PPE) through the Primary Health Networks channel that the Federal government has established
<b>Consultation/endorsement</b>	
April 2021	<i>National COVID-19 Clinical Evidence Taskforce Infection Prevention and Control Panel (IPC) Guidelines on PPE</i> In principle RACP support
13/04/2021	<i>NC19CET PPE Guidelines</i> Feedback from ERG and cross college RACP groups provided [Not public]
21/04/2020	<i>Australian Health Protection Principal Committee (AHPPC) PPE Statement</i> Letter to AHPPC from RACP providing points for consideration re PPE issues
<b>Survey</b>	
10/08/2020	<a href="#">RACP survey: 20 per cent of physicians in public hospitals sourcing their own PPE – calls for greater transparency on government stockpile</a> The RACP released a survey of its members, revealing a significant proportion of its members in public hospitals are resorting to buying their own protective equipment, with almost half having limited or no access to N95 grade masks and 11% with no access

<b>Healthcare worker infection</b>	
<b>Advocacy</b>	
16/09/2020	<a href="#">Medical colleges welcome new health worker protection measures</a> RACP and the Royal Australasian College of Surgeons (RACS) has welcomed additional measures from the Commonwealth designed to improve the safety of healthcare workers
25/08/2020	<a href="#">RACP says healthcare worker infection numbers in Victoria are extremely concerning</a> RACP says that data released that 86% of investigated COVID-19 infections in healthcare workers have been acquired in the workplace is extremely concerning and urgent action must be taken to protect frontline workers, particularly if healthcare workers are the largest cohort of those newly infected with COVID-19
<b>Consultation/Endorsement</b>	
October 2020	Support for the <a href="#">COVID-19 in Health Care and Support Workers in Aotearoa New Zealand</a>

<b>Healthcare worker wellbeing</b>	
<b>Shared learning</b>	
24/03/2022	Webinar Supporting physician health and wellbeing. The webinar aims to provide an increased understanding and awareness of the psychosocial disruptions of COVID-19 and mental health needs of healthcare workers.
17/03/2022	Webinar Psychosocial disruptions of COVID-19 and mental health needs of healthcare workers. The webinar aims to provide details of initiatives available to support physician health and wellbeing as well as information on available resources.
<b>Survey</b>	
25/11/2021	<a href="#"><u>Results of RACP member survey: “Are you COVID-19 safe?” – a full report</u></a> In September and October 2021, the College conducted a survey of members in Australia on the impact of COVID-19 and the Delta variant on physicians and their work. The results of the survey provide direct insight into physicians’ access to vaccinations, views on booster shots for health care workers, the provision of and access to Personal Protective Equipment (PPE), and the impact of COVID-19 and the Delta variant on their work and well-being.

## 2. Clinical care

### Telehealth

The RACP has advocated for the permanent retention of specialist telehealth items in the Medicare Benefits Schedule (MBS) since they were first introduced in March 2020 by the Australian Government in response to the COVID-19 pandemic.

*“We have long campaigned for the removal of telehealth distance requirements to make it easier for patients - many who find it difficult to attend face to face appointments. Telehealth expansion is important because it allows doctors to continue providing specialist care, while eliminating any unnecessary face-to-face contact during the COVID-19 pandemic. It will also be important to ensure that those patients who do need a face to face consultation are able to do so.”*

In April 2020, the RACP, in partnership with The Australian Digital Health Agency, hosted a webinar to provide members with up-to-date and best practise information on “Telehealth and Electronic Prescribing”.

The rapid expansion of telehealth was extremely important in enabling the continuation of many healthcare services during the COVID-19 pandemic. The RACP undertook a survey of members on the roll out of telehealth services and responses showed that telehealth had the potential to permanently improve accessibility and equity in accessing healthcare services, if maintained.

In September 2020, the RACP welcomed the Australian Government decision to extend telehealth services until March 2021.

*“Telehealth has proven to be a critical tool that will be necessary not just for the pandemic but beyond. The RACP has strongly advocated for specialist telehealth access to be continued, and we are pleased that our constructive discussions with the Government have resulted in this outcome. We’re always looking for ways to reduce barriers for people to receive healthcare – and telehealth has been a gamechanger in this respect. We can expect it to have broad ranging benefits that we haven’t yet seen reach full potential, for patients, practitioners, hospitals and government. Telehealth has the potential to permanently improve the system, leading to better outcomes for patients and easing the burden on future budgets as people get the help they need earlier and more efficiently. It’s clear that we’ve unlocked a really powerful way of providing flexible healthcare during this pandemic – and it’s something that the community should continue to benefit from once the threat of the virus has passed. Telehealth has been particularly helpful for patients who find it a challenge to attend appointments in person such as those with mobility issues, immune-suppressed patients, those living in rural and remote areas and Indigenous patients who feel more culturally safe attending appointments in their own environment. What’s clear from the success of telehealth is that there’s no going back to how things were done in the past.”*

In October 2020, an RACP Town Hall meeting was organised with the then Minister for Health and Aged Care, The Hon. Greg Hunt MP, to provide an opportunity for Fellows to discuss directly with the Minister the use of telehealth and how remote consultations may progress in the future.

In 2021, the RACP provided feedback to the Department of Health's consultation on the future of the specialist telehealth items. Options for reform were formulated by the Department subject to the constraint that the specialist telehealth items, if they were to be retained permanently in the MBS, should be cost neutral to the Commonwealth. The Department decided to retain all existing specialist telehealth items until the end of 2021. This constituted a major success for the RACP and members.

Our RACP advocacy led to the Government's December 2021 announcement that telehealth arrangements were being made permanent. While the RACP welcomed the introduction of the permanent items, we continued raising member concerns in relation to some aspects of the arrangements, through our RACP submissions to and meetings with the Department of Health and in our December 2021 [media release](#). The chief concerns remain the removal of specialist telehealth phone items and imposing the 30-20 auditing rule.

Our strong and consistent RACP advocacy efforts resulted in two wins early in 2022:

- The Government reinstated 33 initial and complex specialist telephone consultation items and 40 specialist inpatient telehealth items until 30 June 2022. A RACP [media release](#) welcomed this decision.
- The introduction of the 30-20 auditing rule was delayed and reviewed for impact on access to specialist care. A January 2022 media release reiterated our advocacy against [this](#) threshold.

Following the announcement of the permanent telehealth arrangements in late 2021, members expressed their concerns about this, as did several of our RACP affiliated speciality societies. A key theme of the feedback stressed that telephone consultations facilitate care provision and continuation in a variety of settings, for many priority population and underserved patients, and during COVID-19 related lockdowns. Their removal post June 2022 would have a negative impact on access to care, especially for those patients who have difficulty in using and accessing videoconferencing technology.

The College responded to member and specialty society inquiries individually, whilst also disseminating information about the new arrangements and our advocacy activities through appropriate College channels, such as [President and DFAC bulletins](#), website [news](#) items and tiles, the RACP Online Community (ROC) and social media. The RACP continued to highlight the implications of removing specialist telehealth phone items after June 2022 to the Minister of Health, the Department of Health, law and policy makers, and other stakeholders.

The RACP [Pre-Budget submission 2022-2023](#) contained several telehealth and MBS related recommendations to support patient access to physician care:

- *Reinstating MBS items for telehealth consultations by phone on a permanent basis.*
- *Funding videoconferencing technology packages to enhance the take up for priority populations to promote equitable access to telehealth including in rural and regional areas,*



*aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual).*

- *Providing a Practice Incentive Payment covering all consultant physicians to promote telehealth models of care and the delivery of integrated multidisciplinary care in conjunction with the patient's GP.*
- *Introducing specialist health items to the MBS to facilitate secondary consultations with general practitioners, other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and allied health providers, with or without the patient present.*

An RACP [media release](#) announcing the release of the Pre-Budget statement was launched in March 2022; it argued that the forthcoming budget must include specialist telehealth items by phone as a permanent feature of the healthcare system. Similar messaging continued to be communicated in Pre-Budget and Pre-Election meetings with Members of Parliament, Departmental officials and other stakeholders.

The RACP has worked with multiple government agencies through 2023 to develop enduring and sustainable policies for expanded specialist access to telehealth and shared supporting evidence. The RACP has engaged in several consultations to advocate for enhanced patient access to health care, including submissions to the [Medical Board of Australia's Draft revised Guidelines for Telehealth consultations with patients](#) (February 2023), the [Medical Council of New Zealand's \(MCNZ\) Statement on Telehealth](#) (May 2023) and the [MBS Review Advisory Committee's \(MRAC\) Post Implementation Review of MBS Telehealth items](#) (November 2023).

The [2024 RACP Pre-Budget Submission](#) to the Australian Treasury was lodged on 24 January 2024. A key component of the submission was dedicated to reducing the digital divide and promoting equitable access to health care, continuing the RACP strong push for specialist telehealth delivery and access.

In early 2024, The Hon Kirsty McBain MP, Minister for Regional Development, Local Government and Territories, acknowledged the RACP position in the media, and the benefits of specialist telehealth for regional, rural and remote Australian communities. This served as a platform to echo the RACP's position throughout levels of government.

The RACP telehealth and virtual care advocacy culminated in the concluding recommendations of the MRAC Telehealth post-implementation review's [final report](#) released in June 2024. The final report outlined several recommendations supportive of specialist telehealth, particularly to reintroduce subsequent consultant clinician telephone services and to maintain current MBS video telehealth items for initial consultations with non-general practitioner (GP) specialists.

## **Clinical evidence taskforce**

The National COVID-19 Clinical Evidence Taskforce launched the '[living guidelines](#)' at the start of the COVID-19 pandemic to provide the latest, evidence-based recommendations to clinicians caring for patients with COVID-19. The RACP was a member of the Taskforce and sat on the National Steering



Committee. As such, the RACP provided regular input and feedback on these 'living guidelines' to ensure consistency in the clinical management of COVID-19 across healthcare settings.

Recommendations were developed for:

- Definition of disease severity
- Monitoring and markers of clinical deterioration
- Drug treatments
- Chemoprophylaxis
- Respiratory support in adults
- Respiratory support in neonates, children and adolescents
- Venous thromboembolism (VTE) prophylaxis
- Therapies for existing indications in patients with COVID-19
- Post-COVID-19
- Timing of surgery following COVID-19 infection
- Pregnancy and perinatal care
- Child and adolescent care

In June 2023, the National COVID-19 Clinical Evidence Taskforce announced that due to a lack of Government funding, and the significant reduction of emerging COVID-19 research, the 'living guidelines' would remain an available resource but would no longer be updated.

## **Post-acute Sequelae of COVID-19**

The RACP took a leadership role regarding the care of patients with Post-Acute Sequelae of Covid-19 (PASC) or Long COVID, and particularly the role of rehabilitation physicians in assisting a person with Long COVID to return to their previous level of function or adapting their function to a new disability.

In September 2021, the RACP hosted two webinars with experts regarding Long COVID. The first webinar "Understanding and managing Long COVID" aimed to help participants understand the impact of Long COVID and how to manage matters in the early phase, including an understanding of how to investigate and diagnose Long COVID, and how to manage patients in the sub-acute phase of their disease.

The second webinar "Living and working with Long COVID" allowed participants to further understand the pathophysiology of long COVID, and how to manage the longer-term practicalities of living and working with the consequences of this disease. Experts in the areas of epidemiology, rehabilitation, occupational health and a person with lived experience of Long COVID provided presentations at these webinars.

In September 2022, the Federal Government announced a Parliamentary Inquiry focusing on the health, social, educational, and economic impacts of Long COVID and repeated COVID infections. The RACP welcomed the announcement and noted it was to be led by RACP member, paediatrician and member for Macarthur, the Hon Dr Mike Freeland MP, FRACP. The RACP undertook extensive

consultation with members to develop a [RACP submission](#), which was submitted in November 2022 to the Inquiry.

On 24 April 2023, the work of the Inquiry Committee concluded with the release of the final report, [Sick and tired: Casting a long shadow](#). The report outlines [nine \(9\) recommendations](#) identified by the Inquiry to address the impact of Long COVID and repeated COVID infections, with strong uptake of the recommendations put forward in our RACP submission.

Following the release of the Inquiry’s [final report](#), the RACP was invited by the Victorian Department of Health to appoint a representative to attend the Long COVID conference held in September 2023. The invite-only conference was dedicated to Long COVID and brought together leading researchers, clinicians and policy makers and showcased presentations on clinician and consumer experiences, knowledge and emerging evidence on managing Long COVID care. Professor Steven Faux FAFRM, clinical lead of NSW Health Rehabilitation COVID-19 Community of Practice, and who helped establish one of the first Long COVID clinics in NSW, represented the RACP at the conference, providing a brief on key learnings afterwards.

In February 2024, the Australian Government published its [response](#) to the Inquiry’s [final report](#). Overall, the Australian Government was supportive of the report recommendations. A table providing a side-by-side comparison of the recommendations put forward in the RACP submission, the recommendations outlined in the Inquiry’s final report, and the Government’s response to the Inquiry Committee’s recommendations can be viewed at **Appendix A**.

## Specific COVID-19 Activities

Date published – most recent activity noted first  
*Please note internal links will only be accessible for RACP staff.*

Telehealth	
Advocacy	
24/01/2024	<a href="#">RACP Pre-Budget Submission 2024-2025</a> continues to call for improved telehealth services to address barriers to health care access and inequitable health outcomes.
27/01/2023	<a href="#">RACP Pre-Budget Submission 2023-2024</a> includes several recommendations to extend telehealth services, reduce the digital divide and promote equitable access to healthcare.
11/05/2022	<a href="#">Physicians call for program to keep regional and remote communities connected to digital healthcare</a> In the lead up to the Federal Election, the RACP is calling for a ‘Connecting Communities to Digital Healthcare’ program to keep people in regional and rural areas connected to healthcare when face-to-face consultations aren’t easily accessible.
01/04/2022	<a href="#">Federal Budget stops short of delivering key reforms needed in healthcare</a> The RACP says the Federal Budget is disappointing and doesn’t provide the funding needed to support vital parts of the healthcare system and Australia’s future.

09/03/2022	<p><a href="#">Physicians say Federal Budget must include Telehealth items or risk cutting off care in regional and remote communities</a></p> <p>The RACP says that this year's budget must include an extension of specialist Telehealth items by phone as a permanent feature of the healthcare system.</p>
28/01/2022	<p>The <a href="#">RACP Pre-Budget Submission 2022-2023</a> includes a number of telehealth related recommendations. It argues that telehealth has improved access to specialist care for patients and that these improvements must be retained, including by reinstating MBS items for telehealth consultations by phone on a permanent basis.</p>
17/01/2022	<p><a href="#">Physicians welcome decision to reinstate telehealth items for specialist care</a></p> <p>The RACP has welcomed the decision by the Federal Government to reinstate a range of telehealth items so that patients across Australia can regain access to specialist care via phone.</p>
06/01/2022	<p><a href="#">RACP welcomes review of phone consultation audits for specialists but remains concerned about reduction of phone consultations</a></p> <p>The RACP welcomes the Australian Government's decision to review recently announced telehealth arrangements to ensure patient access to specialist care.</p>
17/12/2021	<p><a href="#">RACP welcomes permanent telehealth MBS arrangements, but concerned about changes that might hurt vulnerable patients</a></p> <p>The RACP thanks Minister Hunt for making telehealth arrangements permanent and asks to work the Department on making these as equitable as possible</p>
15/12/2021	<p>The RACP President met with Department of Health officials to discuss proposed arrangements for permanent telehealth items.</p>
14/7/2021	<p>The RACP President met with the Hon Greg Hunt MP Minister for Health to discuss a range of healthcare issues in particular telehealth COVID-10 preparedness.</p>
12/6/2020	<p><a href="#">Survey of specialists shows telehealth can improve access and equity permanently</a></p> <p>RACP has surveyed its members on the roll out of telehealth services, with the results showing telehealth has the potential to permanently improve accessibility and equity in accessing health services, if maintained</p>
29/03/2020	<p><a href="#">Significant expansion of telehealth items announced</a></p> <p>Following extensive advocacy by the College, the Commonwealth has announced whole of population telehealth for patients, general practice, primary care and other medical services to support the response to COVID-19. Please note that additional items are expected to become available. We will work with relevant specialty bodies and the government this week to identify additional items that can be provided by telehealth.</p>

29/03/2020	<a href="#">RACP supports expansion of telehealth</a> RACP supports today's announcement by the Federal Government to expand access to telehealth
27/03/2020	<a href="#">MBS telehealth update</a> From 13 March 2020 to 30 September 2020 (inclusive), new MBS telehealth items are available for services provided to vulnerable people within the community, or who are in isolation due to COVID-19, and services provided by healthcare providers (including specialist and consultant physicians) who are in isolation due to COVID-19, or who are also vulnerable to COVID-19
23/3/2020	<a href="#">Physicians welcome expansion of telehealth</a> RACP welcomes the Federal Government's announcement today to expand access to telehealth to cover services provided by vulnerable physicians
20/03/2020	<a href="#">Physicians call for Telehealth to be expanded for all consultations</a> RACP is calling on the Federal Government to urgently remove all restrictions on telehealth to allow physicians to continue to safely treat all patients during COVID19 outbreak
11/03/2020	<a href="#">Physicians welcome Government health response package COVID-19</a> RACP has welcomed the Federal Government's \$2.4 billion health response package to manage the impacts of COVID 19 in our population and on our health system
<b>Consultation/endorsement</b>	
09/11/2023	<a href="#">RACP Submission</a> to the MBS Review Advisory Committee's (MRAC) Post Implementation Review of MBS Telehealth items
01/05/2023	<a href="#">RACP Submission</a> to the Medical Council of New Zealand's (MCNZ) Statement on Telehealth
16/02/2023	RACP Submission to the <a href="#">RACP Submission</a> to the Medical Board of Australia's Draft revised Guidelines for Telehealth consultations with patients
27/10/2021	<i>MBS Specialist Telehealth – Post Pandemic</i> The DoH sought the RACP's views on a set of options for permanent telehealth items, with the RACP providing our feedback after conducting a consultation.
8/12/2020	<i>MBS Specialist Telehealth – Post Pandemic</i> The DoH sought the RACP's views for achieving sustainable telehealth reform. The RACP provided a number of submissions.
10/11/2020	<i>National and Victorian July-September MBS Item Data</i> Response to D0H's request to provide RACP views on specialist telehealth.
October 2020	<i>MBS Specialist Telehealth – Post Pandemic</i> Feedback provided to DoH. The feedback was on very specific proposals for reform to the telehealth items and would be of most relevance to those who undertake private billings

June 2020	<i>RACP May survey on COVID-19 Telehealth MBS items report</i> Report to the Department of Health and other stakeholders—regarding member experience of COVID-19 MBS telehealth items
7/05/2020	<i>Letter to Hon Scott Morrison MP Prime Minister - Medicare Telehealth items introduced for COVID-19</i> Commend government for the rapid introduction of the new MBS telehealth and telephone equivalent items for a range of specialist and consultant physician attendances
<b>Survey</b>	
June 2020	<a href="#"><u>Results of RACP Members' Survey of new MBS Telehealth attendance items introduced for COVID-19</u></a> On 18 May 2020, RACP distributed a voluntary survey to all its practising Australian based members on their use of the new MBS telehealth attendance items introduced for COVID-19. Members had until close of business 25 May 2020 to complete the survey. There were 950 responses to this survey and the average completion rate was 77%
<b>Shared Learning</b>	
29/04/2022	The President appeared on a panel titled <i>COVID 19: Lessons Learned from the Global Internal Medicine Community</i> at the <i>Internal Medicine Meeting 2022: Mastering Medicine Together</i> hosted by the American College of Physicians between April 28-30. The panel included representation from Mexico, Latin America, the UK, and South Africa. The panel included roundtable discussion involving about Internal Medicine leaders from around the world, providing a unique opportunity to share experiences and initiatives.
28/01/2021	<i>Senate Inquiry into COVID-19</i> College appearance. Topics included telehealth, vaccines, PPE, aged care and COVID-19
19/10/2020	<i>'Virtual Town Hall'</i> Involved the Federal Minister of Health and Aged Care and RACP members
23/04/2020	<a href="#"><u>The Art of Telehealth</u></a> In this podcast we go over some of the bureaucratic and tech support questions that clinicians have been asking during the current crisis. We also discuss the art of building trust with new patients, and conducting a physical examination through telehealth
8/04/2020	<a href="#"><u>Telehealth and Electronic Prescribing Webinar</u></a> Presented by Vandana Chandnani (ADHA) and Georgie Haysom (Avant Mutual)
1/04/2020	<a href="#"><u>Telehealth and electronic prescribing webinar</u></a> Presented by Vandana Chandnani (ADHA) and Georgie Haysom (Avant Mutual)

Clinical Guidance	
<b>Consultation/endorsement</b>	
9/06/2020	Endorsement of ANZSPM Guidance - palliative care in the COVID-19 context
26/05/2020	Endorsement of National Centre for Immunisation Research and Surveillance (NCIRS) <a href="#">Advice for clinicians: Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-COV-2 (PIMS-TS)</a>
April 2020	Endorsement of the <a href="#">National COVID-19 Clinical Evidence Taskforce</a> guideline and flowcharts RACP specialty societies represented on the Guidelines group – TSANZ, ASID and ASA

Long COVID	
<b>Advocacy</b>	
12/12/2023	<a href="#">‘Long COVID patients suffering as clinics shut down across the country’</a>
November 2022	<a href="#">RACP submission to the Parliamentary Inquiry into Long COVID and repeated COVID infections</a> This College submission addresses the Parliamentary Inquiry into Long COVID and repeated COVID infections <a href="#">Terms of Reference</a> . The RACP calls on the Australian Government to implement a range of measures to mitigate the ongoing impacts of COVID-19 on the health system and healthcare workers.
06/09/22	<a href="#">RACP welcomes Inquiry into long COVID led by paediatrician Dr Mike Freeland MP</a> Specialist physicians and paediatricians have welcomed the Federal Government’s announcement that there will be an Inquiry into long COVID and we are pleased to see it will be led by paediatrician and member for Macarthur Dr Mike Freeland FRACP.
<b>Shared Learning</b>	
9 September 2021	<a href="#">Webinar</a> living and working with long COVID This webinar will allow participants to further understand the pathophysiology of long COVID, and how to manage the longer term practicalities of living and working with the consequences of this disease.
2 September 2021	<a href="#">Webinar</a> Understanding and managing long COVID This webinar will help participants understand the impact of long COVID and how to manage matters in the early phase. Attendees will have a better understanding of how to investigate and diagnose long COVID, and how to manage patients in the sub-acute phase of their disease.

Addiction Medicine	
Advice	
24/04/2020	<p><a href="#">Improving support for patients receiving treatment for opioid dependence during COVID-19 outbreak</a></p> <p>RACP warns that without the right support, some Australians being treated for opioid dependence face the risk of relapsing into addiction, and related health and social problems, including overdoses, during the COVID-19 pandemic</p>
21/04/2020	<p><a href="#">Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response</a></p> <p>Authors: Prof Nicholas Lintzeris FChAM, Dr Vicki Hayes FAFPHM FChAM, Dr Shalini Arunogiri FRANZCP  Endorsed by: RACP, RACGP, AVIL, RANZCP, APSAD, Pharmaceutical Society of Australia, Penington Institute</p> <p>This document aims to provide guidance to clinicians in how to adapt treatment during this major transition. It should be read alongside state and territory guidance issued in response to COVID-19, recognising that many jurisdictions are at different stages of response, and also that many of the communications from government authorities relate to regulatory or guideline changes, rather than focussing on aspects of clinical care</p>



### 3. Public health

#### COVID-19 vaccination

The RACP was very active in supporting the roll-out of the COVID-19 vaccines. In October 2020, the College wrote to the then Minister for Health and Aged Care, The Hon. Greg Hunt MP, requesting that the Australian Government consider several actions that would facilitate the rollout of COVID-19 vaccines, including:

- *Improve the Australian Immunisation Register (AIR) and other systems that support the distribution, supply and tracking of vaccines, including linking to other health datasets.*
- *Expand the AusVaxSafety surveillance system to facilitate linkage with other health datasets to support post-market vaccine safety.*
- *Develop and implement a vaccine injury compensation scheme.*
- *Partner with social scientists, developing communications and messaging to engage early with priority communities thereby encouraging vaccine uptake.*
- *Develop a publicly available vaccine delivery plan that ensures vaccine(s) will be equitably delivered.*

The RACP also called on the Australian Government to develop a more effective communications campaign to support the roll-out.

#### Schools

The RACP was concerned about the impacts of school closures and lockdowns during the COVID-19 pandemic on children and young people. Closing schools and early childhood education services has a significant effect on the mental health, wellbeing and learning of children and young people. These impacts are greatest for children and young people from disadvantaged backgrounds, and for those with disabilities.

During 2021, the RACP advocated for school closures to only be used as a last resort in containing COVID-19 outbreaks, and only occur on a case-by-case basis, such as when a case or contact is detected within a school setting.

*“We must avoid blanket closures of schools because of the detrimental impact these have on the social and psychological wellbeing of students. School is not only a place for academic learning but also for connecting with friends and emotional support from teachers and staff. School closures may lead to social isolation and loneliness and have negative impacts on the mental health of children and young people. School closures also place additional economic and psychological stress on families which can increase the risk of family conflict and violence. They also place unintended strain on the health care system as health care staff need to attend to childcare and home schooling. A range of measures can be undertaken to manage the health risks associated with schools remaining open such as avoiding large gatherings, minimising adult mixing on the school campus, mask use, and staggering the start*



*and end of the school day. Clear protocols for schools on hygiene measures, use of protective equipment, cleaning and physical distancing remain essential.”*

To minimise the risk to teachers, in July 2021, the RACP urged State/Territory and Federal governments to urgently prioritise the vaccination of school staff:

*“There is little evidence to show that schools are a high-risk transmission environment for children. But there is a risk there for teachers, which is why we’re calling for all staff in school settings to be given priority access to the vaccine, so they can extend their own safety into their workplace. Having vaccinated educational staff will assist in quelling the anxiety around risk and increase the inclination towards letting schools remain open during snap lockdowns.”*

In August 2021, the RACP called on the National Cabinet to establish a plan to prioritise face-to-face learning for school-aged children and adolescents in the context of the Delta variant – which included priority vaccines for all school staff. The RACP supported the development of national guidelines to provide State and Territory governments with a best-practice approach to mitigate the risk of COVID-19 transmission in schools.

*“Whilst they are necessary right now in some high-risk locations in Victoria and NSW, the impacts of school closures do come at a great cost to children’s development and their mental and physical wellbeing. We’re seeing rising mental health issues in children which is deeply concerning. The impact of school closures is also far greater for children from lower socio-economic backgrounds, children living with disabilities, and in families where children are exposed to domestic violence. We need a nationally consistent approach to keep children and teachers safe, whilst also minimising school closures.”*

*“We’re calling on the National Cabinet to make getting children back to school, and keeping them there, a priority, and provide some guidelines on the path forward.”*

Key measures outlined in the call included: mandating masks for certain age groups, ventilation of classrooms including HEPA filters, staggered school starts, and physical distancing where possible. Other public health measures such as handwashing and test/trace/isolate also remain important.

## **Australia’s response to COVID-19**

On 21 September 2023, Prime Minister Anthony Albanese announced an independent Inquiry to be held into Australia’s response to the COVID-19 pandemic. The announcement followed the [final report of the Senate Select Committee on COVID-19](#) released in April 2022, which contained seventeen (17) recommendations, including the establishment of a Royal Commission to examine Australia’s response to the COVID-19 pandemic to inform preparedness for future COVID-19 waves and future pandemics.

The Inquiry aimed to consider the findings of previous relevant inquiries and reviews and identify knowledge gaps for further investigation. It also considered the global experience and lessons learnt from other countries to improve response measures in the event of future global pandemics.

An Independent Panel was appointed by the Prime Minister to conduct the Inquiry. Members of the Independent Panel included:

- Robyn Kruk AO (Chair)
- Professor Catherine Bennett FRACP
- Dr Angela Jackson.

Following consultation with members, an [RACP submission](#) addressing the Inquiry Terms of Reference was developed and lodged to the Independent Panel in December 2023. The submission underscored critical insights gained from the COVID-19 pandemic and emphasised the need for nationally coordinated pandemic preparedness planning, which includes the needs of priority populations and those disproportionately affected by health inequities.

The [final report](#), released in late October 2024, identified issues raised by the RACP around mental health and wellbeing impacts on healthcare workers, vaccine communication/education, the benefits of telehealth and the importance of the public health workforce. The final report made recommendations in line with the RACP calls for further Australian Centre of Disease Control development, national emergency preparation planning, National Medical Stockpile funding, investment in long COVID monitoring, a National Chief Paediatrician and a focus on the mental health of children and young people.

## Specific COVID-19 Activities

Date published – most recent activity noted first

*Please note internal links will only be accessible for RACP staff.*

Vaccines/vaccinations	
Advocacy	
08/07/2022	<p><a href="#">RACP welcomes ATAGI decision on COVID-19 vaccine booster doses</a></p> <p>The Royal Australasian College of Physicians (RACP) has welcomed the Australian Technical Advisory Group on Immunisation (ATAGI) decision to expand the eligibility criteria of the COVID-19 vaccine winter booster to all adults over 30 years. Whilst ATAGI specifically recommended the fourth dose for people over 50, people aged 30 to 49 years are also able to have a winter booster.</p>
14/12/2021	<p><a href="#">RACP says new vaccine agreement will be a game changer for future pandemics</a></p> <p>RACP welcomes the announcement of a new mRNA vaccine manufacturing facility in Victoria.</p>
2/07/2021	<p><a href="#">Physicians support ATAGI advice, and say public messaging campaign will be vital to achieving broad vaccination coverage</a></p> <p>RACP supports ATAGI’s vaccine advice that while Pfizer is the preferred vaccine for people under 60, if Pfizer is not yet readily available then AstraZeneca can be used following an</p>

	informed discussion about an individual's personal risks and benefits with their GP or specialist physician
9/04/2021	<a href="#">RACP urges calm over advice on AstraZeneca vaccine</a> RACP says new advice about under 50s and the AstraZeneca vaccine should not stop eligible Australians from securing its protections
22/02/2021	<a href="#">RACP welcomes landmark day for Australia's COVID-19 protection response</a> RACP says today is a landmark day for Australia's successful COVID-19 strategy and that Australians should be confident in the Government's rollout strategy
16/01/2021	<a href="#">RACP supports Australian Government's COVID-19 vaccine national roll-out strategy – public should have confidence in the Government's approach</a> RACP supports the Australian Government's COVID-19 vaccine national roll-out strategy and the statement issued by the Australasian Society for Infectious Diseases, Public Health Association of Australia and Australasian College for Infection Prevention and Control which says Australians can have confidence in our vaccine strategy.
<b>Shared Learning</b>	
28/07/22	<a href="#">Webinar - COVID-19: Where to now?</a> provide attendees with an understanding of some of the lessons learned though the COVID-19 pandemic and how they might be applied moving forward.
21/07/22	Webinar - COVID-19 now: vaccines, antiviral treatments, variants The webinar aims to provide attendees with an increased understanding and awareness of current COVID-19 vaccines, antiviral treatment options and emerging variants.
<b>Consultation/endorsement</b>	
5/05/2021	<i>Joint letter to Hon Greg Hunt Minister for Health - seeking a no-fault vaccine injury compensation scheme in Australia</i> Signatories: RACP, Public Health Association of Australia, Australasian Society for Infectious Disease, Australian Primary Health Care Nurses Association, Australasian College for Infection Prevention and Control
November 2020	<i>Public consultation on changes to the Australian Immunisation Register Act 2015</i> <i>Feedback</i> provided in response to a request for RACP views. The RACP supports in principle all vaccination providers being required to report all vaccines administered to individuals in Australia to the AIR at the time of vaccination
21/10/2020	<i>Letter to Hon Greg Hunt Minister for Health - Planning for the distribution and roll out of COVID-19 vaccinations</i> I write today to ask you to consider our suggestions to ensure that Australia is ready to effectively use COVID-19 vaccines as soon as they become available. [...] The RACP has identified some further areas that we believe need urgent attention to support the safe and effective distribution, tracking and monitoring of vaccines.

	<p>Specifically, I request that you enable appropriate processes to:</p> <ul style="list-style-type: none"> <li>• Improve the Australian Immunisation Register (AIR) and other systems that support the distribution, supply and tracking of vaccines, including linking to other health datasets</li> <li>• Expand the AusVaxSafety surveillance system to facilitate linkage with other health datasets to support post-market vaccine safety</li> <li>• Develop and implement a vaccine injury compensation scheme</li> <li>• Partner with social scientists, developing communications and messaging to engage early with priority communities thereby encouraging vaccine uptake</li> <li>• Develop a publicly available vaccine delivery plan that ensures vaccine(s) will be equitably delivered.</li> </ul>
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Public health measures	
Advocacy	
December 2023	<p><a href="#">RACP submission to the Commonwealth Government COVID-19 Response Inquiry</a></p> <p>This RACP submission to the Commonwealth Government COVID-19 Response Inquiry underscores critical insights gained from the COVID-19 pandemic. The submission emphasises the need for a nationally coordinated pandemic preparedness planning that prioritises the needs of priority populations and those disproportionately affected by health inequities.</p>
14/07/2022	<p><a href="#">Physicians urge general public to take precautions now, as new COVID wave bites</a></p> <p>The Royal Australasian College of Physicians (RACP) is encouraging the community to take sensible precautions to protect their health and to reduce transmission of COVID-19 following a rise in positive COVID-19 cases driven by the BA.4 and BA.5 Omicron subvariants.</p>
21/12/2021	<p><a href="#">RACP calls on governments to reintroduce and maintain certain COVID-19 restrictions in the Christmas season</a></p> <p>The RACP encourages state and territory governments to reintroduce and maintain certain COVID-19 restrictions across the country in light of the spread of the Omicron variant.</p>

Schools	
Advocacy	
April 2023	<p><a href="#">RACP Submission Impact of COVID on school students with disability</a></p> <p>This RACP submission highlights the key areas in which the education and wellbeing of school students with disability</p>

	were, and continue to be, disproportionately impacted by COVID-related school closures and contains a set of recommendations to address these issues.
17/05/2022	<a href="#"><u>Paediatricians concerned over new data showing student setback</u></a> Paediatricians and physicians from the RACP are amplifying their call for all parties to commit to establishing a recovery taskforce led by a Chief Paediatrician to support children through the enormous setbacks of the COVID-19 pandemic.
16/05/2022	<a href="#"><u>Paediatricians say kids have fallen behind – taskforce and Chief Paediatrician needed to address setbacks</u></a> Paediatricians and physicians from the RACP say children face enormous setbacks from the COVID-19 pandemic and are urging political parties to commit to addressing them.
10/05/2022	Letters from the RACP President sent to a number of Ministers seeking commitment to the two key policy recommendations from the RACP Kids COVID Catch Up campaign.
01/04/2022	<a href="#"><u>Federal Budget stops short of delivering key reforms needed in healthcare</u></a> The RACP says the Federal Budget is disappointing and doesn't provide the funding needed to support vital parts of the healthcare system and Australia's future.
18/02/2022	<a href="#"><u>"They've suffered major setbacks: Make kids a top priority as we rebuild from the pandemic" - Paediatricians call for a national children's taskforce and COVID-19 recovery plan</u></a> Paediatricians and specialist physicians from the RACP launch a major campaign calling for children's health and wellbeing to be a top priority for COVID-19 pandemic recovery.
25/02/2022	The President-Elect met with the NSW Chief Paediatrician, Dr Matthew O'Meara, to discuss the RACP Kids COVID Catch Up campaign
23/02/2022	The President-Elect met with Federal Member for Macarthur and RACP member, Dr Mike Freeland, to discuss the a number of items including the RACP Kids COVID Catch Up campaign.
28/01/2022	<a href="#"><u>Paediatrician available to comment on schools returning</u></a> The RACP Paediatrician and President-Elect of the College, Dr Jacqueline Small, is available to comment ahead of schools returning on Monday and Tuesday.
24/01/2022	<a href="#"><u>RACP welcomes NSW and VIC government plans to keep kids at school</u></a> The RACP welcomes the back-to-school plans announced for New South Wales and Victoria. The RACP is however calling for a longer-term plan beyond the first four weeks of Term 1. The RACP also hopes all jurisdictions will soon follow their lead so that there is a consistent national approach.
13/01/2022	<a href="#"><u>Paediatricians call for a national plan to keep schools open</u></a> The RACP reaffirms the importance of keeping schools open for face-to-face learning across Australia, echoing its

	<a href="#">statement in the midst of the 2021 Delta outbreak</a> that school closures should only be used as a last resort.
27/08/2021	<a href="#">Paediatricians support vaccinations for young people: “Protecting children from COVID-19 is the best thing to do”</a> RACP has recommended that all children aged 12-15 years receive the Pfizer COVID-19 vaccination when available, in line with recent ATAGI advice
25/08/2021	<a href="#">RACP calls for COVID-19 national return-to-school guidelines</a> RACP is calling on the National Cabinet to establish a plan to prioritise face-to-face learning for school-aged children and adolescents in the context of the Delta variant – which includes priority vaccines for all school staff
01/07/21	<a href="#">RACP warns against blanket school closures, and says Governments should not ‘extend’ school holidays to manage outbreak</a> RACP says school closures should only be used as a last resort in containing COVID-19 outbreaks, and only occur on a case-by-case basis such as when a case or contact is detected within a school setting. We commend the WA government for keeping schools open despite a snap lockdown this week.
<b>Consultation/endorsement</b>	
8 June 2021	<i>Department of Health weekly meeting - RACP raised concerns regarding closing schools in response to COVID outbreaks and calling for teachers and school staff to received COVID vaccinations as a priority. NOTE: The DoH advises school closures should be advocated for through the jurisdictions and for changes to the vaccinations for teachers through the AHPPC</i>

## 4. Priority populations

### Disability

As the roll-out of COVID-19 vaccines progressed, the RACP advocacy focused on the roll-out of COVID-19 vaccines to people with disability, particularly the number and proportion of people with disability and disability support workers who had been vaccinated. The slow roll-out was particularly concerning considering the extra vulnerabilities that people with disability experience. The RACP called on the Government to:

- *Take urgent action to expedite and streamline the roll-out of the COVID-19 vaccine to the disability sector.*  
*“People with disability may be at increased risk of developing severe illness due to COVID-19, especially if they also have other conditions including diabetes, cancer, heart disease, or obesity. Disability care settings should not be considered to be lower risk than aged care settings.”*
- *Provide more transparency in the Australian Government’s current method of publishing data on vaccination in the disability sector.*  
*“Physicians are calling for more transparency in the government’s current method of publishing data on vaccination in the disability sector and the ways they are planning to resolve this issue. The government’s daily vaccination updates do not provide comprehensive data about the progress of vaccination of people with disabilities. This may be masking the very low numbers of vaccinations that have been delivered in disability care settings.”*
- *Ensure that COVID-19 vaccination information is accessible.*  
*“It’s imperative to ensure that vaccination information is accessible so that people with disability, their families, and their carers can disseminate that information and make appropriate decisions to get their vaccine at the earliest possible opportunity.”*

### Māori and Pasifika

In 2020, the RACP raised concerns that the COVID-19 pandemic may exacerbate existing inequities in Aotearoa New Zealand and that the campaign to #MakeHealthEquityTheNorm was important in this space.

*“With people staying indoors and at home for now, the pandemic exit strategy needs to keep health equity – particularly in housing, work and wellbeing – as the central guiding principle. [...] This has to be an opportunity to do better for our most vulnerable whānau, so that everyone can thrive. We don’t want to see existing inequities deepened by this pandemic. [...] Existing inequities are at risk of being exacerbated. The Pharmacy Guild has estimated that around 20 per cent fewer prescriptions are being dispensed – that is likely to include people who are delaying accessing essential health care, due to fears they will contract the virus or barriers to access. Around 30 per cent of households could not pay an unexpected bill of \$500 or more without borrowing. Whānau are living pay cheque to pay cheque already – COVID-19 will see work dry up overnight across entire workforces. The strain of this sort of direct hit on a household’s income is potentially devastating. Our College wants the norm in*



*Aotearoa NZ to be one where homes are warm and dry, the minimum wage is the Living Wage and all people enjoy good health and wellbeing.”*

In Aotearoa New Zealand, in August 2021, the RACP strongly supported the call of Te Rōpū Whakakaupapa Urutā for Māori and Pasifika to be prioritised for the first dose of the vaccine. The RACP outlined support for the approach recommended by Urutā, where kaumatua and kuia, hapū māmā and people living with long term conditions would be vaccinated with urgency, before working to roll out the first dose to Māori and Pasifika aged 12 years and up.

*“Māori and Pasifika have the greatest risks across Covid-19 risk factors, hospitalisation and mortality rates, because these communities experience profound health inequities. [...] The vaccine rollout has to engage with Māori and Pasifika health and community leadership – they will have the solutions to optimise vaccination coverage.”*

## **First Nations communities**

On 17 November 2022, the RACP hosted a webinar, “The Impact of COVID-19 on First Nations Communities: Australia”. The expert panel discussion focussed on providing attendees with a better understanding of the impact of COVID-19 on First Nations communities in Australia, with an aim to better equip attendees to consider how healthcare should be targeted to ensure that First Nations communities aren't adversely impacted.

## **Children and young people**

The RACP recommended that all children aged 12-15 years receive the Pfizer COVID-19 vaccination when available, in line with ATAGI advice (27 August 2021). The then RACP President Professor John Wilson said that *‘parents can be confident that the safety and effectiveness of the vaccines has been carefully evaluated through international clinical trials and analysis of real-world data.’*

In August 2022, the RACP recommended that all children aged 6 months to under 5 years at risk of developing severe illness from COVID-19 received the Moderna vaccine from September 2022, following ATAGI advice (3 August 2022). The then RACP President, Dr Jaqueline Small said that *“Preventing severe illness caused by the COVID-19 virus in children with compromised immune systems, disabilities, or who have complex and/or multiple health conditions is very important. Children are less likely to have severe outcomes or complications from COVID-19 compared with adults. However, they continue to experience high levels of infection.”*

## **Aged Care**

Key issues for the aged care sector during the COVID-19 pandemic included:

- Safety and healthcare in Residential Aged Care Facilities (RACFs)
- Hospital and community care.



Noting: older people are not homogeneous, aged care does not operate as a unified system, aged care relies on a qualified and maintained workforce, and the benefits to older people of telehealth and other non-contact technology.

## Specific COVID-19 Activities

Date published – most recent activity noted first

Please note internal links will only be accessible for RACP staff.

Vaccines/vaccinations	
Advocacy	
04/08/2022	<p><a href="#">Paediatricians welcome vaccines for at-risk children under five</a></p> <p>The Royal Australasian College of Physicians (RACP) has welcomed the Federal Government's announcement that the Moderna COVID-19 vaccine will be available from September for children aged 6 months to under 5 years at risk of developing severe illness from COVID-19.</p>
14/10/2021	<p>President Professor John Wilson, Paediatrics and Child Health Division President Professor Catherine Choong and Dr Asha Bowen, RACP COVID-19 Expert Reference Group representative, met with the Australia Medical Association (AMA) President Dr Omar Korshid to discuss the impacts of the pandemic on children and policy on COVID-19 vaccination of children and adolescents.</p>
20/08/2021	<p><a href="#">Reset for equity: First dose of COVID-19 vaccines for Māori and Pasifika</a></p> <p>The Royal Australasian College of Physicians (RACP) tautoko the call of Te Rōpū Whakakaupapa Urutā for Māori and Pasifika to be prioritised immediately for a first dose of the vaccine</p>
17/08/2021	<p><a href="#">Physicians reassure parents: "COVID-19 vaccination of children is important to protect them from the virus"</a></p> <p>RACP has recommended that high-risk children aged 12-15 years receive Pfizer COVID-19 vaccination in line with recent ATAGI advice</p>
11/06/2021	<p>Dr Jacqueline Small, President-elect, met with Chris Faulkner PSM, Assistant Secretary COVID-19 Vaccine Task Force – Disability, to raise concerns about the slow rollout of COVID-19 vaccines, particularly the low numbers and proportion of people with disability and disability support workers who have been vaccinated</p>
17/05/2021	<p><a href="#">RACP encourages the Australian Government to release further information on the vaccine rollout to people with disability and disability support workers</a></p> <p>RACP is concerned about the slow rollout of vaccines to people with disability and is calling for greater reporting from the Australian Government</p>

Consultation/endorsement	
15/07/2021	<p><i>Letter to Prof Brendan Murphy Secretary, Department of Health - The COVID-19 vaccine rollout and its implications for the disability sector and schools</i></p> <p>The RACP urges you to take urgent action to expedite and streamline the rollout of the COVID-19 vaccine to the disability sector and schools. We believe that our recommendations would have the benefits of:</p> <ul style="list-style-type: none"> <li>• Significantly mitigating the risks of COVID-19 infection to an extremely at-risk segment of the population (people with disability, their carers and disability support workers).</li> <li>• Supporting the mental health, wellbeing and learning of children and young people by enabling schools to remain open even during outbreak periods requiring 'lockdown' restrictions (as has now occurred in Western Australia).</li> </ul>

First Nations	
Shared Learning	
17/11/22	<p>Webinar: The Impact of COVID-19 on First Nations Communities: Australia</p> <p>provide attendees with an understanding of how First Nations communities in Australia were impacted by COVID-19 compared to the general population and how the lessons learned might inform healthcare for First Nations communities in the future.</p>

Aged Care	
Advocacy	
July 2020	<p><a href="#">College submission to the Royal Commission into Aged Care Quality and Safety: impact of COVID-19 on aged care services</a></p> <p>The Royal Commission into Aged Care Quality and Safety has provided an important opportunity for the Royal Australasian College of Physicians to share what we know of the impact of the coronavirus (COVID-19) on the aged care sector.</p> <p>This submission describes the frontline experience of physicians, who are trained in complex care, throughout the COVID-19 pandemic. This experience addresses firstly, serious concerns about Residential Aged Care Facilities (RACFs) and secondly, experience relating to hospital and community care. Our messages are intended to raise the overall level of safety and care to reinforce equity</p>

## 5. Equity and Health System Capacity

### Equity

The global COVID-19 pandemic has highlighted health and social inequities experienced by 'vulnerable and marginalised' populations worldwide, particularly low socio-economic communities and those living below the poverty line. In some instances, the pandemic has exacerbated already well-documented health inequities, such as those relating to race and ethnicity, socio-economic status, homelessness, disability and ageing. In other instances, it has created new and unforeseen inequities, particularly with respect to education and employment.

Throughout the COVID-19 pandemic, the RACP advocated for a greater emphasis on equity in the ongoing response and recovery from the impacts of COVID-19.

### Health System Capacity

The RACP had ongoing concerns regarding healthcare system capacity during the COVID-19 pandemic and for its recovery. The need to optimise preventive strategies and acute care capacity directly related to the care of individuals with COVID-19 related illnesses was identified, and to address pandemic-related impacts on cancer screening and other preventive programs; as well as maintaining and strengthening other acute care services, mental health, and child and adolescent welfare.

The RACP advocated for services and programs to be maintained across all States and Territories (and at a national level where relevant) and across public and private practice, including metropolitan, regional, rural, and remote areas with appropriate liaison with First Nations leaders and communities, as well as multicultural leaders and communities.

### Specific COVID-19 Activities

Date published – most recent activity noted first

*Please note internal links will only be accessible for RACP staff.*

Equity	
Advocacy	
03/05/2022	The President-Elect attended the ACOSS Health Equity Forum which convened a selection of health policy experts to identify the key equity challenges Australia must grapple with at this stage of the pandemic and propose recommendations for how the Federal Government should tackle these issues.
09/02/2022	<a href="#">RACP Aotearoa New Zealand submission to the Finance and Expenditure Select Committee – Budget Policy Statement 2022</a> The RACP supports the overarching goals and the policy areas of focus the Government has adopted within the Budget Policy Statement 2022. We call for a greater emphasis on equity in the ongoing response, recovery and rebuild from the impacts of COVID-19.

August 2020	Endorsement of the International Society for Social Pediatrics & Child Health (ISSOP): <a href="#">Declaration on Advancing Health Equity and Social Justice in Response to COVID-19</a>
15/05/2020	<a href="#">Doctors say new health funding must prioritise equity</a> RACP welcomes the Government's announcement of a funding package for the Aotearoa NZ health system, noting that applying an equity and Te Tiriti-centred lens to decision-making would support equitable health outcomes
24/04/2020	<a href="#">RACP warns that COVID-19 pandemic may exacerbate existing inequities in Aotearoa NZ</a> RACP says that the COVID-19 pandemic may exacerbate existing inequities in Aotearoa NZ without the right exit strategy, and that the campaign to #MakeHealthEquityTheNorm is more important now than ever
7/04/2020	<a href="#">He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses</a> Author: Dr George Laking, Aotearoa NZ President-elect, Chair, Māori Health Committee RACP; Dr Jeff Brown, Aotearoa NZ President RACP Aotearoa New Zealand's COVID-19 pandemic response must centre equity for Māori and must honour the principles of Te Tiriti o Waitangi. Without an equity-centred pandemic response, Māori will experience multiple negative outcomes from this event. This is not acceptable.

Health System Capacity	
<b>Advice</b>	
6/03/2020	<a href="#">Specialist physicians urge people with chronic health conditions not to defer visits</a> RACP is urging the public, particularly people with chronic (long-term) health conditions, not to defer visits to their specialists during the pandemic
<b>Advocacy</b>	
12/05/2022	<a href="#">Media Statement – Workforce Burnout</a> The RACP says it is deeply concerned about mass burnout in the health workforce, which is creating a crisis in some of Australia's hospitals.
05/05/2022	<a href="#">RACP backs universities' call for 1000 student doctors, but says more is needed</a> The RACP has supported the Group of Eight universities' call for 1000 additional domestic places for student doctors to prevent a workforce crisis.
05/01/2022	<a href="#">Rapid Antigen Tests (RATs) key to preventing health system overload from COVID-19 wave</a> The RACP says the explosion of Omicron cases is putting enormous strain on the health system and free Rapid

	Antigen Tests (RATs) is key to preventing health system overload.
01/11/2021	<a href="#">Calls for Federal Government to release workforce modelling and boost resources as survey shows major burnout among doctors</a> RACP calls for the Federal Government to release its healthcare workforce modelling and increase hospital resources – after a survey of its members shows 87 per cent of respondents are concerned about burnout.
<b>Consultation/Endorsement</b>	
26/03/2020	<a href="#">We are consulting with our Specialty Societies on temporary suspension of non-urgent elective surgery in Australia</a> Part of the 'How the College is Supporting You' -The RACP is acutely aware of your concerns about lack of PPE

<b>Miscellaneous</b>	
December 2020	<a href="#">RACP COVID-19 Learnings and Opportunities Report</a> This report shares insights of emerging global trends gleaned from desk-based research and lived experience captured via senior leadership interviews. These insights span new working arrangements, new education, learning, assessment and development arrangements, work health and safety matters, mental health, health, prevention and policy, professional practice and governance and leadership. At the end of the report, recommendations for action by the RACP in 2021 are proposed to allow for focused and aligned Board and management consideration
September 2020	<a href="#">Towards a better new normal in the time of COVID-19: Pre-Budget Update 2020-2021</a> As the Australian Government prepares to deliver its decisive COVID-era budget, the RACP suggests that these ambitious but essential goals can be achieved by investing judiciously in the set of measures proposed through this submission. These recommendations are meant as a supplement and amplification of the comprehensive 2020-21 Pre-Budget Submission released by the RACP in December 2019
April-November 2020	<i>COVID-19 Newsletters</i> RACP provided regular COVID-19 updates to all members on COVID-19 matters across the College

<b>Insurance</b>	
<b>Advocacy</b>	
27/03/2020	<a href="#">RACP rejects idea of moving to exclude COVID-19 from death cover</a> RACP says it is shocked by reports today that one insurer was moving to exclude COVID-19 from their new life insurance policies

## Appendix A

Comparisons and synergies between the RACP Submission to the Inquiry into Long COVID and repeated COVID infections, the Inquiry's final report 'Sick and tired - Casting a Long Shadow', and the Australian Government's response to the Inquiry's final report.

Recommendations within the Inquiry's <a href="#">final report</a>	Recommendations put forward in the RACP submission	<a href="#">Australian Government response to Senate Committee recommendations</a>
<b>Recommendation 1</b>		
<p>The Committee recommends that the Australian Government establishes and funds a single COVID-19 database to be administered by the soon-to-be developed Centre for Disease Control to capture data on:</p> <ul style="list-style-type: none"> <li>- COVID-19 infections, complications, hospitalisations, and deaths as well as recurrent COVID infections.               <ul style="list-style-type: none"> <li>o This should incorporate COVID-19 infections in high-risk populations including: hospital-acquired infections (distinguishing this from community acquisition if possible), infections in aged care and other institutions, and infections in Aboriginal and Torres Strait Islander peoples and the immunosuppressed</li> <li>o This should also include the collection of data regarding select comorbid conditions and ancestry to identify infections in Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and the immunosuppressed</li> </ul> </li> <li>- Long COVID diagnoses including post COVID complications</li> </ul>	<p><b><u>Recommendation 4</u></b>  <b>Establishment of a nationally consistent data collection approach for people experiencing post-COVID-19 symptoms.</b> A nationally consistent approach among states and territories to record post-COVID-19 data is needed to understand the public health needs and inform the development of policy and strategies to address this public health issue.</p>	<p>The Australian Government <b>supports in-principle</b> the recommendation to establish a single COVID-19 database.</p>

COVID-19 vaccination rates, vaccination side effects and post vaccination deaths		
The Committee additionally recommends that the Australian Government explore the use of innovative tools (e.g. artificial intelligence and self-managed care platforms) and data linkage within and between states and territories, to collect this data		Australian Government <b>supports in-principle</b> the recommendation to explore the use of innovative tools and data linkage for data collection.
<b>Recommendation 2</b>		
The Committee recommends that at the present time the World Health Organization definition of long COVID be used clinically, but that the Australian Government Department of Health and Aged Care work with the states and territories to review this definition as more research and information becomes available.	<b>Recommended within body of submission:</b> That the term 'post-COVID condition' be used when referring to Long COVID to align with the WHO guidance.	The Australian Government <b>supports</b> the recommendation to use the World Health Organization (WHO) definition of long COVID in Australia.
The Committee additionally recommends developing evidence-based living guidelines for diagnosis and treatment incorporating tiered care including referral pathways, co-designed with patients with lived experience.	N/A	The Australian Government <b>supports</b> the recommendation to develop evidence-based guidelines for diagnosis and treatment of people with long COVID.
<b>Recommendation 3</b>		
The Committee recommends that the Australian Government establish a nationally coordinated research program, led by the Department of Health and Aged Care (preferably the Centre for Disease Control), to coordinate and fund COVID-19 and long COVID research.	<b>Recommendation 3 Funding for clinical research</b> to investigate the long-lasting health effects of COVID-19 to support planning and provision of ongoing health care needs.	The Australian Government <b>notes</b> the recommendation to establish a nationally coordinated research program for COVID-19 and long COVID research.
This funding should be longer term and be nationally coordinated. The funding should aim to better integrate research by fostering greater collaboration rather than fragmentation.		The Australian Government <b>supports in-principle</b> the recommendation that funding should be longer term and be nationally coordinated.
The Committee also recommends that this research have adequate representation from Aboriginal and Torres Strait Islander peoples and the culturally and linguistically diverse population and be adequately funded to achieve these aims. Other vulnerable groups including the elderly, children, people with disability and the immunosuppressed should be represented.		The Australian Government <b>supports</b> the recommendation that research should have adequate representation from Aboriginal and Torres Strait Islander peoples, the culturally and linguistically diverse population and other vulnerable groups.
Research programs should span basic science, clinical trials, models		The Australian Government <b>supports in-principle</b> the



of care, health promotion and implementation science.		recommendation that research programs should span basic science, clinical trials, models of care, health promotion and implementation science.
<b>Recommendation 4</b>		
<p>The Committee recommends that the Department of Health and Aged Care updates, focusses, and improves its COVID-19 vaccination communication strategy including by:</p> <ul style="list-style-type: none"> <li>• Emphasising the benefit of COVID-19 vaccines in both reducing transmission and illness severity for acute COVID-19 infections and reducing the risk of developing long COVID</li> <li>• Encouraging greater COVID-19 vaccination across the Australian population especially among children, young people and people of working age</li> <li>• Encouraging immunisation in high-risk groups in particular as the virus becomes endemic</li> </ul> <p>Working with the states and territories to develop this health promotion program.</p>	<p><b>Addressed within <u>Recommendation 5</u></b>  <b>Be led by medical advice and use public health measures when needed.</b> The RACP supports COVID-19 vaccination. Australians must be provided with up-to-date information that is accessible, easily understood, and consistent.</p>	<p>The Australian Government <b>supports</b> the recommendation to update and improve its COVID-19 vaccination communication strategy.</p>
<b>Recommendation 5</b>		
<p>The Committee recommends that the Pharmaceutical Benefits Advisory Committee regularly review the benefits of antiviral treatments for COVID-19 in accordance with emerging research with a view to expanding the list of groups eligible to access these treatments through the Pharmaceutical Benefits Scheme (PBS).</p>	<p><b>Addressed within <u>Recommendation 5</u></b>  <b>Be led by medical advice and use public health measures when needed.</b> The RACP supports equitable access to Rapid Antigen Test (RATs), polymerase chain reaction (PCR) testing and antiviral treatments</p>	<p>The Australian Government <b>supports</b> the recommendation to regularly review the PBS listings for antiviral treatments for COVID-19 in accordance with emerging research.</p>
<p>The Committee also recommends that antiviral treatments for COVID-19 be approached as a pharmacist-initiated medication to participants eligible under the PBS.</p>		<p>The Australian Government <b>does not support</b> the recommendation that antiviral treatments for COVID-19 be approached as a pharmacist-initiated medication to participants eligible under the PBS.</p>
<p>The Committee additionally recommends that the Australian Government review its framework for access to antiviral treatments for COVID-19 to include non-mortality and non-hospitalisation outcomes such as productivity gains, time to</p>		<p>The Australian Government <b>notes</b> the recommendation to review the framework for access to antiviral treatments for COVID-19.</p>



illness resolution, return to work and number of health encounters.		
<b>Recommendation 6</b>		
<p>The aim of the Committee is to ensure people get the support they need, most of which will occur via the primary care network. Accordingly, the Committee makes the following recommendations regarding management:</p> <ul style="list-style-type: none"> <li>• Support and education should be provided to general practitioners (GPs) as well as other primary healthcare providers to diagnose long COVID and to help manage those suffering from it. Education for GPs should be coordinated and eligible for Continuing Professional Development (CPD). The Medicare Benefits Schedule (MBS) chronic disease management item number should be reviewed</li> <li>• Clinical care should be linked to nationally coordinated research and data collection</li> <li>• Funding be provided in partnership with state health departments for selected public hospitals to develop multidisciplinary long COVID clinics linked to nationally consistent referral guidelines for screening patients with challenging long COVID complications</li> <li>• Mental health support for those with long COVID must be provided in an affordable, timely and equitable manner, and regular review of mental health issues should be part of GP management noting that the extent of related mental health impacts is still unknown</li> <li>• Telehealth and digital health resources be leveraged to make self-management and access to primary care easier</li> <li>• Funding be provided so that outreach long COVID clinics</li> </ul>	<p><b>Recommendation 1</b> <b>Improved access to, and number of, general and Long COVID multidisciplinary clinics and inpatient hospital services,</b> especially for those living in regional, rural and remote locations, as well as First Nations communities. Leadership should be provided by key specialist physicians, such as rehabilitation physicians from the RACP Australasian Faculty of Rehabilitation Medicine, in liaison with Neurologists, Respiratory Physicians and Infectious Disease Physicians. Specialist occupational and environmental physicians from the RACP Australasian Faculty of Occupational and Environmental Medicine can also assess fitness for and promote return to work as a treatment for workers impacted by Long COVID.</p> <p><b>Recommendation 2</b> <b>Post-COVID monitoring supports,</b> inclusive of increased supports for Australians with post-COVID conditions. Ongoing supports to review individuals infected with COVID-19 at regular, ongoing intervals post initial infection, to assess lingering or persistent symptoms. Also need to ensure specialist physicians are supported to identify and manage the treatment of these conditions to ensure equitable patient access to specialists and health care services across the country.</p> <p><b>Recommendation 6</b> <b>Providing appropriate levels of investment in staffing and infrastructure to meet current and projected health care demands directly and indirectly related to COVID-19.</b> This includes multidisciplinary acute, sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services. There is a critical need to address post-acute COVID-19 conditions, reinfection, ongoing chronic health needs and management of sub-acute health</p>	<p>The Australian Government <b>agrees</b> that the majority of supports for people with long COVID will occur via the primary care network.</p> <p>The Australian Government <b>notes</b> the recommendation to provide educational supports to general practitioners and other primary healthcare providers, and for this to be made eligible for Continuing Professional Development.</p> <p>The Australian Government <b>supports</b> review of the Medicare Benefits Schedule (MBS), and as part of this, items for treatment of chronic conditions.</p> <p>The Australian Government <b>supports</b> the recommendation to link clinical care to nationally coordinated research and data collection</p> <p>The Australian Government <b>supports</b> the recommendation to provide mental health supports for people with long COVID.</p> <p>The Australian Government <b>supports</b> the recommendation to leverage telehealth and digital health resources to improve access to primary care services.</p> <p>The Australian Government <b>notes</b> the recommendation to fund outreach long COVID clinics for rural and regional areas.</p>

<p>can be developed for rural and regional areas, accessible either face to face or via telehealth, as a GP resource</p>	<p>conditions neglected due to the reallocation of resources to acute care during the COVID-19 crisis. Investment will be required across public and private hospital and community-based physician-led services, primary health care services and allied health providers. Education and processes are needed to optimise referral and liaison between these services and healthcare providers, particularly in non-metropolitan areas.</p>	
<p><b>Recommendation 7</b></p>		
<p>The Committee recommends the Australian Government establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts to:</p> <ul style="list-style-type: none"> <li>Oversee an assessment of the impact of poor indoor air quality and ventilation on the economy with particular consideration given to high-risk settings such as hospitals, aged care facilities, childcare and educational settings</li> <li>Lead the development of national indoor air quality standards for use in Australia.</li> </ul>	<p><b>Addressed within <u>Recommendation 5</u></b>  <b>Be led by medical advice and use public health measures when needed.</b> The RACP supports improving building ventilation and establishing National Standards.</p>	
<p><b>Recommendation 8</b></p>		
<p>The Committee recommends funding be made available for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) research and patient support and that this funding should be allocated in consultation with peak bodies for ME/CFS and with note of the recommendations of the ME/CFS Advisory Committee's 2019 report to the National Health and Medical Research Council.</p>		
<p><b>Recommendation 9</b></p>		
<p>The Committee recommends, given the multiple questions that have arisen during our Inquiry, that the Australian Government consider a comprehensive summit into the COVID-19 pandemic and Australia's past and current response, including by governments at all levels, with particular consideration to the role of the future Centre for Disease Control.</p>	<p><i>Note: The College has made a <a href="#">submission</a> to the Department of Health and Aged Care consultation 'Role and Function an Australian Centre for Disease Control (CDC)'</i></p>	

