



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

COVID-19 Living Narrative

RACP activity in response to the COVID-19
pandemic

March 2020 onwards

Version 1.0. Last updated: October 2021

145 Macquarie Street, Sydney NSW 2000, Australia

Telephone +61 2 9256 5444 | Facsimile +61 2 9251 7476 | Email COVIDERG@racp.edu.au

Contents

Contents	1
Royal Australasian College of Physicians (RACP)	2
Coronavirus (COVID-19).....	2
RACP COVID-19 Expert Reference Group (ERG)	2
This document.....	3
1. Healthcare worker health and safety	4
The Hierarchy of Controls.....	4
Personal protective equipment (PPE)	4
Healthcare worker infection	5
2. Providing clinical care	7
Telehealth	7
Clinical evidence taskforce	8
Long COVID	8
3. Public health and priority populations	9
COVID-19 vaccination	9
Disability	9
Māori and Pasifika	10
Children and young people.....	10
Schools	10
COVID-19 Activities	13

Royal Australasian College of Physicians (RACP)

The Royal Australasian College of Physicians (RACP) represents 33 medical specialities and trains, educates and advocates on behalf of physicians and trainee physicians across Australia and Aotearoa New Zealand. 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.

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.¹

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 presently includes broad expertise in its membership, including representation from the following:

- RACP President
- College Policy and Advocacy Council
- Aboriginal and Torres Strait Islander Health Committee (currently vacant)
- Aotearoa New Zealand Committee (currently vacant)
- 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 (currently vacant)
- 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

¹ Coronavirus (who.int)

- Māori Health Committee (currently vacant)
- Paediatric and Child Health Division
- Private Practice
- RACP Consumer Advisory Group
- Regional/Rural (currently vacant)
- Thoracic Society of Australia and New Zealand

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, in particular on the availability of personal protective equipment (PPE).

As the pandemic continued, the ERG began to consider a substantial number of COVID-19 matters, which often require rapid response from the RACP. The ERG now regularly reviews and provides advice on government policies and resources and informs 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, have contributed their expertise to the public health response to the COVID-19 pandemic, representing the RACP on a range of external committees and advisory bodies which oversee Government measures and response.

This document

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

This document also houses a [table](#) summarising all COVID-19 related activities that the RACP has undertaken since the start of the COVID-19 pandemic in March 2020.

The document is divided into three overarching areas:

1. Healthcare worker health and safety
2. Providing clinical care
3. Public health and priority populations

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

Personal protective equipment (PPE)

Throughout the COVID-19 pandemic the RACP has 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's statement on use of PPE recommends 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 most recent 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 have been adopted by the Australian Government. The guidelines on PPE have been 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's 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.

2. Providing 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 has been extremely important in enabling the continuation of many health 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 has the potential to permanently improve accessibility and equity in accessing health 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 Minister for Health and Aged Care, The Hon. Greg Hunt MP, to provide an opportunity for Fellows to discuss the use of telehealth and how remote consultations may progress in the future directly with the Minister.

In 2021, the RACP provided feedback to the Australian Government 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 in the interim to retain all existing specialist telehealth items (including the rural loading items) until the end of 2021. This has constituted a major success for the RACP and members.

Clinical evidence taskforce

The National COVID-19 Clinical Evidence Taskforce launched '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 is a member of the Taskforce and sit on the National Steering Committee. As such the RACP provides feedback on these 'living guidelines' fortnightly, via the National Steering Committee, to ensure consistency in the clinical management of COVID-19 across healthcare settings.

Long COVID

The RACP has taken a leadership role in the care of patients with long COVID, and in particular the role of rehabilitation physicians in assisting a person with long COVID to return to their previous level of function or to learn to function with 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.

3. Public health and priority populations

COVID-19 vaccination

The RACP has been very active in supporting the roll-out of the COVID-19 vaccines. In October 2020, the College wrote to the Minister for Health and Aged Care, The Hon. Greg Hunt MP, requesting that the Australian Government consider a number of 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.

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 has 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 outlines 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 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.”

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 recent ATAGI advice (27 August 2021). 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.’*

Schools

The RACP remains concerned about the impacts of school closures and lockdowns 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 has 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 supports 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.

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)	
Advice	
23/10/2020	<p>COVID-19: Guidance on Workplace Risk Management 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</p>
25/05/2020	<p>COVID-19: Guidance for pregnant healthcare workers 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</p>
25/03/2020	<p>Guidance for occupational physicians providing advice on COVID-19 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</p>
Advocacy	
21/08/2020	<p>RACP statement on use of PPE 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)</p>
15/07/2020	<p>RACP advice on use of masks in coronavirus hotspots 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</p>
6/04/2020	<p>RACP says face masks must be conserved for frontline health workers 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</p>

18/03/2020	Physicians need access to personal protective equipment 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
Consultation/endorsement	
April 2021	<i>National COVID-19 Clinical Evidence Taskforce Infection Prevention and Control Panel (IPC)</i> Guidelines on PPE 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
Survey	
10/08/2020	RACP survey: 20 per cent of physicians in public hospitals sourcing their own PPE – calls for greater transparency on government stockpile 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

Healthcare worker infection	
Advocacy	
16/09/2020	Medical colleges welcome new health worker protection measures 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	RACP says healthcare worker infection numbers in Victoria are extremely concerning 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
Consultation/Endorsement	
October 2020	Support for the COVID-19 in Health Care and Support Workers in Aotearoa New Zealand

Telehealth	
Advocacy	
14/7/2021	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.
12/6/2020	Survey of specialists shows telehealth can improve access and equity permanently 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
29/03/2020	Significant expansion of telehealth items announced 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.
29/03/2020	RACP supports expansion of telehealth RACP supports today's announcement by the Federal Government to expand access to telehealth
27/03/2020	MBS telehealth update 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	Physicians welcome expansion of telehealth RACP welcomes the Federal Government's announcement today to expand access to telehealth to cover services provided by vulnerable physicians
20/03/2020	Physicians call for Telehealth to be expanded for all consultations 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	Physicians welcome Government health response package COVID-19 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
Consultation/endorsement	
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
Survey	
June 2020	Results of RACP Members' Survey of new MBS Telehealth attendance items introduced for COVID-19 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%
Shared Learning	
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	The Art of Telehealth 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	Telehealth and Electronic Prescribing Webinar Presented by Vandana Chandnani (ADHA) and Georgie Haysom (Avant Mutual)
1/04/2020	Telehealth and electronic prescribing webinar Presented by Vandana Chandnani (ADHA) and Georgie Haysom (Avant Mutual)

Clinical Guidance	
Consultation/endorsement	
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) Advice for clinicians: Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-COV-2 (PIMS-TS)
April 2020	Endorsement of the National COVID-19 Clinical Evidence Taskforce guideline and flowcharts RACP specialty societies represented on the Guidelines group – TSANZ, ASID and ASA

Long COVID	
Shared Learning	
9 September 2021	Webinar 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	Webinar 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.

Vaccines/vaccinations	
Advocacy	
14/10/2021	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.
20/08/2021	Reset for equity: First dose of COVID-19 vaccines for Māori and Pasifika 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
17/08/2021	Physicians reassure parents: "COVID-19 vaccination of children is important to protect them from the virus" RACP has recommended that high-risk children aged 12-15 years receive Pfizer COVID-19 vaccination in line with recent ATAGI advice
2/07/2021	Physicians support ATAGI advice, and say public messaging campaign will be vital to achieving broad vaccination coverage 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 informed discussion about an individual's personal risks and benefits with their GP or specialist physician
11/06/2021	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
17/05/2021	RACP encourages the Australian Government to release further information on the vaccine rollout to people with disability and disability support workers RACP is concerned about the slow rollout of vaccines to people with disability and is calling for greater reporting from the Australian Government
9/04/2021	RACP urges calm over advice on AstraZeneca vaccine RACP says new advice about under 50s and the AstraZeneca vaccine should not stop eligible Australians from securing its protections
22/02/2021	RACP welcomes landmark day for Australia's COVID-19 protection response 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	<p>RACP supports Australian Government's COVID-19 vaccine national roll-out strategy – public should have confidence in the Government's approach</p> <p>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.</p>
Consultation/endorsement	
15/07/2021	<p>Letter to <i>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"> • 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). • 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).
5/05/2021	<p>Joint letter to <i>Hon Greg Hunt Minister for Health - seeking a no-fault vaccine injury compensation scheme in Australia</i></p> <p>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</p>
November 2020	<p><i>Public consultation on changes to the Australian Immunisation Register Act 2015</i></p> <p>Feedback 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</p>
21/10/2020	<p>Letter to <i>Hon Greg Hunt Minister for Health - Planning for the distribution and roll out of COVID-19 vaccinations</i></p> <p>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. Specifically, I request that you enable appropriate processes to:</p> <ul style="list-style-type: none"> • Improve the Australian Immunisation Register (AIR) and other systems that support the distribution, supply and tracking of vaccines, including linking to other health datasets

	<ul style="list-style-type: none">• 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.
--	--

Schools	
Advocacy	
27/08/2021	<p>Paediatricians support vaccinations for young people: “Protecting children from COVID-19 is the best thing to do” RACP has recommended that all children aged 12-15 years receive the Pfizer COVID-19 vaccination when available, in line with recent ATAGI advice</p>
25/08/2021	<p>RACP calls for COVID-19 national return-to-school guidelines 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</p>
01/07/21	<p>RACP warns against blanket school closures, and says Governments should not ‘extend’ school holidays to manage outbreak 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.</p>
Consultation/endorsement	
8 June 2021	<p><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.</i> <i>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></p>

Aged Care	
Advocacy	
July 2020	<p>College submission to the Royal Commission into Aged Care Quality and Safety: impact of COVID-19 on aged care services</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>

Addiction Medicine	
Advice	
24/04/2020	<p>Improving support for patients receiving treatment for opioid dependence during COVID-19 outbreak</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>Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response</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>

Equity	
Advocacy	
August 2020	Endorsement of the International Society for Social Pediatrics & Child Health (ISSOP): Declaration on Advancing Health Equity and Social Justice in Response to COVID-19
15/05/2020	Doctors say new health funding must prioritise equity 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	RACP warns that COVID-19 pandemic may exacerbate existing inequities in Aotearoa NZ 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	He Tangata, He Tangata, He Tangata: Centre Equity and Te Tiriti o Waitangi in all COVID-19 Pandemic Planning, Strategy and Responses 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.

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

Health System Capacity and Unmet Needs	
Advice	
6/03/2020	Specialist physicians urge people with chronic health conditions not to defer visits RACP is urging the public, particularly people with chronic (long-term) health conditions, not to defer visits to their specialists during the pandemic
Consultation/Endorsement	
26/03/2020	We are consulting with our Specialty Societies on temporary suspension of non-urgent elective surgery in Australia Part of the 'How the College is Supporting You' -The RACP is acutely aware of your concerns about lack of PPE

Miscellaneous	
December 2020	<p>RACP COVID-19 Learnings and Opportunities Report</p> <p>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</p>
September 2020	<p>Towards a better new normal in the time of COVID-19: Pre-Budget Update 2020-2021</p> <p>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</p>
April-November 2020	<p><i>COVID-19 Newsletters</i></p> <p>RACP provided regular COVID-19 updates to all members on COVID-19 matters across the College</p>