

# CPAC Council Communique

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## Meeting 25 October 2017

On Wednesday 25 October 2017 the College Policy and Advocacy Council (CPAC) met for their second meeting of the year.

Sixteen CPAC members attended and considered health care reform matters, proposals for new policy and advocacy activities, the CPAC work plan for 2018 and the College's achievements since its last meeting in March 2017. During the meeting members discussed the following:

- Guest presenter Jennifer Doggett, from the Australian Health Care Reform Alliance, presented on the current issues impacting on the health systems of Australia and New Zealand and the context within which proposals for health reform are emerging. This was followed by a workshop discussion looking at a range of current health reform proposals and initiatives, considering the role and challenges the College faces as an active influencer in this space.
- Members then agreed on the need to establish a Health Reform Reference Group of interested and experienced Fellows. This will enable the College to respond to requests in this area, which are being received on a more frequent basis, allowing for a more agile structure and additional pool of expertise to draw on. A Terms of Reference will be prepared after the meeting and sent to CPAC for approval.
- Members discussed a proposal, introduced by Paediatric and Child Health Division (PCHD) President Dr Sarah Dalton, for scoping of an initiative on transitions between paediatric and adult services of children and adolescents with congenital conditions or other chronic health problems that emerge during childhood. This will include engagement across Adult Medicine Division (AMD), PCHD, and the Adolescent and Young Adult Medicine Committee, and linking into existing work being undertaken in the education space.
- A proposal was presented by Dr Robin Chase on behalf of the Faculty of Occupational and Environmental Medicine for a cross-College initiative on employment, poverty and health. This will build on the RACP's work on the Social Determinants of Health, and will require a scoping phase to review relevant resources and identify key action points and gaps where the College can add the most value to influence the social determinants of health and improve the health of our communities.
- Members noted CPAC Advisory Committee (CPAC AC) activities from the reporting period of September 2016 to September 2017, where the group considered a total of 253 policy and advocacy related matters during the 12 month period.
- Members considered the CPAC 2018 work plan and approved it for progression to Board.
- Members were advised that the College Board had recently established a Working Party to review, from a whole of College perspective, a number of issues that were raised in a Report prepared on the future of the Australasian Faculty of Public Health Medicine. The composition of the Working Party requires a CPAC representative. Following an expression of interest process, CPAC nominated Dr Jacki Small as their appointed representative.
- Members noted the College's strong advocacy in support of marriage equality and the health benefits of removing discrimination, which received very positive feedback from members and extensive media coverage across regional publications, as well as achieving by far the most successful social media the College has had to date - reaching 47,796 people on Facebook and receiving 2,751 reactions (overwhelming positive).
- Members noted the NZ policy and advocacy activities including progress of the Obesity Working Party's position statement, as well as an update from the Māori Health Committee including the planning for the Māori Health [Hui](#), in Auckland on 9 November 2017. The presentation on the New Zealand Election Statement was very well received and was recognised as reflecting the College's

ability to produce timely and effective policy and advocacy material for use in a variety of contexts.

- The P&A Unit provided CPAC with a summary of the policy and advocacy activities across the College to date, highlighting key achievements and progress on major projects such as:
  - *Medical assistance in dying – the Working Party have consulted widely with members on their discussion paper as they develop a College position statement on this issue, including planning a series of deliberative forums and an online forum. The RACP has advocated on behalf of members in relation to proposed legislation, on key issues such as protections for conscientious objectors. Submissions have been made in response to the [Victorian Government Ministerial Advisory Panel’s Discussion Paper on a proposed Voluntary Assisted Dying Bill in Victoria](#), and the [NSW Voluntary Assisted Dying Bill 2017](#).*
  - *Climate Change & Health – the College collaborated with the Lancet on the Australian launch of the [Lancet Countdown: Tracking Progress on Health and Climate Change report](#), and the CCH Reference Group’s has developed an advocacy strategy aimed at collaboration with other medical Colleges to bring attention to risks to the health system from climate change and extreme weather events.*
  - *National Disability Insurance Scheme - the online [NDIS Guides](#) were launched at Congress 2017, and the College’s position statement has been approved and will be released before the end of the year. The Working Party has been active in developing a number of submissions, and paediatricians will represent the RACP at the “[The Joint Standing Committee on the National Disability Insurance Scheme’s Inquiry into provision of services under the NDIS Early Childhood Early Intervention Approach](#)”.*
  - *[Medicinal Cannabis](#) - College Fellows have attended a number of TGA clinical briefing updates. The Medicinal Cannabis Reference Group has developed a ‘perspectives’ piece to articulate the RACP’s concerns about the rapid implementation of access pathways when there is a lack of evidence around quality, safety and effectiveness.*
  - *[Paediatric and Child Health Division](#) - position statements on ‘Inequities in Child Health’ and ‘Early Childhood’ are close to completion, and ‘Indigenous Child Health’ projects are progressing well. PCHD continue their leading role in wide media coverage on the effects on children of alcohol advertising in sport, as well as marriage equality.*
  - *[Codeine](#) - Codeine will be made prescription only from 1 February 2018, following a review and consultation by the TGA which recognised the serious harms associated with codeine use. However, the Pharmacy Guild is undertaking intensive lobbying to create exemptions which would undermine this decision, and have serious implications for the nationally consistent regulation of medicines. The College led a [joint open letter to all State and Territory Health Ministers](#), co-signed by the RACGP, the Rural Doctors Association of Australia, Painaustralia and the Consumers Health Forum. Our media activities on codeine reached an audience of around 1.68 million and resulted in around 500 news stories nationally. Sue Dunlevy’s piece syndicated nationwide on News Ltd. AAP’s follow up piece was picked up in the Telegraph and the Australian.*
  - *Faculties – Faculties continue to be active in cross-College policy and advocacy activities, as well as their own agendas, including, the [Faculty of Occupational and Environmental Medicine’s](#) finalisation of the [Guide to Pregnancy and Work](#), the [Faculty of Public Health Medicine](#) leading College advocacy on establishing a Medically Supervised Injecting Centre in Victoria, and drug law reform, and the [Faculty of Rehabilitation Medicine](#) completing their internal consultation on the Role of rehabilitation medicine physicians in integrated care. For information on the Faculties’ other activities and submissions visit their policy and advocacy pages.*

- *Chapters – Chapters continue to be active in cross-College policy and advocacy activities, as well as their own agendas, including, the [Chapter of Palliative Medicine's](#) substantial input on the issue of medical assistance in dying, the [Chapter of Addiction of Medicine](#) lead role in advocacy in opposing drug testing of welfare recipients and the College's joint initiative on the upscheduling of codeine, and the [Chapter of Sexual Health Medicine](#) has established the Aboriginal and Torres Strait Islander Sexual Health Working Party. For information on the Chapters' other activities and submissions visit their policy and advocacy pages.*
- *[Aboriginal and Torres Strait Islander Health](#) – the Medical Specialist Access Framework is on track for release of its 1<sup>st</sup> version in early 2018. The Committee is playing a leading role on the development of a new Indigenous Strategy, as well as providing Aboriginal and Torres Strait Islander input to other cross-College activities. The Committee remains strongly connected with other stakeholders, internally with the Maori Health Committee, and with external bodies, including [AIDA](#) and [NACCHO](#).*
- *[Adult Medicine Division](#) – the Division has a high level of engagement with policy work on [Evolve](#) and the [MBS Review](#), as well as working effectively with the Special Societies through established policy triage processes. The AMD Policy & Advocacy Lead Fellows Network being established will help to increase awareness of the College's P&A activities, as well as improve our ability to collaborate on matters of common interest.*
- *[EVOLVE](#) – the College initiative is progressing strongly. 84% of specialties are engaged (37/44), with 18 lists released, and another 15 in development (some are jointly developed). The initiative was also cited in the recent Productivity Commission Report *Shifting the Dial*. Opportunities for disseminating the recommendations are being progressed with templates developed for educational sessions, promotional materials available, and a number of demonstrator projects commencing shortly.*
- *[Integrated care](#) – the College's views on integrated care was very positively referenced in the above Productivity Commission report. Lead Fellows remain involved with the Health Care Homes initiative and ongoing discussions with Health Ministers. Integrated care has been a key topic in a range of College submissions including those related to the MBS Review, digital health, hospital funding reforms, Productivity Commission reviews, paediatric policy, and Indigenous health.*
- *[Digital health](#) – the College continues to advocate for greater knowledge of physicians needs and barriers in this area. We are building a stronger relationship with the Australian Digital Health Agency through strategic meetings and representation on a number of their steering groups.*
- *[E-cigarettes](#) - the College continues to engage in the changing landscape of e-cigarette regulation with a range of submissions to Federal and state/territory inquiries and Bills. Work is progressing on finalising the College's full position on this matter.*
- *[Harms of Alcohol](#) – the College's policy recommendations are being reflected in a range of state and territory reviews and inquiries; including the NT Alcohol Review, the WA Health Minister who supports minimum floor price, and in the NSW inquiry into Alcoholic Beverages Advertising Prohibition Bill. The College continues to actively advocate to reduce alcohol-related harms, improve prevention measures, and increase access to treatment.*
- *[Refugee & Asylum Seeker Health](#) – the College continues to advocate for access to health care for refugees. We participated and provided a submission to AHRC's consultation on the Australian implementation of Optional Protocol to the Convention Against Torture, and are represented on the government's Refugee and Migrant Women's Health Initiative. During National Refugee Week we ran a series of interviews with physicians working in Refugee Health Services.*

- [Welfare reform](#) – advocacy from the College, led by AChAM, was instrumental in preventing the proposed changes to the Disability Support Pension being passed. In addition, the proposed drug testing of welfare recipients and changes to ‘reasonable excuse’ provisions have not been passed and there has been significant support for the College’s position that the changes are not good policy and will not be effective. There has been strong collaboration with other stakeholders and extensive media reach on this issue.
  - Healthcare reform – a number of submissions have been made under this topic including to Government on [Medical Indemnity Insurance](#), and [Private Patients in Public Hospitals](#), to the Productivity Commission’s [Human Services Report](#) on public reporting of hospitals & clinicians, to the Independent Hospital Pricing Authority’s [Paper on the Pricing Framework for Australian Public Hospital Services 2017-18](#) on sentinel events, and to the Australian Senate [Inquiry into the value and affordability of private health insurance and out-of-pocket \(OOP\) medical costs](#).
  - [Regional committees](#) – the ongoing contributions to jurisdictional matters as well as cross-College activities, and engaging with Ministers & opposition, were highlighted in the meeting, including;
    - Medically Supervised Injecting Centre trial (Vic)
    - Lead toxicity, sugary drinks (NT)
    - Vulnerable populations, drug & alcohol (Tas)
    - Mine Safety & Health, Child Protection Reform (Qld)
    - Alcohol reform, sustainable health review (WA)
    - Public Health, altruistic surrogacy (SA)
    - Medicinal cannabis, guardianship review (NSW)
- Members noted the proposed Council 2018 dates as:
  - Wednesday 18 April 2018; and
  - Wednesday 31 October/Thursday 1 November 2018 as a two day strategy meeting.