



**RACP**  
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# **POLICY & ADVOCACY REPORT – Q1 2025**

**Report for January to March 2025**

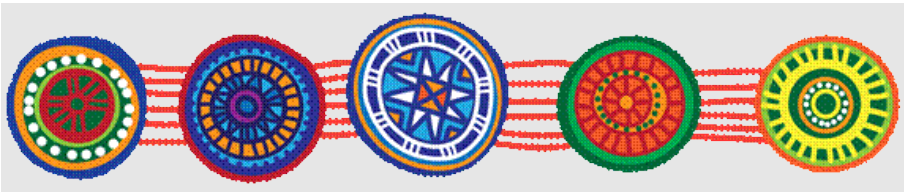
## **The Royal Australasian College of Physicians**

The RACP trains, educates and advocates on behalf of over 23,000 physicians and almost 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

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*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.*



## Highlights

- 2025 Federal Budget [advocacy](#) focused on [the College's work](#), across workforce issues, First Nations health, medicine supplies and digital health.
- The College Pre-Election [statement](#) was shared with Government, Opposition and other MPs and promoted in the media, focusing on workforce issues, medicines supply, climate change resilience and expanding care access to priority populations.
- RACP President Professor Jennifer Martin discussed the importance of the new [ASCEPT Evolve Top-5 recommendations to reduce low-value care](#) across a range of forums, including [MJA Insight](#) and radio interviews.
- [Raising key issues](#) about physician assistant models.
- Profiling of the RACP It Pays to Care policy in the context of psychosocial workplace compensation claim changes.
- WA election [advocacy](#).
- SA ban on junk food advertising on public transport, in line with the RACP's [Switch off the Junk](#) campaign.

## Stakeholder meetings

### January to March 2025

		Stakeholder	
<b>Total Meetings</b>	<b>24</b>	<b>Federal Government</b>	<b>8</b>
		<b>State/Territory Government</b>	<b>3</b>
		<b>Medical Body</b>	<b>11</b>
		<b>Other</b>	<b>2</b>

The RACP continued to engage with health sector stakeholders through January to March, including:

- RACP President Professor Jennifer Martin with P&A team met with the National Rural Health Commissioner, Professor Jenny May AM, to discuss rural and regional health.
- Prof Martin met with Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, to discuss physician workforce, Working Better for Medicare Review and the RACP pre-budget recommendations.
- Prof Martin, Steffen Faurby, CEO, and RACP senior leadership met with Australian Health Practitioner Regulation Agency (Ahpra), Medical Board of Australia (MBA), Health Workforce Taskforce (HWT) and the Australian Medical Council (AMC) to discuss expedited specialist pathways for General Medicine and General Paediatrics

- Prof Martin and Nicola Lewis met with Dr Anne Webster MP, Shadow Assistant Minister for Regional Health, on supervision and mentoring of trainees and SIMGs in the regions, and generalist training.
- Nicola Lewis met with Steve Paillas, Chief of Staff to Hon Emma McBride MP, Assistant Minister of Mental Health and Suicide Prevention, and Rural and Regional Health, on regional, rural and remote physician workforce.
- Nicola Lewis met with Richard Temperly, Health Advisor, to Senator Anne Ruston, Shadow Minister for Health and Aged Care on expedited specialist pathways and regional, rural and remote physician workforce.
- Professor Brian Wood, AMD President-elect, Professor Nitin Kapur, PCHD President, Dr Dayna Law, Sam Dettman of the P&A team and Tracey Handley, Qld SEO met with QLD Health Minister Tim Nicholls on physician workforce.



*Pictured L-R: PCHD President, Professor Nitin Kapur, QLD Health Minister, Timothy Nicholls, QLD Committee Workforce Lead, Dr Dayna Law, AMD President-elect, Professor Brian Wood, and Tracey Handley, SEO Member Engagement & Support and Samuel Dettmann, SPO, Policy & Advocacy*

- Dr Theresa Naidoo, Tasmanian Committee Interim Chair, Dr Zhen Lim, A/Prof Heinrich Weber, Dr Matt Lee-Archer and Jessica Falvey of the P&A team met with the Hon Jacqui Petrusma MP, Minister for Health, Tasmania to discuss issues relating to the physician and trainee physician workforce and priority populations in Tasmania.



*Pictured L-R: The Hon Jacqui Petrusma MP, Minister for Health, Tasmania, Nancy Smit, SEO, Member Engagement & Support, Dr Zhen Lim, Tas Cttee, A/Prof Heinrich Weber, Tas Cttee, Dr Matt Lee-Archer, Tas Cttee, Jessica Falvey, P&AO, Policy & Advocacy & Dr Theresa Naidoo, Tasmanian Committee Interim Chair*

#### Other meetings:

- Alcohol Change Australia Alliance
- AVANT Mutual
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Institute Digital Health (AIDH)
- A Better Culture
- Australian Medical Association (AMA)
- Australian Private Hospital Association (APHA)
- Catholic Health Australia (CHA)
- Health New Zealand | Te Whatu Ora
- Royal Australian College of Surgeons (RACS)
- Rural Doctors Association of Australia (RDAA)
- Safe Work Australia
- Singapore health officials
- Tasmanian Health Department

## Media advocacy

### January media coverage

If Australia made more of its medicines, we'd all feel better

JENNIFER MARTIN



For many Australian women struggling with menopause symptoms, finding the hormone therapy patches that provide much-needed relief has been as futile as shopping for a kg of ham on Christmas Eve. Without the patches – and there have been recurring shortages since 2020 – most women have no choice but to grin and bear the hot flashes, joint pain and itchy skin.

The past year was a particularly bad year for Australia's medicine supplies across the board. Hundreds of medicines have been in short supply, including intravenous (IV) fluids and drugs to stop early labour and manage high blood pressure in pregnant women.

As a clinical pharmacologist, I know medicine shortages are nothing new. We have run out of common medicines in the past – antibiotics, for example. It is our job to ensure our patients feel the effects of shortages as little as possible, by suggesting alternative medicines and doses to produce the same outcome. But as shortages become more common, this is increasingly difficult.

The reality is, we are at the behest of the global supply chain. Australia imports about 90 per cent of its medicines, and this makes us incredibly vulnerable to any supply disruptions. Since the pandemic, we have learnt just how fragile supply chains can be, and with the current geopolitical climate, they may be even more so. Medical science is one of the

seven areas of the economy being targeted through the federal government's \$1-billion National Reconstruction Fund. While this commitment to new high-value medicines is promising, my message to the government is to come up with a comprehensive approach to medicine shortages and supply across all types.

We need to boost the long-term health sovereignty of our country. A further \$1.9 billion was contained in the 2024-25 budget for health research as part of the prime minister's Future Made in Australia scheme. As the package is focused on the development of new health treatments, it is unlikely to address our shortage of existing medications.

IV fluids are essentially nine grams of salt in a litre of sterile water. Making them in Australia would not require significant innovation, but rather the establishment of quality manufacturing.

The same can be said for other medications on which we are heavily reliant – antibiotics, blood thinners and even head lice treatments to name a few.

Don't get me wrong – research and development are important. We wholly support the Future Made in Australia scheme investing in emergent treatments for groups whose health needs have been neglected for too long. But we need to boost our sovereign capability when it comes to existing medications, too.

Imagine the benefits, not just for patients, but for jobs and the economy. My home of Newcastle, with its coal past and history of heavy industry, is no stranger to economic transformation. Can you imagine if the city were able to harness its existing infrastructure

and transform into a world-class medicine manufacturer?

Australia could rely less on imports and have more control over medicine supply while providing jobs for communities transitioning from fossil fuels.

Boosting local manufacturing should be a crucial part of the government's strategy to tackle medicine shortages. And there are other things they should do, too. They should require manufacturers and importers to be more proactive in telling the Therapeutic Goods Administration about discontinuations and shortages. Sitting on this means less time to plan for alternatives, and more pain for patients.

They should harness big data analytics to better track and share information about medicine stocks between states and territories, medicine suppliers and health services. This will not happen without national leadership.

It is also important to recognise the human dimension in all of this. Doctors, healthcare workers and clinical pharmacologists are all needed to provide patients with quality care. This is extremely difficult when health services are understaffed, as is often the case. The federal government must play a leadership role in supporting the states to address the crisis.

Australians should not have to go from pharmacy to pharmacy in desperate search of basic medications. They should not have to cut their pills in half to ration them or put up with avoidable symptoms. We can do better than this, and we can create jobs and boost our economy in the process.

Professor Jennifer Martin is a clinical pharmacologist and president of the Royal Australasian College of Physicians.

- [Mornings - Interview with Jen | ABC Radio Newcastle](#) (Syndicated across several other NSW ABC Radio outlets) | 21 January 2025
- [If Australia made more of its medicines, we'd all feel better | The Sydney Morning Herald and The Age](#) | 16 January 2025
- [Let's make it here | Pharmacy Daily](#) | 16 January 2025
- [Drive – Interview with Jen | ABC Radio Queensland North](#) | 8 January 2025
- [Perth Live – Interview with Jen | 6PR](#) | 9 January 2025
- [Healthy Living | 2GB](#) | 12 January 2025
- [The 'prescribing cascade' putting Australians at risk — and the push to stop it | SBS News](#) | 10 January 2025
- [Medication without harm is a goal we all share | Australian Journal of Pharmacy](#) | 23 January 2025
- [The Zap | Croakey](#) | 27 January 2025
- [News Bulletin | NewstalkZB](#) | 15 January 2025
- [News Bulletin | LifeFM](#) | 15 January 2025
- [Breakfast – College mentioned in an interview | 3CR](#) | 22 January 2025



## Regulation looms as SA bans junk ads

DANIELLE LONG  
EDITOR, THE GROWTH  
AGENDA

Greater regulation to limit the marketing of unhealthy foods and drinks to children is likely, following South Australia's ban of junk food advertising on public transport.

The SA government this month announced a ban on junk food advertising on Adelaide buses, trains and trams from July 1, in a bid to tackle obesity. It follows the ACT's 2016 policy to limit unhealthy food advertising on buses and light rail.

The move comes as the federal government considers its response to a feasibility study on limiting unhealthy food marketing to children. The long-awaited response is expected to be finalised in the first half of 2025, one year later than initially anticipated.

The Department of Health & Aged Care has welcomed the move by South Australia, suggesting greater regulation may be on the cards nationally.

"The government congratulates the SA government for leading the way (alongside the ACT) on limiting unhealthy food marketing on public transport," a spokesman told The Growth Agenda.

"The feasibility study on limiting unhealthy food marketing to children will provide a better understanding of the options available for consideration by governments."

"The Australian government is committed to creating a healthy and active Australia for all children. Unhealthy food marketing to children is a significant public health challenge that requires careful consideration."

The spokesman outlined three key points: "Food marketing most prominently promotes unhealthy foods";

"Children are more likely to choose marketed foods, with poor diet leading to overweight and obesity"; and "Unhealthy food marketing also contributes to health inequalities with higher exposure to unhealthy food advertising in low socio-economic areas/groups".

The spokesman said the government was also currently considering its response to a House of Representatives standing committee on health, aged care and sport report. The State of Diabetes Mellitus in Australia 2024.

This report recommended regulating the marketing and advertising of unhealthy food to children aged under 16 across television, radio, gaming and online. It also recommended food labelling reforms and a sugar levy.

The push to regulate unhealthy food and drink advertising is one of a number of marketing regulations currently in the federal government's scope, with gambling advertising reforms also under consideration.

The move by the South Australian government aims to reduce unhealthy food and drink marketing, which "has long been recognised as having a harmful impact on the diets of children", according to SA government spokesmen.

According to data from Cancer Council SA, almost 80 per cent of food and drink advertisements on SA buses promote unhealthy food and drinks.

SA Health and Wellbeing Minister Chris Picton said: "Each year, big brands spend millions of dollars on catchy slogans and appealing ads to encourage South Australian children to consume more highly processed foods containing high fat, high salt and high sugar. Banning these ads in some of the key places they are seen regularly – especially by children – is a sensible step towards a health-

ier South Australia. Food habits and relationships established early in life have a lasting impact on food habits and health outcomes of adults.

The "evidence-based policy" has been endorsed by the Cancer Council SA, the Public Health Association of Australia and the Royal Australasian College of Physicians. Similar policies have been implemented in London and Amsterdam.

However, the Australian Association of National Advertisers (AANA) does not address the effectiveness of the ban, which it maintains does not address the more complex causes of obesity.

AANA chief executive Josh Faulks said: "Australia enforces some of the world's strictest regulations for advertising occasional food or drinks, effectively prohibiting their promotion to children."

"Experience from around the world indicates that similar advertising bans have not been effective in reducing obesity rates. Considering the anticipated impact on both the community and the industry, it is crucial that the South Australian government provide evidence demonstrating where such measures have successfully reduced obesity worldwide."

The SA Government told The Growth Agenda the ban's impact would be evaluated through "an audit of marketing practices to assess compliance and investigate the effectiveness in reducing the exposure of the advertising of unhealthy food and drinks in South Australia".

However, AANA director of policy & regulatory affairs Megan McEwin argues this methodology only measures the effectiveness of reducing children's exposure to advertising and not the subsequent impact on obesity.

"They are measuring it based on how many ads people see.

Therefore, it's a success because people see fewer ads, but they haven't linked it to obesity or to people being healthier. The problem we have with this policy is that

they haven't targeted the issue. The issue is that Australians on the whole, not just children, are not eating enough essential healthy food – fruits and vegetables – so our question is, how does banning occasional food advertising make Australians eat more essential everyday foods?"

AANA also maintains the ban will lead to a reduction of investment in SA's public transport network, leaving the government and ultimately commuters "to wear the burden".

Ms McEwin said: "Our concern is that these assets will be worth less in terms of advertising tenders as a result of the ban, so there will be less revenue going to subsidise public transport."

The Outdoor Media Association (OMA) has also criticised the ban, which targeted "a compliant and responsible medium" that contributes more than \$40m to the South Australian economy.

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"They are measuring it based on how many ads people see.



A healthy eating advertisement

- Advertising regulation looms as SA ban junk food ads | The Australian | 20 January 2025
- [Breakfast – Mention of RACP's position](#) | FiveAA | 9 January 2025
- [Mornings - Interview with Graeme Edwards](#) | ABC Sydney Radio | 1 January 2025
- [Physicians assistants back on Queensland's menu](#) | The Medical Republic | 13 January 2025
- [The Zap](#) | Croakey | 16 January 2025
- [For children's safety every conversation matters](#) | Croakey | 1 January 2025

## AI to review medical records

Brad Crouch

Thousands of South Australians with medical records incorrectly marked as being allergic to penicillin will have their records de-labelled under an ambitious scheme using artificial intelligence.



Prof Stephen Bacchi

The national first scheme will examine patients' electronic medical records and cross-reference them against evidence-based data, to determine if they have been incorrectly labelled as allergic to penicillin.

Research indicates around 90 per cent of people incorrectly labelled as allergic, creating unnecessary complications in patient care, increased treatment times, higher costs and additional strain on the healthcare system.

The de-labelling system is being rolled out across the public health system in SA.

The system was developed using research recognised by the Royal Australasian College of Physicians (RACP) Foundation with a research award.

Lead project researcher Associate Professor Stephen Bacchi said research suggests about 10 per cent of the population report being allergic to penicillin, or about 180,000 people in SA.

"In selected studies, when allergy testing is undertaken, up to 90 per cent of these individuals are in fact not allergic to penicillin and could therefore receive this medication safely," he said.

"Adding the penicillin allergy label to a patient's medical records can lead to several knock-on effects. Since penicillin may be contraindicated in some patients with allergy labels, healthcare workers must spend time sourcing alternative antibiotics.

"This can lead to patients having to spend longer at the doctor or hospital, and increased costs for both the health system and the patients."

Prof Bacchi said the existing allergy labelling process relies heavily on patients self-reporting.

## January media releases

- [One in four Australians are struggling to access medicines; doctors say new rule will help but more needed to address shortages](#) | 24 January 2025
- [Medical experts call on QLD Gov to undertake thorough consultation before introducing physician assistants](#) | 9 January 2025
- [Paediatricians welcome South Australia's junk food ads ban, call on others to follow suit](#) | 7 January 2025

## February media coverage

- [Out-of-pocket costs for specialists 'phenomenal', as minister concedes something must be done](#) | ABC news | 27 February 2025
- [Interview with Prof Jennifer Martin](#) | ABC Radio National | 27 February 2025
- [Mention of the College's position](#) | The Wire | 27 February 2025

# Colic meds probed after dozens of babies fall ill

**EXCLUSIVE**  
Henrietta Cook  
Liam Mannix

Authorities are cracking down on parents' access to colic medications that contain a toxic ingredient linked to almost 50 babies falling ill in the past two years. While regulators have repeatedly warned parents not to give concoctions containing belladonna to babies due to safety concerns, a number of compounding pharmacists continue to sell the potentially dangerous plant extract in mixtures to treat colic with little medical oversight. Australia's drug and medical device watchdog, the Therapeutic Goods Administration, is weighing up whether to make belladonna a schedule 4 medicine, which would require a doctor's prescription. The Age can also reveal that another watchdog, the Australian Health Practitioner Regulation Agency (AHPRA), is examining practitioners at an interstate compounding pharmacy who have been selling colic mixture contain-

ing belladonna to parents across the country. After filling out a short online questionnaire on this pharmacy's website, customers can order a \$40 glass bottle of colic mixture that contains belladonna, a toxic plant commonly known as deadly nightshade. Customers do not need to speak to a pharmacist, and no information about potential side effects is published either on the pharmacy's website or in the printout accompanying the medicine. "The board takes seriously any concerns about medicines compounded for which there is no clear evidence in the reputable references or there is inadequate published safety data," a spokesman for AHPRA and the Pharmacy Board of Australia said. "This includes the dispensing of medicines containing belladonna for infantile colic." The health department overseeing this pharmacy said it had written to all compounding pharmacies to discourage supply "except under suitable medical oversight".

Continued Page 4

- Colic meds probed after dozens of babies fall ill | The Age | 1 February 2025
- [RACP advocacy for digital in pre-Budget submission](#) | Pulse+ | 5 February 2025
- [Why can't I pick up my prescription? Australia's medicine chaos explained](#) | The Australian | 9 February 2025
- What are physician assistants? Can they fix the doctor shortage? | The Conversation | 9 February 2025

- Over prescription is risking lives | The Advertiser | 16 February 2025
- [Ahead of the Western Australian election, medical experts call for urgent action on fossil fuel harms](#) | Croakey | 20 February 2025
- [The Zap](#) | Croakey | 18 February 2025

## Over-prescribing is risking lives

WORDS LYNN CAMERON

The Royal Australian College of Physicians (RACP) is calling on medical professionals to stop the "overwriting" of unnecessary and potentially harmful medication use in Australia. New guidelines released by the RACP aim to reduce overwriting, prevent patient harm and make healthcare more efficient and safer for patients. "Overwriting is creating avoidable risks," RACP President and clinical pharmacist Professor Jenette blair says. "This is especially true for older patients, with more than 40 per cent of Australian aged 75 and older currently prescribed more than five medicines."

The RACP and the Australian Society of Clinical and Experimental Pharmacology and Toxicology

(ASCPT) have developed new low-value care guidelines under the RACP's Evolve program, urging medical professionals to re-evaluate prescribing medications that offer no benefit to patients and risk unnecessary harm. "Patients experience a 'prescribing cascade' where the side effects of one medicine can be misdiagnosed as a new condition, which may in turn lead to further unnecessary prescriptions."

Professor Martin says, "We're calling on medical professionals to rethink how and when they prescribe medications to patients. It is vital that medical professionals prescribe safer medication treatments when they're equally or more effective and only prescribe medications when required."

The updated guidelines identify low-value areas where prescribing practices can improve:

- Carefully avoiding prescribing cascades.
- Prescribing non-medication treatments when equally effective, when supported by strong evidence.
- Using off-label medications only when necessary, with clear evidence of efficacy and monitoring for toxicity.
- Avoiding prescribing medications where the risks outweigh the potential benefits.

ASCPT President Associate Professor Brad Morrison says the recommendations also address the risks associated with off-label prescribing, with medication use prescribed for purposes outside the Therapeutic Goods Administration (TGA) approved conditions for age, therapeutic indication, dosage, route and formulation. "These guidelines call on medical professionals to only recommend off-label use to patients when there's robust evidence to support it, when safer and costed alternatives are available," Professor Morrison says. "The recommendations are aimed at ensuring that medications contribute to better patient outcomes and avoid unnecessary harm."



Professor Jennifer Martin





### Close the gap

Nearly one-third of Australians live in rural and regional areas, where access to medical specialists remains significantly limited compared with metropolitan centres.

This is despite the fact that regional and rural Australians experience higher rates of complex and chronic disease.

With a budget before the

upcoming election looking more likely, the Royal Australasian College of Physicians warns that without targeted investment, this healthcare gap will continue to widen.

People in rural and regional Australia are waiting far too long to see medical specialists. Many are forced to travel long distances for specialist consultations, while others are missing out altogether.

The RACP's key recommendations include: expanding rural and regional specialist training pathways; introducing new incentives for medical specialists to work in regional communities; and reinstating Medicare rebates for specialist telehealth consultations.

The data shows that medical specialists who train in rural areas are more likely to stay and practice there. We need funding to make this happen. The budget to take action on reducing these healthcare inequities.

**Prof Jennifer Martin,**  
RACP president

- [Close the gap | The Weekly Times | 19 February 2025](#)
- [The Zap | Croakey | 25 February 2025](#)

## February media releases

- [Extreme weather: Health impacts underscore the need for transitioning away from fossil fuels, doctors say | 17 February 2025](#)
- [Federal Budget must make specialist medical care more accessible for rural Australians, doctors say | 17 February 2025](#)
- [WA election: Physicians call for a health system that supports doctors, patients and communities | 11 February 2025](#)

## March media coverage

- [Engineered stone remedial action featuring Dr Alexandra Muthu \(from 4.05 mins\) | Aotearoa New Zealand RNZ National interview on engineered stone remedial action | 17 March 2025](#)
- [Interview with Professor Jennifer Martin | ABC Radio Newcastle Drive | 25 March 2025](#)
- [Interview with Professor Jennifer Martin | ABC Regional South Australia | 25 March 2025](#)
- [Interview with Professor Jennifer Martin | ABC Regional Victoria | 25 March 2025](#)
- [Grabs with Professor Jennifer Martin | 2HD Newcastle | 25 March 2025](#)
- [Interview with Professor Jennifer Martin | ABC Radio Regional SA Drive | 25 March 2025](#)
- [What's behind Australia's drug shortages and what can you do about them? | The Daily Telegraph | 20 March 2025](#)
- ['Nightmare for patients': the key medicines causing distress over shortages | Newcastle Herald | 25 March 2025](#)
- [Newcastle Herald - "Drug shortage taking toll" | Health Services Daily | 24 March 2025](#)
- [Drug shortage taking toll | Newcastle Herald | 25 March 2025](#)

**HEALTH** 'Nightmare for patients' as supplies of vital medications dry up

# Drug shortage taking toll

**Damon Cronshaw**

A SHORTAGE of key medications is causing people distress, Darby Street Pharmacy owner John Jones says.

Drugs for ADHD, diabetes and menopause have

been highlighted among 400 medicines listed on the Therapeutic Goods Administration's shortage register. When a drug shortage occurs, pharmacists can't substitute it with another medication, Mr Jones said.

"The patient has to re-contact their GP - which means another appointment - to discuss what options they have."

The Royal Australasian College of Physicians (RACP) said yesterday that

the medicine shortage had "almost doubled in the last three years".

The RACP called for solutions in today's federal budget.

RACP president Jennifer Martin said Australia

"imports 90 per cent of our medicines, making us highly susceptible to disruptions in supply".

Professor Martin, of University of Newcastle, said "we need to invest in domestic manufacturing to ensure a

stable and reliable supply of critical medications".

Mr Jones said a shortage of methylphenidate, sold under the brand name Concerta,

was a big issue. "It treats ADHD," he said. # CONTINUED P4

- [Drip feeding the system | Herald Sun | 25 March 2025](#)

## National IV fluid shortage continues

**Sarah Booth**

The national intravenous fluid shortage will continue for at least another six months, new data has revealed.

Health officials were warned

by the national regulator earlier this month that emergency modelling found supply of "all" fluids would remain limited for most of 2025.

Australian and New Zealand College of Anaesthetists president David Story said they were looking "at a 20 per cent reduction of overall intravenous fluid use", compared with pre-shortage levels.

"It's probably one of the most fundamental therapies we have," he said.

"Another six-month extension is at a minimum irritating and at worst concerning."

The essential medicines,

which play a critical role in surgery and patient recovery, have been in short supply in Australia since late 2023.

The latest supply modelling - discussed at a national meeting last week to manage the crisis - warned one product would be particularly affected and needed "careful management".

But Royal Australasian College of Physicians president Jennifer Martin said the shortage would likely last longer, until 2027.

That's when work to expand capacity at Australia's only manufacturing facility for IV fluids will be complete, under a

recently announced deal.

To manage this year's shortages, hospitals have been told to closely monitor stock and continue "conservation" strategies, such as letting patients drink water pre-surgery.

Several international products have also been approved for use, prompting warnings about their slightly higher air embolism risk if not used correctly.

Professor Story said they had enough supplies for critical situations, no adverse events had been reported, and using IV fluids over drinking small amounts of water was not lifesaving for minor surgeries.

- [Ahead of Federal Budget, what have been the key asks for our health? | Croakey | 25 March 2025](#)
- [Health groups call for urgent rural and regional reforms in upcoming Federal Budget | Croakey | 13 March 2025](#)
- [What to know about Australia's measles outbreaks: Symptoms and origins | The Daily Telegraph | 13 March 2025](#)
- [Interview with Dr Alexandra Muthu | Newstalk ZB News Bulletin | 13 March 2025](#)
- [Less is more: deprescribing for safer ageing | InSight+ | 10 March 2025](#)
- [Less is more: deprescribing for safer ageing | The Press | 7 March 2025](#)
- [Chch Hospital applies to train dermatologists amid shortage | The Press | 7 March 2025](#)

### March media releases

- [Federal Budget: doctors warn medicine shortages will continue if more not Made in Australia | 26 March 2025](#)
- [Federal Budget: fund solutions to medicine shortages, make specialist medical care more accessible for rural Australians | 24 March 2025](#)
- [Engineered stone: No one should be exposed to deadly dust just by showing up for work | 21 March 2025](#)
- [Federal Election: Urgent action on specialist workforce, climate change and medicine shortages critical to ensuring Australians' health, doctors warn | 19 March 2025](#)
- ['Congratulations are in order' - prestigious scholarship awarded to six members of the Royal Australasian College of Physicians | 18 March 2025](#)
- [Govt move to raise age of free bowel cancer screenings for Māori and Pacific People will cost lives, doctors warn | 13 March 2025](#)

## Submissions and endorsements

### January 2025

- Submission to TGA: proposed changes to reporting requirements
- [RACP 2025 Pre-Budget Submission to the Australian Treasury](#)
- [RACP Submission to TGA Consultation: Reportable medicines and timeframes for discontinuations](#)

### February 2025

- PRACP Endorsement NSW Guideline for newborn screening for Spinal Muscular Atrophy in Australia and New Zealand
- PRACP Endorsement of AAMRNets letters of support for Government funding of 2 novel antimicrobials.
- [RACP Healthy workforce, healthy communities 2025 Western Australian Election Statement](#)
- Submission to Every Doctor Every Setting (EDES) Action Plan

### March 2025

- RACP Submission: NSW Inquiry into Foundational and Disability Supports for Children and Young People
- [RACP 2025 Federal Election Statement: The healthcare Australians need](#)

## CPAC plan focus areas

### 1 - First Nations health and equity

#### Aboriginal and Torres Strait Islander Health Committee

- ATSIHC members endorsed the appointment of three new members to the Committee; Dr William Naughton, Dr Rhiann Sue See and Dr Jacqueline Fleetwood.
- The first ATSIHC meeting was postponed due to Cyclone Alfred in Queensland. As such, matters have been progressed out of session. The Committee will next meet on 13 June 2025.
- ATSIHC Chair responded to a request for advice from AFPHM about increasing the number of applicants for the John McLeod Indigenous Health Scholarship.

#### Indigenous Strategic Framework 2018 – 2028

- Biyani Team met with NACCHO Policy and Advocacy Team to discuss a strategic approach to the upcoming election. A decision was made to align ourselves with NACCHO's key asks.

- Discussions with the NACCHO Medical Director Dr Jason Agostino and Chief Pharmacist Mike Stevens have commenced to raise advocacy strategies on concerning medication shortages that Indigenous communities are experiencing.
- The Biyani team and the ATSIHC Chair met with the President of the AMD Council to discuss ways the College can increase leadership opportunities for Aboriginal and Torres Strait Islander physicians within the Division. The Biyani team is now supporting the AMD Council to develop options for an allyship model to support leadership opportunities and member-led advocacy across the Division.

## 2 - Workforce and healthcare reform

- [Pre-Budget submission](#) centred on the findings of the recent survey on member priorities which resulted in several Budget wins. Related media releases in the lead up and post Budget include: [Feb a](#), [Feb b](#), [March a](#), [March b](#).
- Submitted and promoted the [2025 Pre-Election Statement](#). It has been distributed to members and external stakeholders and is the platform for ongoing advocacy. Related [media release](#) which supports ongoing advocacy focused on workforce, climate change and medicine shortages. Pre-election campaign work is ongoing.
- [Submission](#) to the TGA consultation: *Medicines shortages - reportable medicines*, with a [media release](#) welcoming the TGA's intent to extend the minimum reporting timeframe for shortages, aligned with [our advocacy to the TGA on medicines shortages](#).
- Article on '[Evolving clinical practice to curb antimicrobial resistance](#)' in the CSIRO AMR Action and Insights Education hub, featuring RACP President Professor Jennifer Martin and President of the Australasian Society for Infectious Diseases Professor Joseph Doyle
- P&A Team and TSANZ reviewing the [TSANZ Paediatrics Evolve Top-5 recommendations](#).
- A range of work across States and Territories on workforce issues is outlined below

## 3 - Climate

- **Singaporean delegation visit:** In January 2025, the College hosted health officials and academics from Singapore as part of the delegation's study trip to Sydney to learn about healthcare environmental sustainability. RACP President Professor Martin and College CEO Steffen Faurby provide opening and closing remarks alongside a presentation from Professor Lynne Madden, Chair of the Climate Change and Health Multi-College Advisory Committee (MCAC).
- **Health and fossil fuels position statement:** The RACP's lead body on climate change and health policy and advocacy, the Climate Change and Health Working Group (CCHWG), met in March 2025 to plan for the development of an Evidence Review and Position Statement on health and fossil fuels.

- **Health College Working Group on Climate Change and Health:** Dr Arnagretta Hunter, Acting CPAC Chair and member of the CCHWG, attended the February 2025 meeting of the Australian Government's Health Colleges Working Group on Climate Change and Health (HCWG). The HCWG is developing a Framework for Collaborative Action on Climate and Health (Framework) for health colleges across a range of domains to address actions in the [National Health and Climate Strategy](#). The February 2025 meeting focused on developing the Framework's first domain, 'Advocacy, Partnerships, and Position Statement'.
- **RACP President-led member meetings:** RACP President Professor Martin met with members to discuss the RACP's climate change and health work, which covered the Australian and global context of climate change work and current challenges facing NT communities.
- **Climate in P&A advocacy:** Climate change and health has been a key part of recent cross-P&A work, including the [2025 pre-budget statement](#), [Australian Federal Election Statement](#), and [WA election statement](#).
- **Media on extreme weather and fossil fuels:** The RACP issued a [media release](#) about extreme weather and the need to transition away from fossil fuels, calling for all governments to transition away from fossil fuels and invest in climate-resilient health systems.

## 4 - Populations in Focus

### Paediatrics and Child Health

- PCHD led the RACP endorsement of the National Guideline for Newborn Screening (NBS) in Spinal Muscular Atrophy (SMA) in Australia and New Zealand.
- Dr Helen Van Gessel, RACP WA Committee Chair and Professor Nitin Kapur, PCHD President wrote to the WA Premier to express concern regarding the Government's proposal to support GPs to diagnose and treat ADHD.
- RACP President Professor Jennifer Martin and PCHD President Professor Nitin Kapur [wrote](#) to the Hon Timothy Nicholls MP, Queensland Minister for Health and Ambulance Services, to offer to work with the Minister and his Department to ensure young people and their families have access to appropriate specialist gender services. This was accompanied by an [RACP statement](#) to members.

### Adolescent and Young Adult Medicine

- Work continues on the Youth Appropriate Health Care (YAHC) position statement. The last YAHC Working Group meeting focused on further developing and refining the draft position statement and embedding the voice of young people into the document, acknowledging the information obtained from the Youth Advisory Group. This position statement will undergo internal and external consultation later this year.

### Disability

- The Department of Health and Aged Care (DOHAC) leads the implementation of the [National Roadmap for Improving the Health of People with Intellectual Disability](#) and publishes an annual progress report. The RACP contributed to the 2024 report, providing information on its activities, including submissions, media releases, online learning course development, and advocacy efforts.

## Rehabilitation

- The Bi-National Rehabilitation Position Statement (BNRPS) Working Group has met twice. Members have contributed evidence, data, and case studies. In March, the Working Group reviewed a draft framework and is nearing agreement on key content.

## Palliative medicine

- Social media posts were made to support National Advance Care Planning Week (17–23 March 2025).

## Addiction medicine

- In consultation with Dr Jim Finn (AChAM Queensland Branch Convenor), the AChAM President, Professor Adrian Dunlop and the Queensland Committee Acting Chair, Dr Sarah Brown, jointly wrote to the Queensland Premier, The Hon David Crisafulli, calling on his government to maintain drug checking services at both festivals and fixed sites and to adopt a health-focused approach to alcohol and drug policy to save lives and improve community safety. The letter included the recently published RACP Position Statement titled [Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand](#) as an attachment.

## Occupational and environmental medicine

- In March, several occupational and environmental physicians and respiratory physicians met with Safe Work Australia (SWA) on the review of the Engineered Stone Prohibition.

## COVID-19

- The final iteration of the [COVID-19 Living Narrative](#) was published in March, providing a historical overview of approved policy and advocacy activities undertaken by the RACP in response to the COVID-19 pandemic between March 2020 and November 2024. It highlights the enormous contributions of the RACP COVID-19 Expert Reference Group, Fellows, Trainees and RACP staff.

## Healthcare worker health

- The Improving the Health of Healthcare Workers Working Group met in March to continue development of the new guidance document. The guidance document makes the case for why the health status of healthcare workers needs attention, addresses the hazards in health care, and provides guidance on how to respond.



## Aotearoa New Zealand

**Regulatory Standards Bill:** The Māori Health Committee (with support from Policy and Advocacy) opposed the proposed Regulatory Standards Bill in a submission to the Justice Committee. The [submission](#) cited concerns about its content and implications for Aotearoa New Zealand.

- **Budget Policy Statement 2025:** The RACP [submitted](#) on the Budget Policy Statement, noting its concern about the lack of focus on health, climate change and no clear consideration of the Government's obligations under te Tiriti o Waitangi. The RACP called for more detail on how it will strategically invest to address the societal factors that affect health and for the Government to support labour intensive services and public health as a specialist service.
- **ADHD Stimulant Treatment:** The RACP [submitted](#) to Pharmac and Medsafe in support of their proposed change in regulatory and funding restrictions to allow more medical practitioners and nurse practitioners to diagnose and prescribe treatments for ADHD, provided that this is balanced with carefully considered models of care focusing on patient safety.
- **Insulation requirements in housing and other buildings:** The RACP [submitted](#) to Hīkina Whakatutuki | Ministry of Business, Innovation and Employment to support the development of mandatory requirements to provide adequate insulation in buildings, particularly homes, to keep them warm, dry and healthy, as well as increase energy efficiency.
- **Principles of Treaty of Waitangi Bill (oral submission):** Following the RACP [submission](#) to the Justice Committee, on 24 February, Māori Health Committee chair Dr Matt Wheeler made an oral presentation to the Justice Committee, [reported on by Stuff](#).
- **MSD's Disability Support Services Consultation Survey:** member feedback was provided to MSD to inform recommendations to the Government about how to effectively stabilise and improve the system.
- **Work with engineered stone and crystalline silica:** The RACP [submitted](#) to the Hīkina Whakatutuki | Ministry of Business, Innovation and Employment calling for a complete ban on imports and fabrication of engineered stone to halt further harm to workers. The RACP also called for mandatory health and exposure monitoring, supported by an official national registry of people with workplace silica dust exposure and a National Occupational Health and Wellbeing Service. This was followed up with a [media statement](#).
- **Consultation on safety measures for the use of puberty blockers in young people with gender-related health needs:** Dr Hamish McCay, RACP Aotearoa New Zealand President and Dr Rosemary Marks met with Ministry of Health officials, noting that the [RACP 2020 statement](#) on the treatment of children and young people with gender dysphoria remains the current RACP position in this space.
- **[Govt move to raise age of free bowel cancer screenings for Māori and Pacific People will cost lives, doctors warn](#):** The Māori Health Committee led a media release with support from P&A warning against the New Zealand Government's decision to scrap the free bowel screening

program for Māori and Pasifika in favour of a population-wide program as it will exacerbate health inequities between Māori, Pasifika and non-Māori, resulting in more bowel cancer deaths, delayed diagnoses, and reduced life expectancy.

## State and territory advocacy

### Northern Territory

- Continued liaison with NT-based Fellows concerned about climate change and health in the NT.
- Engagement with the RANZCP about potential joint advocacy to support the health of young people in the NT criminal justice system.

### South Australia

- SA paediatricians represented the RACP at the first meeting of the [SA Autism Assessment and Diagnosis Advisory Group](#), chaired by the SA Minister for Autism.
- The SA Committee Chair and two SA Committee Members led a Workforce and Member Wellbeing Advocacy Focus Group with SA Fellows and Trainees to discuss local workforce and wellbeing concerns.
- The RACP [welcomed the South Australian Government's decision](#) to ban junk food advertisements on public transport and has called on other jurisdictions to follow its lead.

### Western Australia

- The [RACP's 2025 Western Australian Election Statement](#) was published ahead of the WA Election on 8 March 2025. It was provided to the major political parties and accompanied by a [media release](#).
- The WA Committee Chair and PCHD President wrote to the WA Premier, WA Minister for Health; Mental Health and WA Shadow Minister for Health; Mental Health about several PCHD issues. This included the Government's proposal to support GPs to diagnose and treat ADHD and the need for paediatric engagement in the governance of the Child Development Services System Reform.

### NSW/ACT

- The RACP continued to assist [The Special Commission of Inquiry into Healthcare Funding](#) by responding to the [Outline of Submissions by Counsel Assisting](#).
- The RACP wrote to the NSW Government seeking an update following the NSW Drug Summit.

### Victoria

- The President of the RACP and the Victorian Committee Chair wrote to the outgoing Secretary of the Victorian Department of Health to thank them for their support and also wrote to the incoming Secretary to invite her to a future Victorian Committee meeting.

## Queensland

- Professor Brian Wood, Past Qld Committee Chair, Professor Nitin Kapur, PCHD President, Dr Danya Law, Qld Committee Workforce Lead, P&A team and Qld SEO met with the Hon. Timothy Nicholls MP, Qld Minister for Health and Ambulance Services to discuss physician workforce concerns.
- The RACP [called on the Queensland Government](#) to undertake thorough consultation before introducing physician assistants, flagging that such a move may significantly impact how training for medical students and junior doctors is conducted.

## Tasmania

- Dr Theresa Naidoo, the Tasmanian Committee Interim Chair, and Dr Rhea Psereckis, Tasmanian member of the AFPHM P&A Committee, represented the RACP at a Key Informant Interview in relation to the development of the [Tasmanian 20-Year Preventive Health Strategy](#).
- Dr Theresa Naidoo, Tasmanian Committee Interim Chair and Tasmanian Committee Members, Dr Zhen Lim, A/Prof Heinrich Weber and Dr Matt Lee-Archer met with the Hon. Jacquie Petrusma MP, Tasmanian Minister for Health, to discuss issues relating to the physician and trainee physician workforce and priority populations in Tasmania.

## Your feedback

We understand the importance of feedback. If you have the time, please complete a 2-question survey to help us understand if this is a helpful report and any improvements.

[Complete survey here](#)

## P&A Team

For more information, contact the Policy and Advocacy Team

[policy@racp.edu.au](mailto:policy@racp.edu.au) (Australia)

[policy@racp.org.nz](mailto:policy@racp.org.nz) (Aotearoa New Zealand)