

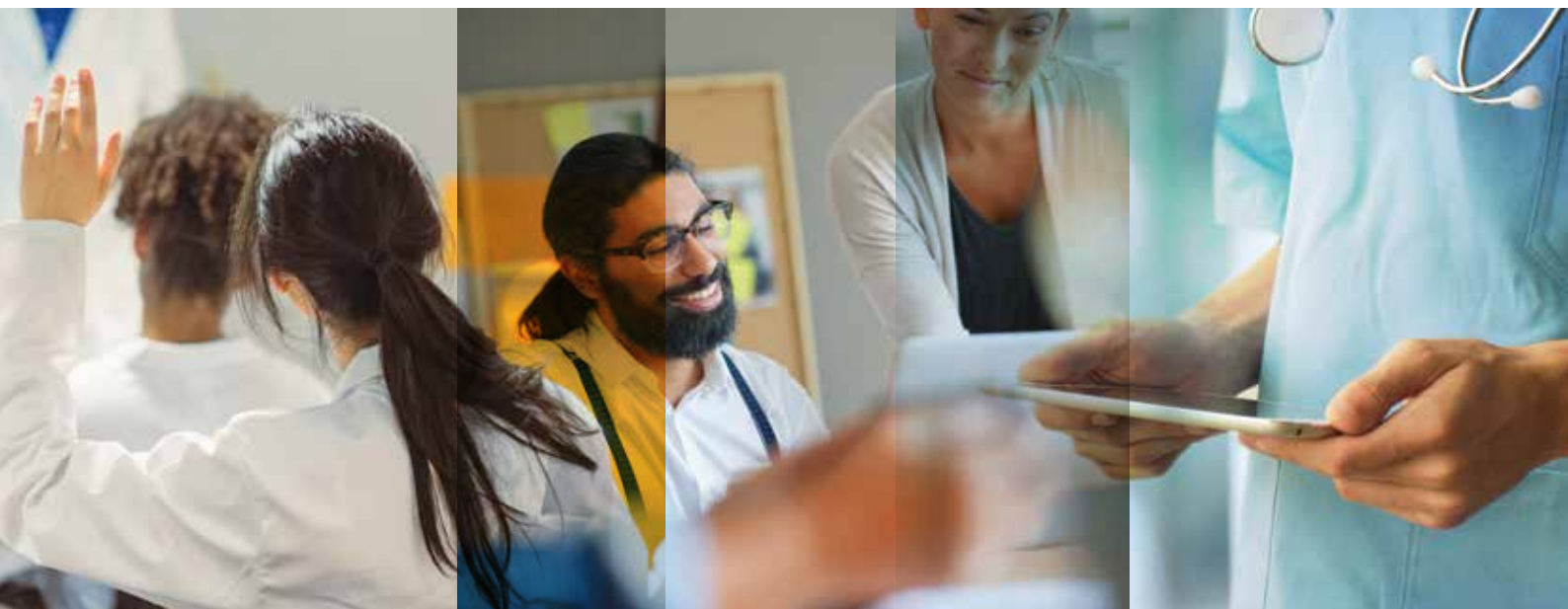


**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE

Report of

# November 2019

College Policy & Advocacy Council



# Specialists. Together.



Educate



Advocate



Innovate



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# College Policy & Advocacy Council

## Introduction

The College Policy & Advocacy Council (CPAC) comprises 28 Fellows, trainees and consumer members representing the College's specialties, Indigenous groups, regional and consumer perspectives and expert individuals. It meets twice a year to discuss, debate and decide the College's focus and priorities for health policy and advocacy.

CPAC's Executive Committee (CPAC EC) our 9 member rapid response group continues to support the College in maintaining a reputation as one of the leaders for health policy advice to Government and other health organisations.

Showcased in the following pages are the highlights from each of CPAC members' College Bodies and CPAC's priority health policy topics, reporting the last 6 month's activities.

It has been a particularly busy 6 months and included a Federal election! Our policies were strongly advocated to both major parties as well as to the cross-benchers and we have sought to develop good relationships with both sides of politics.

Some of the highlights during this period have included: the establishment of a National Dust Diseases Taskforce by the Morrison government and its work in developing a national dust diseases registry as a direct result of the Australasian Faculty of Occupational and Environmental Medicine/ RACP and the Thoracic Society of Australia and New Zealand advocacy; working with government on the development and implementation of the

National Health Child Action plan, including holding a Round Table on early child health at Parliament House in September with key Ministers and stakeholders; together with continued advocacy on Indigenous health issues and the implementation of the Indigenous Strategic Framework.

The College has also worked closely with the other medical colleges to strongly advocate against the repeal of the Medevac legislation; as well as continuing our opposition to the introduction of drug testing for welfare recipients.

In doing all of this the delegated model we adopted earlier in the year appears to be working well.

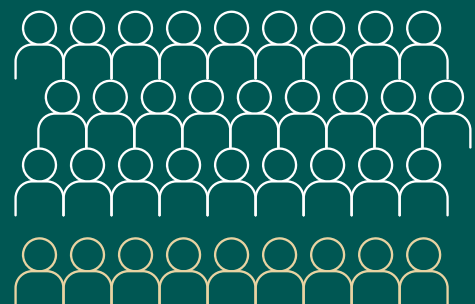
I would like to congratulate you all, CPAC members and every individual member who has contributed to these achievements. As Chair of CPAC I am constantly impressed.

I would also like to thank the College's Policy & Advocacy Unit (P&A) for their expertise in supporting this work.

**Niki Ellis**  
Chair, CPAC

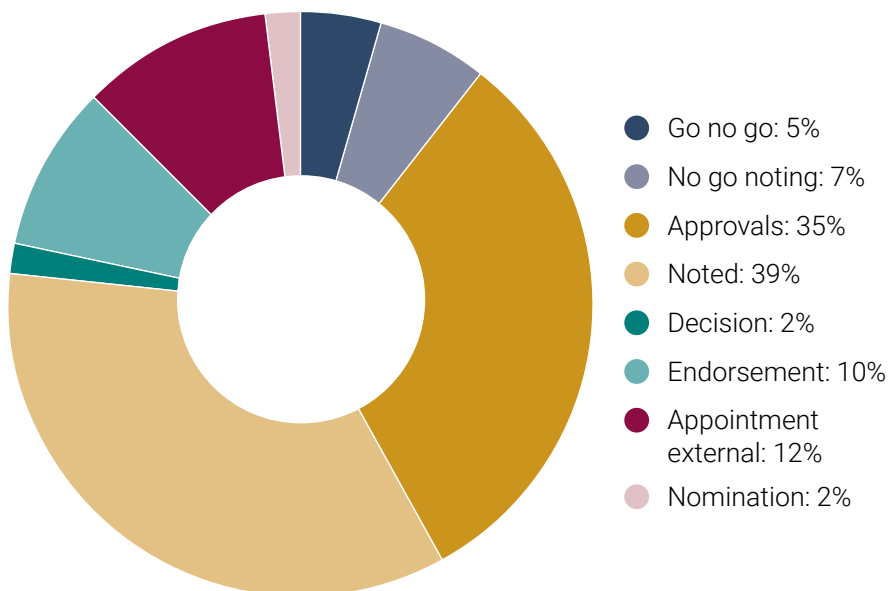
The College Policy & Advocacy Council  
– a collective of **28** members

CPAC's Executive Committee (CPAC EC)  
– **9** members



# CPAC Executive Committee

During the six-month period between May 2019 and October 2019, CPAC Executive Committee considered a total of **112** matters. The split of these matters and the comparison against previous reporting periods can be seen in the table and pie chart shown below.



**15** of the noting matters were delegated to a College body under the model of delegation.

Since the last reporting period, the P&A Unit has instituted a more transparent process of reporting on 'no go' matters, including those with timeframes that would have made a response impossible.

|  | May 2019 – Oct 2019 | Nov 2018 – April 2019        | April 2018 – Oct 2018        |
|--|---------------------|------------------------------|------------------------------|
| Total matters sent to CPAC:                                    | <b>112</b>          | <b>97</b>                    | <b>117</b>                   |
| Go for decision:   | 3                   | 6                            | 13                           |
| No Go for decision:  | 2                   | 3                            | 4                            |
| No Go for noting:  | 7                   | n/a – data was not collected | n/a – data was not collected |
| Approvals:   | 35                  | 20                           | 43                           |
| Decision:  | 2                   | 2                            | 3                            |
| Noting:  | 39                  | 38                           | 28                           |
| Of which were delegated matters under the model of delegation: | 15                  | 20                           | n/a – data was not collected |
| Endorsement:   | 10                  | 14                           | 12                           |
| Appointments (external):                                       | 12                  | 10                           | 12                           |
| Appointments (internal):                                       | 0                   | 4                            | 2                            |
| Nominations (from CPAC):                                       | 2                   | 0                            | 0                            |

# Evolve

Evolve is a flagship initiative led by physicians and the College in partnership with Specialty Societies to drive high-value, high-quality care in Australia and New Zealand. Evolve is a founding member of Choosing Wisely® in Australia and New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign. 23 Evolve lists have been published to date.

## Evolve Strategy 2019-21

A major awareness raising front for Evolve has been the consultation on the draft Evolve Strategy 2019-21. Consultation was open from 1-31 July 2019 and invitations to contribute through a link on Survey Monkey were circulated through President's and DFAC E-bulletins. As well as eliciting both positive feedback and constructive criticisms which will be useful in shaping Evolve moving forward, the consultation process also helped engage physicians who are already familiar with Evolve, and those completely new to Evolve. On 3 October the final Evolve Strategy was approved by CPAC Executive Committee.

.....

“Good big picture thinking. My local hospital were delighted to see this had been done.”

**Member responses from the Evolve 2019-21 Strategy member consultation**

.....

## List development

A significant number of new Evolve lists of recommendations are currently in development and a number have been reviewed. In particular:

- Lists of 'top five' recommendations from the Australasian Chapter of Addiction Medicine (AChAM) and the Australian and New Zealand Society for Nephrology (ANZSN) are close to being released for consultation
- The Thoracic Society of Australia and New Zealand (TSANZ) has developed a long list of recommendations for the adult medicine branch of their specialty (there is already a list for paediatric thoracic medicine) and has recently appointed a Lead Fellow, Dr Lucy Burr, to work with the P&A Unit on a shortlist of priority recommendations.
- Dr Amy Keir, the lead Fellow for the development of the ANZ Neonatal Network Evolve list, has undertaken a survey of members of the network and has used this as a basis to produce a 'top 10' list which will be further refined with the assistance of the P&A Unit.
- The Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) has reviewed its recommendations and removed one of them in light of new evidence. A replacement recommendation will be developed.
- The Australian and New Zealand Society of Palliative Medicine (ANZSPM) together with the Australasian Chapter of Palliative Medicine (AChPM) have undertaken a review of its recommendations and replaced two of them with new recommendations. This was done to ensure that all the recommendations were focused on practices of its specialists.
- The Australasian Society for Infectious Diseases (ASID) has refined its recommendation on the use of antibiotics for upper respiratory tract infections to reflect the clinical needs of high-risk populations. This is part of an ongoing effort to review lists through the equity lens to ensure that they clearly indicate the differential needs of specific demographic groups.
- The Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) agreed to co-brand the Australasian Faculty of Rehabilitation Medicine's (AFRM) Evolve list of recommendations, conditional on minor amendments of one of the recommendations.



These list development activities demonstrate continued engagement with the clinical content of Evolve, as well as the value of regular review of Evolve recommendations as proposed by the new Evolve Strategy.

In addition, the College has been engaging with Choosing Wisely in order to refine and align development and review processes for lists of recommendations on reducing low value care which are shared through both Evolve and Choosing Wisely. The objective of this exercise is to:

- improve the rigour of the development and review processes, including the quality of the evidence
- foster leadership on the part of the Fellows and societies
- enhance transparency while allowing for flexibility in the development process
- ensure that a health equity lens is applied to lists to ensure that there are not unintended consequences for populations, such as Indigenous people, who may be underserved.

## Advocacy and awareness raising

Since May 2019, Evolve has had a presence in numerous Annual Scientific Meetings (ASM) of College affiliated specialties and the College Congress:

- The RACP Congress session of 7 May 2019 had the theme of 'The evolution of Evolve/Choosing Wisely: from guide to catalyst' and featured presentations from three College Fellows as well as an invited GP representative;
- Evolve had an exhibition booth at the ASMs for the Australia and New Zealand Society of Geriatric Medicine (ANZSGM) (13-15 May), Endocrine Society of Australia (ESA) (18-21 August) and Australasian Society of Clinical Immunology and Allergy (ASCIA) (3-7 September). The ASMs were used as an opportunity to discuss Evolve, Evolve recommendations and encourage members to sign up for further opportunities for involvement through the Evolve Policy Reference Group.

In addition, the Evolve presence was also used as an opportunity to conduct an informal survey of whether members thought the current recommendations were still relevant or needed review given that the recommendations of these societies were among the earliest developed for Evolve. It also provided the opportunity to consult with members on what they think would be effective ways of reaching and persuading them and their colleagues to adopt Evolve recommendations.

- Evolve Champion Professor Ian Scott delivered a presentation at the Internal Medicine Society of Australia and New Zealand (IMSANZ) ASM called 'Evolve and IMSANZ – Reflections, progress and future prospects'.

The P&A Unit will continue to ensure there is an Evolve presence at College specialty ASMs through 2020, whether this is by having an exhibition booth or by supporting College Fellows/Evolve Champions to speak on Evolve related topics.

Since June 2019 there has been a significant increase in social media activity and communications through College E-bulletins. From June to 10th October 2019 there have been 13 Tweets with a total reach (i.e. impressions) of 31,750; 6 Facebook posts with a total reach of 7065; and 7 LinkedIn posts with a total reach of 3318. Two bespoke videos were made for our MedicineWise social media campaign. Evolve was also mentioned in the recent RACP Quarterly.



Additional activities in awareness raising planned for the rest of 2019 (at the time of writing) are as follows:

- Evolve will have an exhibition booth at the NZ Society for Oncology (25-26 October) and NZ Society for Gastroenterology (27- 29 November) ASMs. There has been limited engagement from NZ only specialties in Evolve so this is aimed at increasing engagement from these two societies which have not participated so far. To encourage discussion and participation, members at these ASMs will be shown copies of the current Evolve list of recommendations from the equivalent Australian studies and asked to consider if there is a need for a different list of recommendations in New Zealand.
- Two Evolve lead Fellows Dr Peter Procopis and Dr Graeme Jones will attend the Tasmanian Physicians Conference hosted by the RACP Tasmanian Regional Committee on 8 November. Dr Procopis will be talking about the opportunities to undertake CPD through Evolve projects while Dr Jones will be talking about the development of and lessons from the Australian Rheumatology Association (ARA) list of recommendations on low value care.

Renewed efforts have also been undertaken this year, consistent with the approved Evolve Strategy to better embed Evolve in other fundamental College activities (the presentation by Dr Procopis mentioned previously is also a step towards this). These include:

- Presentation by the P&A Unit to all College staff on Evolve at a 'lunch and learn' session on 29 August.
- Presentation by the P&A Unit to the College Trainees Committee on Evolve (31 October)
- The P&A Unit working with the Basic Training Unit to incorporate references to Evolve in the Basic Training Orientation resource
- Evolve presentation at the NSW/ACT Joint Meeting (20 November)
- Evolve collateral ordered by NSW/ACT, QLD, SA/NT, VIC/TAS for use at future medical student, physician and member facing events.



# Refugee and Asylum Seeker health

The College has continued its significant advocacy in the area of refugee and asylum seeker health. In late 2018 and early 2019, College members met with politicians to raise awareness of the dire health of refugees and asylum seekers, particularly children, being held offshore. Members also participated in the #doctorsforasylumseekers and #kidsoffNauru campaigns.

**The RACP**  
@TheRACP

Follow

We support the right of refugee and asylum seeker access to healthcare on **#WorldRefugeeDay**. Urgent care is needed for refugees on Manus Island suffering acute **#mentalhealth** episodes. Read our position on refugee and asylum seeker health [ow.ly /pCht50ulyAK](https://ow.ly/pCht50ulyAK)

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Many of those seeking asylum have experienced trauma and often have complex health issues, compounded by their experience of indefinite mandatory detention. People need to be able to live in a safe place, with the necessary amenities, and access to timely quality health care government must ensure this is the case. Doctors must be allowed in to assess people's health and the care they need.

7:13 PM - 19 Jun 2019

The Home Affairs Legislation Amendment (Miscellaneous Measures) 2019 Bill, more commonly known as the Medevac legislation was passed in early February 2019.

The Medevac legislation has created an effective process to manage medical transfers of refugees and asylum seekers requiring medical care not available in regional processing countries, resulting in the transfer of 112 people

as at 26 August 2019 according to the Department of Home Affairs' evidence provided at the recent Senate Inquiry. The Medevac legislation also resulted in the creation of the Independent Health Advice Panel (IHAP), which provides independent oversight. The IHAP panel is required, by legislation, to have at least one Fellow of the College on it. There are currently two College Fellows on the IHAP.

The re-elected Coalition government followed through on an election commitment to repeal the Medevac legislation by passing the repeal legislation through the House of Representatives, where they have the balance of power. When the legislation came before the Senate, a Senate Inquiry was convened.

The RACP met with key senators and provided a submission to the Senate Inquiry which made four recommendations:

- The Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019 is NOT repealed.
- The IHAP established by the Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019 continues to provide independent medical review and assessment of requests for medical transfer, refused by the Minister responsible for the administration of this legislation – (“the Minister”) on medical grounds, of seriously unwell refugees and asylum seekers who are currently in regional processing countries.
- The IHAP continues to monitor and report on the adequacy of health service provision and conditions for refugees and asylum seekers in regional processing countries.
- A report of the IHAP’s activities is tabled by the Minister for Home Affairs in each house of Parliament within 3 sitting days of that House after the report is given to the Minister.

Professor Niki Elis appeared before the inquiry as a witness.

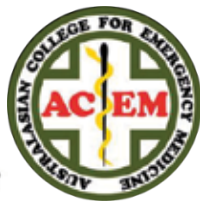
.....

“...we are looking for greater transparency. As more information becomes available, I think we have the opportunity to see improvement in effectiveness of the utilisation of the resources in this area. I think it isn’t just that the medevac legislation that is improving the situation on a case-by-case basis but also that the panel is learning from those cases and, hopefully, will be able to improve the system.”

.....

In the lead up to the Senate Inquiry report, the College released a joint statement with 10 other Medical Colleges urging the Parliament to maintain the standard of health care and information that has now been achieved through the Medevac legislation. This statement demonstrated the strength of support for the legislation from across the medical sector and received extensive media coverage including the front page of the Age newspaper, television and radio.

At the time of writing, it is unclear whether the repeal legislation will pass through the Senate. The College will continue to advocate as appropriate to help prevent its passage.



The Royal Australian and New Zealand College of Obstetricians and Gynaecologists  
Excellence in Women's Health



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**RACGP**  
Royal Australian College of General Practitioners



**RACMA**  
ROYAL AUSTRALASIAN COLLEGE of Medical Administrators



**JOINT STATEMENT**

**Leading medical authorities ask Parliament to maintain Medevac law**

# Drug testing trials for welfare recipients

The Australasian Chapter of Addiction Medicine (AChAM) has been leading the College's advocacy against the Australian Government's proposal to undertake drug testing trials of 5,000 welfare recipients across three trial sites. This is the third time the Government has put forward a Bill to drug test welfare recipients with the purported aim of "improving a recipient's capacity to find employment or participate in education or training by identifying people with drug use issues and assisting them to undertake treatment". The College, AChAM and the Australasian Faculty of Public Health Medicine (AFPHM) remain strongly opposed to these proposed trials.

The AChAM President, along with representatives from the College and St Vincent's Health Australia, met with key senators in September at Parliament House, Canberra, to express the continuing strong concerns from the medical community.

"The proposed drug testing trial fails to recognise the nature of drug addiction, just as it fails to distinguish between individuals who use substances on a recreational basis,"

**Dr Martyn Lloyd-Jones, President AChAM, quoted in The Canberra Times "Doctors criticise welfare drug test trials" 2 October 2019**

On Wednesday 2 October 2019, Dr Martyn Lloyd-Jones, President of AChAM and Clinical Associate Professor Adrian Reynolds, immediate past-President of AChAM, represented the College at the public hearing for the Senate Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019.

"Rather than focusing its efforts on these damaging and punitive drug-testing trials, the government's focus should be on providing access to treatment whenever it is needed, as well as improving access to safe housing and access to good work. I have to state that it remains enigmatic to me why a bill continues to be championed when on each previous occasion it has been comprehensively opposed by the medical profession and many other organisations engaged in providing support to people who use drugs and alcohol."

**Clinical Associate Professor Adrian Reynolds, Public Hearing of the Senate Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019, 2 October 2019**

# Integrated Care

The College's current integrated care work has focused on patients with chronic conditions. Even though physicians are trained to diagnose, manage and treat complex chronic conditions, health care service design poorly connects physician care with other health care service delivery for a variety of longstanding reasons.

Integrated service delivery design is being driven by the need to be more patient-centred, to reconfigure health pathways to lower-cost points of care, and the high proportion of complex, chronic conditions among all age groups but pressingly, amongst older people.

This work is led by the Integrated Care Sub-group of the Health Reform Reference Group, with co-lead Fellows Dr Tony Mylius and Associate Professor Nick Buckmaster. In the last 6 months, the Model of Chronic Care Management described in RACP Complex care, consultant physicians and better patient outcomes: A new framework for physician engagement has been disseminated to key stakeholders and further refined.



The Model of Care has received positive feedback from key stakeholders, including endorsement from the Consumer Health Forum, and interest from a range of service providers in becoming 'proof of concept' sites, which demonstrates confidence in the strength of its design principles.



The College has been invited to author a Health Policy Issues Paper for the Australian Health Care and Hospitals Association's Deeble Institute national publication, describing the College's Model of Chronic Care Management. This is expected to be published in late 2019.

The College presented the Model at the International Foundation for Integrated Care (IFIC) Australian Partners meeting and has been invited to present at two further conferences:

- the Rural Doctors Association of Australia
- the IFIC Asia Pacific Conference.

The College is liaising with government, proposing this model as a way for Federal and state governments to respond to the next five-year National Health Agreement (NHA) requirements on integrated care. The College's role is to advocate on behalf of the model and provide advisory input on integrated care health reform involving physicians.

# Out of Pockets Costs

On 9 November 2018 five members of the Out of Pocket Costs (OOP Costs) Sub-Group of the Health Reform Reference Group (HRRG) were officially appointed, with Professor Christian Gericke as Lead Fellow of the Sub-group.

The role and responsibilities of the sub-group are to:

- Provide input to the development of College policy documents, submissions, responses, and policy recommendations arising from recommendations of the Australian Ministerial Advisory Committee (MAC) on patient OOP costs;
- Consider policy and advocacy matters relating to patient OOP costs and make recommendations to CPAC on which matters the College should and should not be engaged with;
- Recommend to CPAC, through the HRRG, the engagement and stakeholder strategies relating to policy recommendations on patient OOP costs;
- When appropriate, represent the College at related events and to external bodies and meetings;
- Develop associated advocacy plans, and actively engage in advocating for the College's positions and associated recommendations;
- Contribute to the development of documents, papers and materials where useful to support the matters being worked on;
- Contribute to the development of agreed key messages and speaking points in response to recommendations of the Australian MAC on patient OOP costs to support the President, President-Elect and other appointed College spokespeople on these matters.

On 29 May 2019 Professor Gericke was appointed as the College representative to the Department of Health's OOP Costs Transparency Reference Group. On 24 July 2019 Dr Christopher Steer was appointed as the College representative to the Department's OOP Costs Transparency Working Group. Both these groups were established following the Government's commitment to implement the recommendation of its MAC on OOP Costs to fund the development of a national searchable website to provide the public with greater access to

information about the costs of medical specialist services. These groups have related but complementary functions:

- The focus of the Transparency Reference Group is to provide advice and expert opinion on the content, design and functionality of the proposed website.
- The Transparency Working Group has a more 'micro' focus on the specific approach to the disclosure of the relevant data and the content of the data with an initial focus on fees for gynaecology, obstetrics and cancer services.

Since May 2019, the College OOP Costs Sub-Group has met to discuss and consider the following:

- Developing specific additional recommendations aimed at addressing the issue of high medical out of pocket expenses, that is, additional to the recommendation of a proposed national searchable website made by the MAC. As a result, members of the College have been consulted on a set of policy proposals were consulted with members of the College, and consideration of feedback is currently underway.
- Amending its terms of reference so it can comment more broadly on issues that impact on medical OOP costs including reform of private health insurance.

CPAC Executive Committee agreed to extend the Sub-Group for a further 12 months and to expand its Terms of Reference to include private health insurance.

As an outcome of the most recent meeting of the Department of Health's OOP Costs Transparency Working Group, the Department is seeking College feedback to help review and, where relevant, further populate a table of specialty and sub-specialty medical services. This table will provide the basis for the proposed informative website on cost of specialist services. The P&A Unit is currently consulting with all relevant Divisions, Faculties and Chapters (including affiliated Specialty Societies) to meet the Department of Health's request.

## Endorsement of AMA document on Informed Financial Consent

The College has endorsed the Australian Medical Association's (AMA) document *Informed Financial Consent – a collaboration between doctors and patients*. The College had previously provided feedback on a draft version of this document collated from Fellows (including members of the OOP Costs Sub-Group) across a wide cross section of specialties. The document is designed to help patients work with their doctors to understand what they may have to pay for their medical treatment.



**Informed Financial Consent**  
– a Collaboration between doctors and patients  
Assisting patients to understand their health care and its costs.

supported by:

The image contains a collection of logos for various medical and professional organizations. On the left is the AMA logo. To its right are logos for MSA (Medical Society of Australia), Australian Society of Plastic Surgeons, The Rheumatology Society, and RACS. Below these are logos for RACGP (Royal Australian College of General Practitioners), RACP (Royal Australian College of Physicians), and Australian College of Podiatry. At the bottom are logos for NASOG (National Association of Sonographers), napp (National Association of Paediatric Nurses), ASGS (Australian Society of Gastroenterology and Hepatology), UROLOGICAL SOCIETY OF AUSTRALIA, and another RACS logo.

# The Medicare Benefits Schedule Review

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) was established in 2015 to consider the over 5,700 MBS items and their alignment with improved patient outcomes and contemporary clinical evidence and practice and improve health outcomes for patients. This includes identifying any services that are outdated or potentially unsafe. The Taskforce has convened over 70 clinical committees.

Recommendations made by the Taskforce are considered by the Government which often undertakes further consultation.

In June 2019 the College made a submission in response to the draft report of the Specialist and Consultant Physician Consultations clinical committee of the MBS Review Taskforce. This followed an extensive consultation process from February to June 2019 which included a direct email to all Australian Fellows and trainees inviting them to complete a survey on key recommendations, as well as consultation with College committees and Specialty Societies. The submission was written in such a way as to be transparent about the consultation process, the range of member views and concerns expressed and caveats (were the recommendations to be adopted). The proposal to introduce time tiered consultation items was particularly contentious across the College – with a range of views – many strongly held – being expressed by members. Consistent with the College’s constitutional objectives, the submission focused on the impact that the recommendations will have on the capability and capacity of the health system to provide high quality patient care, and ensuring high-value, sustainable and effective care models.

On 29 August 2019 the College President received additional correspondence from the Chair of the MBS Review Taskforce, Professor Bruce Robinson inviting the College to provide a submission to the following Taskforce reports:

- MBS Review Taskforce Report from the Cleft Dental Services Working Group
- MBS Review Taskforce Ophthalmology Report
- MBS Review Taskforce Report from the Psychiatry Clinical Committee

- MBS Review Taskforce Report from the Otolaryngology, Head and Neck Clinical Committee
- MBS Review Taskforce Report from the Consumer Panel
- MBS Review Taskforce Report from the Paediatric Surgery Advisory Group.



The closing date for submissions is  
**20 December 2019**

The College will develop submissions in response to the following reports because they contain recommendations which either refer to P&A priorities (such as integrated care) or may be of cross-specialty interest:

- MBS Review Taskforce Report from the Paediatric Surgery Advisory Group
- MBS Review Taskforce Report from the Otolaryngology, Head and Neck Clinical Committee
- MBS Review Taskforce Report from the Consumer Panel.

# Digital Health

The College’s Digital Health Reference Group leads our policy work in response to digital health initiatives. Digital health is key to a number of College policy priority areas such as integrated care.

Over 90% of Australians have a My Health Record (MHR), however the majority of physicians have not yet registered for the system. The College is working with the Australian Digital Health Agency (ADHA) to increase physician awareness and confidence in using MHR, and to respond to questions or concerns raised by members. ADHA has been responsive to these questions and identifying opportunities for further resources and support to be developed.

Activities and resources include:

- A series of events have been held in Regional offices
- One webinar has taken place and a recording will be available online, with another to follow in 2020
- A Pomegranate podcast is under development
- A curated collection is under development
- User case studies are in development.

The College has also supported ad hoc requests from the ADHA including the recruitment of Fellows to in-depth interviews to help ADHA gather insights into the current specialist workflows, opportunities and barriers related to MHR registration and usage.

## RACP representation on ADHA Committees

The College and its members are active in engaging with Digital Health and ensuring physicians perspectives are fed into the work of ADHA. The College has representation on several ADHA Committees and Steering Groups. These include:

These include:

- ADHA Secure Messaging Interoperability Committee – represented by Dr Daryl Cheng
- ADHA Medicines Safety Program (MSP) Steering Group – represented by Associate Professor Madlen Gazarian
- ADHA MHR Expansion Programme Consultative Committee – represented by Dr James Cameron
- ADHA Pathology Steering Committee – represented by Dr Geoffrey Hawson
- ADHA Children’s Digital Health Record Clinical Informatics Endorsement Committee – represented by Dr Sandra Johnson.





# Obesity

## NZ Ministry of Health Nutrition guidelines for schools and ECEs

The College responded to the Ministry of Health's call for feedback on its draft Healthy Food and Drink Guidance document. This initiative aims to reinstate healthy food and drink service guidelines in early childhood education (ECE) and school settings. The guidelines propose a traffic-light labelling system to promote foods in the green category, limiting the range and portion size of foods in the orange category, and the phasing out of foods and beverages in the red category.

The College has called for the implementation of healthy food and drink service policies in education and other public settings in Aotearoa New Zealand, and this is a positive start to encouraging health-promoting and nutritious food environments. There remains significant scope for further improvement, including working with local government and communities around the availability and access to unhealthy food and drink options around schools.

## RACP joins the Obesity Collective

Earlier in the year the College joined the Obesity Collective, a group of individuals and organisations from across Australia working to take on the obesity challenge together, with empathy and from a whole-of-society perspective. Since then, the Collective has been active across a range of initiatives, including an evidence hub that aims to identify, analyse and synthesise evidence on obesity. The hub is a constantly evolving platform, designed to respond to new data and emerging trends. The Collective has also undertaken an activity mapping exercise that covers obesity prevention, treatment, support and advocacy services across Australia via an online crowd-sourced platform. The Collective-run Weight Issues Network is a growing organisation that represents the perspectives and needs of people living with overweight and obesity and those who care. Especially interesting from the College's perspective is the ongoing work on re-framing the discussions of obesity to combat negative messaging and weight stigma. It is a goal of the Collective to offer a more unified, consistent and balanced narrative around obesity for everyone to adapt and use when referring to obesity, including in clinical settings and in discussions with patients.

## Obesity Collective – Our numbers

**3 1 1**  
Members

**1 2 3**  
Organisations



# Alcohol-related harm



“The health of the community must be top of mind in any policy change that the Government considers. While alcohol-related violence in the CBD and Kings Cross has been drastically reduced, now is not the time for complacency.”

**Professor Paul Haber, AChAM drug and alcohol expert.**

The College continues its long-standing campaign advocating for meaningful, wide-ranging policies designed to address the health and social impacts of unsafe alcohol consumption.

Facing political and commercial pressures to water down the last-drinks measures in Queensland and especially NSW, the College has intensified its advocacy efforts for maintaining these interventions. We also made a strategic decision to diversify our activities by calling for a minimum price on alcohol across a range of jurisdictions.

- In July 2019, the College delivered a submission to the inquiry into Sydney’s night-time economy, arguing for the retainment of the last-drinks measures and further action to curb alcohol-related harm. In August, Professor Paul Haber testified in support of the measures at a parliamentary hearing.
- Also in July, the College issued a media release supporting the last-drinks measures and arguing for the introduction of a minimum unit price for alcohol. The release was bolstered by an exclusive front-page story in the Sydney Morning Herald, as well as extensive coverage in online media, interviews with the Australasian Chapter of Addiction Medicine (AChAM) President Dr Martyn Lloyd-Jones and a concerted social media campaign via Twitter and Facebook.



- In August, AChAM President-elect Professor Nick Lintzeris and other public health officials met with NSW Health Minister Brad Hazzard to discuss the continued need to tackle alcohol-related harm.
- Following the release of an independent review of the last-drinks measures in entertainment precincts in Queensland, an August media release and an attendant article in the Brisbane Times called for the retention of the policies and the introduction of minimum unit pricing. These proposals have been boosted by a social media campaign.
- In response to encouraging early results of the Northern Territory Alcohol Harm Minimisation Action Plan that includes Australia's first floor price on alcohol, in early October the College issued a media release marking the first anniversary of the minimum price scheme and discussing the effectiveness of the intervention in reducing alcohol-related harm. The release was accompanied by a social media campaign.
- The College is working closely with the NT Regional Committee on monitoring and reporting on the outcomes of the NT Government's alcohol reform package with a view to translating any effective policies and initiatives to other states and territories. We are also engaging with other Regional committees to make the campaign for minimum pricing national in scope but regional in design and execution.
- Over last few months, the College has worked closely with our partners to affect progress in alcohol harm reduction. We cooperated with the NSW ACT Alcohol Policy Alliance, the Foundation for Alcohol Research and Education and St Vincent's Health Australia. Amongst other activities, we participated in joint campaigns calling on the Australian Government to remove industry interference from the upcoming National Alcohol Strategy and ending alcohol advertising in sport and public and digital spaces frequented by children and young adults. We are also forming a national coalition in support of minimum pricing for alcohol.
- Finally, in September 2019, the AChAM President and other Fellows represented the College at a high-profile workshop at Parliament House in Canberra. The workshop was the culmination of a long-term collective effort initiated and led by St Vincent's Health Australia, with several College members and P&A staff involved in workshops and consultations. The attendees from medical and public health bodies, the alcohol and other drugs treatment sector and peer organisations worked together to refine priorities and messages for an invigorated campaign to reform the alcohol and other drugs treatment sector in Australia.

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“Booze should not be cheaper than water. The RACP is keen to take the positive outcomes from the NT Government's alcohol reform package to all states and territories to ask for a national rollout of minimum pricing.”

**Rob Tait, Chair of the RACP NT Regional Committee and specialist paediatrician**

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# Climate change and health

The College’s Climate Change and Health, Environmentally Sustainable Healthcare and Health Benefits of Mitigating Climate Change position statements set out recommendations for action on mitigating climate change and building a sustainable healthcare system.

The impacts of climate change are growing increasingly urgent, with the UK, Ireland, France and Canada declaring climate emergencies alongside numerous local governments and organisations globally and in Australia.

The College has been very active in advocating for the actions required to mitigate and adapt in response to these effects. In August 2019, Professor Lynne Madden represented the College at a Doctors for the Environment Australia (DEA) event held at NSW Parliament House to provide a forum for doctors to influence politicians and advise them on the health impacts of climate change, air pollution and coal seam gas.



In September 2019, the Australian Medical Association (AMA) declared that climate change is a health emergency. Later in September the UN Climate Action Summit’s Science Advisory Group released its landmark *United in Science report*, highlighting that sea-level rise, carbon pollution and shrinkage of ice sheets are all accelerating, and that immediate transformational action is needed to limit increasing temperatures and the worst effects of climate change.

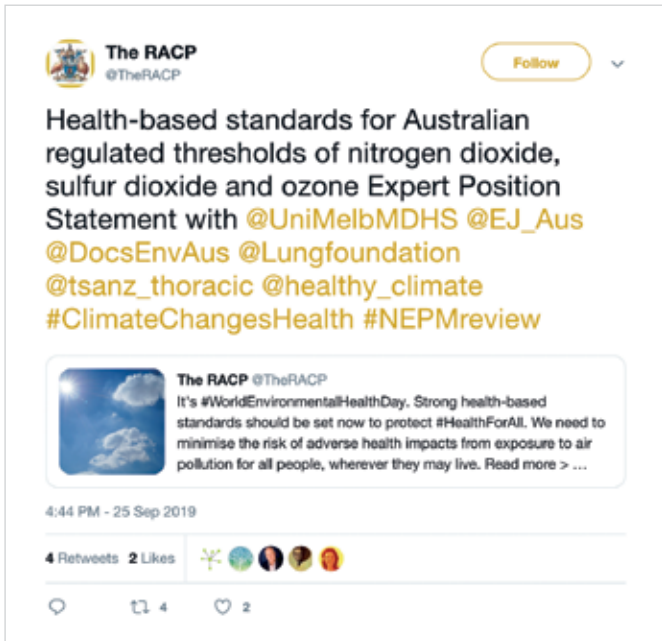
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“We know for a fact that nitrogen dioxide, sulphur dioxide and ozone in ambient air are harmful to the health of Australians. It has been estimated that over 3,000 premature deaths a year are caused by ambient air pollution in Australia.”

**Professor Linda Selvey, President of the Australasian Faculty of Public Health Medicine and Associate Professor, School of Public Health at the University of Queensland**

.....

The event followed the College’s endorsement of a joint Expert Position Statement on health-based standards for Australian regulated thresholds of nitrogen dioxide, sulfur dioxide and ozone in ambient air as well as submission to National Environment Protection Council’s review of these thresholds. This was followed by a media release and social media advocacy with other involved organisations including DEA and the Climate and Health Alliance.



In August 2019, we also made a submission the Climate Health WA Inquiry, emphasising our support for the establishment of a knowledge-base on the climate health impacts on WA as well as a program of work to support adaptation and mitigation.

Building on our work in previous years, in October 2019 we again endorsed the MJA-Lancet Countdown 2019 Briefing for Australian Policymakers. Its recommendations include an expedite transition to zero emission renewable energy and the development of a national climate change and health strategy.

Since May 2019, work has progressed on our multi-college project focussed on commissioning a report on climate risk to health and healthcare systems, followed by joint advocacy. The project objective and scope of draft proposal were updated with further details to facilitate a successful procurement process. Initial steps of the process are underway and potential consultancies for the report have been identified.

Since the last CPAC meeting in May 2019, there have been 20 tweets with a total reach of 35,961 and 4 Facebook posts with a total reach of 4,841 and 2 LinkedIn posts on climate change and health.



Given the urgency of taking action to avoid the effects of climate change, the College will continue to work collaboratively with other health organisations to advocate for policies that mitigate the health impacts of climate change and ensure that our healthcare systems are equipped for the challenges they will face.

# End of life care and voluntary assisted dying

Following the College's written submission to the Queensland Parliament Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying (VAD), in July 2019 Associate Professor Nick Buckmaster testified at a public hearing of the Inquiry.

Associate Professor Buckmaster reiterated that the College statement on VAD reflects a diversity of opinions and beliefs amongst members and thus does not take a position in support of or against VAD. Associate Professor Buckmaster stressed that Queenslanders' access to appropriate palliative care is at present inadequate and that high-quality palliative services must be made available to all as a matter of priority.

In August 2019, the College, through its NZ office, hosted a seminar with Dr Leonie Herx, a palliative physician, Divisional Chair of Palliative Medicine at Queens University and the President of the Canadian Society of Palliative Care Physicians. Dr Herx shared her impressions of Canada's Bill C-14 which legalised Medical Assistance in Dying (MAiD) in June 2016. Dr Herx discussed a range of concerns related to the implementation of C-14, including limited funding for palliative care services, lack of support for physicians who do not wish to participate in MAiD and suboptimal data gathering and reporting practices.

As Victoria is the only Australian jurisdiction where voluntary assisted dying has been legalised scheme and several other jurisdictions consider introducing VAD, the Policy and Advocacy Unit continues to keep a watching brief on developments. Notably, the WA Parliament is expected to pass its VAD bill later in the year and New Zealanders will likely be asked to decide whether VAD should be legal in a referendum at the 2020 election.

ACTING CHAIR: Thank you very much. Associate Professor Buckmaster of the Royal Australasian College of Physicians, I invite you to make an opening statement.

Prof Buckmaster: Our college trains, educates and advocates on behalf of about 17,000 physicians across Australia and New Zealand, with a further 8,000 trainee members. We represent a very broad range of specialties, including general medicine, paediatrics, aged care, palliative care and many other specialties, that you will be familiar with. I myself am a general physician and respiratory physician working in the public hospital system. Our college has developed a statement on voluntary assisted dying that discusses particularly the issues and risks that may arise in the background of our end-of-life care systems and palliative care system. Because there is a diversity of views within our college membership, many of those views being held very strongly, the college has deliberately taken a position of highlighting issues and making recommendations related to those issues rather than making a position of support or lack of support for voluntary assisted dying and our statement to the committee has been guided by that position.

## Objectives



Overview of euthanasia & assisted suicide (E/AS) in the Canadian context



Review some of the issues encountered in Canada with legalized E/AS

- Safeguards
- Impacts on medicine
- New considerations

# The National Disability Insurance Scheme

The College has contributed physician and paediatrician perspectives and expertise at various stages of the National Disability Insurance Scheme (NDIS) roll-out across Australia, also assisting to equip physicians and paediatricians with the skills and knowledge to work effectively within the new NDIS model and support the delivery of high-quality care to their patients with disabilities.

The College has been actively responding to issues raised during the rollout of the system. Most recently, the College made a submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS Planning and is currently at the consultation phase of drafting a submission to the Australian Government's review of the National Disability Insurance Scheme Act 2013. This review will seek to develop an NDIS Participant Service Guarantee to support positive participant experiences within the National Disability Insurance Scheme.

The College will develop a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

## RACP submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS Planning

Fellows identified a range of issues with the current NDIS planning processes. The College submission recommended that:

- the Australian Government must ensure that planners and service providers are supported to develop sufficient expertise so that they may provide adequate support for participants with high or complex needs, particularly those with developmental disabilities or children with challenging behaviours;
- health professionals are able to refer patients directly to the Senior NDIS planner service;

- the provision of plain English information or alternative communication tools to address difficulties understanding medical terminology, likely processes and risks and benefits of treatment, including interpreters is improved;
- in addition, we reiterate the recommendations made in our 2017 NDIS position statement which are relevant to the current inquiry.



The College called on the National Disability Insurance Agency (NDIA) to:

- provide planners with information and training to support NDIS participants' goals under the NDIS's Health and Wellbeing outcome domain, including an understanding of what it means to live a healthy life, and a working knowledge of the health system;
- incorporate processes into the NDIS system that ensure NDIS planners and access partners consult and, when appropriate, work with the child's paediatrician in developing and reviewing support plans. This includes disseminating plans and other information with the person's or carer's consent.

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“The NDIS, as a needs-based system, requires the certainty of support for people with disability. It is crucial that this is delivered through quality planning processes, underpinned by timely and accurate support. Quality planning will support quality outcomes.”

**RACP Submission September 2019**

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## Review of the National Disability Insurance Scheme Act 2013

The College has provided a submission to the review of the National Disability Insurance Scheme Act 2013, the 'Tune Review'. The review will seek to develop an NDIS Participant Service Guarantee to support positive participant experiences with the National Disability Insurance Scheme. The Guarantee will set new standards for the time it takes for key steps in the NDIS process. A particular focus will be on children and those participants needing specialist disability accommodation and assistive technology. The Tune Review will focus on removing legislative impediments and red tape to improve NDIS processes for participants and providers. It is not expected that this review will result in a fundamental reshaping of the NDIS; however, it is an opportunity to achieve better outcomes for patients and their families.



# E-cigarettes

There is emerging international evidence of severe lung disease and a number of deaths which may be linked to e-cigarette use in the United States of America (US). As of 8th October, the cases reported have climbed to over 1,200 – with 80 per cent of patients being under 35 years old and the national death toll stands at 26. All case patients had reported using e-cigarettes.

Since August, the Centers for Disease Control and Prevention (CDC) has launched an investigation into the causes. The latest findings suggest that tetrahydrocannabinol (THC) plays a part in this outbreak because in the majority of cases examined, about 77% had used THC-containing vaping products or both THC and nicotine-containing vaping products.

Amid the investigation, the CDC has advised against the use of e-cigarettes, especially THC-containing vaping products, while the FDA has advised people to avoid THC-containing vaping products specifically. Both Australian and New Zealand health authorities have urged e-cigarette users to seek medical advice if they feel unwell or have unexplained symptoms. Additionally, doctors in Australia are now urged to routinely ask their patients whether they vape and report any suspected cases of vaping-associated lung disease.

As part of the College's response, a short statement has been approved by CPAC and appended to our current policy on e-cigarettes online:

*The RACP urges that all e-cigarette users exercise caution in light of the emerging international evidence of severe lung disease and a number of deaths which may be linked to e-cigarette use and seek medical advice for unexplained respiratory and gastrointestinal symptoms.*

*The RACP would like to remind the community that not smoking tobacco or vaping remain the safest options. If people wish to quit smoking, the RACP advocates for the proven and registered smoking cessation technologies, including pharmacotherapies, ahead of vaping. The College urges physicians to advise patients of all potential risks and benefits should patients wish to use e-cigarettes for smoking cessation.*

*The RACP acknowledges the advice provided by the Australian Chief Medical Officer and State and Territory Chief Health Officers and by the New Zealand Ministry of Health.*



## Policy developments

The regulatory approach to e-cigarettes remains different in Australia and New Zealand.

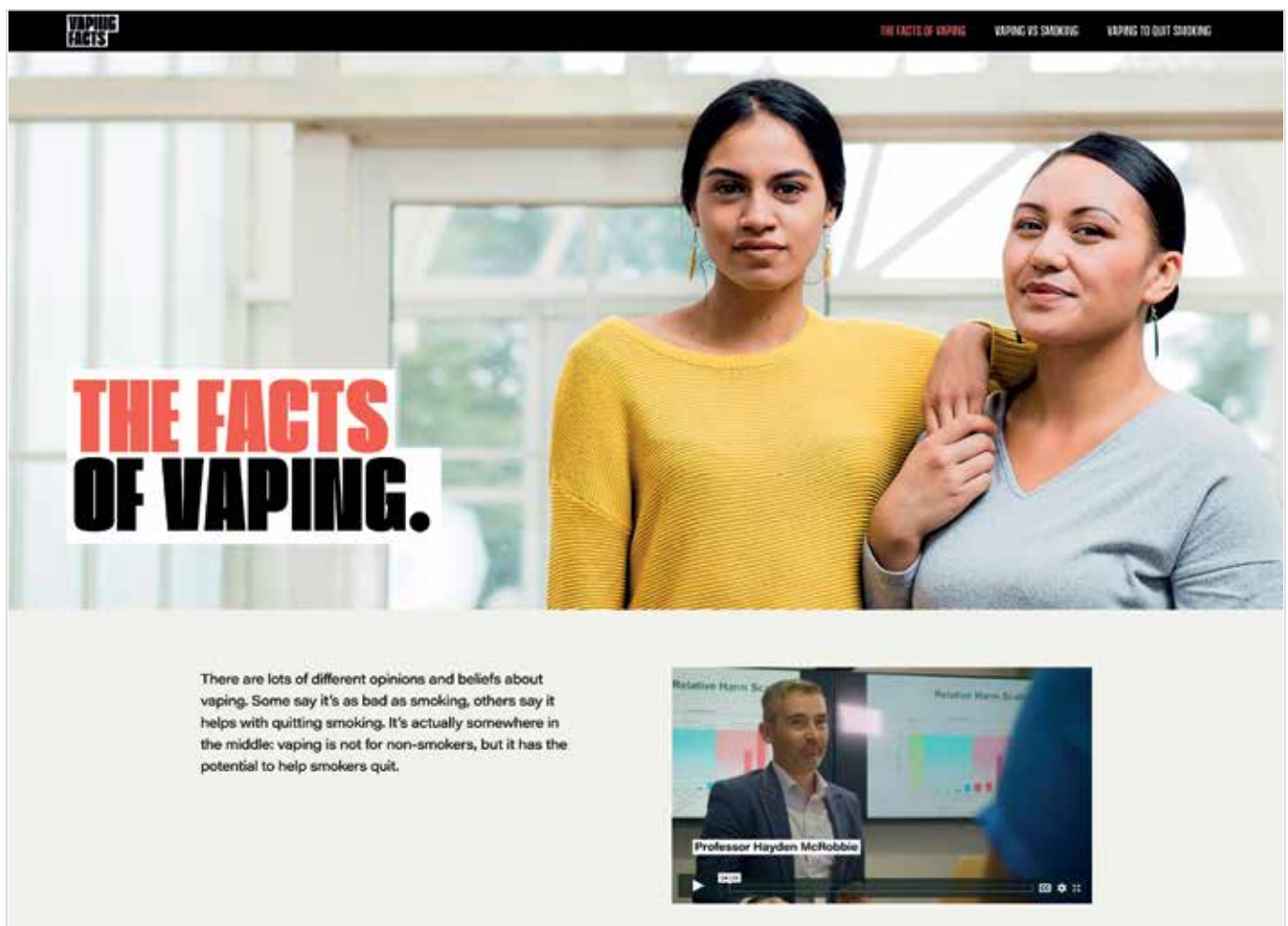
In Australia, there have been no changes to the current laws governing e-cigarettes. Despite the tobacco industry's strong lobbying effort, the Minister for Health Greg Hunt maintains his strong opposition to legalising nicotine containing e-cigarettes in Australia. As commissioned by the Minister for Health, the National Centre for Epidemiology and Public Health is currently reviewing the evidence on e-cigarettes.

The New Zealand government has acknowledged e-cigarettes as a means to quit smoking; a website named <https://vapingfacts.health.nz/> was created in June 2019 to raise public awareness. New vaping regulations, such as safety standards, a ban on most flavours, and the regulation of advertising, are set to be introduced by end of this year to ensure greater access to regulated vaping products for those who need them as part of smoking cessation and to reduce the appeal to children and youth.

In the international sphere, there is still a lack of consensus over vaping. Following the recent illness and deaths, the US has moved to ban the sale of most flavoured e-cigarettes over the concerns of health risks and in a bid to address a large surge in youth vaping.

A number of countries have also followed suit, including India, Singapore, and Brazil. Conversely, a range of organisations in the United Kingdom have endorsed vaping as a smoking cessation aid.

In June, the RACGP conducted a consultation on its updated guidelines on *Supporting smoking cessation: a guide for health professionals*. E-cigarettes were listed as a conditional pharmacotherapy for smoking cessation in the guidelines. A submission, in line with the College policy on e-cigarettes, was provided, which emphasised that there are no approved e-cigarette products for therapeutic use to date and highlighted the importance of evidence-based advice provided by health professionals to patients.



**THE FACTS OF VAPING.**

There are lots of different opinions and beliefs about vaping. Some say it's as bad as smoking, others say it helps with quitting smoking. It's actually somewhere in the middle: vaping is not for non-smokers, but it has the potential to help smokers quit.

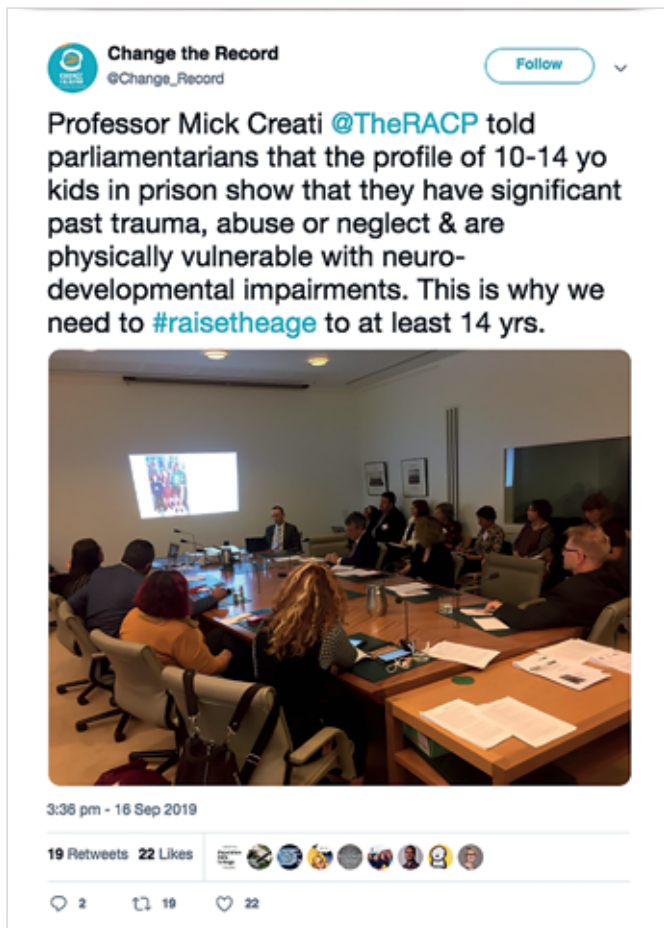
Professor Hayden McRobbie

# Raise the Age advocacy



The College supports raising the age of criminal responsibility to **14 years** of age. Currently, children as young as 10 years old can be imprisoned. This disproportionately affects Aboriginal and Torres Strait Islander children.

The College's advocacy to raise the age of criminal responsibility is linked to the Royal Commission into the detention and protection of Children in the Northern Territory (Royal Commission). The College provided two submissions to the Royal Commission and paediatrician Dr Mick Creati provided expert testimony. The Royal Commission recommended raising the age of criminal responsibility.



Children aged 10 to 13-year-old in the youth justice system are physically and neuro-developmentally vulnerable. Most children in the youth justice system have significant additional neurodevelopmental delays and high rates of existing trauma. Young children with problematic behaviour, and their families, need health care and protection.

The College has participated in numerous raise the age events, campaigns and media opportunities to increase the profile of this issue. The College works closely with Aboriginal and Torres Strait Islander-led organisation Change the Record, the Human Rights Law Centre and Amnesty International Australia to provide the medical-evidence based arguments for raising the age as part of the multidisciplinary discussion.



College advocacy has a governmental focus, including providing a submission to the Council of Attorneys-General working group reviewing the age of criminal responsibility, corresponding with state Attorneys-General and presenting to the Australian Labor Party’s First Nations caucus and members of parliament.



The College’s advocacy to raise the age is important in the context of addressing high rates of suicide and incarceration of Aboriginal and Torres Strait Islander young people, young people being held in Watch Houses, and is supported by the UN Committee on the Rights of the Child recommending raising the age of criminal responsibility.

Momentum to raise the age of criminal responsibility is growing, with sustained College advocacy contributing objective, evidence-based messages of respected paediatricians and experts in child development alongside key Aboriginal and Torres Strait Islander and legal organisations.

The College has a successful history of advocacy in the area of children in detention. In 2016, the Queensland government introduced legislation to move 17-year-olds in the adult prison system into the youth justice system, in line with College recommendations.

“Before the health sector joined Raise the Age advocacy, no one was listening to us.”

**Participant at the Australian Human Rights Commission Community Roundtable on the age of criminal responsibility and youth justice reform, 15 October 2019.**

# Aboriginal and Torres Strait Islander Health Committee

The Aboriginal and Torres Strait Islander Health Committee (ATSIHC) provides leadership for the College's work in Aboriginal and Torres Strait Islander Health.

Improving Indigenous health equity is a key Board priority, the first priority under the College's Indigenous Strategic Framework (ISF), and a public commitment of the College's Aboriginal and Torres Strait Islander Health Position Statement.

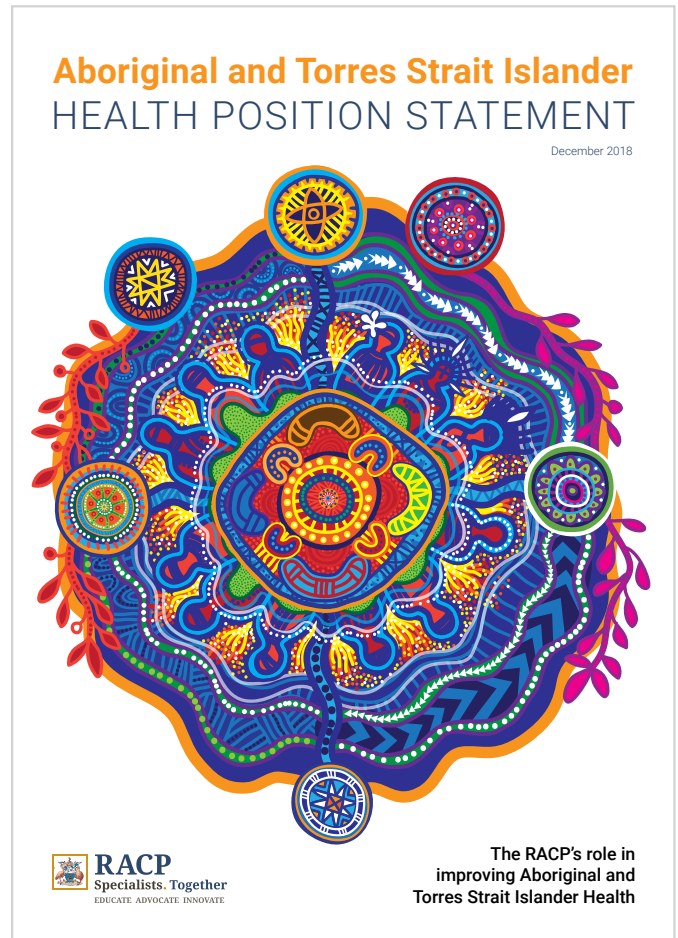
The ISF is a core part of all work across the College. As such, ATSIHC is looking to work more closely with other Directorates beyond the P&A Unit to ensure Indigenous voices are embedded throughout all aspects of College work and governance.

All Directorates will be providing their reports on 2019 ISF activities for collation in the early new year to both ATSIHC and the Māori Health Committee, along with the Board.

ATSIHC's main internal focus in the reporting period has been on three major opportunities for future planning and direction setting at the end of 2019:

- A workshop on Sunday 17 November, facilitated by Professor Greg Phillips, to set its priorities for 2020 and beyond
- The final ATSIHC meeting for 2019, a face-to-face meeting on Monday 18 November which will set its workplan for 2020.

An historic joint meeting with the Board meeting on 6 December, to which the Board has invited ATSIHC and the Māori Health Committee, to be held at the National Centre of Indigenous Excellence, in Redfern, Sydney.



Pursuing advocacy on the uptake and implementation of the Medical Specialist Access Framework (MSAF) by our Fellows remains another key focus of ATSIHC.

In addition to closer work with the Education, Learning and Assessment directorate, including feedback on Entry into Training and curriculum design, ATSIHC made major contributions to the following CPAC matters over the course of the reporting period:

- Submission to Productivity Commission Inquiry into Mental Health
- 3rd National Mental Health and Suicide Prevention Information Priorities Consultation
- Submission to AHPRA consultation on the definition of “cultural safety”
- Submission to Report from the Aboriginal and Torres Strait Islander Health Reference Group of the MBS Review Taskforce
- Request to join the Obesity Collective
- RACGP consultation on supporting smoking cessation: a guide for health professionals
- Submission: Victorian Royal Commission into Mental health services
- Submission to the Parliament of NSW’s Select Committee on Sydney’s Night Time Economy
- Productivity Commission: Submission to the Consultation on Indigenous Evaluation Strategy.

Given the volume of requests of ATSIHC’s time and expertise, these requests have been facilitated by a set of ATSIHC Consultation Criteria which assist to triage requests and require an initial Aboriginal and Torres Strait Islander Health impact assessment.

## Broader Indigenous health advocacy

ATSIHC supported the Close the Gap (CTG) Campaign’s advocacy for a partnership agreement between the Commonwealth, state/territory governments and Indigenous Peak organisations. This was agreed in December 2018, with the Partnership formalized in mid-2019.

ATSIHC has identified Indigenous youth suicide prevention as a key external advocacy priority. Members have been coordinating with Indigenous leaders and organisations including experts such as Professor Pat Dudgeon, National Aboriginal Community Controlled Health Organisation (NACCHO), and key Aboriginal health stakeholders, along with RANZCP, calling for a bipartisan commitment to address Indigenous youth suicide. The Australian government has made significant commitments to strengthen Indigenous youth suicide prevention including support for Indigenous leadership that delivers culturally appropriate, trauma-informed care as well as services that value protective social and cultural factors.

ATSIHC has also supported the advocacy of the Australasian Chapter of Sexual Health Medicine (AChSHM), and the development of the Paediatrics & Child Health Division’s (PCHD) Indigenous Child Health position statement.

## Partnerships with Indigenous organisations

ATSIHC's membership structure enables the College to work closely with other Indigenous organisations.

NACCHO's Deputy CEO Dawn Casey provides highly valued organizational perspectives between the College and NACCHO (and affiliates), over and above the contribution she makes herself. This has enabled closer and more coordinated advocacy and better tailored messaging on several projects.

Australian Indigenous Doctors' Association's (AIDA) representative (until September), Dr Mel Carroll has facilitated the College strengthening our longstanding relationship with the peak body for Aboriginal and Torres Strait Islander doctors. Dr Carroll will remain as an ATSIHC member in her capacity as a trainee. The P&A Unit is working with AIDA to finalise arrangements for one of its newly elected directors to be AIDA's representative on ATSIHC.

The College was a sponsor of the 2019 AIDA Conference, this time as a Gold Conference Partner (our second successive increased level of sponsorship). We ran a well-attended workshop on community engagement, and had Indigenous Fellows and trainees representing the College at the 2019 AIDA Conference, along with the College President and senior staff from Education, Learning and Assessment directorate and the P&A Unit.



A point of pride for the College was having Dr Jaqui Hughes FRACP (a Torres Strait Islander nephrologist) named as AIDA Indigenous Doctor of the Year for her outstanding research and advocacy.

Feedback from ATSIHC has also been influential in encouraging the College to fund attendance at several international conferences on Indigenous health and Indigenous medical training.



# Aotearoa New Zealand Policy and Advocacy Committee report

2019 has seen a great deal of activity in responsive policy and advocacy in Aotearoa NZ, with the coalition Government shifting into its “year of delivery”: highlights include early drafts of major legislation to replace the Medicines Act 1981, public consultation on significant system-level reviews and the first “Wellbeing Budget”.

The College supports a public health and disability system for Aotearoa NZ underpinned by the following values:

- Ōritetanga (equity)
- Justice
- Manaakitanga (compassion and kindness)
- Whanaungatanga
- Mōhioatanga (knowledge, insight and understanding)
- Sustainability (including the responsible use of resources)
- Quality.

RACP submission to the Health and Disability System Review, May 2019

There is greater recognition in the health sector that changes in practice are critical to achieving better outcomes for Māori.

Changes in practice include recognition of the impacts and intergenerational trauma of colonisation and the systems and structures which perpetuate institutional racism.

The findings and recommendations of the Waitangi Tribunal’s Hauora Report are unequivocal: the current system has failed Māori and must change.

“At this point in time, the health and disability system in Aotearoa New Zealand is poised to either capitalise on the findings of major system level reviews, inaugurating significant change and reorienting a system, or to maintain a variant of the status quo. There is increasing demand from society, from patients and whānau, and from health practitioners for the system to acknowledge it is not designed to support everyone’s right to health.”

**RACP submission to the Medical Council of NZ**

## Māori health equity

Health equity for Māori and obligations to Te Tiriti o Waitangi are consistently highlighted by the College in its submissions. In order to improve health outcomes new ways of delivering health care are needed; centring the person and their whānau to enable culturally safe practice; building the Māori medical workforce and strengthening the cultural competence and safety of all health care practitioners.

The College has made the following submissions on Māori health equity:

- Medical Council of NZ – updated statements on cultural competence and achieving the best health outcomes for Māori
- Ministry of Health – refresh of the Māori Health Action Plan
- Māori Affairs Select Committee – Inquiry into Health inequities experienced by Māori.

## Case study: Submission to the Review of Well Child Tamariki Ora

Well Child Tamariki Ora is a universal child health, development and wellbeing programme, offered universally to children aged 0-5 years in Aotearoa NZ. Although it is a well-regarded programme with high coverage, it is being reviewed by the Ministry of Health to identify areas for improvement.

The Aotearoa NZ Paediatrics and Child Health Division Committee agreed to collaborate with the Māori Health Committee and Aotearoa NZ PAC and were able to draw on the expertise of highly skilled paediatricians Dr Pat Tuohy, Dr Russell Wills and Dr Peter McIlroy in crafting our submission. Aotearoa NZ President Dr Jeff Brown described the final version as “extensive and well-thought out”, and noted he enjoyed reading it. The College looks forward to further engagement with the Ministry of Health on recommendations made in our submission.



**Submissions made by RACP NZ in 2019 to date**

## Social Determinants of Health in 2019

“Wellbeing” is an oft-touted principle for policy change in Aotearoa NZ, with the government requiring all new Budget funding requests from 2019 to have a wellbeing dimension – that is, what impact does the policy have on people’s wellbeing? Policy change in this area frequently overlaps with the social determinants of health, and the College has made the following submissions in 2019:

| Submission   | Purpose  |
|--|--|
| <b>Zero Carbon Bill</b>  | Introduces zero carbon targets   |
| <b>Kāinga Ora – Homes and Communities Bill</b>                     | Crown entity to replace Housing NZ, the government’s state housing provider                                    |
| <b>Credit Contracts legislation</b>                                | Introduces greater regulation on high-interest payday loans and mobile truck shops                             |
| <b>Advertising Standards for Alcohol Advertising and Promotion</b> | Review of industry self-regulating standards covering advertising and promotion of alcohol                     |
| <b>Smoke free Environments Amendment Bill</b>                      | Prohibits tobacco smoking in cars carrying children under 14 years   |
| <b>Misuse of Drugs Amendment Bill</b>                              | Makes synthetic cannabinoids Class A restricted drugs and introduces health-centred approach to drug offending |

## Health system reform and major policy initiatives: status update

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| <b>What</b>                                  | <b>Status</b>   |
|--|---|
| <b>Health &amp; Disability System Review</b> | Interim report released; final report due March 2020                |
| <b>Medicinal Cannabis Regulations</b>        | Due to be finalised by end of 2019; referendum on legal use in 2020 |
| <b>E-cigarettes and vaping</b>               | Awaiting release of draft regulations                               |
| <b>End of Life Choice Bill</b>               | Committee Whole of House stage                                      |

## #MakingItTheNorm – survey results

The analysis was to inform the quantitative assessment of government progress and offer a qualitative perspective from the clinical “coalface”. The high margin of error will mean the survey’s findings cannot be used to represent the views of the NZ membership – rather they will be purely illustrative. The survey was undertaken by 50 members out of a potential 2103 registered as active in New Zealand. Further, not all members completed every section, resulting in lower completions in the second (Good Work) and third (Whānau Wellbeing) sections.

The survey results will contribute to our #MakingItTheNorm report cards, which will incorporate updated case studies on our whānau from #MakeItTheNorm. How have they been doing since 2017 – what have been their successes and struggles, and how has government policy made a difference to their health and wellbeing?

Some of the policy changes the report cards will highlight include the aforementioned top-ranked initiatives;

but the College will be calling for greater action on providing housing for whānau on the housing waiting list (10,000 families in September 2019), and outlining the evidence supporting the Living Wage – allowing families to live with dignity and participate in their communities. While low-cost primary care is important, too many barriers prevent many people from accessing it when they need it most.

Our #MakingItTheNorm report cards will be released in 2019 and form the basis for the 2020 Aotearoa NZ RACP Election Statement.

“The company I do cleaning work for gave casual workers like me the Living Wage in 2018. Although I don’t have many hours in this job per week, it means I can plan ahead better for bills, medicines and stuff for Josh’s school.”

**Tania, 28**



Healthy Homes Standards



Increasing the minimum wage



More people eligible for low cost primary care



# Māori Health Committee

The Maori Health Committee continues to lead on a variety of projects, including its biennial Maori Health Hui, connections with stakeholders, contributing to submissions and leading the implementation of the Indigenous Strategic Framework (ISF) in Aotearoa NZ.

## Hura Pou mō te whānau ki Dr Leo Buchanan

### *Unveiling of Pou for the family of Dr Leo Buchanan*

In 2018, the Māori Health Committee commissioned a pou whakairo, a carved wooden pole, for the College's offices in Te Whanganui-a-Tara Wellington. Crafted by kaiwhakairo (carver) Ihaia Puketapu, Tāne Mahuta recalls the purakau (legend) of Tāne Mahuta, God of the Forest, ascending to the heavens to obtain the three kete (baskets) of knowledge. The pou features a representation of the late Dr Leo Buchanan, founding Chair of the Māori Health Committee. As Leo has returned to the College in our pou, the Committee invited the whanau (family) of Leo to the College in September for an unveiling. The Committee and the whanau shared memories of Leo, with the Committee learning about him as a husband, father and grandfather, and the whānau learning of his 'work life' as a paediatrician, mentor and leader.



RACP's pou whakairo Tāne Mahuta – the representation of Leo is at Tāne's feet

## 2019 Māori Health Hui – Ōrākei Marae, 14-15 Whiringa-a-Rangi 2019

At time of writing, the Māori Health Committee is preparing for its 2019 Hui, where the attendees will stay over for the inaugural RACP noho marae (marae stay). The programme aims to connect and strengthen the Māori caucus – the collective Māori Trainees, Fellows and staff in the College.



Leo's wife Mary Buchanan, children Ben, Hannah, Felicity, Mary-Anne and grandchildren

# Paediatric and Child Health Division & Paediatric Policy & Advocacy Committee

The Paediatric and Child Health Division (PCHD) and its Paediatric Policy & Advocacy Committee (PPAC) has continued to undertake a broad range of proactive and reactive policy and advocacy activities.

PCHD continues to advocate strongly on child health, with one of this year's highlights being an Early Childhood Health roundtable on 19 September 2019 at Parliament House, which was attended by the Minister for Health, Shadow Minister, and a range of paediatricians and child health experts. A full report on the roundtable can be found on the following page. Further actions from the roundtable are currently being developed, and a full report will be made available on request from the Policy and Advocacy Unit in the coming months.

In New Zealand, May 2019 saw the release of the first Wellbeing Budget and the first annual reporting on targets to reduce child poverty in Aotearoa New Zealand.

In general, reporting against the three primary measures of child poverty showed:

- On the before housing costs (moving line) measure, a slight rising trend since 2006/07
- On the fixed-line after housing costs measure and the material hardship measure – downward trends since 2011.

The New Zealand Budget 2019 sought to introduce a range of initiatives aimed at lifting parental income including: indexing benefits to wage growth, removing sanctions when mothers do not name the birth father, and changing abatement thresholds.



Professor Sharon Goldfield addressing roundtable attendees



**The RACP** @TheRACP · Dec 13, 2018



The **RACP** welcomes the focus on Wellbeing for **Budget 2019**: We call for a wellbeing lens – especially for children – to be applied to all legislation and policy decision-making [#WhānauWellbeing](#) [#MakeItTheNorm](#)

The content of the Child Wellbeing budget and the recently released (August 2019) Child and Youth Wellbeing Strategy is consistent with and informed by the Colleges Position Statements on Equity released at Congress in 2018, and The Early Years which was released at Congress 2019, and was consulted on widely within NZ Government agencies during development.

PCHD continues to progress several position statements, including updating the 2013 statement on care for children with developmental disabilities and the 2010 position statement on children in out of home care. The scoping document for this revised position statement, renamed the Health Care of Children in Care and Protection Services (HCCCPS), is being considered by the Aboriginal and Torres Strait Islander Health Committee and the Maori Health Committee to ensure that the content is relevant, inclusive and appropriate before work progresses further.

A position statement on Indigenous Child Health is also being finalised. Dr Danny de Lore, Chair of the Indigenous Child Health Working Party presented on the statement at the Secretariat of National Aboriginal and Islander Child Care (SNAICC) Conference on Tuesday 3 September. Dr de Lore discussed the paediatrician's role in addressing racism, bias and privilege in the health system.

College advocacy on 'No Jab No Play' legislation has continued, including a submission to the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill. This submission commented that:

*We support well-designed measures to increase vaccination. However, the RACP is concerned about the withdrawal of access to early childhood education and social benefits to families of children who are not fully immunised.*

PCHD continued to lead and contribute to responsive advocacy matters, including leading the College response to a request from the Minister for Health about gender dysphoria to "consider and advise on the clinical best practice for the treatment of gender dysphoria in children and adolescents".

During this period, PCHD made one external appointment, Dr John Sinn to the Australian Dental Association's Working group on ankyloglossia.



# Early childhood health roundtable

The College's Paediatrics and Child Health Division held an Early Childhood Health Roundtable at Parliament House, Canberra on Thursday 19 September 2019, which attracted about 40 delegates including MPs, key NGOs and leading paediatricians, including our two Parliamentary Paediatric Fellows (Drs Katie Allen and Mike Frelander).



Professor Sharon Goldfield, Dr Katie Allen MP, Professor Paul Colditz, Associate Professor Mark Lane, Dr Mike Frelander MP

The Roundtable built on the recently announced National Action Plan for the Health of Children and Young People 2020-2030 and the College position statements on Early Childhood and Inequities in Child Health. It follows on from our successful 2018 child health forum at which the development of the Action Plan was first announced by the Minister for Health. As a result of College advocacy in 2018, the Federal Health Minister Greg Hunt announced on 8 May 2019 funding of \$4 million over 4 years for implementation of a new National Action Plan on the Health of Children and Young People.

The Roundtable aimed to identify the critical priority areas and suggested program focus for early childhood health over the next ten years. Key themes included parental mental health, parenting support, and strengthening universal access to services that are more integrated and family centred. College staff will continue to work with key paediatric Fellows in the coming months about directions for this work.

As part of the lead up to the roundtable, all Australian paediatricians were asked to identify their top actions from the National Action Plan. Their top priorities were:



## Mental health

Support maternal, parental and child mental health in the early years



## Improving health equity

Strengthen universal health service accessibility and reach with a focus on integrated, child and family-centred models of care



## Chronic conditions and preventive health

Continue promoting and refining preventive health strategies and interventions addressing sleep, nutrition, physical activity, and overweight and obesity



## Parenting support

Increase roll-out of proven home-based initiatives supporting parents in the antenatal and perinatal stage, especially among priority populations

Speakers at the Roundtable included Professor Sharon Goldfield. Professor Goldfield set the scene by noting that early childhood is a critical period of life, and that differences made at this early age can have significant impacts on outcomes in later life. She also discussed the broader challenges of keeping populations of children healthy and developing well, and key opportunities for early intervention.



Shadow Health Minister Chris Bowen MP, Associate Professor Mark Lane, Health Minister Greg Hunt MP

Minister for Health Greg Hunt and Shadow Minister Chris Bowen both spoke at the event and expressed their commitment to improving child health outcomes, and appreciation of the engagement and advice from the group of experts the College had brought together.

Professor Paul Colditz, PCHD president, closed the roundtable by comparing the work done on the day to a toddler who has just taken their first step. The toddler doesn't see its first step as the end of the journey, they see it as a first step and are excited to keep making new progress.



Shadow Health Minister Chris Bowen MP, Professor Paul Colditz, Professor Sharon Goldfield, Dr Mike Freeland MP, Professor Valsamma Eapen RANZCP, Health Minister Greg Hunt MP.

# Adolescents and young adults medicine

The Adolescent and Young Adult Medicine (AYAM) Committee is dedicated to promoting excellence in skills, expertise and ethical standards through future training and education at the College. The AYAM Committee aims to connect and represent trainees and Fellows across Australia and New Zealand by providing a place for information, resources, policy statements and media releases relating to Adolescent and Young Adult Medicine.



The College has continued advocacy on adolescents' and young adults' unique health needs requiring tailored responses from governments and health services.

The College's Australian Government Election Statement for 2019 included a strong focus on adolescent and young people's health, recommending investment in the development of specialised adolescent health services, long-term funding for accessible adolescent sexual and reproductive health services as well as greater access to bulk-billed Sexually Transmitted Infections (STI) screening for children and young people and restricting advertising and marketing of unhealthy foods to young people.

The AYAM Committee has continued to develop a position statement highlighting the unique set of health needs of young people that require a specifically designed set of health policies and services.

The AYAM Committee has also contributed to policy and advocacy work on a range of issues including gender dysphoria, youth suicide and raising the age of criminal responsibility.

# Adult Medicine Division and Specialty Society engagement with Policy and Advocacy

In June 2019 the Adult Medicine Division (AMD) and P&A began piloting a new communication process for requests from P&A to AMD and the specialty societies. The updated process aims to:

|   |  |   |  |
|---|--|---|--|
|                                        |           |  |                           |
| Help the College build effective relationships with members by reducing the number of different communications channels | Allow the College to better monitor and streamline the number of requests going to members | More effectively identify the appropriate stakeholders for consultation           | Ensure that members are always fed back to on the outcomes of what they were consulted on (closing the loop) |

This process has been working well with an increase in response rate and speed from societies.

Between April 2019 and September 2019, 17 requests have been sent to the AMD Council and the AMD Executive Committee (AMDEX) for feedback to shape policy submissions or responses.

Two items were deferred to the AMD Council and AMDEX for their action or for information. 47 requests were sent to specialty societies for feedback and 9 matters were deferred to them to action as these matters related directly to their clinical expertise. Three matters were sent to the AMD President for feedback and two were provided for information.

# Australasian Chapter of Sexual Health Medicine

The Australasian Chapter of Sexual Health Medicine (AChSHM) has continued strong advocacy in response to the syphilis epidemic in Aboriginal and Torres Strait Islander Communities in Queensland, Northern Territory, Western Australia and South Australia. The Australian syphilis epidemic began in Queensland in 2011, spreading to NT, SA, WA, other regions since that time. There have been 2974 cases diagnosed since 2011, with 8 confirmed congenital cases including a number of stillbirths. This is a major health issue with serious consequences. Key Aboriginal health stakeholders have worked closely with the College to present a united advocacy effort.

At the request of the Commonwealth Department of Health, the College co-authored a submission with the National Aboriginal Community Controlled Health Organisation (NACCHO) detailing the rationale on including Benzathine Penicillin G on the Pharmaceutical Benefits Scheme Prescriber Bag List to increase timely access to treatment. The recommendation was accepted, and Benzathine Penicillin G is now available on the Pharmaceutical Benefits Scheme Prescriber Bag List.

This is an important mechanism to reduce time to treatment and loss to follow-up for infectious syphilis as a measure to address this outbreak. This is useful for:

1. Non-remote Aboriginal Medical Services and high caseload urban general practitioners to stock Benzathine Penicillin G.
2. Any general practitioners contacting sexual health clinics for advice can be advised that they can order the treatment in for free before the patient arrives to reduce delays to treatment initiation and loss to follow-up.

The College endorsed the Indigenous community led Noongar Boodja statement calling to close the gap in rates of sexually transmissible infections and blood borne viruses between Indigenous and non-Indigenous people of Australasia.



Partnerships with Aboriginal and Torres Strait Islander health organisations and experts continue to inform the College's sexual health advocacy through ongoing relationships with NACCHO and A/Prof James Ward, Head of Infectious Diseases Research Program – Aboriginal Health South Australian Health and Medical Research Institute. This allows the College to support and amplify the voices of Aboriginal community-led health organisations, particularly when advocating to governments.

AChSHM President Catherine O'Connor is working with New Zealand Sexual Health Physicians to shape advocacy activities in response to the high rates of syphilis in New Zealand.

# Australasian Chapter of Addiction Medicine

In addition to leading the College's advocacy against the Government's proposed drug testing trials for welfare recipients detailed on page 9, the AChAM Committee is progressing a scoping document to develop a College drug policy in collaboration with the Australasian Faculty of Public Health Medicine (AFPHM) Policy & Advocacy Committee (PAC). The purpose of this policy will be to highlight the need for the Australian and New Zealand Governments' drug policy to adopt a health-focused approach to substance use and to increase funding for responses that prioritise effective treatment, prevention services and supply reduction measures.

The AChAM Committee is also undertaking advocacy on the roll out of real time prescription monitoring system (RTPM) for high risk medications. This advocacy focuses on highlighting the need for State and Territory Governments to implement RTPM alongside wider system planning and resourcing. This needs to include addressing the limited availability and access to specialist multidisciplinary pain clinics and addiction medicine services and improving the funding model for primary care to ensure that GPs are supported to manage complex patients.

The AChAM continue to lead the College's advocacy on reducing drug and alcohol-related harms in Australia. AChAM Fellows led the development of the College's submission to the Joint Select Committee on Sydney's night-time economy reiterating the College's strong support for retaining the current harm minimization policies in the Sydney CBD and Kings Cross with an emphasis on the need to maintain the restriction in trading hours for licensed venues. Associate Professor Nadine Ezard FACHAM, and Professor Paul Haber FACHAM, FRACP gave evidence to the Parliamentary inquiry. In light of the recent relaxation of the last-drinks measures, the AChAM has decided to strategically diversify its advocacy activities in this area by launching a campaign to introduce minimum unit pricing on alcohol in all States and Territories (the NT is so far the only jurisdiction to have embraced this policy).

The Sydney Morning Herald

SEARCHWATER

HOME NEWS STATE REGIONAL

## Doctors push for a minimum price on alcohol in NSW

By Alexandra Smith  
July 22, 2019 - 10:25am

An influential doctors group is calling on the Berejiklian government to introduce a minimum price on alcohol in a bid to reduce drinking-related harm in NSW.

The Royal Australasian College of Physicians has weighed in to Sydney's lockdown laws debate, urging the state government not only to retain the laws and also tighten the availability of alcohol.

The Royal College of Physicians says NSW needs to rethink its approach to alcohol. [JACQUES HALL](#)

A NSW parliamentary inquiry into the city's night-time economy is underway after Premier Gladys Berejiklian said it was time to "revisit" the controversial lockdown laws introduced in 2014.

In a submission to the inquiry, the physicians say "a special emphasis" on maintaining restricted trading hours for licensed venues in Kings Cross and the CBD was necessary.

The AChAM also led the development of the College's submission to the NSW Special Commission of Inquiry into the drug 'ice'. This submission reiterated the need for Governments to provide increased funding for evidence-based drug rehabilitation services led by medically trained health professionals and specialists to meet the needs of vulnerable drug users and their communities in regional, rural and remote NSW.

The AChAM Committee provided feedback on the third draft of the National Treatment Framework (NTF) commissioned by the Australian Department of Health. The NTF aims to facilitate better planning, commissioning and monitoring for the alcohol and other drug sector to "maximise the health outcomes of people with alcohol and other drug problems". This submission highlighted that it is essential that the NTF be fully supported by both Federal and all State and Territory Governments as they fund and further develop their AOD sector and that it is adhered to by service funders, providers and clinicians in order to drive accountability and improve service levels for patients across the country.

Members of the AChAM Committee have also been active in an ongoing campaign to reform the alcohol and other drugs treatment sector in Australia. The campaign, initiated by St Vincent's Health Australia, aims to improve the underfunded and siloed sector by securing a substantial increase in investment, improving coordination across all funders and providers and ensuring the capability of the alcohol and other drugs treatment workforce into the future. The campaign culminated in the September 2019 summit at Parliament House in Canberra where the President of the AChAM and other Fellows discussed the most effective strategies for advancing this work.

The AChAM Committee has also progressed the development of an Evolve list of low-value practices for addiction medicine. Following an extensive consultation process and a literature review, the Committee revised the previously developed list of recommendations. The Committee decided to refine the list to align it more closely with the goals of Evolve and to ensure that the recommendations safeguard access to effective pharmacology.

In addition, given that pill testing is likely to be an ongoing topic of significant community and professional interest and discussion, engagement with the key College bodies continues to further explore issues including on-site testing technology and reliability of results.

# Australasian Chapter of Palliative Medicine

The Australasian Chapter of Palliative Medicine’s (AChPM) current policy priority is a key issue currently affecting palliative care patients - the impact of restrictions on opioid prescribing. The Chapter plans to engage both the RACGP and the Australian and New Zealand College of Anaesthetists’ (ANZCA) Faculty of Pain Medicine in the discussion about advocating for improved education on opioid prescribing in end of life care patients.

AChPM has contributed to a number of College policy and advocacy projects and continues to contribute to the Evolve initiative.

Working with the AChPM, the Policy and Advocacy Unit recently finalised a review of the Evolve list of low-value clinical practices in palliative medicine. The revised list, which is a result of a literature review and extensive consultations, has been updated to focus more clearly on speciality-specific practices. One of the two new recommendations ask specialists to limit routine use of antipsychotic drugs to manage symptoms of delirium; the second calls on physicians to target referrals to bereavement services for family and caregivers of palliative care patients at those experiencing more complicated forms of grief. The list is being publicised as part of a wider advocacy campaign for Evolve.

Dr Crawford said nearly **10,000 South Australians died** without any access to palliative care in 2018.

“We do fear that many of those people went without or they presented to emergency departments and were admitted to hospital” he said.

He said many of those that did access palliative care found the resources limited and process complicated and bureaucratic.

“A lot of [the care] is pushed back on to either family members ... by GP locum services that are very stretched, and we hear stories of long delays before GPs can visit, or at times extended care paramedics,” Dr Crawford said.

AChPM members have also contributed to a wide range of College submissions over the last 6 months, including:

- Request for RACP to sign on to the Joint statement on LGBTI mental health
- Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2020-21
- The Standards Australia Consultation – Distribution and Licensing Policy Discussion Paper
- Consultation on the RACGP’s National Drug and Alcohol Education (NDAE) Program
- The MBS Review
- The Royal Commission into Aged Care Quality and Safety.





# Australasian Faculty of Occupational and Environmental Medicine

Expert Fellows from the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Policy & Advocacy Committee (PAC) continue to lead the College's advocacy on accelerated silicosis in collaboration with the Thoracic Society of Australia and New Zealand (TSANZ).

“Essentially accelerated silicosis clogs up and distorts the lung so it can't work. I'm aware of two deaths, one in Queensland and one in NSW. I'm aware of at least two transplants. And I know that there are more people being lined up for potential lung transplants.

We're talking in the hundreds, some will die within 12 months, some will die within five years.

The engineered stone industry had not been monitored effectively by government regulators. Every single case of silicosis is prima facie evidence of system failure. There was legislation already in existence to manage it but, clearly, it failed the workers of Australia.”

**Dr Graeme Edwards, FAFOEM, RACP spokesperson on accelerated silicosis**

Following strong advocacy from the RACP, AFOEM and TSANZ over many months which played a key role in bringing this public health crisis to public attention, the Coalition made an election commitment to a national taskforce and register. The establishment of the National Dust Diseases Taskforce was formally announced on 26 July 2019 by the Commonwealth Chief Medical Officer, Professor Brendan Murphy and the Government committed \$5 million to the Taskforce. The Taskforce's main objective is to develop a national approach for the prevention, early identification, control and management of dust diseases in Australia.

**Undiagnosed cases**

Occupational physician Dr Graeme Edwards said he thinks more tradesmen will be diagnosed with silicosis.

“Most remain undiagnosed,” he said in a statement from the Royal Australasian College of Physicians (RACP).

“While 100 stonemasons have already been diagnosed in Queensland, there is likely to be several hundred, and possibly more than a thousand, affected workers across Australia.”



**PHOTO:** Dr Graeme Edwards demonstrating the type of mask he recommends for adequate protection for stonemasons. (ABC News, Michael Abbot)

Six medical bodies including the RACP, the Thoracic Society of Australia and New Zealand, and the Lung Foundation had called on both major parties to commit to a national taskforce and fund a respiratory disease surveillance and registry program.

The Federal Government announced today it will launch a national taskforce to help prevent potentially

Prof. Murphy chairs the Taskforce and two members of the RACP/AFOEM/TSANZ Accelerated Silicosis Lead Fellows Group have been appointed as members of the Taskforce by the Department: Dr Graeme Edwards and Dr Ryan Hoy. Other RACP members on the Taskforce include Prof. Fraser Brims and Prof. Christine Jenkins, both respiratory physicians.

“Most will be terminal in that five to 10, 15-year mark.”

In Queensland, there have been urgent audits of stonemason businesses to make sure unsafe work practices stop, and so far almost 600 improvement and prohibition notices have been issued.



**PHOTO:** Dr Edwards says this photo taken at Marble and Granite Specialists in October 2018 shows a concerning level of dust. (Supplier: Worksafe Health and Safety Queensland)

Dr Graeme Edwards, is the RACP spokesperson on accelerated silicosis and has recently been featured in ABC 7.30 on 16 September 2019 and ABC AM on 28 September 2019.

The RACP/AFOEM/TSANZ Accelerated Silicosis Lead Fellows Group continues to meet via videoconference on a monthly basis to provide updates on activities across jurisdictions and to drive the College's advocacy activities in this area.

While progress is being made, particularly in Queensland and Victoria, AFOEM and TSANZ remain concerned at the lack of urgency, coordination and collaboration resulting in a fragmented and inadequate response in some jurisdictions. The College continues to regularly engage with key stakeholders across jurisdictions about the urgent need to implement structured case finding activities focused on high risk workers and the need for a coordinated response across all regulators and government departments.

In August 2019, AFOEM led a submission to the 2019 NSW Dust Disease Review Scheme which focused specifically on the response to silicosis in the manufactured stone industry in NSW. A/Prof Deborah Yates and Dr Graeme Edwards represented the College at the public hearing for this inquiry on 16 September 2019. They reiterated our ongoing concerns with the NSW Government's current response to accelerated silicosis which were echoed by other experts appearing at the public hearing.

“My youngest patient is 23 years of age. I have patients who have to contemplate what are they going to say to their eight-year-old daughter at Christmas time because they are dying. This is a tragedy that should never have occurred and every case—over 166 now in Queensland; you heard this morning over 40 that you know about in New South Wales—is evidence of system failure in the work health and safety spectrum—failure.”

**Dr Graeme Edwards, occupational and environmental medicine physician, FAFOEM**

“I would like to emphasise the fact that we as physicians can provide expert advice but we as physicians cannot make the bureaucracy make things work and that is what is needed.”

**Dr Deborah Yates, thoracic medicine physician, FRACP**

Source: Transcript Public Hearing of the NSW Legislative Council Standing Committee on Law and Justice – 2019 Review of the Dust Diseases Scheme, NSW Parliament, 16 September 2019

The AFOEM President, Dr Beata Byok, also recently wrote to the South Australian Treasurer to raise our concerns with the SA Government's approach to tackling accelerated silicosis and request a meeting. This letter highlighted the need for the SA Government to make the consent process for future medicals simpler, review the low number of cases among the completed medicals and making the reporting of diagnosed cases mandatory.

In addition, AFOEM PAC is currently developing a scoping document to develop guiding principles for the clinical management of patients with medically unexplained symptoms (MUS). There is a high prevalence of sickness absence rates, longer duration of sickness absence and higher risk of dismissal for patients with MUS due to the high levels of disability amongst these patients. OEPs and other specialist physicians see a lot of these patients in their practice and many would not currently be equipped to provide them with the best care. This work will seek to address this gap.

AFOEM has also made submissions to SafeWork Australia's recent review of the Model Work Health and Safety Laws, to the Heads of Workers' Compensation Authorities on its draft Principles of Practice for Workplace Rehabilitation Providers and to the State Insurance Regulatory Authority's (SIRA) on health professionals and earning capacity decisions in the CTP scheme.

# Australasian Faculty of Public Health Medicine

The Australasian Faculty of Public Health Medicine (AFPHEM) has been active in policy and advocacy both within the College and externally, with state, national and global issues in our line-of-sight. Through our President and other influential Fellows, the Faculty continues to provide strong leadership on the College's advocacy on climate change and health (see page 18 for more details). In addition, the Faculty's Policy & Advocacy Committee (FPAC) has been revitalised this year, focussing on achievable projects and adding value to the AFPHEM Council's strategic plan and to the College as a whole.

## FPAC

At the time of writing, FPAC is finalising a statement about the role of public health physicians in the health system. In response to burgeoning pressure on health systems in both countries, this statement communicates the skill set of Fellows in system design, long-term strategy and structural reforms alongside the more familiar roles in health protection, health promotion and disease prevention. This statement will be endorsed for use by Council later in 2019. FPAC has also ensured it has capacity to contribute to the priorities identified by the College's Aboriginal and Torres Strait Islander Health Committee and the Maori Health Committee. FPAC has identified College policies due for review in order to strengthen partnerships within the College in policy development during 2020. Senior members of FPAC actively support early career Fellows as a commitment to positive generational change. The FPAC has also contributed its expertise to a wide range of external policy matters.

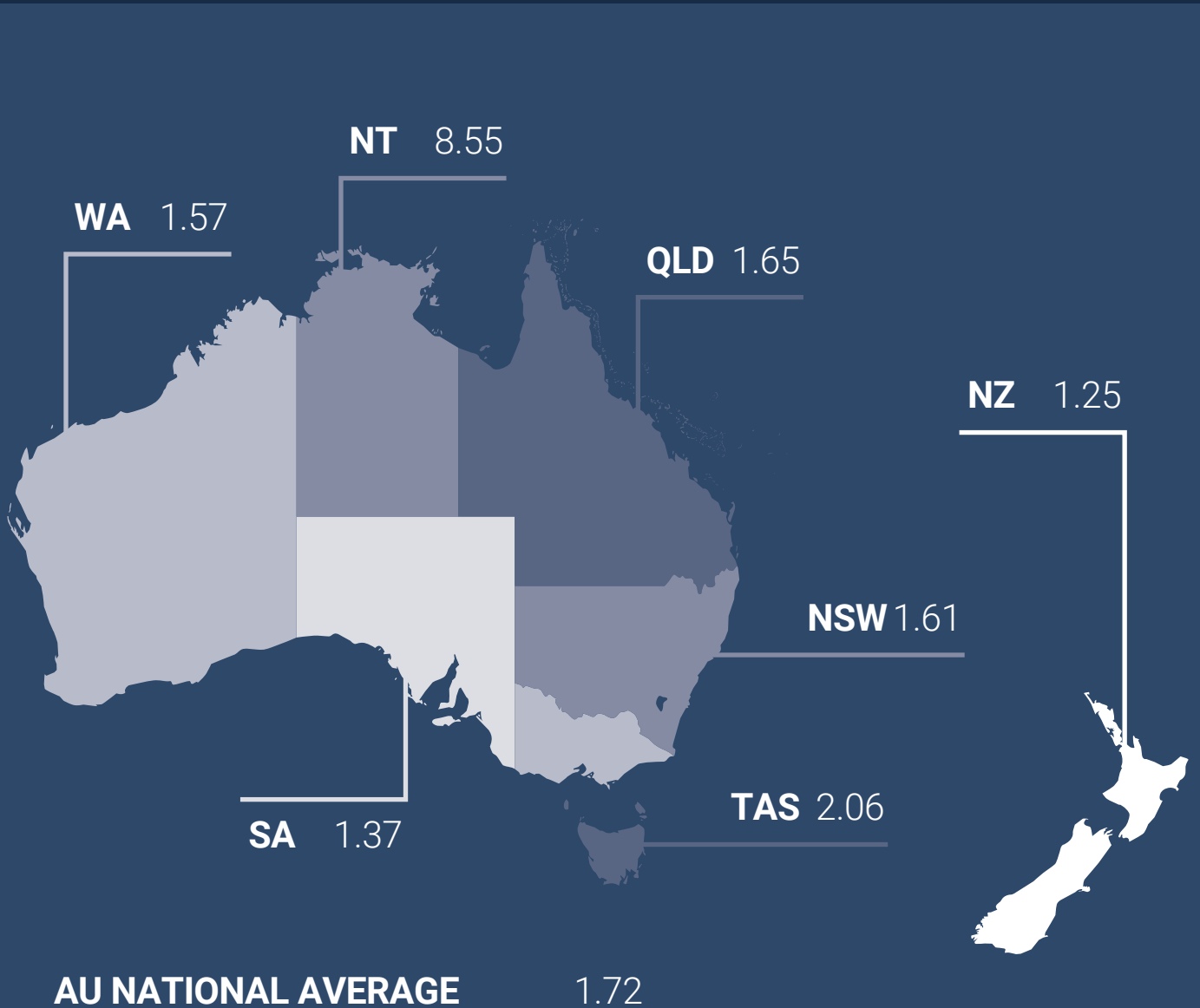
## AFPHEM Council

Council is active in policy and advocacy at national level including the Senate Inquiry into the Medevac repeal bill (see page 7 for more details), submissions into the drug and alcohol education program guidelines and the Pricing Framework for Australian Public Hospital Services 2020-21.

On Indigenous health, the Faculty continues to contribute to advocacy on the syphilis epidemic, and a range of submissions. The Faculty contributed expertise and content on special considerations in caring for Aboriginal and Torres Strait Islander women was added to the submission on pre-existing diabetes in pregnancy.

With respect to **state-based** issues, both Council and FPAC respond to priorities which have been expressed through AFPHEM Regional Committees and College State Committees. At the instigation of the WA AFPHEM Regional Committee, the Faculty provided input to the Climate Health Western Australia inquiry. The Faculty provided input to children's health matters through input to the Submission to the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill. Mental health was considered through two submissions to the Royal Commission into Victoria's Mental health system - the College's submission and endorsement of a joint statement from leading health organisations calling on the Royal Commission to consider LGBTI Mental health. Finally, health promotion was considered through input into a submission into the Parliament of New South Wales Joint Select Committee on Sydney's Night-time Economy in July 2019.

Extract from the Role of Public Health Physicians document - number of public health physicians per 100,000 population in each jurisdiction (as at 2019)



# Australasian Faculty of Rehabilitation Medicine



“Rehabilitation services for people with dementia have been overlooked.

There is increasing evidence of the importance of rehabilitation for people living with dementia. It is important that multidisciplinary rehabilitation be embedded in programs of dementia care.

Non-pharmacological interventions can delay functional decline and improve quality of life in people with dementia. A structured, multidisciplinary rehabilitation program allows specific symptoms to be addressed and identifies goals that are meaningful to the person.”

**From: RACP Submission to the Royal Commission into Aged Care Quality and Safety, November 2019.**

The Australasian Faculty of Rehabilitation Medicine (AFRM) has played a key role in the College’s responsive work this year in areas such as the Royal Commission into Aged Care Quality and Safety, continued work on the National Disability Insurance Scheme (NDIS) and climate change and health.

The Faculty is currently scoping the creation of a position statement on Bariatric Rehabilitation. The College has limited current positioning on bariatrics – most recently, the College Position Statement on Obesity included a section and a recommendation advocating that governments in Australia and New Zealand should provide equitable access to bariatric surgery in public hospitals for all suitable patients who have severe obesity.

The Bariatric Rehabilitation Position Statement Working Group will create a position statement based on up to date evidence and develop recommendations and define appropriate practice for physicians who specialise in bariatric rehabilitation medicine in Australia and New Zealand. The AFRM Faculty Policy & Advocacy Committee (FPAC) has selected lead Fellow Dr Peter Sturgess to progress this position statement.

The AFRM is also in the process of reviewing and updating existing policy documents. The Faculty has developed Terms of Reference for a Working Party to review and expand on the AFRM Position Statement on Patients with Multi-Resistant Organisms (MROs) in Rehabilitation Units. The position statement will develop a set of evidence-based guiding principles to assist in standardising infection precaution procedures to improve access to rehabilitation for people with MROs without compromising the safety of patients who do not have MROs.

The AFRM Position Statement on the Use of Stem Cells as a Therapy for Cerebral Palsy is also under review. Lead Fellow Dr Kim McClennan has completed the scoping document to identify the parameters of review. The working group will be established to identify any relevant new scientific literature and review the position statement.

# Regional Committees' advocacy highlights

The NSW/ACT Regional Committee has a focus on physician and trainee wellbeing, including calls for:

- Safe working hours
- Safe on-call hours
- Protected time for supervision and research
- Culture improvement
- Zero tolerance of bullying and discrimination.

The Committee provided detailed input to the development of the College's Physician Health and Wellbeing Strategy 2019-2021, based on the Committee's work on this subject for the 2019 NSW Election Statement.

Chair Dr Adrian Lee and the Director of Education, Learning and Assessment, Robyn Burley, attended a NSW Roundtable with the NSW Health Minister on 11 October where these issues were prominent.

The Victoria Regional Committee provided major input to the College's submission to the Royal Commission into Victoria's Mental Health System, based on the Committee's longstanding priority of improving mental health services, particularly in paediatric/young adult patients and people in disadvantaged areas or population groups.

The Committee also provided input into the College's submission to the Joint Standing Committee on the NDIS' inquiries into:

- General issues around the implementation and performance of the NDIS
- NDIS Planning.

The Northern Territory Regional Committee continues to advocate on alcohol (NT has the first minimum unit price for alcohol in Australia, a key recommendation of the RACP Alcohol Policy)

## NORTHERN TERRITORY ALCOHOL POLICIES AND LEGISLATION REFORM



.....

**“Booze should not be cheaper than water.”**

**Dr Rob Tait, chair of the RACP NT Regional Committee and specialist paediatrician.**

.....

The Committee has supported the NT Australasian Faculty of Public Health Medicine Committee’s advocacy for maintaining local training of public health physicians in the NT through a workforce planning strategic review.

The Western Australia Regional Committee has been engaging on the College’s integrated care work, including regular updates on the College model of care that is being finalised, “Complex care, consultant physicians and better patient outcomes: A new framework for physician engagement”.

The Tasmanian Regional Committee provided major paediatric input into the College’s submission to the Joint Standing Committee on the NDIS’ inquiries.

Workforce is a major priority for the Committee, especially in areas like occupational and environmental medicine. The Committee supported the College’s submission on the Health Workforce Planning Unit’s draft Workforce briefs (one per specialty). This is expected to form the basis of a strategic health workforce plan for Tasmania, Health Workforce 2040.

The Queensland Regional Committee has a strong focus on workforce, including via liaison with the College’s representative on the QLD Health Medical Advisory Workgroup.

Planning is underway for 2020 Queensland election advocacy, potentially including issues such as:

- Raising the age of criminal responsibility
- STIs in Indigenous communities
- Workforce maldistribution
- Children in out of home care
- The accelerated silicosis response.

The South Australian Regional Committee continues to engage with the Government and opposition on vaccination policy, including No Jab, No Play, in conjunction with the Paediatric and Child Health Division. This included a submission to the consultation of the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill discussion paper.

The Committee also developed a submission to SA Health’s draft Rural Medical Workforce Strategy, which will remain a major focus of the Committee’s advocacy.

They are also advocating with the Government for the reinstatement of ambulance cover for refugees.



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

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