

The College Policy and Advocacy Committee (CPAC) Guiding Principles are intended to inform decision-making around policy priorities and allocation of P&A resources.

CPAC Guiding Principles

The purpose of the College engaging in policy and advocacy (P&A) is to have a positive influence on the health system and health outcomes for all people. Although diverse in their practice, physicians all subscribe to a common set of fundamental values: promoting equity and access to healthcare, recognising the value of individuals and communities, basing policy and practice on evidence, and aspiring to the highest possible quality standards. The College P&A function enacts these values by bringing the breadth and diversity of physician perspectives and skills as medical experts into the health policy debate in an effective way.

These guiding principles are intended to inform decision-making around policy priorities and allocation of P&A resources. They are not rules but factors to take into consideration, acknowledging the many shades of grey around many topics. While these principles might serve as an early screening tool for simple matters, the College remains committed to open and transparent discussion and to tackling the difficult issues where appropriate.

The College's policy agenda is strategically focused around the following five criteria:

- 1. Does this issue align with identified College strategic priorities and the College vision for the health system as enunciated in the objects of the College constitution?
- 2. Is the College in a position to make a significant impact on this issue through engaging in and demonstrating thought leadership that effects change?
- 3. Is the topic of importance across the College?
- 4. Does the topic reflect members' fundamental values?
- 5. Is College involvement likely to lead to best possible outcomes for the health of the patients and/or populations?

The overarching strategy for College P&A is informed by evaluating the health system to identify gaps and issues where the College has the capacity for influence in order to shape the system, and advocate for system improvements. Within this framework, CPAC will clearly articulate strategic priorities as they relate to opportunities to influence and improve the health system and health outcomes for all people. How a topic relates to these priorities will be the primary factor for determining whether or not to proceed with a piece of work.

The following practical considerations will also be taken into account:

- Resourcing implications including opportunity costs
- Deadline / timeframes
- Is extensive consultation required?
- Who are the key stakeholders?
- For incoming matters, who is making the request? E.g. government, NGO, for-profit organisation, academic institution? Are Fellows involved?

The College will consider co-badging or endorsing documents or initiatives with external organisations including, but not limited to, specialty societies affiliated with the College. Typically this is appropriate when the topic is not contentious within the College. Consideration will be given to documents Fellows have been instrumental in developing.

Decision-making around P&A activity is devolved to College bodies where there are appropriate governance arrangements in place and the following criteria are met:

- It is a significant or strategically important policy initiative for that College body
- There are no substantial resource implications
- The topic is not contentious with capacity to cause divisions within the College

Considerations of Risk

The College will assess the risks involved in any policy and advocacy work, with particular consideration in the following areas:

Partisan politics: the College engages in advocacy that advances the physician view, regardless of party politics.

Commercial endorsements: advocating for commercial products or where there might otherwise be commercial interests involved is generally not appropriate unless there is a clear, evidence-based benefit to patients and communities.

Enhancing the College reputation: the College is highly regarded in the medical community, and strives always to uphold the highest quality standards in its policy and advocacy work. Caution should be used if considering advocacy that is outside the scope of expertise of its members and staff, or which stretches the College's internal resource capacity and which therefore may lead to low quality output.

Contentious issues: policy development and advocacy on divisive topics should strive to achieve a consensus College position. Contentious topics which create divisions within the College not be appropriate for the College to pursue.

Specialty-specific matters: Policy and advocacy matters that are relevant only to one specialty will usually be devolved to the relevant specialty society, depending on the system-wide implications of the issue(s) and relevance to other cross-College P&A initiatives (see co-badging, above).

Exclusion criteria

Risks to College not for profit status: Preservation of the College's not for profit status is important for meeting the objects of the College constitution, and particularly for the College's activities in supporting educational and research activities. Therefore the College has to avoid engaging in any advocacy that may put this not for profit status at risk such as advocacy on 'industrial' matters on behalf of its members. What constitutes an 'industrial' matter may be clear in some cases but may be a matter for case by case determination in consultation with College legal advisors in others.

One example of advocacy that is likely to fall under 'industrial' matters is advocacy related to physician remuneration (e.g. Medicare Benefits Scheme rebates on services provided by physicians). This is not the same as advocating for workforce planning strategies or models of service provision, which are a legitimate form of advocacy if there is evidence of benefits to patients or populations.

Exceptions to exclusion criteria: Notwithstanding the above exclusion and risk considerations, the College may have a justifiable public interest in engaging in advocacy on matters which have significant implications for medical education (through accreditation of training) or more generally for safety and quality in the healthcare system, even where there is an 'industrial' or 'specialty specific' element. This would include but not be limited to advocacy on capacity to train or strategies for reducing gaps in access to appropriate models of care, for instance through building up an appropriate workforce or through better health funding models.