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**RACP submission to Australian
Commission on Safety and Quality in
Health Care – Sustainable Healthcare
Module**

January 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community. Climate change and health is one of the RACP's priority policy areas and it has position statements on [Climate Change and Health](#), [Environmentally Sustainable Healthcare](#) and the [Health Benefits of Mitigating Climate Change](#). More recently the RACP commissioned a report - [Climate Change and Australia's Healthcare Systems – A Review of Literature, Policy and Practice](#), which was endorsed by nine other medical colleges.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Feedback on the Draft Sustainable Healthcare Module

Executive Summary

The RACP welcomes the opportunity to provide feedback on the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Draft Sustainable Healthcare Module (the Module).

RACP is committed to environmentally sustainable healthcare and is pleased to see an ACSQHC module focused on this which is premised on leading sustainable healthcare practices and aligned with Global Green and Healthy Hospitals. The Module will provide much needed guidance to enable health services to deliver sustainable healthcare.

The RACP feedback on the Module reflects the expert views of physician contributors. We respond as a medical member-based peak body and provide the feedback below.

Recommended areas of focus:

The Module must:

- Include actions to address cultural safety and the climate related healthcare needs of Aboriginal and Torres Strait Islander people, and community led engagement approaches to sustainability practices
- Specifically address partnerships for effective sustainable healthcare delivery
- Include prevention activities and outline programs that minimise low value care
- Integrate a clear health equity focus
- Acknowledge the long-term training needs of staff and be adapted as new research is released
- Consider engaging an independent accreditation agency to assess the Module and enable extensive feedback
- Include information and further advice on reporting frameworks and resources to support the health service.

The Module would also benefit from being reviewed by an independent accreditation agency.

Other suggestions

- Add the word 'environmental' before "sustainability" so that sustainability is not associated with financial sustainability.
- Remove the word "reduce" on page 11 of the document as this term could imply that organisations should reduce their environmental sustainability efforts.

Introduction

The College works closely with experts from across our membership on climate change and health policy, advocacy, and educational resource development. Creating a climate resilient health system requires an understanding of the direct impacts on health service delivery as well as impacts on population health.

Evidence demonstrates that a low carbon and environmentally sustainable health sector would deliver demonstrable economic, social and environmental benefits for Australia. There is also substantial evidence that strategies to reduce greenhouse gas emissions result in significant co-benefits to health, when designed well.

The RACP believes that each health service has a responsibility to deliver sustainable, adaptable and resilient healthcare. The Module will provide much needed guidance for health services to deliver sustainable healthcare and enable health services to be assessed against the Module as part of their routine assessment process.

The RACP suggests that the Module could be strengthened by adding specific examples of key actions and resources to help guide organisations and monitor their progress. While the Module provides a sound approach, expanding on this and providing further detail and examples will ensure that health organisations are well equipped to implement change. An accompanying online course to explain the module would also assist with improving climate literacy and workforce capacity and encourage uptake of the module.

The RACP offers the following suggestions below to strengthen the Module.

The Sustainable HealthCare Module must address cultural safety and the climate related healthcare needs of Aboriginal and Torres Strait Islander people

Healthcare services must not only be sustainable, adaptive, and resilient, but also culturally appropriate and safe. Aboriginal and Torres Strait Islander people experience higher rates of climate related health conditions¹ and this is expected to increase. Cultural practices tied to land will be impacted by rising temperatures and sea levels, directly impacting the spiritual and mental wellbeing of Indigenous communities.²

Indigenous knowledge must be embedded in all policy and sustainability practices. The Module needs to recognise the ongoing impacts of colonisation and dispossession and the right to self-determination. Aboriginal and Torres Strait Islander peoples know 'what is best for their Country'³ and it is essential that environmentally sustainable healthcare solutions are community led and harness local knowledge.

Establishing genuine partnerships with Aboriginal and Torres Strait Islander peoples and their representatives and involving Indigenous peoples in leadership, decision-making, and management roles has been shown to improve outcomes through Indigenous empowerment and control.⁴ Community led partnerships are needed to develop appropriate, sustainable, and effective health systems and services.

[Climate change represents another element of colonisation and failure to respond perpetuates and exacerbates systemic injustice.](#) Aboriginal and Torres Strait Islander peoples have cared for and been connected to Country for over 65,000 years, and have developed biocultural knowledges "...through learning, monitoring, recording, and communicating relationships observed within ecosystems between humans, plants and animals. Knowledges manifest in traditional language, cultural protocols and spiritual totemic relationships to plants and animals."³

¹ [Standen JC, Spencer J, Lee G, Buskirk JV, Matthew V, Hanigan I, Boylan S, Jegasothy E, Breth-Petersen MB, Morgan GG. Aboriginal Population and Climate Change in Australia: Implications for Health and Adaptation Planning. 2022.](#)

² [The Lowlita Institute. Close the Gap Campaign Report. 2021.](#)

³ [The Lowlita Institute. Climate Change and Aboriginal and Torres Strait Islander Health. Discussion Paper. 2021. p:10.](#)

⁴ [Roach P, McMillan F \(2022\) Reconciliation and Indigenous self-determination in health research: A call to action. PLOS Glob Public Health 2\(9\).](#)

The Module must include an action focused on Indigenous, community led engagement approaches to sustainability practices.

A partnership approach is needed for sustainable healthcare delivery

To deliver sustainable healthcare, it is critical that engagement occurs with a broad range of stakeholders, and that partnerships are formed with sectors outside of health including energy, transport, planning and local government.⁵ Utilising common language such as that found in the [Australian Glossary on Health and Climate Change](#) will help bridge the gap with any knowledge silos and improve collaboration.

To support the facilitation, shared actions and capacity of these partnerships, a framework can be implemented that clearly articulates each partner's role and responsibility.⁶ Having roles clearly outlined assists with communication and delivery of outcomes and improved collaboration across sectors.

Partnerships for effective sustainable healthcare delivery should be specifically addressed in the Module.

Prevention activities and better value care underpin effective environmentally sustainable healthcare delivery

The Module needs to address the contribution of population health strategies, primary prevention, early intervention and better value care more explicitly. Prevention and early intervention must underpin all sustainability practices. Primary prevention activities are cost effective and avoid overuse of scarce health care resources.

Low and no-value care is estimated to make up 40% of total healthcare in Australia, including over testing, overdiagnosis, and overtreatment.⁷ This contributes to an avoidable increase in the health system's carbon footprint as well as adverse health impacts. Implementing programs across health systems that minimise low value care such as the [RACP EVOLVE](#) program can yield sustainability benefits.

The Module should include prevention activities and outline programs that minimise low value care.

Health equity must underpin all environmentally sustainable healthcare practices

The impacts of climate change will not be felt equally. Research shows that the impacts of climate change will disproportionately affect certain groups such as people with pre-existing conditions, older people, people with a disability and Aboriginal and Torres Strait Islander people.⁸

With increasing demands on regional services and a reduced workforce, combined with disruptions to Caring for Country, climate change is exacerbating existing health inequities for Aboriginal and Torres Strait Islander People.³

⁵ [Deeble Institute Issues Brief. Transforming the health system for sustainability: environmental leadership through a value-based care strategy. 2021.](#)

⁶ [CAHA. National Strategy on Climate, Health and Wellbeing for Australia. 2017.](#)

⁷ [Barratt AL, Bell K, Charlesworth K, McGain F. High value health care is low carbon healthcare.](#)

⁸ [CAHA. Healthy, Regenerative and Just. 2021.](#)

Improving health equity and addressing the social determinants of health are climate-health mitigation and adaptation solutions. Addressing [social determinants](#) improves health, which [reduces demands on the healthcare system](#), particularly at the very high-emissions tertiary end.

This can significantly impact emissions, given that [alongside pharmaceuticals, hospitals contribute the largest share of the health sector's carbon emissions](#). Improving social determinants also improves the adaptive capacity and health resilience of populations, which bolsters the resilience of the healthcare systems that they rely on.

Health equity in Australia cannot be achieved without Aboriginal and Torres Strait Islander self-determination.

The Module must clearly integrate a focus on health equity.

Capacity development is integral to effective environmentally sustainable healthcare delivery

Health professionals need to be equipped with information, tools and resources to support them to anticipate, prepare for and respond to the health impacts of climate change. The RACP is pleased to see that the Module includes training and climate literacy for staff. It is important that training is adapted to the long-term training needs of staff and as new research is released so that the organisation can be reactive and responsive.

While the Module supports the implementation of sustainability strategies, health services would benefit from clear step by step guidance on how to do this effectively. Health services would also benefit from having access to the range of resources available from [Global Green Health Hospitals](#) and connecting with other professionals working in this space. In addition, Doctors for the Environment have recently released [Green College Guidelines](#) aimed at Reducing the Environment Impact of Medical Colleges, Specialties, Societies, Councils, and Associations.

The Module must include a long-term plan for training staff that is adaptable as new research is released.

Monitoring and assessment is needed for continuous system performance

Initial assessment and ongoing monitoring are essential components in driving change and knowing if interventions have been effective.

At the outset, when developing a sustainability initiative, it's important to have clear goals and measures, and to understand the likelihood of success. The NHS implemented the [Sustainability Model](#), a diagnostic tool, to identify the strengths and weaknesses of a project. Incorporating diagnostic tools such as this into the Module will help health care professionals better plan their sustainability projects and improve the likelihood of success.

While the accompanying document 'Review of Sustainable Healthcare' refers to existing quality improvement projects, the Module would benefit from referencing the [Sustainability in Quality Improvement \(SusQI\)](#) to guide organisations. This is a recognised method for embedding sustainability into quality improvement, social and environmental challenges in healthcare and assesses quality and value through the lens of a 'triple bottom line'. The [Centre for Sustainable Health](#) has developed resources supporting this approach.

The capacity for the Module to address the key sustainability and climate-resilience concerns is contingent on the health service organisations being compelled to action. The RACP would encourage the Module being shared for information and comment to accreditation bodies such as the Australian Medical Council. This will help in recognising the importance of including environmental sustainability in accreditation standards and encouraging uptake of the Module. However, organisations will require committed and sustained funding to implement climate

mitigation and adaptation measures, and this must be taken into consideration when mandating standards.

The Module would benefit from being reviewed by an independent accreditation agency. If mandated, this will ease the transition to accreditation standards.

The Module should incorporate monitoring and assessment criteria and acknowledge the need for resources to support the health service sustainability efforts.

Conclusion

The Module is an important initiative and the RACP looks forward to seeing the final version. The Module will be useful to health organisations seeking to deliver sustainable healthcare as well as to education bodies when preparing and educating healthcare practitioners in this area of their professional responsibility.

Thank you for the opportunity to provide feedback. Should you require any further information about this submission, please contact Jessica Blanchard, Policy & Advocacy Officer, at Policy@racp.edu.au