



RACP
Specialists. Together

EDUCATE ADVOCATE INNOVATE

REPORT OF MAY 2019

College Policy & Advocacy Council

Email: cpac@racp.edu.au

Website: www.racp.edu.au/advocacy





CONTENTS

Introduction	1
College Policy & Advocacy Council Advisory Committee.....	2
Australian Election Statement 2019	3
Accelerated Silicosis	5
Integrated Care	7
Out of Pocket Costs	9
MBS Review	11
Climate Change & Health.....	12
Indigenous Strategic Framework	14
Evolve.....	16
Digital Health	17
Obesity	19
Harms of Alcohol	21
End-of-life care.....	23
Voluntary Assisted Dying	25
Refugee and Asylum Seeker Health	26
Disability and the NDIS.....	27
Aboriginal and Torres Strait Islander Health Committee.....	28
Māori Health Committee	30
New Zealand Policy & Advocacy Committee	31
Paediatric and Child Health Division.....	32
Adolescents and young adults medicine	34
Adult Medicine Division.....	35
Australasian Chapter of Addiction Medicine	36
Australasian Chapter of Palliative Medicine	37
Australasian Chapter of Sexual Health Medicine	38
Australasian Faculty of Occupational and Environmental Medicine.....	40
Australasian Faculty of Public Health Medicine.....	42
Australasian Faculty of Rehabilitation Medicine.....	43
Regions & Territories	44



College Policy & Advocacy Council

Introduction

The College Policy & Advocacy Council (CPAC) bi-annually brings together the Colleges' range of specialties, Indigenous representations, regional perspectives and expert individuals as a collective of 27 members to discuss, debate and decide the College's direction and strategies for health policy and advocacy.

CPAC builds a network across the College, supporting specialty and region led activities. Through the P&A Unit it engages with the wider membership for input to development of policy and advocacy outputs and activities, without which CPAC and the College could not achieve the many great successes it has to date.

CPAC's Advisory Committee (CPAC AC) provides critical analysis and decision-making of cross-College health policy and advocacy via a rapid response framework. This 9 member group, highly experienced in health policy, assists the College in maintaining a reputation as one of the leaders for health policy advice to Government and other health organisations.

The hard work of the members is what leads, develops and delivers the College's policy and advocacy; through a College Body or as individuals. 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.

I congratulate you all, CPAC members and every individual member who helped develop these impressive achievements.

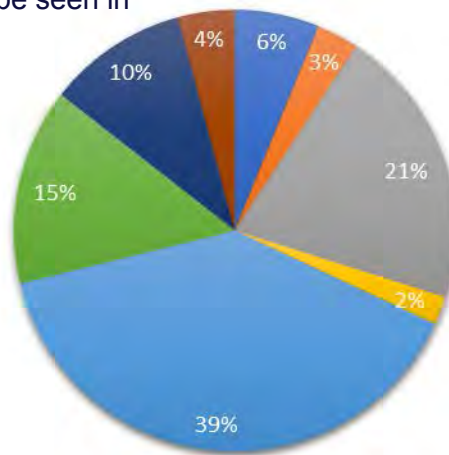
Niki Ellis
Chair, CPAC



CPAC Advisory Committee

During the six-month period between November 2018 and April 2019, CPAC Advisory Committee considered a total of **97** matters. The split of these matters and comparison against previous reporting periods can be seen in the table and pie chart below.

20 of the noting matters were delegated to/led by a College body



'It has been a great pleasure and privilege getting to know you all and the fine work you all do upholding the values of the medical profession and the social contract we have to demonstrate professionalism within our community'

Sophie Couzos – past CPAC AC member

- Go:
- No Go:
- Approvals:
- Decision:
- Noting:
- Endorsement:
- Appointments (external):
- Appointments (internal):

	<i>Nov 2018 – April 2019</i>	<i>April 2018 – Oct 2018</i>	<i>Oct 2017 – March 2018</i>
Total matters sent to CPAC:	97	117	104
Go:	6	13	7
No Go:	3	4	4
Approvals:	20	43	52
Decision:	2	3	1
Noting:	38	28	24
Endorsement:	14	12	7
Appointments (external):	10	12	8
Appointments (internal):	4	2	0
Nominations (from CPAC):	0	0	1

Australian Election Statement 2019

Election Statement 2019

The College plays an active role in election campaigns on both sides of the Tasman by advocating for policies explicitly designed to improve health outcomes for our communities. As part of its 2019 Australian election campaign, the College developed the *Australian Government Election Statement 2019: Future-proofing the healthcare system*.

The Statement offered an opportunity to strategically position the College in the national health and social policy space and articulate a clear and coherent vision of what the College sought from the incoming Australian Government.

The Statement set out key recommendations for futureproofing the Australian healthcare system, organised into the three priority areas of **sustainability, prevention and equity**. Recommendations included in the Statement form a virtuous circle: they work to reinforce each other and amplify the overall benefits to the healthcare system and the community.



Member Campaign

In addition to the Election Statement, the RACP prepared a suite of advocacy assets designed to help members to engage in a coordinated campaign in the run-up to the 18 May 2019 election.

The advocacy assets focused on policy areas that clearly demonstrate the linkages between prevention, sustainability and equity and that would deliver exponential health and social benefits to the community. Assets included discrete sets of easy-to-use materials such as fact sheets, templates of letters to Members of Parliament and media and social media kits. The materials covered:

- the interrelationships between the three priority areas that fall under the banner of Future-proofing the healthcare system
- childhood obesity that represents the priority area of prevention
- climate change and health that correspond to the priority area of sustainability and
- Indigenous health that falls under the priority area of equity.

The College has used a variety of communication channels to alert members to the Statement and the accompanying advocacy materials and encourage them to participate in the RACP-branded election campaign. A President's message, Chapter and society mailouts and a press release have been used to raise the awareness of the campaign. The RACP Twitter account has been active in spreading key messages to members, politicians, public health bodies and other stakeholders.

The campaign has already met with support from members who are distributing advocacy materials through a variety of channels. Members have commented on both the compelling content of the Statement and the user-friendliness of advocacy materials. The College has also received several positive comments from external stakeholders and the campaign and its impacts are expected to intensify as the election day approaches.

In its first week, the campaign generated positive media coverage including:

- an extensive article in Pulse+IT that referenced “excellent suggestions about preventative health and financial levers for improving chronic disease management and the obesity crisis” and discussed the College’s recommendations on volumetric alcohol taxation, a tax on sugar-sweetened beverages, the establishment of a national preventative health agency, improving integrated care, extending access to the Practice Incentives Program (PIP) to specialists and reforming telehealth, and
- an article in AusDoc.Plus that spotlighted the calls for specialist access to PIP and for reform of the funding models to ensure comprehensive care for patients with multimorbidities.

The Statement and the accompanying materials will continue to serve the College and its members well beyond the election day as the RACP begins to engage with the incoming government and the new parliament.



Follow

A tax on sugary drinks hits the sweet spot for childhood obesity intervention. Let's
[#ActNowObesityAU](#) [#TaxSugaryDrinks](#)
[#TaxSSBs](#) [@CatherineKingMP](#) [@GregHuntMP](#)
[@TheRACP](#) [@AcademyCAH](#)

Read our 2019 Australian Government Election Statement here: bit.ly/2Phtj0i



6:47 PM - 29 Apr 2019



Accelerated Silicosis

“From a clinician's perspective this is worse than asbestosis, because asbestosis affects people at the end of their working life and into their retirement - where this particular disease is affecting young workers, people with dependent children, with wives and a whole working life expectation before them.”

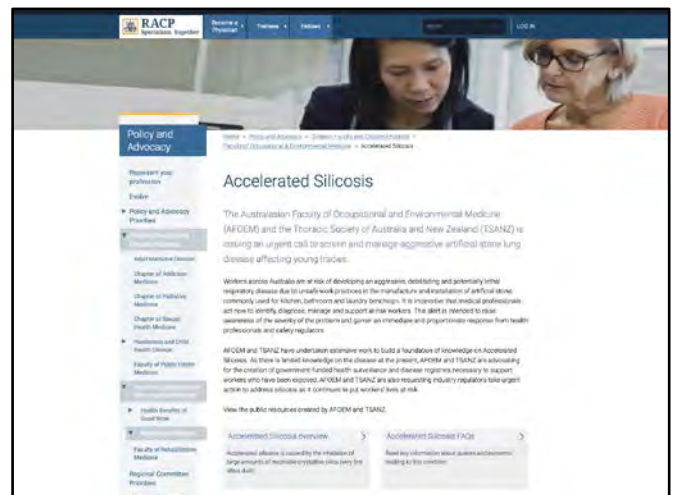
**Dr Graeme Edwards, FAFOEM,
Occupational and environmental physician**

The College's advocacy on accelerated silicosis is jointly led by Fellows from AFOEM and the Thoracic Society of Australia and New Zealand (TSANZ). It calls for urgent nationally coordinated action to address the recent epidemic of accelerated silicosis amongst workers in the engineered stone industry.

In 2016, the first index case of artificial stone silicosis in a patient with a history of working with artificial stone benchtops was identified in New South Wales. This patient was so severely affected that lung transplantation was soon required. Other cases were identified amongst similar workers; respiratory physicians who are members of TSANZ collated such cases and published a 2018 case series notable for the fact that the patients all had severe progressive disease.

This concern was confirmed in September 2018 when health surveillance of workers cutting and polishing artificial stone benchtops in Queensland found that 12 of 35 workers from just two businesses had a severe and rapidly progressive type of silicosis known as accelerated silicosis.

To raise public awareness of this issue, expert Fellows did exclusive interviews with ABC's 7.30 Report in October 2018. When the story went public, the Health Minister announced that he would raise the issue at the Council of Australian Governments Health Council (CHC) meeting which was held just two days after the report aired. CHC committed to a review of standards governing the artificial stone benchtop industry and to examining the establishment of a national dust disease register for workers. To recognise the Government's swift response, the RACP issued media releases welcoming both these developments, further enhancing the relationship.



During that time, the RACP and AFOEM also jointly produced resources hosted on a dedicated RACP website page providing information on accelerated silicosis for medical professionals.

In November 2018, AFOEM and TSANZ were asked by the Australian Chief Medical Officer (CMO) to develop a proposal for a

national occupational lung disease register to be discussed at the meeting of the Australian Health Ministers' Advisory Council's (AHMAC) Clinical Principal Committee on 7 February 2019. As a result of this meeting, the RACP and TSANZ have been advised that the committee decided that Safe Work Australia would be tasked with undertaking a feasibility study for the register although to date, this has not yet been progressed.

In January 2019, the Minister for Jobs and Industrial Relations, the Hon Kelly O'Dwyer MP, sought advice from AFOEM and TSANZ Lead Fellows on how workers are tested and what activities are taking place across jurisdictions.

While progress has been made in some jurisdictions, AFOEM and TSANZ remain very concerned at the lack of urgency, coordination and collaboration between jurisdictions resulting in a fragmented and inadequate response. In March 2019, the College sent a letter to all relevant Commonwealth, State and Territory Ministers cosigned by the RACP President, President of AFOEM and President of TSANZ to call on the Commonwealth to urgently sponsor and establish a Dust Disease Taskforce to coordinate a national response to the accelerated silicosis epidemic and to urge State and Territory Governments to fully support this proposed taskforce.

As a result of advocacy by AFOEM and TSANZ, both major parties have now committed to the proposed Dust Diseases Taskforce and to establishing a national dust diseases registry, though further details on funding and implementation are needed.

Silicosis death dust audit reveals 'major epidemic worse than asbestos'

Exclusive by state political reporter Allyson Horn
Updated 21 Feb 2019, 2:34pm



PHOTO: Gold Coast stonemason Anthony White was diagnosed with silicosis in 2017. (Supplied: Shine Lawyers)

Support from the P&A Unit and TSANZ Chief Executive Officer in briefing advisors to the Health Minister and Shadow Minister was critical in achieving this outcome.

Lead Fellows from AFOEM and TSANZ continue to work closely to advocate for urgent, effective and coordinated action from Australian Governments and regulatory authorities on this issue.

Integrated Care

Integrated Care has been a College priority since 2014, because better integration of care should drive future health reform policy. Integrated care has the potential to increase patient-centred care, drive efficiencies in the health system and offer more clinician job satisfaction, working at top of scope. Active College involvement in the design of integrated care-based health reform is essential to influence what is introduced to better integrate consultant physician/specialist services.

Reorientation of the healthcare system is required to meet contemporary needs and emerging challenges. Maintaining the status quo and tinkering around the edges of system reform will not provide the future-proofed health system that Australians expect and deserve.

**Alison Verhoeven Chief Executive AHHA
The Health Advocate - Issue 52 / April 2019**

The role of the consultant physician/specialist has often been under-recognised both in the treatment and management of complex care patients and in the design of integrated healthcare models, such as Health Care Homes and GP centric MBS item changes. The need for higher level complex care to be provided on a more permanent basis requires more opportunities for specialists to collaborate with GPs in an ambulatory care setting, through actual physical spaces for devolved hospital services or virtual collaborations supported by technology.

I think there is a place for the 'third space' and I like that it is conceptually the patient's space. I think this is very valuable work completed with integrity.

**Carol McAllum | MBBS(Syd) FRNZCGP MPC
FACHPM | Strategic Clinical Director –
Integrated Palliative Care, Mercy Hospice,
Auckland | RACP Fellow**

The Integrated Care Sub-group of the Health Reform Reference Group, co-led by Dr Tony Mylius and Associate Professor Nick Buckmaster, is delivering on the objectives of the approved Integrated Care Advocacy Strategy. The Integrated Care Sub-group has now developed a model of integrated chronic care management to manage and treat patients with chronic multi-morbidities. This is described in RACP Complex care, consultant physicians and better patient outcomes: A new framework for physician engagement April 2019. It is based on overcoming two key needs for patients with chronic, complex and multiple conditions:

1. More effectively providing the substructure for specialists to diagnose, treat, co-manage care for these patients;
2. Creating direct connecting pathways for specialists to work in community-based ambulatory settings.

There seems to be a mistaken view that the aim of "keeping patients out of hospital" is somehow an end in itself. I don't believe it is. Our model must include (and I think the summary does cover much of this)

1. *Assessing needs and*
2. *providing care in the most appropriate location (a better articulation of the goal than preventing admission)*
3. *Assessing the right outcomes to show this is being achieved is also critical to care integration.*
4. *Ensuring Research and Service Development milestones can be met and do not work against demonstrating efficacy, effectiveness etc*

**Meg Sands, Palliative Medicine, Senior
Staff Specialist, Prince of Wales Hospital,
RACP Fellow**

The characteristics of the Model of Chronic Care Management are:

- Patients are treated by a multidisciplinary team of clinicians.
- The model is self-contained and operates outside the Activity Based Funding system for public hospitals and MBS system, through a pooled fund, managed jointly by localized PHN/LHN/ACCHO Steering Committees.
- The multidisciplinary team are compensated through retainer fees under a non-FFS arrangement, that fosters a stronger care partnership with fewer confounding disincentives.
- It is overtly more patient centred.
- The focus is on the treatment of ambulatory care sensitive conditions (ACSC), applying risk stratification and a prevention orientation to reduce hospital admissions (potentially preventable hospitalisations, readmissions, inter-hospital transfers), and enable more specialist care outside of hospitals.

I cannot voice my support for this initiative enough!

Feedback from Thoracic Society – individual not identified

A number of revisions and improvements have been made based on internal consultation, including highlighting the role of the Aboriginal Community Controlled sector as an exemplar of integrated care for several decades.

The paper to date has been warmly received by the Australian Healthcare and Hospitals Association, (which has invited RACP to write one of the AHHA's issues papers for publication), the Department of Veterans'

Affairs, the Heart Foundation, and the Department of Health as part of Policy and Advocacy pre-election 'canvassing' talks. Three case studies have been developed.

The Integrated Care Sub-group has identified that community-based specialists should also be supported by comparable practice incentives (via the MBS system) such as those available to GPs to fund, among other things, their participation in interoperable practice management software, including My Health Record and other communications systems, use of community practice nurses and to be able to contribute to chronic care management plans.

The RACP election statement and pre-budget submission 2019-20 recommends the Australian government invest in a two-year trial of a model/s of integrated care. The Integrated Care Subgroup has specific interest from four health care services to be 'proof of concept' sites. These are: Western Sydney PHN, Inala Primary Care, Melbourne Collaborative, Calvary Hospital (ACT) and the Queensland Health Department.

There is potential for the development of 'accreditation' and CPD programs for more integrated approaches to chronic care in the community, to accredit medical practitioners, including GPs with special interests, to work within this Model of Chronic Care Management.

Out of Pocket Costs

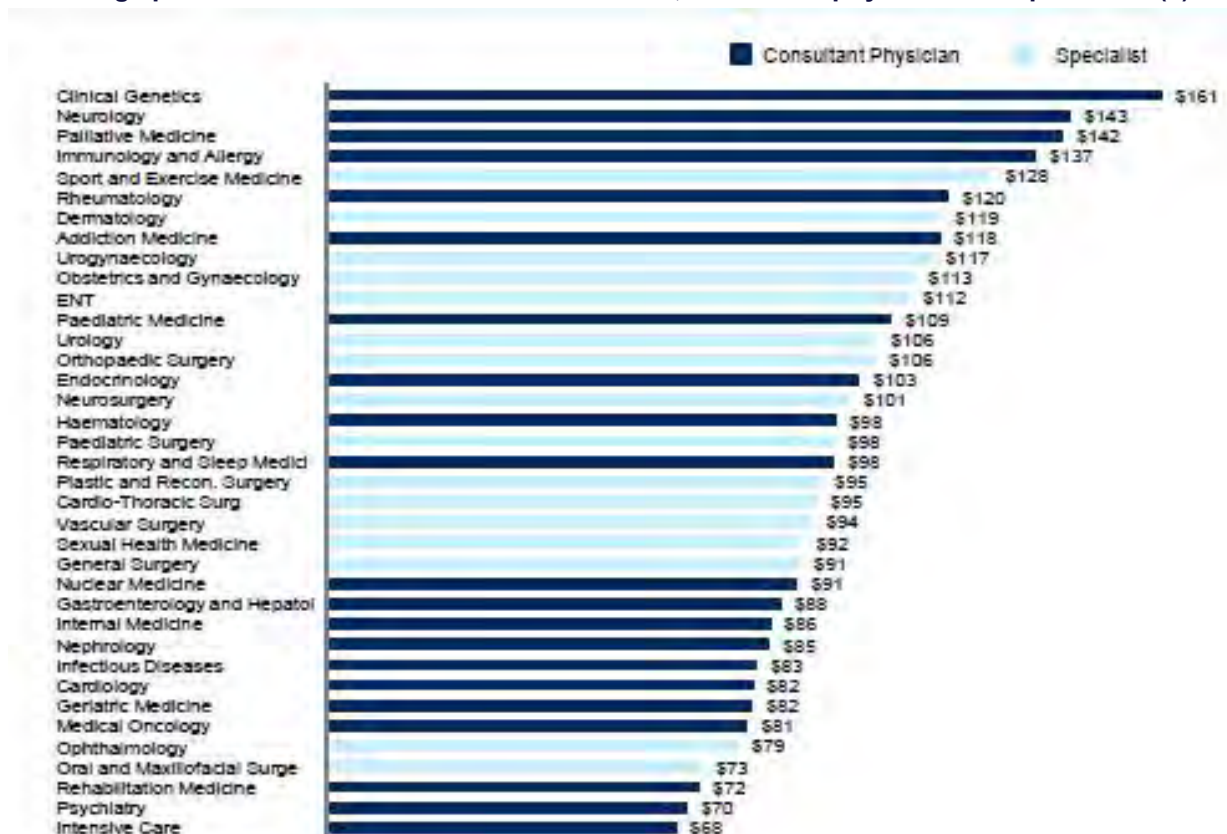
The Ministerial Advisory Committee into out of pocket costs (OOP costs) was established on 2 January 2018 to provide advice to the Federal Health Minister on possible reforms covering:

- Best practice models for the transparency of in-hospital medical out-of-pocket costs, and associated medical services in the community;
- Legislation and regulatory barriers to consumer transparency of out-of-pocket medical costs;
- The implementation of best practice models; and
- Other related issues as directed by the Minister.

On 2 March 2019, the report of the Ministerial Advisory Committee was publicly released along with a media statement from the Minister for Health. The Minister of Health committed the government to implementing the report's recommendations, namely;

- 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. The website will initially focus on fees for gynaecology, obstetrics and cancer services.
- To make available existing de-identified data showing the range of fees and related out of pocket costs charged by

Average patient OOP cost for an initial attendance, consultant physicians vs specialists (\$)



SOURCE: Medicare 2016-17

Statistics from draft report of the Specialist and Consultant Physicians Consultation Clinical Committee of the MBS Review Taskforce on consultant physician and specialist OOP costs



specialists for particular MBS items.

To fund an education initiative to increase the understanding of medical out of pocket costs among consumers, their families and GPs

On 7 March 2019, the RACP released a media statement providing in-principle support for the proposed development of a national searchable website on the costs of specialist services. Since then, the Out of Pocket sub-group of the Health Reform Reference Group has met to consider these proposals. While supporting the recommendations of the Committee, the sub-group does not think the proposals go far enough and is developing a set of additional recommendations to address the problem of high OOP costs which will soon be circulated for internal College consultation.

Recent developments

The recent Federal Budget has allocated \$7.2 million for the development and promotion of the website. On 4 April, the Australian Labor Party pledged \$2.3 billion over four years to address out of pocket costs associated with cancer treatment, including by providing funding for free medical scans and creating a new bulk billed consultation item that could be used by specialists treating cancer patients. The RACP issued a media release welcoming this announcement.

MBS Review

In February 2019 the RACP was invited to comment on the following clinical committee and reference group draft reports of the MBS Review Taskforce

- Optometry
- Pain management
- **Specialist and Consultant Physician Consultations**
- Thoracic Surgery
- **Aboriginal and Torres Strait Islander Health**
- Allied Health
- Mental Health
- Nurse Practitioner
- Participating Midwife

The draft report of the Specialist and Consultant Physician Consultations clinical committee in particular, contains among the most significant proposals for change to the way Medicare rebates would be provided for consultant physician and specialist services since the introduction of the complex plan items 132 and 133 in November 2007. Among the most controversial of the recommended changes are the replacement of standard attendances with time-based attendance and the abolition of the complex plan items.

The draft report of the Aboriginal and Torres Strait Islander Health reference group is also significant because of its proposals for expanding access to bulk billed allied health services provided to Aboriginal and Torres Strait Islander people and enabling these services to be provided as culturally appropriate group services.

All reports were circulated among relevant specialty groups of the College but given the high associated sensitivities the P&A Unit

has prioritised developing a College submission to the ones in bold.

Both these reports have external deadlines of **17 May**. The other reports have been deferred to relevant specialty societies (and there was little to no interest in a College response to the other reports in any case).

As the Specialist and Consultant Physician Consultations report has garnered significant interest among members, P&A have been consulting widely through College internal communications. In particular, an 'e-blast' was sent out to all Australian Fellows and trainees of the College on 11 April with a link to an online survey with 18 questions to elicit their views on recommendations of the Specialist and Consultant Physician Consultations draft report. The deadline for the survey is 30 April.

MBS Review Taskforce Report on Specialist and Consultant Physician Consultations

Introduction

The purpose of this survey is to seek your views on selected draft recommendations of the Specialist and Consultant Physician Consultation Clinical Committee of the MBS Review Taskforce (the Committee) to inform the RACP's submission. Please submit your response by **30 April 2019**

Note that these are only draft recommendations and there is a lengthy consultation process in place before any of these recommendations would be adopted as government policy:

i) Feedback provided by 17 May (the deadline for submissions) will be reviewed by the Specialist and Consultant Physician Consultation Clinical Committee which will then decide whether any changes to recommendations are required, before presenting its final report to the MBS Review Taskforce. ii) The MBS Review Taskforce will then determine whether to endorse the Committee's report for consideration by the government of the day. iii) The government would then need to decide which, if any of the recommendations, to accept.

There are a total of 18 questions and the survey should take you no more than 30 minutes to complete.

Please note that there are a total of 19 recommendations, some of which are very detailed and this survey does not attempt to cover all of them or all of the details. We recommend that you review the full draft report which can be accessed [here](#).

Please also note that we have identified some recommendations in the report which are insufficiently detailed (in particular, those relating to the establishment of a minimum data set including data on clinical outcomes in a consultant physician context). These recommendations will not be covered in the survey but the College Policy & Advocacy Unit has identified these as areas it intends to comment on as needing further development by the Committee.

if you would prefer to feed back your comments directly or if you have any questions please email raccpconsult@racp.edu.au

HOST

Responses to the Specialist and Consultant Physician Consultations and Aboriginal and Torres Strait Islander Health draft reports are under development at the time of writing.

Climate Change & 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 landmark report from the Intergovernmental Panel on Climate Change (IPCC) released in October 2018 called for urgent and large-scale action to reduce emissions by 45 percent by 2030 and to net zero by 2050 so as to limit global warming rises to 1.5 °C, preventing catastrophic climate change.

The College's 2019 Pre Budget submission and Australian Commonwealth Election Statement drew attention to this urgent need for change and highlighted the importance of measures to tackle climate change, obesity and chronic illness for building a sustainable healthcare system. Climate change was also a focus of the member election advocacy kit, including a fact sheet, template letter to candidates and social media champions kit.

 **The RACP** @TheRACP · Mar 26
We're calling on the Aus Gov to prioritise the issues of [#childhoodobesity](#) and the health impacts of [#climatechange](#) in the upcoming [#budget](#), to secure a financially and environmentally sustainable health system. bit.ly/2OrJKXn
[#auspol](#) [#Budget19](#)



  1  2

 **The RACP** @TheRACP · Mar 24
We support the [@DocsEnvAus](#) campaign 'No Time for Games', that is calling on the Australian Prime Minister and Opposition Leader to take urgent [#climateaction](#) to protect children's health and that of future generations. [#climatechange](#) [#notimeforgames](#)

 **Doctors for the Environment Australia**
We don't have time for games! We need to protect children's health in this changing climate.
notimeforgames.nationbuilder.com

  9  13

In February 2019, the College endorsed the Doctors for the Environment Australia's 'No Time for Games' campaign, calling for climate action to protect children's health. In March 2019 the College endorsed a letter from the Climate and Health Alliance calling on all political parties to implement a national strategy on climate change and health and supporting a sustainable health sector. Letters to two key superannuation funds to advocate on divestment from fossil fuel industries were also sent in March.

*The carbon footprint of the Australian health sector has been estimated at **7%** of Australia's total*

In April, RACP representatives met with Department of Health Secretary, Glenys Beauchamp, Chief Medical Officer, Professor Brendan Murphy, Shadow Minister for Climate Change and Energy, the Honourable Mark Butler and CEO of the Australian Healthcare and Hospitals Association, Alison Verhoeven.

The Federal Government has recently committed additional funding towards climate change mitigation. The Federal Opposition has committed to implementing a national strategy on climate change and health, which has been welcomed by the College.

The Policy & Advocacy Unit plans to coordinate the formation of a multi-college steering committee and develop a project plan to progress the multi-college project on climate change and health outlined in the *Climate Change and Health Advocacy Strategy* approved by CPAC in September 2017. The project will use currently available research and resources to design advocacy strategies on climate change mitigation and sustainable healthcare initiatives to help improve the health of our communities and environment. The initial steps of the project will involve reviewing the objectives and scope of the project in consultation with the Climate Change and Health Reference Group to ensure it considers and builds on the body of research and advocacy tools that have since grown rapidly. CPAC approval will be sought if the review leads to a significant change in the objectives and scope of the project.

Continued advocacy, including an approach from an alliance of multiple colleges, led by RACP, will continue to provide pressure on governments to prioritise the need to mitigate the impacts of climate change on health and develop a sustainable healthcare system.



The RACP @TheRACP · Mar 12

We're currently a part of a large and growing global network of health and medical organisations calling for action on climate change. School students across Australia, New Zealand and the world are joining the push for action. [#ClimateStrike](#)



School Strike
schoolstrike4climate.com



Indigenous Strategic Framework

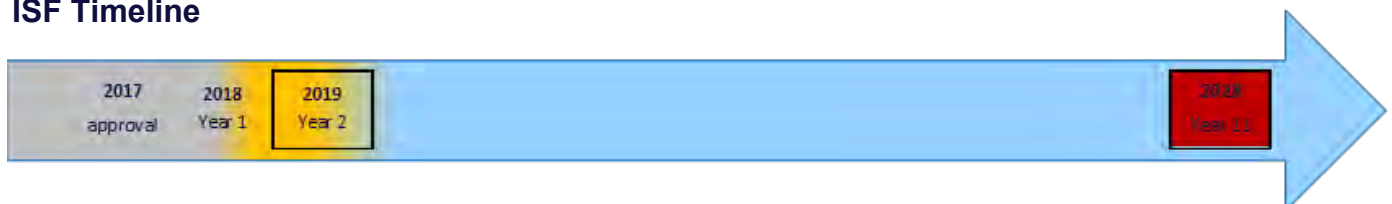
The Indigenous Strategic Framework (ISF), which was released in 2018, sets out five priorities for addressing Indigenous health inequities:

1. Contributing to addressing Indigenous health inequities
2. Growing the Indigenous physician workforce
3. Educating and equipping the physician workforce on Indigenous health and culturally safe clinical practice
4. Fostering a culturally safe and competent College
5. Meeting the regulatory standards and requirements of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)

CPAC's work relates predominantly to the first priority – contributing to addressing Indigenous Health inequities. The Policy & Advocacy Unit works closely in this with the Aboriginal and Torres Strait Islander Health Committee, Maori Health Committee, and peak Indigenous health bodies, such as NACCHO.

All College directorates reported on their progress on ISF priorities for 2018 to the Board in March 2019, the ISF Steering Group, the Aboriginal and Torres Strait Islander Health Committee and the Māori Health Committee.

ISF Timeline



The reporting highlighted successes and challenges. A selection of achievements in the initial reporting period include:

Operations

- Cultural competency framework for employee workforce drafted for organisational consultation; it includes:
 - Rollout of cultural competency training for all staff
 - Partnering with specialist recruitment agencies to increase Indigenous representation in workforce

Policy and Advocacy

- The Medical Specialist Access Framework launched at Congress 2018
- Publication of the Aboriginal and Torres Strait Islander Health Position Statement
- Improving our integration of Aboriginal and Torres Strait Islander health analysis in all College policy and advocacy work
- Indigenous health issues raised in over 50 meetings between College representatives and Government and external stakeholders

Member Services

- Inclusion of Māori component in 2018 RACP President handover in recognition of incoming President's Aotearoa New Zealand origins
- Growing use of te reo (Māori language) in meetings and emails
- Attendance at career expos aimed at medical students providing information on Indigenous scholarships and training pathways

Education, Learning and Assessment

- Cultural competency embedded in new Basic Training Curricula and Learning, Teaching and Assessment programs
- Work on recruiting and retaining Indigenous trainees currently underway

Professional Practice

- Australian Aboriginal & Torres Strait Islander and Māori Cultural Competence eLearning Module launched in July 2018
- Pomegranate Health Podcast - Episode 31: Ngā Kaitiaki Hauora

Further, many of the foundations necessary for successful implementation were identified. These include a high level of cultural competence, continued strong leadership and commitment from the Board, CEO and SLG, clarity of objectives, and the integration of these objectives with business as usual activities. Communication, resourcing and bifurcated implementation for Australia and New Zealand are also key challenges.

Evolve

Evolve is an initiative of the RACP to drive high-value, high-quality care in Australia and New Zealand. Evolve identifies a specialty's Top 5 clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. The Evolve initiative began in 2015. All Evolve recommendations are also shared with the Choosing Wisely campaigns in both Australia and New Zealand.



List development

There are now 22 Evolve Top 5 Lists published. Since October 2018, two Evolve lists have been launched – one from the Thoracic Society of Australia and New Zealand focusing on paediatric thoracic medicine and one from the Medical Oncology Group of Australia. As of time of writing the Evolve list of the Chapter for Addiction Medicine is undergoing internal consultation.

“Focusing on the most commonly used low-value interventions would offer the best immediate returns. There is evidence of this happening autonomously. For example, the Royal Australasian College of Physicians and its associated Specialty Societies in Australia formed EVOLVE, which is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.”

Productivity Commission p. 81, Supporting Paper no. 5, Shifting the Dial: 5 year productivity review.



Some societies have recently decided on their own initiative to update or amend the texts of their lists. The Australasian Chapter for Sexual Health Medicine and the Australasian Faculty of Rehabilitation Medicine recently amended their lists slightly and the Australasian Chapter of Palliative Medicine/Australia and New Zealand Society of Palliative Medicine are currently deliberating on some new items for their Evolve list. There are plans to extend this 'refresh' process through all lists which were published in the early years of the Evolve initiative.

Advocacy

Since November 2018 there have been 7 Facebook posts on Evolve with a total reach of 20,577 and 9 Twitter posts on Evolve with a total reach of 17,003.

In February 2019, P&A met with the NSW Agency for Clinical Innovation to discuss opportunities for future collaboration on Evolve. An Evolve Congress session is being planned for 7 May 2019 with the title 'The evolution of Evolve/Choosing Wisely – from guide to catalyst'. Evolve will also have a presence at the upcoming ANZSGM ASM on May 13 and the 2019 Choosing Wisely Australia National Meeting of May 30.

Digital Health

According to recent data from the Australian Digital Health Agency, the adoption rate (following the last date for opt out of January 31 2019) for MHR was 90.1%. More than 11.5 million clinical documents, 32 million prescription documents and more than 853 million Medicare records have been uploaded. However, uptake among clinicians is still low, as approximately 15,460 healthcare provider organisations have been connected, out of around 900,000.

The College's engagement with the issue of e-Health/Digital Health dates back to when My Health Record (MHR) was known as the Personally Controlled Electronic Health Record Program. Numerous College Fellows have directly contributed to the work of the Australian Digital Health Agency (ADHA).

Since October 2018, two RACP Fellows were appointed as College representatives on digital health committees:

- Dr Daryl Cheng was appointed in March 2019 to the Secure Messaging and Interoperability Programs Steering Group of ADHA
- Dr Sandra Johnson was appointed in February 2019 to the Children's Digital Health Record Clinical Informatics Endorsement Committee

The e-Health/Digital Health agenda is also relevant to other College priorities including health reform, Indigenous Medical Specialist Access, and Evolve.

The focus of College engagement in this space has been on raising the need for:


- greater engagement with physicians



Latest statistics on take-up of MHR from ADHA website

- a more informed understanding of physicians' current use of digital health – both within hospitals and private practice
- greater understanding of physicians' needs and wants, and the barriers that are impeding their use of MHR, and strategies to leverage their role in clinical leadership to improve uptake (which evidence shows is crucial).

Towards that end the RACP has been in discussions with the Australian Digital Health Agency (ADHA) to undertake a contracted scope of work around specialists' engagement with MHR and the preparation of appropriate curated resources and educational materials to enhance specialist adoption and understanding of MHR. Discussions are ongoing with the aim being for the RACP and ADHA to agree on a contracted scope of work before the end of this financial year.



The RACP is also working with our Digital Health Reference Group continuing its advocacy in ensuring that the consultant physician and specialist perspective on MHR is appropriately represented in policy design and other framework settings relating to MHR in particular and digital health in general.

The College Pre-budget submission and Election Statement have sections on digital health with a number of recommendations, one of which is for the introduction of specialist incentives to adopt MHR.

Obesity

Following the publication of the RACP's Obesity Position Statement in 2018, CPAC's workplan includes development of an advocacy strategy.

In the lead-up to the Australian Federal election on 18 May 2019, the RACP has identified childhood obesity as a critical area for preventative public health action. Among key actions we call for in the RACP Election Statement are:

- Prioritisation of obesity and establishment of a national taskforce
- Implement an effective tax on sugary drinks
- Commitment of funding for a national strategy on obesity with a focus on early childhood

A **fact sheet**, form **letter to MPs** and example **tweets** have been developed for Members to download to support their own advocacy around the election campaign.

AHHA @AusHealthcare

These recommendations from @TheRACP on #obesity #prevention strategy should feature in the health policies of all parties. Who is going to take the lead on this? @CatherineKingMP @GregHuntMP @RichardDiNatale @senbmckenzie

The RACP @TheRACP · Apr 27

Prevention is better & cheaper than treatment. Australia needs an effective obesity strategy NOW #ObesityStrategy #NationalObesityStrategy @TheRACP @TheOCollective_ @PHAA_

Prevention and treatment of obesity must be urgent priorities for the Australian Government. Australasian College of Physicians calls on the Government to prioritise obesity by:

1. Implementing an effective tax on sugar-sweetened beverages to reduce consumption, using the revenue to facilitate access to healthy diets and enhance health equity
2. Committing appropriate funding to develop and implement a national strategy on obesity including a focus on early childhood
3. Establishing a national taskforce including sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting on targets
4. Allocating funding to the development, implementation, updating and monitoring of comprehensive and consistent national guidelines on diet, physical activity and weight management
5. Introducing regulations to restrict the advertising and marketing of unhealthy foods and beverages to children and young people
6. Revising the nutrient profile algorithm of the Health Star Rating system to give stronger weight to sugar content and making the labelling mandatory

12:50 PM · Apr 27, 2019 · Twitter for iPhone

12 Retweets 15 Likes

In December 2018, the Australian Senate Inquiry into the obesity epidemic published a final report that mirrored several recommendations put forth by the College. In February 2019, the RACP was represented at a national obesity summit convened as a first step towards a comprehensive strategy.

Sustained advocacy for obesity prevention by a range of health groups including the College has been reflected in the pre-election announcements by Labor that included implementing a national obesity strategy and reviewing the regulation of marketing of unhealthy diets to children.

Once the outcome of the election is known, the RACP will consider how best to further progress advocacy in this space.




"I'd get rid of all the billboards and big signs that everyone's forced to see". Kids call for New Zealand Prime Minister to take action on #JunkFood marketing to reduce #ChildObesity @publichealthUOW @NIHI_NZ

Congress 2019

What can physicians and paediatricians do differently in their clinical practice for people with obesity? Professor Boyd Swinburn chaired a shared session "Obesity: Rising to the challenge" at Congress 2019. The session featured a multidisciplinary panel of consumers, community advocates, physicians and public health experts, and incorporates Māori and Pasifika perspectives.

The session aimed to draw out the key themes, analysis and recommendations in the RACP's *Obesity Position Statement*, understand the impact of weight bias and stigma; and explore why our current approaches to obesity are not effective. Delegates left the session with a range of tools and techniques aimed at evolving their practice.



Recommendations from the Obesity Position Statement continue to be communicated through RACP submissions to governments in Australia and New Zealand and in College position statements. Recent examples include the *Child and Youth Wellbeing Strategy (NZ)*, the *Pre-Budget Statement (Australia)* and the *National Action Plan for the Health of Children and Young People: 2020-30*, the *Victorian Election Statement*, and *Early Childhood: The Importance of the Early Years Position Statement*.

Harms of Alcohol

“Given that at least another 200,000 Australians would be in treatment if places were available, our estimates are that at least another \$1 billion is required to meet demand.”

Dr Martyn Lloyd-Jones, President of the Chapter of Addiction Medicine


The RACP has a strong and continuing record of advocating for serious and wide-ranging reforms to address the health impacts of unsafe alcohol consumption.

In recent months, the RACP has been active advocating its position on alcohol, as set out in the *Alcohol Policy 2016* and the *2018 Submission on the Draft National Alcohol Strategy 2018-2026*, across a range of jurisdictions.

Key submissions and activities include:

- The *Budget Submission 2019* and the *Election Statement 2019* that call for the implementation of a volumetric alcohol tax, the allocation of a part of the revenue to alcohol and other drug services and a substantial increase in overall funding for alcohol and other drug treatment system reform. This ongoing advocacy effort was recently reflected in the pre-election commitment by Labor to finalise a national alcohol strategy, deliver pregnancy warning labels, invest in targeted campaigns to reduce harmful drinking and strengthen work to limit alcohol advertising to children.

- A joint statement with Uniting, St Vincent's Health, the Australian Hospitals and Healthcare Association, the State and Territory Alcohol and Other Drugs Peaks Network, the NSW Users & AIDS Association, Drug & Alcohol Nurses Australasia and other NGOs, peak bodies and medical groups asking the Australian Government for a boost of at least \$1 billion per year to address unmet demand in alcohol and other drug treatment. The statement received national media coverage and has been the basis for an ongoing St Vincent's-led campaign to reform and invest in the national treatment sector.
- The 2019 NSW election statement that emphasises the need for a comprehensive new strategy that addresses demand, supply and harm minimisation and covers alcohol and other drugs.
- The 2018 Victorian election statement that called for a minimum price per standard drink, a ban on outdoor alcohol advertising, an increase in funding for drug and alcohol treatment and prevention and a prioritisation of specialist workplace development, amongst other recommendations.
- An October 2018 submission to the Tasmanian Department of Health's Draft Reform Agenda for Alcohol and Other Drug Services that advanced RACP priorities for the alcohol and other drugs treatment sector, supported the strategic focus on integrated care and prevention and called for further investment in treatment services in Tasmania.

- 
- Participation in a report titled *The Case for a Minimum Floor Price for Alcohol in Western Australia* that recommended a minimum price per standard drink to reduce the harm caused by heavy alcohol use. The report included testimonies from Western Australian health and medical groups, including the RACP, and was supported by a RACP media release.
 - A media release that welcomed the reduction in emergency department presentations and assaults reported in an update on the Northern Territory Government's Alcohol Harm Minimisation Action Plan. The release reiterated the RACP's support for the government's commitment to a minimum price of alcohol.
 - Participation through Twitter in several social media campaigns focused on limiting alcohol sponsorship and advertising in sport, especially as it targets children and adolescents, and limiting the density and opening hours of liquor outlets, particularly as sales migrate to the online environment.

End-of-life care

The RACP recognises that all physicians have a responsibility to provide good end-of-life and palliative care. Good end-of-life care enables patients nearing the end of their life to live as well as possible and to die well, without unnecessary prolonging of the dying process.

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

End-of-life care: Let's talk.

Where the College stands on end-of-life care

Improving end-of-life care is everyone's responsibility

Too often, patients' preferences for end-of-life care are not known until it is too late, and they receive treatment that is against their wishes, and may be unnecessary or even harmful. Improving end-of-life care through systems and cultural changes must be a priority.

The 5 elements of good end-of-life care identified by the College are:

1. Diagnosing dying or the risk of dying
2. Respecting patient autonomy
3. Respecting the patient's best interests when making treatment decisions
4. Managing symptoms
5. Supporting carers and family/whānau

The College is committed to embedding these elements into physician training and advocating for health systems changes that allow them to be fully realised.

Why we need to talk now

The way we are dying has changed

Life expectancy has dramatically increased and with it the age, mode, cause and place of death has significantly changed.

Sudden unexpected death is much less common. Most people are now dying after a period of decline from chronic disease, often with multiple co-morbidities and frailty.

In the last year of life, patients may receive fragmented care and advice through visits to multiple health professionals in a range of different care settings (private, public, acute, community).

We have a 'death denying' culture

Discussing end-of-life issues can be uncomfortable and is sometimes taboo. Attempts to prolong life at all costs and a perception that death represents a failure can be barriers to good end-of-life care.

Modern medical care tends to focus on curing, and restoring, which may sometimes conflict with accepting death as a natural event.

Responsibility for end-of-life care discussions with a patient can be unclear when multiple health practitioners are providing care.

Patient wishes not known

17% of RACP survey respondents believe doctors know the patient's preference for end-of-life care.

According to a RACP survey, physicians believe treatment at the end of life is too often provided:

- inappropriately or against patient wishes,
- with little chance of significant benefit,
- with specialists lacking knowledge of the legal frameworks for advance care planning.

Only 37% of respondents agreed that in their experience, "Most of the time, family members know the patient's preference regarding end of life care."


www.racp.edu.au

The RACP has promoted its position on end-of-life care, as set out in *Improving Care at the End of life: Our Roles and Responsibilities 2016*, through:

- The Budget Submission 2019 that calls for:
 - Secure long-term funding to improve the volume, coordination and delivery of community specialist palliative care services across the life span;
 - Secure, long-term funding to

develop and implement models of care which improve the availability of palliative and supportive care services in the community;

- Substantial expansion of the Comprehensive Palliative Care in Aged Care package to fund additional specialist doctors and nurses across Australia to meet unmet needs; and
 - Endorsement of population-based palliative and supportive care, including end-of-life care, as a COAG priority.
- A 2018 Victorian election statement that called for an increase in community care services to meet current and future need, an increase in access to consultancy palliative care, inpatient palliative care services and access for residents in aged care, and an improvement in workforce availability, education and models of care, amongst other recommendations.
 - An April 2019 submission to the Queensland Parliamentary Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying that outlined the RACP position on end-of-life and palliative care; as well as the College Statement on voluntary assisted dying.
 - A May 2019 submission to the Western Australian Ministerial Expert Panel on Voluntary Assisted Dying that informed the WA government of the RACP Statement on the subject. The WA government is in the process of developing legislation



and attendant processes for voluntary
and attendant processes for voluntary
assisted dying.

- Participation in a social media campaign during the National Advance Care Planning Week 2019 that reminded physicians to have end-of-life conversations with their patients and their families.

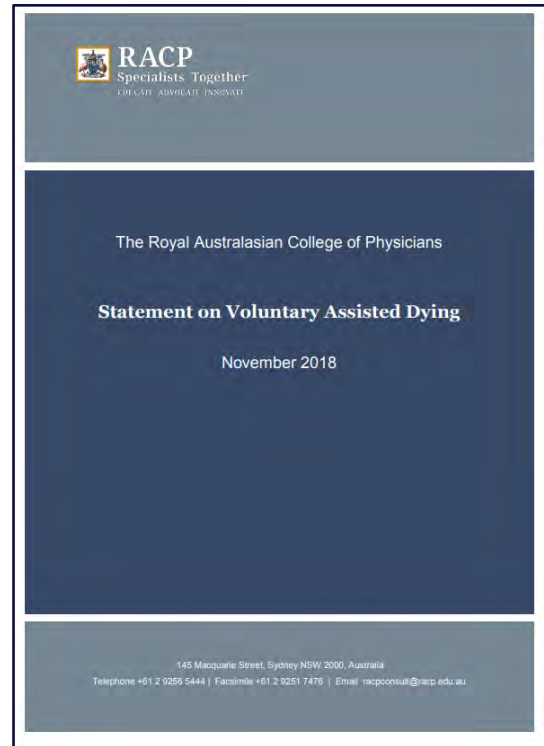
Voluntary Assisted Dying

In November 2018, the RACP released its Statement on Voluntary Assisted Dying. The Statement was developed as a response to significant community interest in the matter as evidenced by a growing number of proposals to legalise voluntary assisted dying considered by Australian and New Zealand Parliaments, including the Victorian legislation that comes into effect in June 2019.

The Statement was based on the extensive work and consultations undertaken by the College Working Party and strove to reflect the diversity of membership opinion and the complexities associated with end-of-life care.

The Statement recognises that legalisation of voluntary assisted dying is for governments to decide and that any decision on this significant matter should be informed by the will of the community, research and the views of medical and health practitioners.

The Statement respects and supports all RACP members and recognises it is not appropriate to enforce a single view on a matter of conscience. The College's work on voluntary assisted dying remains grounded in the professional and civic responsibility towards advancing the understanding of death and dying and promoting the best possible care for all people.



Refugee and Asylum Seeker Health

The Home Affairs Legislation Amendment (Miscellaneous Measures) 2019 Bill was passed in early February. The RACP was named in the legislation and contacted by Minister Coleman's office to provide nominees to the Independent Health Advice Panel (IHAP). The IHAP's role is to monitor, assess and report on the physical and mental health of transitory persons who are in regional processing countries and the standard of health services provided to them. If the Minister refuses to approve a relevant transitory person's transfer to Australia (besides on grounds of national security assessment or previous significant criminal convictions of 12 months or more), the IHAP must conduct a clinical assessment and make a recommendation regarding transfer. Whilst the Minister has final determination, this must be based on the recommendation from the IHAP.



A rapid EOI and selection process occurred, resulting in ten nominees. Minister Coleman appointed one RACP nominee to the IHAP -

Statement from RACP on IHAP panel

On Friday 15 February the RACP was asked by the Minister for Immigration, Citizenship and Multicultural Affairs to provide nominees to sit on the Independent Health Advisory Panel, along with the AMA and the RANZCP.

After an accelerated EOI process and merit based selection process, the RACP have today nominated 10 highly skilled and experienced Fellows who have volunteered their expertise and time to undertake the work of the new panel.

The RACP have worked hard to meet a tight deadline for the nominations.

Associate Professor Susan Moloney, a paediatrician. The Australian Medical Association and the Royal Australian and New Zealand College of Psychiatrists also provided nominees to the Minister. There have not been any confirmed reports of transfer cases being referred to the IHAP at the time of writing.

The RACP has long advocated for refugee health and the closure of offshore detention. Whilst the legislation did not attain these advocacy goals, it was an important step towards providing for appropriate and independent specialist review of seriously ill refugees requiring medical transfer.

In contrast to previous federal elections, the issue of border protection has not featured as prominently in the Coalition's 2019 election campaign. The Christmas Island detention centre was reopened in response to the legislation, however there are no reported cases of asylum seeker transfers there, and in the April 2019 Budget, it was announced that the detention centre will be closed by 1 July 2019.

Disability and the NDIS

Following the release of the RACP's Health and the NDIS Position Statement in 2017, the College's work in this area has been predominately responding to issues raised during the rollout of the system. Most recently, the RACP made a submission to the Inquiry into the Implementation of the National Disability Insurance Scheme (NDIS) and the provision of disability services in New South Wales. The Inquiry was established to investigate systemic and policy issues concerning the wider provision of disability services and the roll out of the NDIS in New South Wales. As a result of the submission, the RACP was invited to attend the hearing of the Inquiry in October 2018, and RACP Fellows Dr Graham Vimpani and Dr Jacki Small attended to give evidence regarding the current issues facing disability service provision in New South Wales.

At the hearing, Dr Jacki Small gave evidence regarding the issues surrounding swallowing assessments, particularly the recent transfer to the health sector. The Australian Government has now announced that until long-term arrangements are agreed between governments, the NDIS will fund the ongoing assessment and monitoring of meal plans for NDIS participants with dysphagia who aren't in a hospital or acute care setting. Although not a permanent solution, this is an important recognition by the government of the seriousness of swallowing problems for people with developmental disability and an acknowledgement of the RACP's advocacy on this issue.

The Inquiry's final report was released in December 2018, and several of the

Committee's recommendations are aligned with those made by the RACP in its submission, particularly regarding current eligibility criteria, appropriate training for Local Area Coordinators, and early childhood intervention supports.

The RACP also received a request from the NSW Council for Intellectual Disability (CID) requesting that the RACP support their Federal Election Bid seeking national action on the health inequalities experienced by people with intellectual disability. The RACP provided its endorsement of the document, which is now available on the NSW CID website (<http://www.nswcid.org.au/blog/open-letter-to-parties-contesting-the-federal-election-2019.html>). The election bid also received media attention in The Guardian (see insert) and mentioned the RACP as one of the key signatories.

Intellectual disability advocates' \$50m push to improve medical care

Carers say health procedures are made more difficult because of doctors' lack of understanding



▲ Ryan Kelly and his mother Rebecca have struggled with a lack of understanding in the health system about Ryan's intellectual disability. Advocates are calling for \$50m in reforms. Photograph: Supplied

Seven-year-old Ryan has Down's syndrome and was born with a multitude of other medical conditions, including three holes in his heart and a diagnosis of leukaemia at the age of 13 months.

Aboriginal and Torres Strait Islander Health Committee

The Aboriginal and Torres Strait Islander Health Committee (ATSIHC) guides the RACP's work in Aboriginal and Torres Strait Islander Health. ATSIHC has a strengths based approach and its robust workplan focuses on internal and external efforts to achieve health equity. Improving Indigenous health equity is a key Board priority.

An important part of achieving that improvement is the decolonization of health systems. The RACP can play a leading role in this through actively demonstrating a justice and equity approach in both our internal systems and policies, guided by the Indigenous Strategic Framework (ISF) and externally, through the uptake and implementation of the Medical Specialist Access Framework (MSAF) by our Fellows. ATSIHC is a strategic leader, along with the Māori Health Committee, in this focus.

ATSIHC's guidance of the ISF includes:

- Closer work with the Education, Learning and Assessment directorate
- Contribute to effective Selection into Training scheme which selects Indigenous doctors
- Developing policy aimed not only at trainee recruitment but supporting Indigenous physicians across all phases of their career
- Internal advocacy for improving cultural competency (Fellowship, trainees, staff)
- Participation in Australian Medical College's accreditation of RACP

2019 Membership and chairing arrangements

Associate Professor Luke Burchill became the ATSIHC chair in March 2019, taking

over from Professor Noel Hayman, who will remain on the committee. Filling two vacancies for community members is planned for second half of 2019. AIDA and NACCHO representatives participate in ATSIHC, continuing important relationships with the peak bodies.

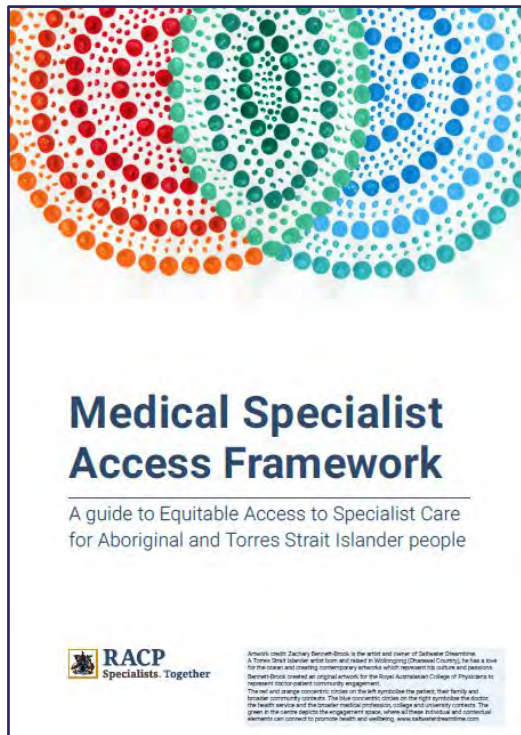


Medical Specialist Access Framework (MSAF)

The MSAF is designed to increase Aboriginal and Torres Strait Islander access to physicians.

Version 2 of the MSAF will be released in 2019, incorporating feedback received during the consultation period. Extensive promotion and consultation on the MSAF has occurred with key health stakeholders including the Department of Health's Indigenous Health, State Health departments, Primary Health Networks and RACP internal groups. MSAF advocacy activities are coordinated with the RACP's Integrated Care/Health Reform agenda. Next steps will be advocacy to include the MSAF in the next Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (covering the decade from 2023), development of MSAF

eLearning CPD resources, and an MSAF Guide for Physicians.



Aboriginal and Torres Strait Islander Health Position Statement

- The position statement was launched in late 2018, and builds on and complements the ISF and MSAF
- It includes positions and principles, statements on racism and a strong commitment to a human rights-based approach to health.

Indigenous health advocacy

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

ATSIHC has been actively coordinating with

Indigenous organisations/voices, including an advocacy campaign led with NACCHO, and key Aboriginal health stakeholders, along with RANZCP, calling for both parties to address Indigenous youth suicide.

The advocacy efforts have achieved ALP and Coalition announcements on priority Indigenous health issues, including potential funding for Indigenous youth suicide.

ATSIHC has also supported the advocacy of the Sexual Health Chapter, and the development of the Paediatric Division's Indigenous Child Health position statement.

Partnerships with Indigenous organisations

NACCHO's Deputy CEO Dawn Casey is a valuable organizational link between the RACP 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.

AIDA's representative, Dr Mel Carroll (an AIDA Board director; also a BT) has allowed us to strengthen our longstanding relationship with the peak body for Aboriginal and Torres Strait Islander doctors.

The RACP will again be a sponsor of the AIDA Conference this time as a Gold Conference Partner, run a workshop, and have Indigenous Fellows and trainees from ATSIHC representing the RACP at the 2019 AIDA Conference, along with the RACP President and senior staff from Education and P&A.

Māori Health Committee

The Māori Health Committee (MHC) has been contributing to a range of internally-focused and external activities in the current reporting period.

Indigenous Strategic Framework (ISF)

The MHC is contributing to current projects in the following areas:

1. Selection into Training for Indigenous doctors – A/Prof Wendy Edmondson attended the committee's April 2019 hui
2. Commissioning a piece of toi Māori (Māori art) which will hang in the NZ office
3. Cultural competence training in CPD (with the NZ CPD Committee)

Te ORA Hui-a-Tau 2019

Held in January, the Hui-a-Tau was well-attended by Māori Fellows and Trainees of the RACP – enough that the first RACP Peer Group meeting took place, with NZ President Dr Jeff Brown also in attendance. Hui-a-Tau delegates were treated to a memorable presentation by Dr Cheri Hotu on her pathway to be an Endocrinologist and General Physician working between central Auckland and remote outback Australia in Alice Springs.

RACP Congress 2019

At time of writing, the MHC are heavily involved in Congress 2019, with several members on panels, presenting or chairing sessions. Highlights include:

- The common theme of WAI 2575, the Waitangi Tribunal Inquiry into Health Services and Outcomes for Māori running through the Ethics and Indigenous Health sessions
- A/Prof Edmondson's focus group for Selection into Training
- The tikanga Māori aspects that have been built into Congress 2019, including the Convocation mihi whakatau, pōwhiri and karakia.



The RACP
@TheRACP

FRACP Dr Sandra Hotu shares her PhD research with attendees at [@TeOhuRata](#) Hui-a-Tau 2019. Dr Hotu is developing a person and whānau-centred model of care for chronic airways disease. She also won Best Rata Māori Presenter at the 2019 Awards Dinner. Congratulations Sandra!



3:15 PM · Feb 1, 2019 · Twitter Web Client

1 Retweet 13 Likes

ATSIHC and MHC joint hui at Congress 2019

At time of writing, members of the RACP's two indigenous committees will meet prior to Congress to discuss matters of joint significance and importance, including Selection into Training, the ISF and other policy issues.

RACP 2019 Māori Health Hui

The Hui will take place in Tāmaki-Makaurau (Auckland) on Thursday 14 November 2019 at Ōrākei Marae. The MHC will partner with Ngāti Whātua o Ōrākei for the hui, which will be a noho Marae (MHC members, NZ Committee members and others will spend the night in the whareniui (meeting house)).

New Zealand Policy & Advocacy Committee

The New Zealand Policy and Advocacy Committee (NZ PAC) continues to drive the College's response to a variety of policy issues and government activities in Aotearoa New Zealand. NZ PAC reviewed its Terms of Reference (ToR) in 2018 and will now function as an Advisory Committee (meeting bi-monthly to discuss active submissions and review media activity), a change which recognises the New Zealand Committee's role in setting policy and advocacy strategy in New Zealand.

"We firmly believe there is no justifiable reason for members of the public to own military style semiautomatic weapons, which are designed to inflict maximum fatal injury to human beings."
- Dr Jeff Brown, NZ President
RACP submission on the Arms Amendment Bill

Submissions made by the RACP in NZ

Since the College Policy and Advocacy Committee (CPAC) met in October 2018, the New Zealand has made the following submissions to government and other organisations:

Organisation	Topic	Submitted
Ministry for Housing and Urban Development	Healthy Housing Standards – Introducing standards for insulation, heating, ventilation, dampness and underfloor moisture in residential rental properties	October 2018
Department of Prime Minister and Cabinet	Child and Youth Wellbeing Strategy	December 2018
Ministry of Health	Guidance for best practice management in the Bowel Cancer Screening Programme	January 2019
Health Quality and Safety Commission	Atlas of health care variation: Community antibiotic use	February 2019
Ministry of Health	Stroke Clot Retrieval Action Plan	February 2019
Finance and Expenditure Select Committee	Arms (Firearms, Parts and Magazines) Amendment Bill	April 2019
Health Select Committee	Misuse of Drugs (Classification of Synthetic cannabinoids as Class A Prohibited Substances) Amendment Bill	April 2019
NZ Medical Association	Update to the NZMA Code of Ethics for Medical Professionals	April 2019
Ministry of Health	Therapeutic Products Bill	April 2019

Paediatric and Child Health Division

Child health continues to be a significant focus for advocacy. Following the successful 'Inequities in Child Health' forum in August 2018 in Canberra at which the Federal Health Minister the Hon Greg Hunt MP announced funding of \$150,000 for the development of a National Action Plan for Children's Health 2020 – 2030, the College has worked with the Australian Research Alliance for Children and Youth (ARACY) and the Department of Health to progress this.



broader strategy on child health, the RACP position statement on *'Early childhood: The importance of the early years'*. This is the second of three related position statements – the first, was on Inequities in Child Health and the third will be on Indigenous Child Health.

The focus on child health was reflected in the College's 2019 federal election statement and pre-budget submission. The federal election statement contained a significant focus on delivering equitable health outcomes for all children and included calls for funding the provision of a minimum schedule of universal preventative health care interventions and funding expanded home visit programs, particularly in rural and remote areas, in order to overcome barriers to access that can affect the health and wellbeing of children.

The development of an RACP advocacy initiative on the importance of the early years is continuing. As part of the campaign, the President of the RACP launched the Early Childhood Position Statement at Congress 2019 during the *'The first 1000 days - the window of opportunity for long term health'* session chaired by PPAC Chair Dr Pat Tuohy.



Shadow Minister for Health and Medicare Catherine King discussing health equity and universal access to care is the core business of labor health ministers. #health4allkids #auspol @aihw @CatherineKingMP



ARACY undertook targeted consultations in Perth, Melbourne and Sydney throughout November 2018. The College hosted a roundtable event with key stakeholders in Sydney on 28 November 2018 to develop the Action Plan. The Department of Health released a draft Action Plan for public consultation on 18 March 2019, and the College provided a submission. The final Action Plan is expected to be released in April-May 2019.

The Paediatric Policy and Advocacy Committee (PPAC) finalised, as part of its

The launch of the statement on Indigenous Child Health is planned for mid-2019. Further advocacy is planned for the second half of 2019 leveraging these position statements.

PCHD lead fellows led the College's advocacy in response to 'no jab, no play' (NJNP) legislation proposals being introduced in some Australian States and Territories to exclude children from early childhood education who are not up to date with immunisation. Letters to the SA and WA governments were sent by the PCHD President outlining the College's newly agreed position on the NJNP. As a result of the College's advocacy, Western Australia and South Australia have amended their approaches to NJNP. In Western Australia, the Government has included an option for consultation that provides the Chief Health Officer with greater powers to remove unvaccinated children from early childhood education if there is a disease outbreak. In South Australia, the NJNP legislative proposal was amended in a similar way. Both proposals reference the RACP position as a significant influence on the policy direction, demonstrating the College's positive influence on health policy. The SA opposition has also invited SA based RACP Fellows to provide expert advice on the recently tabled SA legislation on NJNP.

PCHD continued to lead and contribute to responsive advocacy matters, including the College wide submissions to the Australian Senate inquiry into Stillbirths, on the Strategic Directions for Australian Maternity Services consultation paper and the

Productivity Commission inquiry into mental health.

PCHD Fellows have represented the College at key events including:

- giving evidence at a hearing of the NSW Inquiry into Implementation of the NDIS and provision of disability services in NSW,
- providing feedback at a Department of Health workshop in Brisbane on the Strategic Directions for Australian Maternity Services consultation paper 2 in November 2018,
- attending the ARACY/RACP roundtable with key child health stakeholders developing the National Action Plan for Children's Health 2020 – 2030.



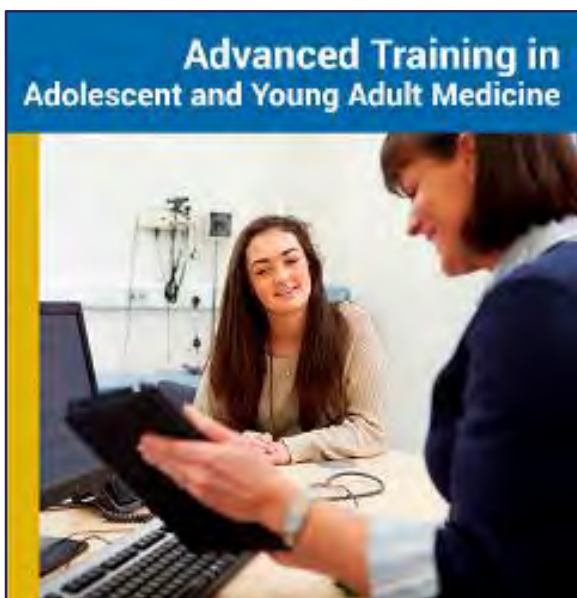
Adolescent and Young Adult Medicine

The Adolescent and Young Adult Medicine (AYAM) advanced training program continued to attract trainees to the College's dual training program with 24 trainees enrolled in the program as at April 2019, all are either dual training with general paediatrics or are Fellows in general paediatrics completing post-FRACP training.

The AYAM Committee is dedicated to promoting excellence in skills, expertise and ethical standards through future training and education at the RACP. 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.

College's Pre-budget submission for 2019-20 included a 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.

The AYAM Committee has continued to develop a position statement highlighting the significance of the College's launch of the AYAM dual training pathway leading into recommendations and advocacy around capacity to train in AYAM.



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

Australasian Chapter of Addiction Medicine

“We call on all governments to consult with addiction medicine physicians, public health medicine physicians, clinical pharmacologists and toxicologists and other relevant experts to develop pill testing trials that are carefully designed and evaluated to inform drug policy and minimise harms to young people and the broader community.”

Dr Martyn Lloyd Jones, President, AChAM, RACP

Professor Paul Komesaroff, President, AMD, RACP

The issue of pill testing at festivals has been very prominent in the Australian media in recent months in light of the deaths of a number of young people at festivals across Australia since September 2018.

The issue was delegated to AChAM, and the President of the Chapter of Addiction Medicine, Dr Martyn Lloyd-Jones and the President of the Adult Medicine Division, Prof. Paul Komesaroff, outlined an evidence-based view from the medical



profession in the media.

They co-wrote an article titled *Here's why doctors are backing pill testing at music festivals across Australia* which was published in the Conversation in January 2019 which received print and radio media attention.

Subsequently, the RACP, issued an open letter to all State and Territory Ministers urging them to listen to the medical community and develop well designed and evaluated pill testing trials in consultation with relevant experts. There was prominent media coverage in these and other outlets on Friday 18 January and it featured on the front page of the Sydney Morning Herald print edition.

Further to this, the CPAC Chair, Prof. Niki Ellis, has chaired two teleconferences with representatives of the RACP-affiliated Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT) to discuss their position on pill testing. It was decided that further advocacy in this area will be undertaken in consultation with ASCEPT.

The AChAM Committee also led the



development of:

- the RACP submission to the consultation on NSW music festival safety guidelines in January 2019, reiterating its support for well-designed and evaluated pill testing trials.
- the RACP endorsement of a letter to the WHO Director-General supporting the inclusion of Gaming Disorder in ICD-11 in January 2019.

In addition, following a request from the Commissioner of the NSW Special Commission of Inquiry into the Drug 'Ice', Prof. Dan Howard SC, the AChAM Committee provided expert feedback during the limited preliminary consultation under the Terms of Reference of the Inquiry in February 2019. The Committee used this opportunity to make the case for an overhaul of drug policy in NSW and continues to advocate for a broader drug strategy.

At its last meeting in March 2019, the AChAM Committee decided to prioritise developing a drug policy in collaboration with relevant College bodies including AFPHM. Lead Fellows from the AChAM Committee are currently scoping this work.

Australasian Chapter of Palliative Medicine

The AChPM has been a key contributor to the RACP's work in the area of palliative medicine, including a recent submission to the Queensland Parliamentary Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying.

The RACP also appeared before the New Zealand's Justice Select Committee Inquiry into the End of Life Choice Bill on 18 October 2018, to represent the College's position on voluntary assisted dying.

The AChPM also met with the President of the Australian & New Zealand Society of Palliative Medicine (ANZSPM), Meera Agar, to discuss the Medicare Benefits Schedule (MBS) review and advocacy to improve patient care and access to care.



Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying

Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying

The Queensland Parliament's Health Committee is considering how aged care, end-of-life and palliative care are delivered for Queenslanders. The committee is also considering, and seeking views on, whether voluntary assisted dying should be allowed in Queensland.

We want all Queenslanders to have their say on these important issues. See the committee's issues paper for more information. Let us know your views below.

The committee is taking comments for the inquiry

Return by 15 April 2019

Please send your comments to:
Health Committee
PARLIAMENT HOUSE QLD 4000
Fax: 07 3553 6699

Or scan and email it to:
careinquiry@parliament.qld.gov.au

RECEIVED

Australasian Chapter of Sexual Health Medicine

“The RACP provides valuable input to the Commonwealth’s response to syphilis. Their reactive and prompt engagement is crucial”

Dr Lucas de Toca - Indigenous Health Division, Australian Government Department of Health

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 syphilis epidemic began in Queensland in 2011, spreading to NT, SA, WA, other regions since that time. There have been 2603 cases diagnosed since 2011, with 7 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 RACP to present a united advocacy effort.

Since November 2018, AChSHM President and key Aboriginal health stakeholders, such as Assoc Prof James Ward, have met with the South Australian and Western Australian Health ministers to urge for regional responses to complement the Commonwealth Syphilis taskforce.

Proactive advocacy in this area is important in the wake of sexual health centre funding cuts and closures in South Australia, as the syphilis epidemic reached Adelaide. Many regions have not contributed additional resources to address the epidemic and high diagnoses continue.

At the request of the Commonwealth Department of Health, the RACP provided a submission detailing the rationale on including Benzathine Penicillin G on the Pharmaceutical Benefits Scheme Prescriber Bag List to increase timely access to treatment.

Ongoing AChSHM Advocacy efforts will keep syphilis on the Commonwealth and state governments agenda and highlight the need for ongoing investment in long term sexual health programs in key areas.

The RACP Retweeted
james ward @researchjames · Mar 24
Talking about codesign for PHC addressing syphilis outbreak with @LucasDeToca and @NACCHOAustralia Dr Dawn Casey #RuralHealthConf



3 10

Australasian Faculty of Occupational and Environmental Medicine

Expert Fellows from the AFOEM Policy & Advocacy Committee (PAC) have been leading the College's ongoing advocacy on accelerated silicosis in collaboration with TSANZ. This has included developing resources for medical professionals, raising public awareness via media, engagement with governments and drafting a proposal for the establishment of a national occupational lung disease register for discussion at the Australian Health Ministers' Advisory Council's (AHMAC) Clinical Principal Committee on 7 February 2019. However, despite COAG Health Council's swift consideration of the issue in late 2018, sufficient action has not yet been taken, and AFOEM is working with TSANZ and a coalition of organisations to call for the urgent establishment of a national Task Force to coordinate a national response for the prevention, early identification, control and management of dust diseases in Australia.

The AFOEM PAC has also led the development of the RACP submission to the Productivity Commission's draft report into compensation and rehabilitation for veterans in February 2019. Lead Fellows, Dr Warren Harrex, AFOEM PAC Chair, and Dr Neil Westphalen appeared at a public hearing to discuss this submission in Canberra on 12 February 2019. The final inquiry report is expected to be handed to the Australian Government in June 2019.

New South Wales AFOEM Fellows, in collaboration with the AFOEM PAC, developed a submission to the NSW State Insurance Regulatory Authority (SIRA) on

revised compensation guidelines in December 2018.

The AFOEM PAC has also contributed its expertise to a range of cross-College policy outputs including the RACP pre-budget submission 2019-20 and the RACP NSW election statement 2019.

The AFOEM-led Reference Group on Employment, Poverty and Health completed its Statement of Principles and accompanying Evidence Review. The Statement of Principles is a principles-based guide for healthcare provision that focuses on actions that doctors can undertake to promote safe, healthy work and to have the greatest impact on social determinants of health. The seven key principles addressed the areas of leadership, advocacy, teaching and learning, employment, collaboration, models of health care delivery and research.



Each key principle offers a broad range of practical strategies and actions for doctors and health organisations, which can be applied to different areas of health service delivery and adapted to reflect individual community needs as required. The accompanying Evidence Review paper lays out the basis of research which supports the



the actions and strategies put forward in the Statement of Principles. Both documents will be launched by Dr David Beaumont at RACP Congress 2019 in May.

Australasian Faculty of Public Health Medicine

AFPHM has been working both within the college and externally, with state, national and global issues.

Internal:

- development of statement of the role of public health physicians and approaches (key priority identified by AFPHM Council).
- Identification of policy and advocacy priorities

External:

NSW

- contribution to AChAM-led submission to NSW Special Commission of Inquiry into the Drug 'Ice' (February 2019).

Australia:

- advocacy on pill testing trials (January/February 2019)
- submission to the Parliamentary Inquiry into Sleep Health Awareness in Australia
- endorsement of the Concussion in Sport Australia Position Statement (December 2018)
- submission to the Public consultation on proposed changes to the recommended use of pertussis vaccines in pregnant women (February 2019)

NUCLEAR WEAPONS BAN TREATY HEALTH ORGANISATIONS APPEAL

AUSTRALIAN HEALTH CARE ORGANISATIONS CALL FOR GOVERNMENT TO SIGN THE NUCLEAR WEAPONS BAN TREATY

ORGANISATION *

REPRESENTATIVE'S NAME *

REPRESENTATIVE'S POSITION *

EMAIL *

Submit

MEMBERSHIP COLLECTED THROUGH THIS FORM IS PROTECTED BY OUR PRIVACY POLICY. YOU MAY REMOVE YOUR DETAILS ON THIS CAMPAIGN YOU CAN UNSUBSCRIBE AT ANY TIME.

SIGNATORY ORGANISATIONS

Nuclear weapons represent an overwhelming threat to human and environmental health. They have the capacity to cause death and suffering on an unprecedented scale, with widespread destruction of health care and other infrastructure and the natural environment. In the event of their use again, very little humanitarian response would be available to assist any survivors.

Global:

- endorsement of Medical Association for Prevention of War's (MAPW) request to support UN Treaty on the Prohibition of Nuclear Weapons (November 2018)

Endorsing

The following organisations endorse the Concussion in Sport Australia position statement.



Australasian Faculty of Rehabilitation Medicine



The AFRM has been leading a number of projects, including the AFRM Inpatient Standards document was published with the intent of guiding RACP Fellows, government, health service planners and administrators in their decision making about the provision of inpatient adult rehabilitation medicine services in public and private hospitals. It builds upon previous versions of AFRM Standards documents and incorporates updated best practice and consensus guidelines into one single document.

The AFRM is currently scoping the creation of an AFRM position statement on Bariatric Rehabilitation, as part of its 2019-20 work plan. The position statement will help to shape the health policy debate around bariatric surgery and rehabilitation, as well as expanding the RACP's pre-existing literature in this area.

The Faculty is also in the process of reviewing and updating existing policy documents. The AFRM is 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 and 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 P&A unit will now proceed to work with the Faculty office to draft the Terms of Reference and get the EOI process underway.

Regions & Territories

NSW/ACT Regional Committee—Election Statement (March 2019)

- Good example of model of delegation
- Jurisdiction-specific recommendations in line with existing College positions on long term NSW priorities and topical issues
- Includes cross-College priorities such as:
 - accelerated silicosis
 - high value care
 - minimising the harms from drug and alcohol consumption
- And the NSW/ACT Committee's number one priority, improving Physician/trainee wellbeing and workplace culture.



Victoria Regional Committee—Election Statement (November 2018)

- Multiple priorities and recommendations including
 - Indigenous health
 - Indigenous children in out of home care
 - Obesity
 - End of Life Care (against the background of Voluntary

Assisted Dying being lawful in Victoria as of 19 June 2019)

- STI rates and access to care
- Support for Medically Supervised Injecting Centre (coordinated with AChAM's own advocacy)



Western Australia Regional Committee—engagement on priority issues

- Support for AChSHM advocacy—AChSHM president met WA Health Minister, then briefed WA Regional Committee in person that evening.
- Support for AFOEM advocacy—Committee's rep from AFOEM met WA Industrial Relations Minister on accelerated silicosis.

Tasmanian Regional Committee—engagement on priority issue

- Major input into RACP submission on Reform Agenda for Alcohol and Drug Services in Tasmania
- This is sustained advocacy on an identified priority from its 2018 Election Statement.

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

*** Media release – 10 March 2019 ***

RACP welcomes alcohol update: New NT regulation paying health dividends

The Royal Australasian College of Physicians (RACP) has welcomed an update from the Northern Territory Government on the NT Alcohol Harm Minimisation Action Plan.

"The reduction in emergency department presentations across the Territory, and the 12-month reduction in assaults in Alice Springs, are particularly pleasing," said Dr Rob Tait, chair of the RACP NT Regional Committee and specialist paediatrician.

"We see this in our hospitals, and Territorians are starting to see the benefits in the community."

The RACP is on the record supporting a minimum floor price for alcohol and the NT Government's commitment to this is a significant moment of national leadership.

"We want this vital reform properly implemented, monitored, and evaluated as a demand-reduction measure that can pay significant social and health dividends, especially for individual health and public health. Unfortunately, the NT leads the nation in alcohol consumption. However, it's now also leading the nation in evidence-driven strategies to reduce alcohol consumption and combat the harms it causes," Dr Tait said.

"The floor price is expected to reduce the availability of cheap alcohol, and reduce alcohol consumption and problematic drinking patterns."

"Implementing the Alcohol Review's recommendations is a long-term commitment that needs bipartisan support."

Northern Territory Regional Committee—effective relationship with the NT Government

Regular meetings with NT's Health Minister, attended by the Chair and other members/Fellows as appropriate:

- Indigenous STI epidemic (with the AChSHM President)
- Advocacy to drive use of the Medical Specialist Access Framework within NT Health (with NT Committee member who is also an ATSIHC member)
- Continued engagement on alcohol (NT has the first floor price for alcohol in Australia, a key recommendation of our Alcohol Policy)

Queensland Regional Committee—engagement on priority issues

- Chair, Associate Professor Nick Buckmaster, met health minister Steven Miles to establish relationship in December 2018
- Focused on two key issues, to emphasise importance and focus energy on outcomes:
 - Obesity prevention and equitable access to bariatric surgery in the public hospital system

- STI in Indigenous populations and communities, and Queensland's role in responding

A follow-up meeting between the Minister and AChSHM President is being scheduled.

South Australian Regional Committee—ongoing advocacy of RACP priorities in SA

SA's Election statement at the start of 2018 was coordinated with PCHD advocacy on vaccination, and the Committee has continued effective government relations over the last 14 months.

Case study – regional advocacy on vaccination law reform in South Australia

No Jab, No Play

- PCHD's No Jab, No Play vaccination advocacy is tailored to each jurisdiction where laws of this kind are planned or introduced into parliament
- SA Chair discussed this with the Health Minister in a meeting (November 2018), following an update to our position (October 2018)
- Advocacy was effective: in March 2019, SA Government paused the legislation of the most problematic part of the bill (compulsory exclusion of unvaccinated children from early childhood education services)

Today's the day to discuss no jab, no play policy

BRAD CROUCH HEALTH REPORTER

NO Jab, No Play legislation being introduced to State Parliament today will allow the state's Chief Public Health Officer to prevent unvaccinated children from going to early childhood services in the event of an outbreak of a vaccine-preventable disease.

Early childhood services such as day care, preschool and kindy will be required to collect immunisation records and provide them when requested.

Health Minister Stephen Wade said the policy aims to improve the ability to prevent and control outbreaks of vaccine-preventable diseases in early childhood services.

"This will provide our public health officers with more support to prevent and contain a dangerous outbreak," he said.

SA Health's Chief Medical Officer and Chief Public Health Officer, Professor Paddy Phillips said children were one of the most vulnerable populations to vaccine-preventable disease.

"For many vaccine-preventable diseases, immunisation not only protects individuals, but also vulnerable people in the community who are too young or too sick to be vaccinated," he said.

"The ability to access an individual child's vaccination records and exclude unvaccinated children during a disease outbreak will help protect the individual and the community by minimising the spread of disease."

The second phase of the plan proposes that children

must be immunised, in a catch-up program, to enrol or attend early childhood services unless medically exempt.

It follows similar legislation interstate, however this phase first will be put to public consultation following concerns from the Royal Australasian College of Physicians which warns that lack of access to early childhood education is highly detrimental and unlikely to be effective in maximising immunisation.

A discussion paper on the issue will be released shortly.

- In March 2019, P&A provided an update to the SA Chair covering:
 - the bill's progress through SA Parliament
 - public statements by party leaders/spokespeople
 - recent media coverage
 - potential future advocacy options
 - continued liaison with PCHD.
- Three hours after this update, the day of the second story in the Advertiser, the SA Chair Dr Rob van den Berg bumped into the Opposition Leader and an opposition MP doing a meet-and-greet at the local shops.
- He introduced himself and briefly raised the issue with them there and then.
- Shadow health minister then met SA Chair with Mike Gold (paediatric immunologist, University of Adelaide)

Update as of 3 May 2019

- The Government bill passed the lower house
- The parts we do not find problematic will become law
- We are monitoring the status of split off part of the bill (consultation yet to commence).

Why is this important in the current environment?

- SA would be the first state where we have successfully changed a government's announced plans on No Jab, No Play
- Our position is nuanced:
 - informed by long term effects of excluding children from early learning opportunities
 - has evolved in last 12 months (so is not widely known within the Fellowship)
- Risk of being willfully misconstrued by anti-vax movement (we have already been deliberately misinterpreted by the AVN in WA)

- Comparable legislation is pending in WA, so a win in SA would give that government a precedent to follow.

What has it led to/what will this advocacy achieve?

- The SA Government's position has already changed because of the RACP
- It has cited us publicly as the reason
- Hansard shows all parties quoted us in Parliament
- RACP letter to the Health Minister was tabled in debate.

There are a range of issues I think we need to consider, like what I think the Hon. Tammy Franks would call the public health drivers but also medical exemptions and the issues in terms of other social disadvantage. I acknowledge the Hon. Tammy Franks quite rightly used the words 'social determinants of health'. I suppose many of those do relate to social determinants of health. We need to make sure that we act in the best interests of children, primarily through maximising the immunisation coverage, but do so without a blunt instrument and instead use the best possible instrument to provide positive outcomes for children. I seek leave to table a letter from the Royal Australasian College of Physicians, dated 19 October.

Leave granted.

Bill read a second time.

Legislative Council Hansard, The Hon. S.G. WADE (Minister for Health and Wellbeing)

- Government is relying on our advice and reputation.
- We will need to nurture that relationship and remain a reliable, authoritative source of evidence-informed policy.
- Even unsuccessful advocacy raises awareness of our position among policymakers in other states
- Boosts case for rigorous evaluation of NJNP in states where it is law.

The strategy—why engage with the opposition as well as the Government?

- We are nonpartisan
- We support good policy, whoever makes it
- Governments change, relationships can endure.

Key takeaways about regional committees

- "All politics is local" (Tip O'Neill)

- 
- Vaccination is a major bi-national priority for PCHD, but this opportunity arose because Rob van den Berg popped down to the shops and ran into the opposition leader (and was equipped with information to make the case for a meeting then and there)
 - Highlights regional committees as excellent source of information, ideas, advice, and intelligence about RACP policy and advocacy priorities on the ground
 - Necessity of state advocacy in a federal system—not all reform is at the Commonwealth level
 - Highlights value of relationships between:
 - regional chairs and DFACs
 - regional committees and the Fellowship in that region.



