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RACP submission to the Commonwealth Government COVID-19 Response Inquiry

December 2023

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



The Royal Australasian College of Physicians (RACP) welcomes the opportunity to address the Commonwealth Government COVID-19 Response Inquiry. The RACP trains, educates and advocates on behalf of over 21,000 medical physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, representing a broad range of medical specialties. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the health system, the medical profession, and the community.

Recommendations

1. **Develop a nationally consistent pandemic preparedness plan** to ensure Australia is adequately equipped for future pandemics. This activity should be led and coordinated by the Australian Centre for Disease Control (CDC). The pandemic preparedness planning must also consider the need for nationally consistent public health measures, directed by the Federal Government to the States and Territories.
2. **Develop a nationally collaborative communications strategy** to create alignment across governments during public health emergencies. This will support behaviour change and health promotion programs for the whole community and must specifically target the more vulnerable population cohorts most at risk, to access information that will positively guide health behaviours and access services available. Participation of community engagement groups is critical as part of the communication strategy to ensure health responses, planning and communications consider the specific needs of priority populations and any disproportionate impact public health decisions may have on these groups.
3. **Allocate national funding for the CDC to develop a national public health workforce training program with adequate funding for training positions**, including public health physicians and other physician disciplines relevant to disease control, to enable the capabilities that the CDC will require to support delivery of its objectives and build public health capability in all jurisdictions. The CDC should provide education and training opportunities for public health workers as an initial priority.
4. **Provide national funding to increase supports for Australians with post-COVID conditions**, including long COVID, and ensure physicians are supported to identify and manage these conditions.
5. **Fund the permanent reinstatement of all telephone-based specialist consultations**, especially crucial for rural, regional and remote patients with geographical barriers to physician access. This funding also needs to provide videoconferencing technology packages to support capacity-building for patients. Focus on priority groups in rural, regional and remote areas, aged care settings and on patients for whom access to face-to-face consultation is limited by a disability (including developmental and intellectual).

Response to specific Terms of Reference items

COVID-19 Governance

The RACP commends the Australian Government for actively involving crucial health stakeholders throughout the pandemic. Membership on advisory bodies and webinars with the Department of Health and Aged Care facilitated swift information exchange and crucial discussions during time-sensitive decision-making phases. The RACP encourages the continuation of this collaborative approach for future emergencies.

Inconsistent messaging between the States and Territories often took focus away from the delivery and communication of health advice. The division of responsibilities between different levels of government also impeded the effectiveness and efficiency of the pandemic response. While the establishment of National Cabinet was a positive response that mitigated some of these issues, it could not overcome the entrenched structural divisions in the health system and jurisdictional variations.

Future pandemic governance would benefit from a nationally consistent approach. It is essential that the use of timely, clear and open communication, combined with decision-making that is evidence informed and as consultative as possible, forms the basis of a national communications strategy. This will support behaviour change and health promotion programs nationally, especially for priority populations most at risk, allowing people to continue to access information to positively guide health behaviours and access the services available.

The RACP welcomed the 2023–24 May Budget announcements regarding the Australian Government's \$90.9 million commitment to support the establishment of an Australian Centre for Disease Control (CDC).¹ The RACP would welcome the opportunity to contribute the expertise of its members in this space.

Key health response measures

A range of public health measures were implemented during the COVID-19 pandemic, which were pivotal in containing outbreaks, safeguarding public health, and mitigating the spread of COVID-19 within Australia. The below focuses on two key health response measures.

1. Introduction of MBS telehealth items

The rapid expansion of telehealth was extremely important in enabling the continuation of many health services during the COVID-19 pandemic. The removal of long specialist consultations via telephone from the MBS has limited access to telehealth for many Australians, particularly those with existing access barriers, including some First Nations communities, people with a disability, older people, and rural, regional and remote populations, and lower income households.

The RACP has advocated for the permanent retention of specialist telehealth items in the Medicare Benefits Schedule (MBS). While the RACP recognises the many advantages of face-to-face and videoconferencing consultations, consultation modality should be decided by the patient and physician based on evidence, centred around best achievable outcomes for the patient and not driven by funding decisions.ⁱⁱ

2. COVID-19 vaccine rollout

While the COVID-19 vaccination rollout led to high vaccine coverage across Australia overall, poor planning, lack of coordination, and the absence of a fit-for-purpose communications strategy, disproportionately impacted vaccination rates in high-risk population groups including First Nations communities, people with disability and older people.ⁱⁱⁱ

Inadequate community engagement with community leaders and Aboriginal Community Controlled Health Organisations (ACCHOs) to address the cultural needs of First Nations communities resulted in slow vaccine uptake compared to Australia's general population.ⁱⁱⁱ Similarly, failure to recognise the complexities of in-reach services in the residential aged care and disability sectors, as well as insufficient engagement with in-reach service providers, contributed to slow vaccination rates in both sector populations.ⁱⁱⁱ

Broader health supports for people impacted by COVID-19 and/or lockdowns

While lockdowns were crucial in curbing COVID-19 transmission, these measures also resulted in adverse impacts on mental health, management of existing chronic health conditions, economic stability, and societal wellbeing. Balancing the imperative to control infectious disease with mitigating the broader impacts is a complex challenge.

The COVID-19 pandemic had a significant impact on the mental health of older people due to strict isolation in residential aged care and hospitals, particularly those being managed palliatively. Compassionate exemptions need to be considered and this should also apply to border closures. Isolation mitigation measures, such as telephone or video communications, needs to be considered, as well as the impacts on the physical health of aged care residents due to isolation in their rooms.

In 2021, the RACP advocated that the closure of schools and early childhood education services only be used as a last resort in containing COVID-19 outbreaks, due to the significant impact on the mental health, wellbeing and learning of children and young people, particularly those from disadvantaged backgrounds.^{iv} While the long-term impacts of COVID-19 on mental health is not yet known, urgent investment in mental health services is needed.

In December 2022, a survey of Victorian paediatricians revealed that 98% have seen an increase in mental health conditions and agree that mental health in children and young people needs more investment.^v This was confirmed by the Australian Psychological Society's survey, in which over 1000 psychologists expressed alarm at the rise of mental health conditions in children as young as 18 months through to 18 years of age.^{vi} More recently, a global review on the mental health impact of the COVID-19 pandemic found evidence of significant increases in depression and anxiety compared to pre-pandemic levels.^{vii}

Support for industry and businesses

The increased demand for COVID-19 related care in the health system has had knock-on effects for other areas of health care due to deferred treatment, reduced health screening, postponed elective surgery, and increased risk of various conditions including cardiovascular, neurological and immunological conditions in the general population.

Hospital systems across Australia are under extreme strain, with the COVID-19 pandemic and declining rates of bulk billing in primary care amplifying pressures. Physicians frequently have leadership roles in our healthcare settings as educators, mentors, clinical supervisors and leaders of multidisciplinary teams, in addition to their clinical caseload. As such, they experienced increasing fatigue, stress and burnout.^{viii}

The RACP recognises the scale of the issues facing our health care systems, physicians and patients. We have developed a range of workforce strategies and policies, including a *Regional, Rural and Remote Workforce Strategy* to expand access to generalist and other specialist services outside metropolitan areas and are investigating ways to optimise the overseas trained physician pathway and introduce generalist specialty credentials.^{ix}

It is imperative that the Australian Government commit to building a robust and responsive medical specialist workforce to relieve pressure on a health system in crisis through implementing overall workforce strategies; investing in the public health workforce; bolstering the Aboriginal and Torres Strait Islander health workforce and investing in the aged care workforce. The Australian CDC will be vital to planning for the national public health workforce, its skill development and surge capacity.

Community supports

It is estimated that 1 in 10 school students have a disability, and almost 1 in 18 have severe or profound disability.^x As schools reopened following COVID-19 closures, students with disability required increased learning supports that weren't accessible. During the COVID-19 pandemic, lockdowns and school closures saw the move to remote learning for school-aged children which increased social inequities, particularly for students with disability. It is essential that decisions around lockdowns and school closures consider the impact on those at greater risk of health and social inequities.

Mechanisms to better target future responses to the needs of particular populations

Throughout the COVID-19 pandemic, the RACP advocated for a greater emphasis on health equity and access for priority populations, including people with disabilities, children and young people, First Nations communities, older people, and those of lower socio-economic backgrounds. Targeted health service delivery requires accurate data to ensure the development of tailored responses that align with the specific health needs of priority groups and involves monitoring and evaluation to track the performance of activities.

A rapid review by the National COVID-19 Health and Research Advisory Committee on the impact of COVID-19 on people with disability found that reporting on COVID-19 vaccination rates in this population was difficult to determine as point of vaccination records did not record disability status, and was therefore cross-checked with NDIS records, which only contain the records of those who access NDIS services. As of 30 September 2023, 675,772 participants have been recorded by the NDIS^{xi}, just over 15% of the estimated 4.4 million Australians living with disability.^{xii} Data limitations contribute to difficulties identifying people with disability for priority access to vaccination, as well as reporting on vaccination rates in this population.

Designated responsibility and accountability for the collection and analysis of health needs data, as well as clear communication and training to ensure correct and consistent recording, is needed to assess longitudinal health outcomes and to properly inform policy.

Lessons learned from COVID-19 must form the cornerstone of Australia's future pandemic preparedness planning. The agility demonstrated in deploying public health measures, the rapid advancements in vaccine development and distribution, and the innovative approaches to health care delivery are invaluable takeaways. These should guide Australia's strategies for tackling future health emergencies, however it is crucial that the shortcomings are acknowledged and incorporated into policies and strategies to enhance Australia's future pandemic responses.

Should you have any queries related to this submission, please contact the RACP Policy and Advocacy Team via policy@racp.edu.au.

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- ⁱ Australian Government Department of Health and Aged Care. Australian Centre for Disease Control [Internet]; 2023 Available from: [Australian Centre for Disease Control | Australian Government Department of Health and Aged Care](#)
- ⁱⁱ RACP, 'A backward step for healthcare- Physicians disappointed some specialist phone telehealth items will not be made permanent', media release 30 June 2022 [Internet]; [A backwards step for healthcare - Physicians disappointed some specialist phone telehealth items will not be made permanent \(racp.edu.au\)](#)
- ⁱⁱⁱ Department of Health and Aged Care. Australia's COVID-19 Vaccine Rollout: The Auditor-General Report No.3 2022-23 Performance Audit [Internet]; [Australia's COVID-19 Vaccine Rollout \(anao.gov.au\)](#)
- ^{iv} RACP, 'RACP warns against blanket school closures and says state governments should not extend school holidays to manage outbreak', media release 1 July 2021 [Internet]; [RACP warns against blanket school closures, and says Governments should not -extend- school holidays to manage outbreak](#)
- ^v RACP, 'Victorian paediatrician survey shows more action needed for kids' mental health', media release 21 December 2022 [Internet]; [Victorian paediatrician survey shows more action needed for kids- mental health \(racp.edu.au\)](#)
- ^{vi} Australian Psychological Society, 'Aussie kids' mental health and wellbeing', media release 29 November 2022 [internet]; [Aussie kids' mental health and wellbeing | APS \(psychology.org.au\)](#)
- ^{vii} Bower M, Smout S, Donohoe-Bales A, O'Dean S, Teesson L, Boyle J, Lim D, Nguyen A, Calear AL, Batterham PJ, Gournay K, Teesson M. A hidden pandemic? An umbrella review of global evidence on mental health in the time of COVID-19. *Frontiers in Psychiatry* 2023; 14:1107560. doi: <https://doi.org/10.3389/fpsy.2023.1107560>
- ^{viii} RACP, Are you COVID safe? Survey report, 2021, [Are you COVID-19 safe? \(racp.edu.au\)](#)
- ^{ix} RACP Rural, Regional and Remote Workforce Strategy, December 2022. [Regional, Rural and Remote Physician \(racp.edu.au\)](#)
- ^x People with disability in Australia, engagement in Education [Internet]. Australian Institute of Health and Welfare, 2022. Available from: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/education-and-skills/engagement-in-education>
- ^{xi} Report to disability for Q1 of Y11 Full report [internet]. National Disability Insurance Scheme, 2023. Available from: <https://www.ndis.gov.au/about-us/publications/quarterly-reports>
- ^{xii} People with disability in Australia, Summary [internet]. Australian Institute of Health and Welfare, 2022. Available from: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary>