RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

RACP Submission on the Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

October 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates, and advocates on behalf of over 20,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

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

Contact us

Thank you again for the opportunity to provide feedback. We appreciate the work the Commonwealth Government is doing in crisis response and recovery and its engagement with the healthcare sector. If you require any further information, please contact Ekta Sharma, Senior Policy & Advocacy Officer, at Policy@racp.edu.au.

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

RACP Submission on the Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

We were pleased to attend the National Resilience Taskforce health sector roundtable organised by the Australian Government's Department of Home Affairs in September 2023. It showed an understanding of the important role of the health sector in crisis response. It was positive to see that discussions at the roundtable recognised the need to:

- Involve primary healthcare and local communities more in planning and preparedness; and
- Have an adequate health workforce as a starting point to ensure that increased capacity requirements can be met during crisis response and recovery periods.

While we understand that the focus of the Commonwealth's Alternative Commonwealth Capabilities for Crisis Response Discussion Paper ("Crisis Response Discussion Paper") is on crisis response and recovery, it was encouraging to see resilience and prevention recognised as key to disaster response and recovery at the health sector roundtable. We build on the points we raised at the roundtable below and trust that these can be incorporated into your report.

Our key asks for supporting successful crisis response and recovery

Our key asks draw on our work in climate change and health, Indigenous health and equity, and healthcare system reform. We have previously called for the Australian Government to take whole-of-government and Health in All Policies approaches to health policy and action. Both the Department of Home Affairs and the National Resilience Taskforce have important roles to play in ensuring we have a health sector that is prepared and well-equipped to support crisis response and recovery. Investing in resilience, equity and empowerment at individual, community and service levels can reduce the need for costly crisis response and recovery services.

We urge the Commonwealth Government to lead and work with state and territory governments to:

- Invest in building healthy and climate resilient communities and healthcare systems to decrease climate risk and climate disaster vulnerability, including:
    - Engaging with Aboriginal and Torres Strait Islander people and communities to identify and adapt for risks posed to community, culture, and connection to Country;
    - Addressing systems and structures that cause socioeconomic inequities; and
    - Addressing the needs of priority populations including older adults, people with a disability, children, people with chronic medical conditions, socioeconomically disadvantaged communities, culturally and linguistically diverse communities, outdoor workers, rural and remote communities, and communities living and flood plains.
- Centre and leverage the role of health services, including primary, secondary, and tertiary healthcare, as anchor institutions in communities to help communities prepare for, respond to, and recover from crises.
- Recognise sovereignty and First Nations knowledges in bioregional responses to disaster, including engaging with Elders, knowledge holders, and leaders, and ensuring that First Nations policies, initiatives, expertise, knowledge, and practices are centred in crisis response and recovery.
- Prioritise and support the role of Aboriginal Community Controlled Health Services (ACCHS) and their peak bodies in all phases of crisis response and recovery.

- Provide national coordination and support for building community climate resilience and capacity for crisis response and recovery, including engaging directly with local communities to determine their needs.
- Ensure primary care providers are involved in planning for disaster response and are provided with rapid real-time communication and resources for them to respond appropriately.
- Ensure access to specialist services for conditions arising from extreme weather events and for chronic physical and mental health conditions are integrated as part of response and recovery.
- Empower healthcare practitioners to provide more of what they normally do, rather than reassigning them to unfamiliar tasks in crisis situations.
- Build an effective and robust health sector that can support crisis response and recovery through adequate health workforce staffing levels, access to mental health support for health professionals, better models of care, investment in prevention, incentives to promote better geographical distribution of the medical workforce, technological capacity and development, and a national public health workforce strategy, including public health physicians.
- Establish a nationally coordinated surge health and medical workforce for deployment in response to extreme weather events.
- Deliver a well-funded and resourced Australian Centre for Disease Control (CDC) which can support crisis response and recovery, including management of the National Medical Stockpile, building a multidisciplinary public health workforce, and informing surge workforce planning.

Climate change is and will continue to be a key driver of crises in Australia

We commend the Commonwealth's recognition of the threat posed by climate change in its Crisis Response Discussion Paper, in its recent Intergenerational Report, and through the development of a National Health and Climate Strategy ("Health and Climate Strategy"). Our submission on the Health and Climate Strategy emphasises the need for building healthy and climate resilient communities.

Following our submission, we led a joint media release supported by 12 other medical colleges calling for mobilisation of sectors outside of the health system to address the wider determinants of health in support of building stronger, healthier communities that are able to thrive in the face of climate change. Our submission and media release draw from our 2021 report on Climate Change and Australia's Healthcare Systems, which recommends urgent action on climate resilience and mitigation.

These asks recognise that an ongoing focus on resilience, prevention and preparedness of both communities and the healthcare systems and workforce are key to manageable crisis response and recovery.

As the Commonwealth has recognised, climate change will continue to be a key driver of crises in Australia's future. It will also test the limits of adaption.[1] Health and wellbeing are an important framework for determining when populations and communities are still being adversely impacted despite best efforts to adapt. Accordingly, the recommendations from our submission on the Health and Climate Strategy are relevant to the Commonwealth's approach to crisis response and recovery. Further, engaging with the Department of Home Affairs aligns with our call for whole-of-government

[1] Intergovernmental Panel on Climate Change. Climate Change 2023 Synthesis Report [Internet]. 2023 [cited 2023 Oct 5]. Available from: https://www.ipcc.ch/report/ar6/syr/downloads/report/IPCC_AR6_SYR_FullVolume.pdf.

and Health in All Policies approaches to improving population health and ensuring climate resilience across communities and organisations, including health sector organisations. We also reference our work more broadly as relevant, including in Aboriginal and Torres Strait Islander health and equity and preventive health.

First Nations leadership must guide preparedness, response, and recovery

Aboriginal and Torres Strait Islander leadership and knowledge must be central to crisis response and recovery and should include working with Aboriginal Community Controlled Health Services (ACCHS). This needs to include listening to First Nations voices, knowledge holders, and leaders to help understand how we can, in bioregional areas, understand, prevent, and prepare for disaster. Traditional owners and custodians have deep knowledge of place, including knowledge and lived experience of adaptation, and this should be recognised. This must be done through processes that Indigenise and decolonise, and are non-extractive.

Our submission on the Health and Climate Strategy recommends that the Commonwealth Government ensure that First Nations policies, initiatives, expertise, knowledge, and practices guide all aspects of the Strategy and not just those that are seen as relating directly to First Nations Country, culture, and wellbeing. This also applies to crisis response and recovery. This means recognising sovereignty and First Nations knowledges in bioregional responses to disaster, and engaging with Elders, knowledge holders, and leaders.

In our submission to the Royal Commission into National Natural Disaster Arrangements – Health Issues Paper ("Disaster Arrangements submission") we recognise the specific role of ACCHS as primary care providers for local Aboriginal communities.[2] ACCHS are best placed to know and respond to the needs and priorities of their communities. The ACCHS sector and their peak bodies should also be included and integrated into all phases of extreme weather event responses.

Further, the RACP's Aboriginal and Torres Strait Islander Position Statement and Indigenous Strategic Framework outline principles and positions that should be considered, including prioritising self-determination and cultural safety.

Given the ongoing existence of structures and approaches that continue the detrimental impacts of colonisation and dispossession faced by Aboriginal and Torres Strait Islander people and communities, approaches to crisis response and recovery must be culturally safe, strengths-based, First Nations led, and prioritise self-determination. The RACP "recognises the cultural diversity among and within Aboriginal and Torres Strait Islander communities, and understands that languages, traditions, and spiritual and cultural beliefs vary."[3] Aboriginal and Torres Strait Islander communities are likely to have different priorities relating to climate change and health both reflecting the diversity among and within communities and of the lands they are custodians of.

While the concept of cultural safety has come about largely through clinical settings, it can be applied more broadly. A key part of cultural safety is critiquing power structures and challenging one's own biases, assumptions, and prejudices,[4] and this is applicable and possible within clinical settings and

[2] Panaretto KS, Wenitong M, Button S. Aboriginal Community Controlled Health Services, Leading the way in primary care. Med J Aust 2014 June 200(11). Available from: https://www.mja.com.au/journal/2014/200/11/aboriginal-community-controlled-health-services-leadingway-primary-care.
[3] Aboriginal and Torres Strait Islander Health Position Statement [Internet]. The Royal Australasian College of Physicians; 2018 [cited 2023 Jul 21]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-2018-aboriginaland-torres-strait-islander-health-position-statement.pdf.
[4] Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine SJ, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. International Journal for Equity in Health [Internet]. 2019 Nov 14 [cited 2023 Jul 25];18(1):1–17. Available from: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3.

beyond them. Accordingly, it should guide all aspects of the development and implementation of the Strategy.

Crisis response and recovery are connected to climate resilience

Our submission on the Health and Climate Strategy recognises that whole-of-government and Health in All Policies approaches are key to tackling both health equity and climate change. We would like to see the Department of Home Affairs work more closely with other parts of Government to build healthy and climate resilient communities who are ready for crises and have the information and support they need to recover successfully. Our submission provides advice and recommendations regarding vulnerability assessment and adaptation planning (see page 27 of our submission). Climate resilience and investment in preparedness support successful crisis response and recovery. To build resilience and increase preparedness the Commonwealth must work with state, territory, and local governments to:

- Engage with Aboriginal and Torres Strait Islander people and communities to identify and adapt for risks posed to community, culture, and connection to Country.
- Address systems and structures that cause socioeconomic inequities.
- Ensure greater protection of natural assets that are essential to our health outside of crisis situations, including not degrading drinking water.
- Address the needs of priority populations including older adults, people with a disability, children, people with chronic medical conditions, socio-economically disadvantaged communities, culturally and linguistically diverse communities, outdoor workers, rural and remote communities, and communities living and flood plains.
- Recognise the role of health institutes, bodies, and organisations as anchor institutions in communities, in particular primary care, and community health.
- Invest in health system disaster risk mapping to ensure the system can prepare, respond to, and recover from climate disasters and other crises.
- Ensure deep community engagement and best practice co-design in all policy, program design, and governance processes regarding crisis preparation, response, and recovery, such as horizon scanning, design, development, implementation, monitoring, and evaluation. This should include providing the opportunity to discuss and share the prospect of facing unprecedented crises in the future to support communities to be better prepared.
- Support the building of relationships and connections within and between communities and organisations before crisis hits to last through crises and support response and recovery.
- Train undergraduate and postgraduate students in health, medicine, and other disciplines involved in crisis response in climate-related emergencies through a resilience lens, including personal and patient risk assessment and management.

Health Care Without Harm has a useful resource Anchored by health care: Strategies for health systems, which is a guide for healthcare anchor institutions to connect and engage with their communities and local stakeholders. The Care through disaster report explores what communities need to care and be cared for before, during, and after disasters. Collaborating 4 Inclusion's Person-Centred Emergency Preparedness Toolkit is an example of a co-designed resource – it was developed with people with disability and enables preparedness and planning.

National coordination and support needed

We also outline the coordination and support that should be provided at a national level to support the building of community climate resilience in our submission on the Health and Climate Strategy, and advocate for the Commonwealth Government to:

- Track vulnerability assessments and adaptation planning across states and territories to ensure a comprehensive approach.
- Develop and maintain a central, open access database of relevant resources.
- Set up paired governance and funding mechanisms that work across silos and sectors to remove barriers for collaboration, coordination, and cross-agency prioritisation.
- Roll out a national toolkit of climate data, including vulnerability mapping, and shareable ideas for adaptation for use by health professionals and communities.
- Facilitate conversations with local communities to determine what needs to be done and how support at a national level could assist.
- Connect experts and communities across states and territories.
- Establish funding structures to resource vulnerability and adaptation assessment and planning in partnership with states and territories.

The above are also relevant for crisis response – communities need to be engaged and supported before crises are happening, so they are in a better position to respond and recover.

Existing resources provide useful frameworks and share important lessons

We note that The Royal Commission into National Natural Disaster Arrangements Report, which is referenced in the Crisis Response Discussion Paper provides useful recommendations. We support the recommendations from this report being implemented as a matter of urgency, in consultation with states, territories, and local communities to ensure they still meet current needs.

The Sendai Framework for Disaster Risk Reduction is an important resource for ensuring Australia is well-prepared for successful response and recovery. The WHO has numerous resources on climate adaptation strategies and plans, including its Quality Criteria for Health National Adaptation Plans, which emphasises the need for cross-sectoral cooperation and coordination, particularly across sectors that determine health, including food, water, energy and housing. Further, the need to maximise synergies with other multilateral agendas including the Sendai Framework and the Sustainable Development Goals is recognised. The Global Facility for Disaster Reduction and Recovery (GFDRR) also provides a information on Climate and Disaster Risks Management for Health Systems.

Resources and experiences from Aotearoa New Zealand may also be useful including their National Disaster Resilience Strategy, the Whole of Government Report: Lessons from the Canterbury earthquake sequence, and a short summary regarding the Christchurch Earthquake through the Australian Civil-Military Centre – Disaster response: lessons from Christchurch. These highlight the importance of resilience and the need for a coordinated response to disaster response and recovery.

A strong healthcare system and health workforce are key to effective crisis response

Extreme weather events and other crises are having a significant impact on health. Efforts to protect health must focus on prevention and preparedness to ensure sustainable and meaningful ways of

responding to and recovering from crises. It is essential to include the health sector in prevention, preparedness, response, and recovery. This needs to include emergency medicine and primary healthcare, but also specialists as part of a strong and supported health workforce and a resilient health sector.

Our Disaster Arrangements submission recommended the following regarding the role of healthcare providers:

- Ensure primary care providers are involved in planning for disaster response as well as provided with up-to-date communication and resources for them to respond appropriately.
- Ensure that the ACCHS sector and their peak bodies are included and integrated into all phases of response.
- Ensure access to specialist services for conditions arising from extreme weather events and for chronic physical and mental health conditions are integrated as part of response and recovery.
- Empower healthcare practitioners to provide more of what they normally do, rather than reassigning them to unfamiliar tasks.

We also consider that the health sector should be present at all emergency exercises and that there should be greater emphasis on health protection in emergency messaging. This should include ready access to health advice for those with concerns that do not require ambulance or hospital care, for example through virtual services delivered through telehealth (telephone and video-based), telemedicine, tele-education, teletherapy, and telemonitoring. These can include a variety of approaches and modalities, from simple information hotlines to complex hospital-in-the home monitoring. Greater place-based integration of health services by including them in emergency planning, exercises and budgets should also be considered.

Further, in our Disaster Arrangements submission we urge the Commonwealth to build capacity within the healthcare sector for disaster response:

> "Rather than just seeing the 'health arrangements in natural disasters' being about having dedicated agencies to be activated in the event of a disaster, it would be appropriate to see the health system response as an enhanced and magnified contribution from existing effective and robust health services and service providers – an 'up-scaling' of existing health services.
>
> "A more solid baseline healthcare system with a more agile, integrated, patient-centred focus provides a greater capacity for comprehensive health system responses to acute emergencies. Improved consultant physician integration, in particular, is required."

Building an effective and robust health sector must include:

- Addressing the wider determinants of health, including social, cultural, and environmental determinants, to reduce vulnerability, assist in community resilience, and decrease health service demand.
- Adequate staffing levels through improving workforce modelling and providing wellbeing-promoting, flexible working arrangements for healthcare workers.
- Better models of care through investing in well-designed, integrated, and funded community-based care to reduce demand on emergency departments and hospitals.
- Investment in prevention through actioning the commitment to invest 5% of healthcare expenditure on prevention by 2030.
- Incentives to promote a better geographical distribution of the medical workforce, including specialists, between metropolitan, rural, regional, and remote areas.

- Technological capacity development, including investment in remote models of service delivery like telehealth and video consultation packages.
- Development of a properly funded national public health physician training program to build public health capability in all jurisdictions.
- A national public health workforce strategy including public health physicians.
- Delivering a well-funded and resourced Australian Centre for Disease Control (CDC) taking a 'one health' and 'all hazards' approach to inform surge national health workforce planning (CDC discussed further below). A 'planetary health' approach should also be considered as outlined in our submission on the Health and Climate Strategy.

Further, health professionals must have access to mental health support and resources and challenges in access and health outcomes and workforce shortages in rural and remote areas must be addressed.

Understanding that building resilience to climate disasters within the health sector involves many components and a holistic approach is valuable. Vardoulakis and colleagues outline a 'Framework for building resilience to climate disasters in the health sector'[5] that puts diverse knowledges and a whole-of-system approach at its centre. The framework is useful for understanding how aspects of the health sector and sectors that influence health fit tougher in resilience, response, and recovery. Further, this article on non-traditional health threats on the Australian Disaster Knowledge Hub raises important considerations for future emergency planning.

As the College representing physicians, we have long called attention to barriers to deploying specialist knowledge sets within primary practice to assist professionals including GPs to expand their scope, including lack of dedicated Commonwealth funding source or innovative service models to link the secondary and primary care sectors, and the continuing predominance of fee-for-service models of payment that promote a siloed approach to healthcare. A model for a dedicated funding source is laid out and described in the RACP Model of Chronic and Care (MOCC). The RACP MOCC could form the basis of a mechanism to channel rapid advice, training and supervision from specialists to support negotiated scope expansion within the primary care sector for national crises and emergencies. Greater responsibilities for allied health professionals should also be considered.

A surge health and medical workforce must be established

We have previously called for the establishment of a nationally coordinated surge health and medical workforce for deployment in response to extreme weather events. This is crucial for crisis response and recovery. In our last pre-budget statement we outlined that establishment of a surge workforce should include funding for:

- A nationwide program should be established to encourage a wide cross-section of health and medical workers to join;
- Provision of initial and ongoing training;
- Travel to impacted regions; and
- Remuneration and access to mental health support for deployed workers.

Appropriate staffing levels day-to-day and more flexible working arrangements are important both in areas that may be impacted by climate disasters and other emergencies, and in areas from which

[5] Vardoulakis S, Matthews V, Bailie RS, Hu W, Salvador-Carulla L, Barratt AL et al. Building resilience to Australian flood disasters in the face of climate change. Med J Aust 2022 October 217(7). Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9795877/#mja251595-fea-0001.

health professionals may be deployed. Commonwealth funding and support for states and territories building surge capacity or a level of redundancy into their health and emergency workforces should be considered.

Expanding the capabilities and capacity of the Australian Medical Assistance Team ("AUSMAT") should also be considered. However, we note that there are challenges with this model, including the need for infrastructure that can support such a model and the need for surge workforces to have knowledge of local processes. Further, the AUSMAT model may not meet needs where crisis response and recovery are prolonged. Accordingly, empowering primary care with infrastructure, technology, and communication channels that support them during a crisis is essential. This could include use of social media and access to satellite phones during disasters. Development of a volunteer workforce for community resilience in relation to wellbeing and care navigation should also be considered.

The Australian Centre for Disease Control has a key role in crisis response

Our submission on the Role and Function of an Australian Centre for Disease Control ("CDC") is also relevant for disaster response and recovery. We highlight key points from our submission below.

There is a need for better data to inform the composition and use of the National Medical Stockpile (NMS) to improve our resilience. The CDC should have a lead role to assess risk, advise on the appropriate stockpile size, and prepare for any mitigation required in times of shortage to activate alternative logistics channels or bridge time to manufacture. Further, the CDC should develop the evidence-based modelling, planning, logistics and public health guidance on the contents and use of the NMS by health systems across Australia in coordination with the Department of Health and Aged Care. It should also act to integrate data from national datasets and notifiable diseases databases into the models and real time monitoring to support NMS replenishment. The CDC could also house integrated forecasting and horizon scanning functions utilising links into global health programs, particularly in the Asia-Pacific, the US CDC, the ECDC and WHO to identify early threats to public health and the likely required stockpile needs. Learning from the lessons of the pandemic, the CDC can also best ensure out-of-hospital doctors and other health practitioners who are not GPs are not overlooked in supply and logistics lines when the next crisis strikes.

The need for national capacity development and planning for the public health workforce was underscored during the COVID-19 pandemic. The pandemic revealed differences in the capacity of jurisdictions to respond to its various challenges. There is now limited if any central oversight and coordination of the public health workforce, for both physician and non-physician disciplines. Building the surge capacity of the multidisciplinary public health workforce is a priority for the forthcoming CDC so that the transmissible and chronic diseases that could emerge in a disaster scenario are appropriately monitored and controlled.

Had there been strong local public health units in every jurisdiction monitoring epidemiology and disease control strategies during the pandemic, many of the public health workforce, service delivery and coordination problems experienced could have been avoided, or significantly mitigated. Similar challenges can be circumnavigated in future health or environmental crises with the support of a diverse CDC workforce and CDC advisory structure incorporating the range of medical specialties relevant to disease control. These include public health physicians, infectious diseases physicians, occupational and environmental physicians, clinical pharmacologists, and toxicologists.

In addition, the training of more public health workers is needed through a dedicated national training program for public health professionals that includes public health physicians. A dedicated national training program is required to boost supply and build capacity beyond the jurisdictional training programs in place. The CDC itself will also need to build a pipeline of public health expertise in order

to build its own capability, and public health physicians will be an essential resource. The RACP's position statement, Public Health Physicians: Protecting, Promoting and Improving Health for the Whole Community provides further information.

The RACP and its Australasian Faculty of Public Health Medicine are well positioned to support such work, with the CDC as the cross-jurisdictional lead on the development of a national public health workforce equipped for future epidemics and chronic disease challenges alike. The program should include medical as well as non-medical public health professionals and must be designed to offer trainees attractive and rewarding career pathways. It should offer dedicated places to First Nations trainees. The training program would deliver a core sustainable public health capability that could then be mapped to ongoing career progression and positions within the CDC and jurisdictional public health structures, departments, and units, replacing the current ad hoc approaches to jurisdictional public health workforce planning.

In addition to co-designing and appropriately funding the national public health training program, the Centre should also plan to make full use of the medical specialist workforce in public health emergencies across the country, boosting surge capacity as it becomes necessary. A range of physician subspecialties work in disease control, prevention and protection and require workforce support and capacity building to optimise their contribution to the CDC.