



The Royal Australasian
College of Physicians

RACP SPECIALIST ACCESS ROUNDTABLE CONSENSUS STATEMENT

August 2014





OVERVIEW

On Wednesday 27 August 2014, thirty-five (35) experts in Indigenous health came together (the Roundtable) to discuss how to improve access to necessary specialist medical care for Aboriginal and Torres Strait Islander peoples.

As a product of the Roundtable, The Royal Australasian College of Physicians (the RACP) has produced this consensus statement which captures the key points that were discussed and agreed.

This statement has been collated by the RACP and does not necessarily indicate any binding commitment from the Roundtable participants' organisations.

CONSENSUS

The Roundtable participants reached consensus that:

A national framework is needed to underpin a nationally networked, coordinated and consistent system that enables equitable access to specialist medical care with complete geographical coverage across Australia.

There are a number of principles that inform best practice in the provision of specialist medical care and these principles will comprise the basis of the national framework.

The framework will incorporate essential elements required for effective and sustainable models of care, that will draw on the experience and evidence of existing programs and services.

The development of the models of care to be implemented must be Indigenous community and primary care-led to meet the community's identified needs



PRINCIPLES

The Roundtable participants discussed and agreed that a specialist access framework needs to be underpinned by the following principles:

- **Indigenous Leadership** – Service development and provision should be led by Aboriginal and Torres Strait Islander health organisations, communities and people, recognising the system as a whole taking responsibility.
- **Culturally Safe & Equitable** – Specialist services should address barriers facing Aboriginal and Torres Strait Islander peoples (including institutional racism) and should provide culturally safe services delivered by well-trained and professional multidisciplinary teams.
- **Person-Centred & Family Orientated** – Specialist services should focus on the individual and understand the role and value of the family in care provision.
- **Flexibility** – Diversity of populations, locations and health services requires flexible models of care as well as flexible approaches to funding and service arrangements.
- **Sustainable & Feasible** – Services need to be based on identified needs, take account of existing infrastructure and be appropriately resourced to ensure they are sustainable.
- **Integration & Continuity of Care** – Care is provided across the life course and across health care settings and geographies and is underpinned by comprehensive primary health care. Strengthening primary health care systems to make best use of specialist services to achieve best long-term and sustainable health outcomes must be included in the planning of specialist services, and primary health care services.
- **Quality & Accountability** – The right care needs to be delivered at the right time and in the right way with clear accountability at all levels.

The principles inform the essential elements of specialist medical care service delivery which should include:

- **Governance & Funding** – Collaborative partnerships (notably with the Aboriginal Community Controlled Health Care sector) other service providers and communities, expressed in formal agreements are required in each region/area to ensure appropriate decision making and resource allocation, as well as to effectively coordinate and utilise existing funding sources.
- **Knowledge & Planning** – Services should be evidenced based, incorporate evaluation and quality improvement processes, and be coordinated across regions and both mainstream and Aboriginal Community Controlled health service providers.
- **Models of Care** – Flexible models of care are needed that take account of best practice specialist service delivery, are integrated with primary health care and other services, and appropriately use advances in technology (such as Telehealth). They should involve a multidisciplinary approach to care and need to be able to address the high burden of disease and higher levels of co-morbidities in Aboriginal and Torres Strait Islander communities, and considers mal-distribution of the healthcare workforce.
- **Workforce** – Well trained multidisciplinary teams are necessary for the delivery of specialist services, and must involve Aboriginal and Torres Strait Islander Health Workers and Practitioners within respectful, inter-professional relationships.



A NATIONAL FRAMEWORK

The principles and elements of equitable specialist medical care should be detailed in a nationally endorsed and applied Framework. The Framework would support and inform services in developing and improving the specialist medical care they provide, and would inform and support the development of a national system. The Framework would:

1. Be a principle-based guide that informs and supports the equitable provision of high-quality, effective, accessible and affordable specialist medical care for all Aboriginal and Torres Strait Islander peoples;
2. Support the development of community-led models of care, designed to meet the community's needs;
3. Highlight the core components within best practice models of care that facilitate high-quality, effective, accessible, affordable and culturally safe specialist medical care; and
4. Advocate for the establishment of a national, networked system that provides complete geographical coverage across Australia.

A NATIONAL SYSTEM

A national system would:

1. Systematically scope out, identify and work to address gaps and issues in specialist medical care services across Australia (including existing and required funding, workforce, patient needs and service availability);
2. Be underpinned by a national Framework that identifies best practice and principles required to achieve equitable specialist medical care for Aboriginal and Torres Strait Islander peoples;
3. Be based on regionally delineated centres (e.g. Primary Health Networks and/or Aboriginal Community Controlled Health Organisations aligned with local health districts) where the community, primary health and acute health sector boundaries are aligned and from where they can access the health professionals required, including specialists, providing complete geographical coverage of Australia; and
4. Have clearly defined roles and responsibilities for all level of governments and other health agencies regarding funding, administration, service delivery, information management, evaluation and accountability.



CONCLUSION

The Roundtable participants are in agreement that priority needs to be given to improving access to specialist medical care for Aboriginal and Torres Strait Islander peoples, moving from the current facilitative arrangements that leave many gaps in service provision, to new systematic arrangements which provide access to specialists for Indigenous peoples in all regions of Australia, whilst recognising government efforts to provide national coordination and infrastructure support.

National needs-based access to specialist medical care will help 'close the gap' between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

A national Framework that outlines a networked and systematic approach will help address the current issues that negatively impact access to specialist medical care.

To progress this work, The RACP will work with partners and stakeholders to:

1. Finalise a draft national Framework for specialist medical care;
2. Present this national Framework to the Close the Gap Steering Committee for inclusion in the National Aboriginal and Torres Strait Islander Health Plan's (NATSIHP) Implementation Plan;
3. Advocate for, and work to support, the development of the national system based on the national Framework and its principles, including:
 - a. further scoping and auditing of service delivery models, funding resources and mechanisms, assessing and meeting workforce requirements and service needs;
 - b. presenting at the RACP national forum in May 2015;
 - c. engaging with stakeholders such as the Committee of Presidents of Medical Colleges (CPMC), governments, the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association (AIDA) and the Close the Gap Steering Committee and Commonwealth, State and Territory governments to build consensus and buy-in; and
 - d. advocate for a greater focus nationally to increase the Indigenous Health workforce;
4. Support the training of a larger number of specialists to work in Indigenous Health, including:
 - a. supporting and growing the Indigenous physician workforce
 - b. exploring the development of training and qualifications for working in Indigenous Health and options for specialties in Aboriginal and Torres Strait Islander Health (involving the CPMC); and
 - c. advocating for more specialist training positions, including generalist and other physicians to meet the needs of community, in government and non-government services.

The RACP thanks the Roundtable participants for their contribution and looks forward to working with stakeholders and key partners to progress this important issue.

RACP Aboriginal and Torres Strait Islander Health Committee members:

TITLE	NAME	POSITION
Dr	Tamara Mackean	Chair of RACP Specialist Access Working Group, Public Health
Dr	Paul Bauert	Paediatrician
A/ Professor	Noel Hayman	ATSIHC Chair, Public Health
Professor	Ian Ring	Public Health
A/Professor	Ashim Sinha	Endocrinologist
A/Professor	John Stuart	Paediatrician
Dr	Ray Warner	Community Representative, General Practice
Ms	Lisa Briggs	NACCHO Representative, CEO NACCHO
A/Professor	Phillip Mills	Community Representative, Torres Strait Islands
Dr	Stephanie Trust	AIDA Representative, General Practice
Dr	Catherine Yelland	RACP President-Elect, Geriatrician



The Royal Australasian College of Physicians

ABOUT THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

The RACP trains, educates and advocates on behalf of more than 14,800 physicians – often referred to as medical specialists – and 6,000 trainees, across Australia and New Zealand. The College represents more than 32 medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology and public health 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.

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