17 November 2022

Hon Dr Sally Talbot MLC
Chair
Select Committee into Child Development Services
Legislative Council of Western Australia

Via Email: sccds@parliament.wa.gov.au

Dear Dr Talbot

Inquiry into Child Development Services

Thank you for the opportunity to contribute to this inquiry. We commend the Committee's formation and focus on this issue. This submission pertains to the following term of reference: *the role of specialist medical colleges, universities and other training bodies in establishing sufficient workforce pathways*.

Introduction
The Royal Australasian College of Physicians (RACP) trains, educates and advocates on behalf of over 19,673 physicians and 9,033 trainee physicians across Australia and New Zealand. The RACP represents 33 diverse medical specialties including paediatrics and child health, addiction medicine, public health medicine, occupational and environmental medicine, sexual health medicine, and rehabilitation medicine, general medicine, oncology, cardiology, respiratory medicine, neurology, and palliative medicine.

Background
The RACP is the sole accredited provider of specialist paediatric training in Australia. Specialist training is delivered through a partnership, on-the-job training model. State and territory governments generally fund training positions in hospitals and other relevant settings. Doctors apply to the RACP to be admitted to the specialist training program to complete their specialist training. Places are not restricted, but a trainee must have a training position. The program is divided into Basic Training (generally 3 years), and once trainees have passed Basic Training exams, they can progress to Advanced Training (also generally 3 years which can be in general paediatrics or 26 paediatric subspecialties including endocrinology, rehabilitation, neurology, and Community Child Health.

Workforce
The RACP assesses and accredits training settings (the health services where training occurs). An accredited setting:

- delivers workplace training to develop competent physicians who provide safe healthcare to patients
- safeguards trainees and trainee-delivered patient care
- promotes high-quality learning
- supports quality teaching and supervision
- enables training providers to reflect on their training and make improvements

Our data indicates that the per capita proportion of trainees and new paediatricians in Western Australia who are general paediatricians or Community Child Health paediatricians is comparable or slightly better than across Australia.[1] While noting this, however, we

acknowledge that the current paediatrician workforce is not sufficient to meet service demands in Western Australia, especially in the sub-specialties of neuro-developmental, mental health, and adolescent paediatrics.

At the broadest level, any changes to workforce models or strategies should be informed by and consistent with the National Medical Workforce Strategy, which has been endorsed by the nation's health minsters and the RACP.

Most paediatricians in Western Australia are in private practice. In most jurisdictions in Australia public paediatric services are limited by available funding from state and territory governments. This results in long waiting lists to access services, and for those who seek out private paediatricians, out-of-pocket costs are incurred. WA Health should consider expanding community child health services to increase availability of public paediatric services to maximise access, via increased resourcing of paediatric registrar positions to begin the process of increasing paediatrician workforce in the state. WA Health could also explore accrediting private settings for training. Such exploration should be in collaboration with the RACP and other stakeholders.

Meeting clinical service needs is only part of the role performed by paediatricians. We strongly encourage robust mechanisms for supporting (and protecting time for) research, education, training, administration, and mentoring.[2] Such non-clinical activities are ultimately in service of patient care in the long term but they should not be subordinated to it in the short term. This is especially important were resourcing available to support an increase in paediatric training positions – the trainees in those new positions would need sustained supervision, training, and support in order to succeed.

Paediatricians trained in developmental paediatrics and mental health (psychiatry) are in high demand due to increased demand for mental health issues, ADHD, and Autism Spectrum Disorder diagnosis, treatment and support.

The potential for increasing the number of paediatricians specialising in developmental paediatrics, especially Community Child Health paediatricians, is to a considerable extent a matter to be determined by resourcing at the clinical service level. However, the challenges Western Australia faces in attracting/retaining medical specialists across most specialties pertain to these fields too.

The RACP strongly supports integrated, cross-profession, team-based approaches to care, albeit with varying roles in relation to screening, diagnosis, co-management, and prescribing. We note that the extensive RACP training programs (typically 6-7 or more years post university) that lead to specialist paediatric, and subspecialist paediatric, registration provide our Fellows with a deep level of clinical knowledge and clinical experience. For this reason developmental assessment and diagnosis should remain the role primarily of paediatricians (and other specialists such as psychiatrists) with specialised training, and who have the models of care set up to facilitate the kinds of assessment methods that are needed.[3]

The RACP would be pleased to arrange a representative to give evidence to the Committee. For this purpose or to discuss this matter please contact Samuel Dettmann via policy@racp.edu.au.

Yours sincerely

Dr Kudzai Kanhutu
College Dean

[1] The following data is accurate as at 2021.

	Western Australia	Australia	New South Wales	Victoria
Fellows (excluding retired)	50.9	49.6	50.7	51.5
Trainees (advanced)	13.7	13.5	13.6	14.9
Fellows (ex retired) and Trainees (advanced)	64.6	63.1	64.3	66.4

Paediatric clinicians across all speciality field/100 000 population <=19 years of age.

	Western Australia	Australia	New South Wales	Victoria
Fellows (excluding retired)	39.4	39.8	41.6	40.2
Trainees (advanced)	18.3	16.6	16.5	18.5
Fellows (ex retired) and Trainees (advanced)	57.7	56.4	58.2	58.7

Paediatric clinicians whose scope of practice may possibly include developmental paediatrics (including general paediatrics, community child health and where specialty field not noted) /100 000 population <=19 years of age.

[2] For detail, please see the RACP's Framework for Educational Leadership and Supervision, and Basic Training Accreditation Requirements for Paediatric & Child Health.

[3] We refer the Committee to the recently published Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD), which the RACP has endorsed. This guideline specifies a process of high quality diagnostic assessment activities including clinical interview with the patient (typically lasting 2-3 hours) plus parents/carers and input from others such as teachers; it also refers to appropriate training in various standardised rating scales. These form an integral part of the extensive multi-year paediatric training program that the RACP provides.