

RACGP submission to

*Our vision for an  
inclusive Australia*

Royal Commission into  
violence, abuse, neglect,  
and exploitation of  
people with a disability

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## Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission response to the Royal Commission into violence, abuse, neglect, and exploitation of people with a disability – Our vision for an inclusive Australia and recommendations.

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a specialty career in general practice including four out of five general practitioners (GPs) in rural Australia.

The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline and our patients. As a national peak body, our core commitment is to support GPs and their broader healthcare team to address the primary healthcare needs of the Australian population.

The RACGP's mission is **to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research** and by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high quality healthcare.

## Executive Summary

The *Our vision for an inclusive Australia report*, along with its recommendations<sup>1</sup>, aims to determine the means by which Australia can be transformed into a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.<sup>1</sup> The report follows a lengthy Royal Commission where the concept of a medical model of disability, where disability was seen as being a 'defect' to be cured, eliminated or hidden was replaced by a social model which has its focus on the environment in which a disabled person lives. This updated definition looks to remove barriers to ensure a future where people with disability live free from violence, abuse, neglect, and exploitation: where human rights are protected and individuals live with dignity, equality, and respect, can take risks, and develop and fulfill their potential.<sup>1</sup>

The report made a total of 222 recommendations and this submission addresses those relating to the health care for and knowledge of people living with disability.

## Statement of Support

The RACGP supports the recommendations of improving the training and continuing professional development in cognitive disability health care, the development of specialised health and mental health services for people with cognitive disability and the introduction of health navigators to support the navigation of health care for people with disability. However, we reinforce the importance of the central role of GPs in the care of people with disability and highlight the risk of fragmentation of care if this model is not continued and supported.

The RACGP believes the objectives of the recommendations are consistent with the World Health Organizations' '*health in all policies*' framework<sup>9</sup> which applies a holistic lens through which general practice seeks to promote individual, community and population health and wellbeing.

In addition, the RACGP recommends:

- Ensuring GPs are appropriately remunerated to support the healthcare needs of patients with disability.
- Expanding funding to include consultations conducted via telehealth as well as physical consultations as it may be difficult for people with disability to travel long distances for appointments.
- Ensuring the key role played by GPs in disability and support is included in any future work in this space.

- Implementation of health navigators, with additional consideration for those living in rural and remote locations and Aboriginal and Torres Strait Islander people.

### The role of GPs in caring for people with disability

As per the RACGP position statement on Care and support for people with disability<sup>22</sup>, the general practice sector plays a significant role in disability care and management. GPs are intrinsically involved in disability work and often have strong and ongoing relationships with people living with disability, their families, and carers.

General practice is the most efficient part of the healthcare system. As outlined in the RACGP Vision for general practice and a sustainable healthcare system<sup>21</sup>, a well-resourced general practice sector is essential to addressing the existing and future challenges facing patients, funders and providers – including care for patients with disability.

GPs are most often a patient's first point of contact in the healthcare system. They provide continuity of care and have extensive knowledge of their patients' medical history and social context. Continuity of care with a regular GP results in improved patient satisfaction and health outcomes.<sup>4</sup>

GPs provide patient-centred, comprehensive, and ongoing care to people with disability through all life stages, along with coordination of care across a multidisciplinary team. Even while receiving support from other health professionals, many people with disability have other health issues which require care from GPs and their teams. GPs are intrinsically involved in disability care and support.

GPs also support patients to improve their health literacy. This is particularly important for people with disability, as data shows this cohort finds it more difficult to engage with healthcare providers.<sup>4</sup>

## Recommendation 6.27 – Establish regular progress reporting by accreditation authorities.

*Accreditation authorities for registered health professions and the peak professional bodies for non-registered health professions should:*

- a. review and amend accreditation standards and evidence requirements where necessary to address whether cognitive disability health is sufficiently covered. If it is not, they should amend their accreditation standards or evidence requirements (as the case may be) accordingly.*
- b. encourage, or mandate education providers to develop specific cognitive disability health curriculum content and deliver such content using inclusive teaching practices, involving people with cognitive disability where possible.*
- c. report annually to the Australian Government Department of Health and Aged Care on their progress in implementing this recommendation. Where accreditation authorities have only recently undertaken their five-yearly review, annual reporting should include progress on implementation planning to address this recommendation pending the next scheduled review.*

The RACGP supports this recommendation to ensure the accreditation process is regularly reviewed and is fit for purpose to support the safety, health and wellbeing of people living with disability.

The RACGP has developed the Standards for general practices (5<sup>th</sup> edition)<sup>7</sup> with the purpose of protecting patients from harm by improving the quality and safety of health services. The Standards also help support general practices to identify and address any gaps in their systems and processes.

Under the AMC's Accreditation of a CPD Home, the RACGP reports annually to the Medical Board of Australia on each member's compliance with the MBA's CPD Standard, including the completion of annual Program Level Requirements. Members must remain compliant with their CPD requirements as part of their RACGP membership and must declare that they have met their CPD requirements each year when they renew their specialist registration with the Medical Board of Australia.

RACGP members can track and monitor their progress towards achievement and completion of these through their myCPD dashboard.

## **Recommendation 6.29 – Improve specialist training and continued professional development in cognitive disability health care.**

GPs play an essential role in the care of patients with cognitive disability, looking after their health needs and advocating for their patients. The role of a GP is broad, encompassing screening, diagnosis, management and health promotion. They also provide a key role in caring for patients with disability in residential care. Therefore, education in this area must focus not just on those health professionals with specific interests in this area but also include GPs and their practice teams.

The new MBA CPD Registration Standard<sup>10</sup> requires all registered medical practitioners to engage in CPD activities relevant to:

- culturally safe practice
- health inequities
- professionalism and ethical practice

Each year, a GP (RACGP member) must include at least one activity in their annual 50 hours of CPD that addresses each of these areas relevant to their scope of practice.

All CPD program-level requirements are aligned to the Australian Medical Council's (AMC) Good medical practice: a code of conduct for doctors in Australia (the code).<sup>15</sup> The code describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. Additionally, the elements of the CPD Program Level Requirements are specifically referred to in the 2022 RACGP Curriculum and Syllabus for Australian General Practice<sup>5</sup> through the Aboriginal and Torres Strait Islander health unit, in domain 4 - Professional and Ethical Role and in domain 3 - Health inequity.

An extensive bank of resources and educational activities relating to each of these areas are available through the RACGP's myCPD Home for all members. Recommendations and specific CPD 'solutions' have been developed and are detailed on the RACGP's Program Level Requirements<sup>20</sup> webpage.

Under the Program Level Requirement of Health inequities, GPs are asked to consider clinical considerations for priority populations or examine ways to improve their access to care for individuals with disabilities, low health literacy, or severe mental health issues along with other population groups who may experience health inequity.

The AMC's code<sup>15</sup> states that '*Good medical practice involves using (your) expertise and influence to identify and address healthcare inequity and protect and advance the health and wellbeing of individual patients, communities and populations*'. Similarly, CPD resources and activities across the program level requirements of Cultural Safety, Professionalism and Ethical Practice contain content relating to the management of patients with cognitive disability.

## RACGP disability curriculum

The RACGP has developed extensive training, clinical initiatives and resources for the providing care to people with disability. We are committed to continuous review of training and how this can best ensure health and wellbeing outcomes for patients living with disability.

Within the RACGP's CPD platform, myCPD home, and in the RACGP's Learner Management System, gplearning, specific CPD activities in a range of formats are available on topics relating to the provision of health care to people with cognitive disability, including intellectual and/or developmental disabilities.

As the core part of education for all GPs the essential competencies are described in the RACGP curriculum. The RACGP curriculum and syllabus was revised and developed in 2022 and informs the development and delivery of training programs, including CPD. Within the curriculum, there is a specific unit for Disability care<sup>14</sup>. Other units also contain relevant material including the older persons health<sup>13</sup>, neurological presentations<sup>12</sup>, and child and youth health<sup>11</sup> units. In addition, it should be noted that many of the core units describe the core skills relevant to care for all patients include some focus on patients with cognitive disability. An example is Core unit 1 Communication skills and the doctor-patient relationship which includes content relevant to communicating with patients with a disability and with carers. The RACGP believes it is essential that considerations relevant to caring for patients with cognitive disability are included throughout the curriculum as well as in the specific units.

Each unit provides detailed competencies and educational outcomes, content, case examples, learning strategies and resources. As such, the curriculum and syllabus is an essential resource at all stages of the GP learning cycle from training to post fellowship by providing suggested activities and resources. It may also be used by developers of CPD or general practice educational activities.

As well as the curriculum and syllabus, the RACGP has other educational resources available to members. These include:

- The Australian Journal of General Practice (AJGP) which is the official journal of the RACGP. The AJGP has published a specific edition devoted to neurodiversity as well as relevant articles in other editions.
- Check an independent learning program used as a CPD activity that includes case studies with feedback. Each edition has a specific monthly topic; several have been relevant to the area of cognitive disability such as child development, neurodiversity and aged care.
- *Gplearning* is an online portal that provides education for GPs. This includes several relevant activities that relate to dementia, cerebral palsy and autism spectrum disorder with one on residential aged care due for release.

In addition to these specific educational resources, there are several that although not specifically targeted to the area of cognitive disability, include chapters of relevance. Some examples are:

- The RACGP Abuse and violence – working with our patients in general practice resource (*The White Book*)<sup>16</sup> relevant to care of patients with dementia and intellectual disability.
- The RACGP Aged care clinical guide (*Silver Book*)<sup>17</sup> which contains information relevant to care of patients with dementia.
- The RACGP Guidelines for preventive activities in general practice (*The Red Book*)<sup>18</sup> contains information to opportunistically identify and relevant to screening for conditions that cause cognitive disability.

The RACGP also partners with external education providers to develop and promote CPD opportunities in the area of disability. For example, the RACGP have an ongoing collaboration with Dementia Training Australia to provide an annual series of webinars open to all RACGP members to assist in improving knowledge, skills and confidence in the diagnosis and management of dementia in general practice.

### **RACGP Disability Specific Interest Group**

We recognise that many GPs develop an area of specific interest in various areas of general practice in response to their personal interest or the needs of their communities. The RACGP values the specific skills and training that GPs develop, and we have established 37 Specific Interest Groups as a part of the Specific Interest Faculty of the RACGP in response. This includes a Specific Interest Group for Disability.

The Disability Specific Interest Group was established in 2016 and currently has over 1,170 RACGP members, including GPs in training and medical students. The Specific Interest Group is chaired by Adjunct Associate Professor Robert Davis, Clinical Director of the Centre for Developmental Disability Health Victoria, Monash Health, Victoria.

The Specific Interest Group in Disability promotes continuing education for GPs in the area of disability through webinars, case-based discussion groups, meetings, conferences, mentoring and collegial activities. Educational activities also include extensive training, clinical initiatives, and resources for the management of abuse, neglect and violence of people with disability.

Recognition of Extended Skills for a Fellow of the RACGP. In 2023, our RACGP Members told us that they wanted to be recognised for their advanced level of expertise and knowledge in specific areas of General Practice and to encourage this, the Specific Interest Faculty of the RACGP developed a program called Recognition of Extended Skills for a Fellow of the RACGP<sup>8</sup> (RES-FRACGP). To attain this recognition, a GP must be a member of the RACGP and have passed their fellowship exams at least 5 years prior to applying for RES. There is a rigorous application process where the applicant must supply evidence of the training they have done (mapped to the RACGP curriculum), experience and also provide several case studies for review by a panel of assessors. RES-FRACGP launched in October 2023, and the application assessment process is now in action.

### **Recommendation 6.33 – Develop specialised health and mental health services for people with cognitive disability.**

*State and territory governments should establish and fund specialised health and mental health services for people with cognitive disability to provide:*

- *specialist assessment and clinical services, including preventive medicine, for people with cognitive disability and complex or chronic health and mental health needs*
- *training and support for health providers to build their capacity to provide safe, high-quality health care to people with cognitive disability.*

*These services should be delivered through a model that includes:*

- *specialist roles and multi-disciplinary teams embedded in local health service delivery*
- *statewide specialised services that can be accessed by people with cognitive disability and health professionals regardless of their location*
- *participation in a national network of specialised disability health and mental health services*
- *evaluation of the impact of specialised services and publication of evaluation findings.*

*Planning to implement specialised services in each jurisdiction should begin as soon as practicable and take into account existing services and needs in each jurisdiction. These changes should be introduced by September 2026.*



The RACGP notes that there is no mention of general practice or primary care and therefore the recommendation fails to address the key role played by GPs in disability and support. GPs are the central point for managing the care of patients with cognitive disability – they keep records of treatments given, arrange referrals to other health professionals and the National Disability Insurance Scheme (NDIS), receive and collate reports from specialists and allied health professionals who have worked with the patient and thus oversee care given to their patients. At the same time GPs manage other health issues and co-morbidities for the patient which may be unrelated to their disability, but which are also vital to health and wellbeing for the patient.

We also note that Medicare does not recognise the complexity of the work involved in caring for the complex conditions experienced by people with disability. There is a financial disincentive to provide long or prolonged consultations and because of this, GPs may be disinclined to take on patients with disability. NDIS documentation is lengthy, time-consuming, and not remunerated, repeat prescriptions and updating medical charts are also not remunerated unless GPs meet face to face with their patient for a consultation. The RACGP recommend expanding funding to include consultations conducted via telehealth as well as physical consultations as it may be difficult for people with disability to travel long distances for appointments.

The needs of adult patients with complex health needs in the community are often unmet. This means people live with chronic ill-health and untreated health conditions, which restrict their independence and ability to participate in and contribute to their communities. Many children with conditions such as cerebral palsy will see a range of specialists and allied health professionals working within multidisciplinary teams, however this service almost entirely disappears once these children become adults. This leaves the GP with the responsibility of sourcing and managing the limited support of specialists and allied health professionals for their patients.

There is also a great need to address workforce shortages in the health and disability workforces, particularly in rural and regional areas. While there is a high prevalence of mental health issues amongst people with cognitive disability, there is a lack of experienced psychiatrists and mental health care workers to manage these issues. This issue is of concern in urban locations and is particularly troubling in rural and remote communities.

The RACGP suggests that the establishment of collaborative and multi-disciplinary GP-led teams<sup>23</sup> has the potential to improve the health and quality of life for people with cognitive disability and also lead to greater financial efficiencies and better use of limited resources. The RACGP also supports further development of existing training and professional development in disability for medical, allied health and nursing professionals. We also support the promotion of research to inform best practice and lead to enhanced quality of care.

Reconsideration of GP remuneration for caring for people with cognitive disability is also required to cover time taken to complete paperwork and include funding for non-face-to-face consultations, travel time for home visits. The RACGP recommends that Medicare rebates for GP consultations be increased to reflect the real cost of providing ongoing comprehensive, patient-centred care to people with cognitive disability. This must include removing the financial barriers people with cognitive disability face when they attempt to access care, including:

- promoting uptake of existing MBS health assessment items - considering how GPs can be reimbursed for time spent preparing reports and other relevant documentation to support National Disability Insurance Scheme (NDIS) applications.
- expanding the list of disability-related health supports funded by the NDIS to include some general practice supports not covered by Medicare.



## Recommendation 6.34 – Introduce disability health navigators to support navigation of health care for people with disability.

*Through the Health Ministers Meeting, the Australian Government and state and territory governments should:*

- a. jointly fund a national workforce of 'disability health navigators' to support people with cognitive disability and complex health needs access health services and to embed safe, accessible, and inclusive practice in everyday health service provision*
- b. develop a national evaluation framework to assess the impact of disability health navigators and share lessons learned across jurisdictions. Evaluation findings should be published.*

The RACGP generally supports this recommendation, however we note that GPs play a key role in the coordination of care for people with disability. Effective and comprehensive healthcare, delivered through collaborative and multidisciplinary GP coordinated teams, has the potential to not only improve quality of life for people with cognitive disability, but also lead to greater financial efficiencies and better use of limited resources.

As discussed earlier in this submission, there is a need for more funding for GPs to work in this area as well as a need to avoid fragmentation of care. The RACGP recommends that consideration be given to how GPs can be reimbursed for time spent preparing reports and other relevant documentation to support NDIS applications. This includes circumstances where a patient is not physically present in the consultation room.

In the RACGP submission to the issues paper *Healthcare for people with cognitive disability*<sup>19</sup> we note that limited access to skilled patient advocates is of concern. A health navigator could assist people with cognitive disability to access affordable services and to define what wellbeing means for the person and to support their right to self-determination.

24% of Aboriginal and Torres Strait Islander people had a disability in 2018. Indigenous Australians were 1.9 times more likely to have a disability than non-Indigenous Australians<sup>4</sup>. Aboriginal and Torres Strait Islander people with disability face unique barriers to accessing support services and require access to culturally safe disability services, which could include the support of a trained disability health navigator.

Members have reported that having a patient advocate or a trained health navigator who understands the needs, wants and priorities of the individual is often necessary. It's important to consider that access to a health navigator may be limited, particularly in rural and remote areas of Australia.

## References

1. The Australian Government response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of people with disability 2023 – [The Australian Government response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability | engage.dss.gov.au](#); [Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
2. The role of general practice in the provision of healthcare to children and young adults\_RACGP Position Statement. <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/provision-of-healthcare-to-children-and-young>
3. Submission to the Disability Royal Commission – Healthcare for people with cognitive disability. 2020 [RACGP - Submission to the Disability Royal Commission – Healthcare for people with cognitive disability](#)
4. Care and support for people with a disability – RACGP position statement December 2023 - <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/care-and-support-for-people-with-disability>
5. 2022 RACGP Curriculum and syllabus for general practice - <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home>
6. Disability Care Unit from 2022 RACGP Curriculum and Syllabus for General Practice - <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/disability-care>
7. RACGP Practice Accreditation Standards <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/introduction-to-the-standards-for-general-practice/accreditation>
8. Recognition of Extended Skills for a Fellow of the RACGP (RES-FRACGP) <https://www.racgp.org.au/the-racgp/faculties/specific-interests/recognition-of-extended-skills>
9. World Health Organization – Promoting Health in All Policies and intersectoral action capabilities - <https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capabilities>
10. Medical Board of Australia CPD Standards. <https://www.medicalboard.gov.au/Professional-Performance-Framework/CPD/Professional-Development-Plans.aspx>
11. 2022 RACGP curriculum and syllabus for Australian general practice – Child and youth health - <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/child-and-youth-health>
12. 2022 RACGP curriculum and syllabus for Australian general practice – Neurological presentations. <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/neurological-presentations>
13. 2022 RACGP curriculum and syllabus for Australian general practice – Older persons' health - <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/older-person-s-health>
14. 2022 RACGP curriculum and syllabus for Australian general practice – Disability Care. <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/disability-care>

15. Australian Medical Council's (AMC) *Good medical practice: a code of conduct for doctors in Australia* (the code) [https://www.amc.org.au/wp-content/uploads/about/good\\_medical\\_practice/2009-07\\_Final\\_Code.pdf](https://www.amc.org.au/wp-content/uploads/about/good_medical_practice/2009-07_Final_Code.pdf)
16. The White Book – RACGP Abuse and Violence clinical guide. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/preamble>
17. The Silver Book – RACGP Aged Care clinical guide - <https://www.racgp.org.au/silverbook>
18. The Red Book – RACGP Guidelines for preventive activities in general practice - <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-practice/preamble/introduction>
19. RACGP Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Issues paper: Healthcare for people with cognitive disability April 2020  
<https://www.racgp.org.au/getmedia/06c7a743-30aa-42c5-b53b-6a4b629ab222/RACGP-submission-Healthcare-for-people-with-cognitive-disability.pdf.aspx>
20. RACGP CPD Program-level requirements. <https://www.racgp.org.au/education/professional-development/cpd/cpd-program-level-requirements>
21. RACGP Vision for general practice and a sustainable healthcare system - <https://www.racgp.org.au/getattachment/e8ad4284-34d3-48ca-825e-45d58b2d49da/The-Vision-for-general-practice.aspx>
22. RACGP position statement on Care and support for people with disability - <https://www.racgp.org.au/advocacy/position-statements/health-systems-and-environmental/care-and-support-for-people-with-disability>
23. RACGP Shared care model between a GP and a Non-GP Specialist – <https://www.racgp.org.au/advocacy/position-statements/clinical-and-practice-management/shared-care-model-between-gp-and-non-gp-specialist>