



# Australian Paediatric Society.

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*The voice of rural child health*

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## House of Representatives Inquiry into Allergy and Anaphylaxis

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The Australian Paediatric Society (APS) is a Special Society of the RACP and is the voice of rural child health. APS represents over 300 paediatricians in regional and remote Australia, as well as some metropolitan and suburban paediatricians.

The APS welcomes the Parliamentary Inquiry into allergy and anaphylaxis.

The APS has always been a strong supporter of the National Allergy Strategy (NAS) and a willing collaborative partner in all aspects of the NAS as part of a joint effort to redress inequities of service delivery in regional Australia. APS appreciate the collegiate relationship with both ASCIA and Allergy & Anaphylaxis Australia and look forward to an ongoing strong, collaborative working relationship. APS has particularly welcomed tertiary hospitals considering and understanding the limited resources in regional Australia and the requirements for updating skills for healthcare professionals in regional Australia.

NAS has always sought to be patient-centred and to put the child and family first. The overarching NAS principle aligns with World Health Organisation framework on integrated people-centred health services quoting “Equity and access for everyone, everywhere.”

### Term of Reference 3 – Adequacy of professional education, training, management etc

#### **Medical training**

The education and training on allergy, in both undergraduate and postgraduate medicine is extremely inadequate. For the long term, it is imperative that medical students gain more exposure and training in allergy, and this needs to be an expanded part of all medical curriculum development.

Post-graduate training in both internal medicine and paediatrics must have a higher content of allergy. There should be encouragement of general paediatric trainees, particularly those heading to rural areas to rotate through allergy departments or private allergy practices.

In addition, the APS supports a regional/rural training model in general paediatrics that must include some allergy training and general paediatrics with allergy (not immunology) as a special interest to increase the number of rural trainees and paediatricians with a significant strength in allergy management.

***The APS recommends complete review of undergraduate and postgraduate medical training to incorporate allergy training and to provide resources for developing allergy skills as a special interest for potential rural paediatricians.***

Emergency Department trainees and fellows are also not adequately trained in acute allergy with anaphylaxis and lesser forms of acute allergy (including FPIES) still inappropriately managed even in larger university-oriented centres.

#### **Regional Allergy upskilling**

Regional paediatricians support post-graduate courses such as provided by the Graduate Certificate in Allergic Disease at the University of Western Sydney. This provides a university-based course rather than a hospital-based

course which is subject to competing interests. For regional paediatricians, upskilling in allergy needs to be accessible and the logistics of regional paediatricians (or RACP advanced trainees) spending time to upskill needs to be respected and subsidised.

***The APS recommends the development of a scholarship program for regional paediatricians to provide appropriate funding and support to 10 places per annum for the Graduate Diploma at the University of Western Sydney.***

Online courses developed by ASCIA are often not well known and there needs to be better communication of the availability of these courses to regional paediatricians.

***The APS recommends ASCIA online courses be built-in to required RACP professional development and consideration of a Government funded financial incentive to complete those modules successfully***

The APS, as part of the National Allergy Strategy, has developed an annual workshop for general paediatricians. There are about 80 delegates that now attend the workshop which is held in February rotating between Sydney and Melbourne. Whilst this is popular and will be expanded to encourage allergy nurses to attend, it acts as only a small number of interested paediatricians. Access to the meeting content needs to be improved through telecommunication methods with the support of the RACP in collaboration with the National Allergy Strategy and ASCIA.

There are some state-based regional paediatric clinical networks, but they may be more effective in upskilling if they are organised, led and managed by regional paediatricians rather than city paediatricians with no experience of regional issues. Various possible models may be effective including Project Echo. This is a proven method of upskilling regional people as demonstrated in diabetes upskilling in Queensland.

***The APS supports funding for a Project Echo type model to assist in upskilling regional paediatricians. Regional paediatricians must be the leaders of such a project for maximum impact.***

### **Levels of competency**

Australia should define minimal standards of knowledge for each class of healthcare professional. Suggested ladder of competency

- Level 1 - general public
- Level 2 - those who have a duty of care to persons with allergy in their care (teachers, some health care workers)
- Level 3 - other health care Professionals (HCPs) workers requiring more detailed medical knowledge
- Level 4 - HCPs requiring extended knowledge including general paediatricians managing some children with allergy
- Level 5 - allergy focussed specialist (General paediatrician with extra allergy training)
- Level 6 -tertiary allergy/immunology consultant.

This concept promises to be a useful framework going forward where healthcare professionals can maintain the minimal standards set but also extend themselves to be more of a “specialist in that area”.

### **Term of Reference 4 – Access to and cost of services including Shared Care model**

A NAS forum in Sydney in April 2019 addressed scoping a shared care model for allergic conditions. NAS has recognised that a shared care model approach has the potential to improve patient access to quality allergy care. Hence this NAS round table forum was particularly interested in how to improve access to care for people with allergy in both the childhood and adult worlds in rural and remote areas, and consider the education requirements for healthcare professionals working within their scope of practice and how that education could be delivered.

The allergic conditions considered included food, insect and drug allergies including anaphylaxis, asthma, allergic rhino conjunctivitis and atopic dermatitis. The explosion in prevalence in allergic conditions has been noted and the incidence of hospital admissions for anaphylaxis has increased four-fold in the last 20 years. Ten percent of Australian infants have proven food allergy and other allergic conditions are increasing. It is noted that there is little undergraduate allergy training and insufficient post-graduate training in allergy for RACP qualification.

In regional Australia, many allergic conditions are complex and are very difficult for the broad based skilled general practitioner to manage. Such allergic conditions could include most food allergy, significant atopic dermatitis, drug allergy and significant allergic asthma. It is very likely that the regional general practitioner would refer such children to the local regional paediatrician.

The regional paediatrician may or may not have had training in allergy and has often been reliant on their own voluntary professional development to upskill themselves. Some paediatricians have completed special courses in allergy and have developed a special interest in allergic disease. These general paediatricians with a special interest now provide an important resource in many regions of Australia. Their upgraded skills can then be passed onto their general paediatrician colleagues and often to interested general practitioners. This produces better health outcomes and the potential for care localised to the family's home community.

Some suburban general practices that have gained significant skills in the management of allergic disease. This is rare or non-existent in regional Australia. The regional general practitioner has a multitude of skills in dealing with all age levels, trauma, obstetrics and even anaesthetics. Regional pharmacists are also broadly skilled. There cannot be an expectation of either group to possess more than essential skills in adequate allergy treatment.

The doctor-patient therapeutic relationship provides medical advice which also entails a responsibility and a medicolegal liability. Hence, a shared care model should be cognisant with registration and **scope of practice** requirements by the Australian Health Practitioners Regulation Authority (AHPRA).

The guiding principles of a shared care model requires it to be patient-centred, safe, quality evidenced-based care. It should support health professionals with consultation collaboration and communication, with a clearly defined referral pathway and support. It also needs to be effective, efficient, accessible including the use of telemedicine, and supports integrated care with localised flexibility.

*The APS recommends an increasing loading of the Medicare rebate for clinical services in rural and remote Australia to assist people to afford treatment and to attract quality medical staff to areas where people with allergy do not have the financial resources to cover the Medicare gap payment.*

### **Rural and Regional resources**

I believe there is an intent to make the shared care model work. Paediatricians in regional areas may have unique models of care that work. and Continued collaboration between regional paediatricians and the National Allergy Strategy will provide the best outcome possible for our children with allergy.

### **Chronic Allergic Disease**

Some conditions such as severe eczema (atopic dermatitis) require significant family time and resources and multiple medications. Most do not receive assistance with a Health Care Card to subsidize medication cost.

*The APS supports a "Significant Chronic disease" Health care card to enable those living with such conditions to gain subsidized medication*

### **Term of Reference 7 -Unnecessary Drug avoidance and De-labelling**

This issue is very real, especially in regional Australia and the APS supports protocols and HCP education to address the problem.

Overall, the APS requests that the Federal Government listen and address the health needs of rural children by engaging with committed stakeholders such as APS to produce better outcomes for children living with allergy. The APS welcomes open collaboration for best possible outcomes for rural children with allergy



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