



The Royal Australasian
College of Physicians

Principles of RACP Policy & Advocacy

Policy, advocacy and lobbying: a Handbook for practice



Through effective policy and advocacy the College can best represent the interests of the Fellowship and help to develop a better healthcare system in which our Fellows can provide the world-class care their patients expect

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Foreword

The Royal Australasian College of Physicians (RACP) has a longstanding track record in high-impact policy and advocacy. To maintain and extend our ability to represent and engage the entire Fellowship into the future, this booklet outlines the approach of the College to policy and advocacy and describes the philosophy, principles and definitions to promote a shared understanding of these concepts.

The RACP 'Statement of Strategic Intent' states that a key objective for the College is that:

"We are a respected body that government and others go to for opinion and expertise."

The key success factors for the policy and advocacy work of the College identified in the 'Statement of Strategic Intent' will be that we become more proactive in advocacy for Fellows and the health sectors of Australia and New Zealand, and that we contribute to shaping the health reform agendas through engagement with key stakeholders.

This objective is operationalised in the 'Corporate Strategic Plan' as the College promoting a strong voice for the profession and on behalf of patients to ensure sound and effective public policy responses to health system challenges. The Policy & Advocacy Unit is dedicated to the objective of the 'Corporate Strategic Plan' that:

"The Board of the RACP must think and act strategically with a clear vision for the future that addresses these challenges and positions the College and the profession broadly for the health system of the future."

This guide has been written to assist Fellows and staff to work together collaboratively to produce persuasive and evidence-based policy for better education and standards in Australasian medical practice. There will of course be much that Fellows as individuals undertake as advocates within their profession but the focus of this Handbook is to outline and coordinate the policy and advocacy work that Fellows do in conjunction with the College.



Why the College is Involved In Policy and Advocacy

The policy and advocacy activities of the College support the leadership role of physicians, both collectively and as individuals, in influencing the social, environmental, biological and political factors that impact upon the health and wellbeing of patients and the broader community, and the healthcare that they receive.

Advocacy in this regard can be viewed as everything that physicians can and should do to improve both the quality and safety of care for patients.

There will of course be much that Fellows as individuals undertake as advocates within their profession, however the focus of this Handbook is to outline and coordinate the scope of work that Fellows do in conjunction with the College as the policy and advocacy activities of the College.

While the College may from time to time represent the interests of the Fellows and trainees in its policy and advocacy activities, the main focus is to improve the health circumstances of patients to ensure best possible outcomes for patients and their families.

In formulating College policies on various health issues and in contributing to wider health policy formulation, the College is able to draw upon the perspectives, concerns, expertise and proffered solutions of its 13,500 Fellows.

Physicians, as individuals and collectively through their professional bodies such as the RACP, can influence the health circumstances of patients. Physicians can contribute as policy analysts, advisers and advocates seeking to engage with key stakeholders to improve our health systems, the health outcomes of patients and the health of the community.

The College is therefore keen to support and facilitate the efforts of physicians as Fellows of the College, which will have an additional benefit of equipping them as individuals, to engage in and positively influence health policy.

The College can provide support and resources to help Fellows advance the issues that they have identified, and advise the Fellowship of opportunities and threats and seek their input into College policy and advocacy. The RACP Policy & Advocacy Unit can provide analysis and advice, evaluation, consultation, development, preparation, publishing, dissemination, communication, engagement, advocacy and lobbying on health policy issues.

The History of Policy and Advocacy in the College

2011 marks the 15th anniversary of the formation of a designated policy and advocacy capability within the College.

Since the establishment of the College, there has been a focus on policy and advocacy through the original focus of the Association Council in 1934 on enhancing the prestige of the profession and setting a standard of professional and ethical conduct and the incorporation of the College in April 1938 with the motto of *Hominum servire saluti* (to serve the health of our people).

Despite the many years of hard work and leadership of Fellows and the College on major policy issues, it wasn't until 1995 that the 'Health Policy Unit' was established. This then became the 'Policy and Communications Unit', the "Health and Social Policy Unit" and then the current 'Policy & Advocacy Unit'.

The Health Policy Unit; Working for You booklet stated from the outset that:

"Through the Health Policy Unit (HPU), your College is a key informant for policy developments in Canberra in those areas of most concern to the Fellowship – from workforce to health financing and systems development through to paediatric, public health and social policy developments. The work of the HPU, supporting the efforts of hundreds of Fellows across Australia and New Zealand, has meant that your College is working with key national decision-makers to develop constructive, clinically informed public policy in innovative and effective ways."



The policy and advocacy efforts of the College these days place equal weighting on the jurisdictions and the Commonwealth, and provide a greater focus on the clinical and professional non-public policy requirements of the Fellowship.

Historically, physicians have advocated on issues as varied as road safety, immunisation and tobacco control and have a rich history of success in improving health outcomes. College Fellows are involved in many different levels of policy and in many different forms of advocacy. Through the ongoing policy and advocacy work of College Fellows, physicians demonstrate a continuing commitment to excellence in clinical care as well as the effectiveness and efficiency of the healthcare system.

The Policy & Advocacy Unit will continue to meet the emerging needs of the Fellowship and the challenges of the 21st Century for healthcare in Australia and New Zealand.

Physicians in Policy and Advocacy

Physicians are actively engaged through their medical practice in policy and advocacy work that includes:

- **Influencing** the development of policies.
- **Advising** on the implementation and delivery of policy.
- **Advocating** to the community on the benefits of policies such as preventive health, the importance of social determinants of health, along with treatments and models of care.

These activities may on occasion be undertaken by physicians as individuals and not always in concert with the College but it is important to scope the nature of that work and to define the boundaries of those activities to maximise the potential for success.

Our health prospects are shaped by our experiences in five domains:

- Genetic and gestational endowments.
- Social circumstances.
- Environmental conditions.
- Behavioural choices.
- Medical care.



These are important considerations because they start to explain the incredible breadth and depth of areas covered by the policy and advocacy work of Fellows and the College.

Health & Medicine

This is a critical issue, as there needs to be clarity and consistency in the areas and direction of the application of policy and advocacy. The distinction between health and medicine helps to differentiate the practice of medicine, the knowledge of skill of the individual and the medical profession, in contrast to the clinical guidelines, policies and procedures.

- Health can be categorised as the state of being free from illness or injury.
- Medicine can be categorised as the study and treatment of diseases and injuries.

This is essentially the difference between the role of the physician in the health system and the community, as opposed to their medical role as individual practitioner and what role the College can play in support of the personal skill and capability of the individual physician.

Medicine as 'clinical practice' is focused on diagnosis and treatment and the critical areas for clinical practice are evidence-based medicine and clinical practice guidelines.

Clinical Practice Guidelines form a basis for:

1. Improving knowledge.
2. Changing attitudes about standards of care.
3. Shifting practice patterns.
4. Enhancing patient outcomes.

Healthcare professionals, including administrators, are concerned with the performance of individual practitioners, groups of clinicians and the healthcare sector in general.

The focus here is on the safety and quality of care, which has three major components:

- 'Structural' aspects of care such as credentials of physicians or hospitals.
- 'Processes' of care that indicate what was done to or on behalf of patients.
- 'Outcomes' of care that reflect the short- or long-term results of services.



There also arises the issue of what is the role of the College, not in policy and advocacy but in education and training and Fellowship relations around the medical skills, including issues such as the 'medical expert' domain. The policy and advocacy involvement here is very much in the area of professionalism and the role that the College can play in support of standards of practice. Much of this work will be done in association with other entities and organisations, such as Specialty Societies.

Clinical and Professional Activities

The College is seeking through policy and advocacy to raise awareness, engage in dialogue and find ways to persuade action. The policy and advocacy work of the College includes:

- Influencing the development of policies.
- Advising on the implementation and delivery of policy.
- Advocating to the community on the benefits of policies such as preventive health, the importance of social determinants of health, in addition to treatments and models of care.

Many Fellows are actively engaged in advancing health outcomes through the development and promotion of strategies, models and approaches to assist clinicians in improving clinical practice. In this way, Fellows are promoting the development and implementation of policies based on evidence-based healthcare.

The College can support the development and implementation of quality and safety improvement measures, and assist trainees and Fellows in applying quality principles to improve health outcomes. The College has a clear position on the ability to 'support' or 'endorse' clinical or other guidelines developed by external bodies and the College will continue to play a role in assisting external bodies through the involvement of the Fellows of the College. This work includes the:

- Credentialing and scope of practice, performance measurement and tools (including clinical indicators for medical subspecialties) re-certification, continuing professional development, accreditation, legal and regulatory issues in clinical performance monitoring.
- Strengthening the role of physicians to improve systems of care for better patient outcomes and experience.
- Role of physicians in reducing adverse events, open disclosure, use of clinical registries, clinical relevance of administrative data in assessing and improving quality of care.

Professional Health Policy therefore covers education and training, registration and credentialing and clinical leadership.

On occasion, the work of physicians in clinical and professional policy and advocacy will require engagement with the public policy process and in particular health policy. This may arise from impediments to implementation or other issues arising from the clinical and professional activities, these may be regulatory, legal, jurisdictional or financial.

At the professional level, the scope on non-public policy advocacy and development is now reduced through the establishment of the Australian Health Practitioner Regulation Agency and the growing regulatory creep in standards and accreditation.

The circumstances in which the public policy process becomes involved or required, including the differences between the various types of policy are dealt with in the subsequent chapters of this Handbook.

What is Policy?

Policy is both a process and an outcome. According to the Oxford Dictionary, policy is a course or principle of action adopted or proposed by an organisation or individual.

Policy sets priorities and guides resource allocation. Policy-making is the process by which these are identified and developed, which is covered in greater detail on other sections of the Handbook.

According to Health Economics Research Group and the Centre for the Evaluation of Public Policy at Brunel University working with the Alliance for Health Policy and Systems Research at the World Health Organization:

"Policymaking involves those in positions of authority making choices that have a special status within the group to which they will apply. The results take many forms ranging from national health policies made by the government to clinical guidelines determined by professional bodies."

An actual policy is a statement of preferred action which can include a decision about amounts and allocations of resources, a statement of commitment to certain areas of concern, the distribution of the amount shows the priorities of decision makers. Policy sets priorities and guides resource allocation. However the term 'policy' can be used in a variety of ways to cover many different types of statement, intention and action. Different targets for policy are described in the next section of this Handbook.



The RACP Handbook defines policy to reflect the internal arrangements of the College, the clinical practice of the Fellows and the healthcare systems in which we operate.

Policy-making Models

The purpose of policy and advocacy is ultimately to effect an outcome and policy makers, whether in government, hospital administration or even the College, will take one of these approaches to policy making:

Rational models - assume policy-makers identify problems, then gather and review all the data about alternative possible solutions and their consequences, and select the solution that best matches their goals.

Incrementalist models - allows for a greater role for interests in policy-making debates and emphasises the many sources of information that impinge on policymakers.

A networks approach - highlights the role of different interests and how the relationships between such groups and policy-makers can result in an incremental policy process.

The 'garbage can' – models such as this highlight the way in which policy-making can be seen as a most untidy process, rather than neatly going through a series of phases.

In reality, the policy making process is incredibly complex and this is covered in greater detail in other sections of the Handbook but it is important to note one's view of these models will often have more to do with your position and role than the specifics of the issue and the details of the policy.

The three Ps of RACP policy

If the policy is seeking to change the existing arrangements then they are not internal policies. These are referred to as 'Capital P' policies or 'small p policies'.



1. 'Capital P' College Public Policies

If the College is seeking to influence policy involving government at whatever level, then it is engaged in public policy.

2. 'Small p' policies

'Small p' policies usually don't involve changes to current government, legal or regulatory arrangements because if they did they would become part of the public policy process.

3. Organisational 'P' Policy

Organisation policy refers to the policies of any organisation, whether public or not.

1. 'Capital P' College Public Policies

If the College is seeking to influence policy involving government at whatever level then it is engaged in public policy. These are the central plans or general rules that can still be interpreted by the judiciary but have less administrative interpretation or application. If the College seeks to be successful in improving the health of our communities through the implementation of policy positions or objectives, then it must ultimately influence public policy i.e. engage in 'Capital P' Public Policy processes. To be implemented, it requires direct procedural involvement.

If the College is seeking to influence the community directly through the adoption of a policy, then this is an attitudinal change and not public policy.

For example, a College policy on obesity is a call-to-action and an attempt to directly influence community understanding of obesity and advocacy on the part of the College, to change community standards and behaviours. If however, it involves a proposal for labeling or advertising restrictions, it becomes part of the public policy process, as it is lobbying for legislative or regulatory change, including that of self-regulation by the broadcasting industry.

These 'Capital P' policies are public policies and can include all areas of public policy, including health and social policy. Public policy is supported by lobbying. RACP policies that require government intervention or involvement include National Registration Standards, Mandatory front-of-pack *Traffic Light Labeling* on Food and Beverages, the RACP Telehealth submission, *Health Workforce Innovation and Reform Strategic Framework for Action*, Proposed Amendment to the New Zealand Folic Acid Standard (2009).

2. 'Small p' policies

'Small p' policies usually don't involve changes to current government, legal or regulatory arrangements because if they did they would become part of the public policy process and as such they can be:

- (i) **General Policy** advocating directly to individuals and the community for changes in behaviours and attitudes, such as the benefits of seatbelts and the dangers of smoking. These are the general policies that advocate for general change in policy through direct appeal to community attitudes and behaviours and do not include specific or targeted recommendations that impact on legislation, regulation or law. If they do then they are lobbying for public policy change.

For example, the current RACP Circumcision of Infant Males Policy promotes awareness and understanding within the community but it does not propose government intervention.

- (ii) **Clinical Policy** are the clinical protocols and clinical guidelines of medical practice but any new diagnostic tests or medical procedures must be consistent with existing public policy or approved standards.

Clinical indicators can assist physicians in assessing their own practice and identifying areas for targeted improvement. The College assists in the development of clinical indicators.

Clinical practice guidelines assist decisions about appropriate healthcare for specific clinical circumstances but they rely on clinical judgment and are not fixed protocols that must be followed. The College assists in the development of clinical practice guidelines. The National Institute of Clinical Studies (NICS), Australian Commission on Safety and Quality in Healthcare and the National Health and Medical Research Council.

Public Policy

As a specific subset of policy, **Public Policy** is that by which the elected governments in Australia and New Zealand translate their political vision and community expectations into programs and actions to deliver outcomes for desired changes in the real world. This is the domain in which the College seeks to engage in the formal policy process.

Public policy constitutes the bulk of policy activity in society and is recognised as the final objective or sphere of influence for most policy and advocacy work.

Public policy is policy at any level of government. Some levels may have formal or legal precedence over others. Policy may be set by heads of government, legislatures, and regulatory agencies empowered by other constituted authorities. Supranational institutions' policies, as those of the World Trade Organization or United Nations Conventions, may overrule government policies.

The policy process is often defined as more of an art than a science:

"Policy making is not a strictly logical pursuit, but a complex and fascinating matrix of politics, policy and administration. When electoral considerations, budget constraints and implementation problems pull in different directions, problems might be open to multiple solutions, or no solutions at all... The interplay of politics, policy and administration is a burly-hurly, wrenching sometimes this way, sometimes that ... Our system of government dictates that politics wins any contest of wills, and policy's role is to make sense of that victory." (Bridgman and Davis, 2000).

When it comes to public policy, there are no set rules or 'clinical guidelines'. Those who study policy processes academically often refer to 'agents' or 'actors' as well as context, politics and unintended consequences. While privileged and paramount, evidence is not the only input to the policy process and some of those actors are central and some are peripheral to the policy process.

The public policy development process is more of a continuum, with future action influenced by the past. For public policies there is an interconnected thread of thought and action that must be understood, including the continuing impact of changing circumstances on the Public Policy process and how that is interpreted. For example, at the political level there will be the impact of different governments or even different ministers in the same government.

Further complicating this is the often contradictory objectives of political parties to secure office and promote policies consistent with their philosophies, which may sometimes come at an electoral cost. Conversely, political parties may promote policies that seek to avoid public and political opprobrium and in doing so may deliver sub-standard policy outcomes.

The Australian and New Zealand public policy process is complex due to the number of parties that must be influenced, such as politicians, bureaucrats, the media, the courts, health practitioners, the health industry and the community. While this is a double edged sword, it also offers multiple entry points into the public policy process.

(iii) **Professional Policy** these would cover professional standards, including education and training but also through ethical behaviour and other non-clinical domains.

For example, the College is developing the Supporting Physician Professionalism and Performance (SPPP) but CPD was a requirement of the AMC accreditation process and now the Medical Board of Australia registration standards.

RACP policies that advocate for changes in community attitudes and behaviours without any involvement of government including the Reconciliation Action Plan, the Illicit Drug Policy, the Guidelines for Ethical Relationships Between Physicians and Industry, A Consensus Approach for the Paediatrician's Role in the Diagnosis and Assessment of Autism Spectrum Disorders in Australia, the Circumcision of Infant Males Policy, the Routine Adolescent Psychosocial Health Assessment - Position Statement and the Decision-Making at the End of Life in Infants, Children and Adolescents.

3. Organisational 'P' Policy

Organisation policy refers to the policies of any organisation, whether public or not. These are usually subordinate to public policy, and are always shaped by taking into account the constraints and options available under public policy, for example, tax policy, environmental policy.

The College adopts policies internally but also operationally, for example, in education and training, that are applied in both the internal and external operating environment but these must be consistent with existing public policy. These are referred to as RACP organisational policies.

Organisational or operational policies are generally considered to be 'support' policies that give effect to an existing public policy. They are not changing public policy and cannot operate outside current laws and regulations. These policies are often interpretations or applications of policies, but more usually regulations, that rely on administrative application.

These are distinguished from policy located in the public domain (i.e. outside the jurisdictional responsibility of an individual institution). Fellows will usually be familiar with these policies at an operational or organisational level, for example in a hospital or clinic.

The example provided by Clark and McLeroy of an organisational policy that isn't public policy, is of a smoking ban resulting from 'small p' policy advocacy, where an individual building or institution chooses to ban smoking on its premises. However this of course would need to be consistent with the law to be enforceable but could at minimum be an aspiration policy or guideline for the building.



What is Health Policy?

Health policy is the way nations, states, cities and communities distribute available resources to competing interventions and competing population needs, based at its core on anticipated benefits. Health policy reflects the values of the society or community in terms of how and to whom these health resources are allocated.

“Generally, the term ‘health policy’ embraces courses of action that affect that set of institutions, organisations, services and funding arrangements that we have called the healthcare system.”
(Healthcare & public policy: an Australian analysis, George R. Palmer, Stephanie D. Short).

As acknowledged by the College for many years, health is much more than healthcare, medical services and health systems. Many factors beyond the clinical setting play a crucial role in the causes of illness and impact on the success of treatment. Reducing the incidence of many illnesses requires work on the social determinants, such as poverty and illiteracy that influence the health of individuals and communities.

The Cochrane Collaboration provides the following definitions of healthcare policy and healthcare research, fundamental to the policy process:

- **Healthcare policy** is defined as laws, rules, financial and administrative orders made either by governments, non-government organisations or private organisations that are intended to directly effect the provision and use of health services.
- **Healthcare research** includes clinical research, epidemiological research and health services research (investigating need, demand, supply, use, and outcome of health services).
- **Clinical practice guidelines** are defined as “Systematically developed statements to assist both practitioner and patient decisions in specific circumstances”.



This is a useful breakdown of health policy because it defines an important distinction between the role of policy and advocacy in the health system and the individual as a health practitioner.

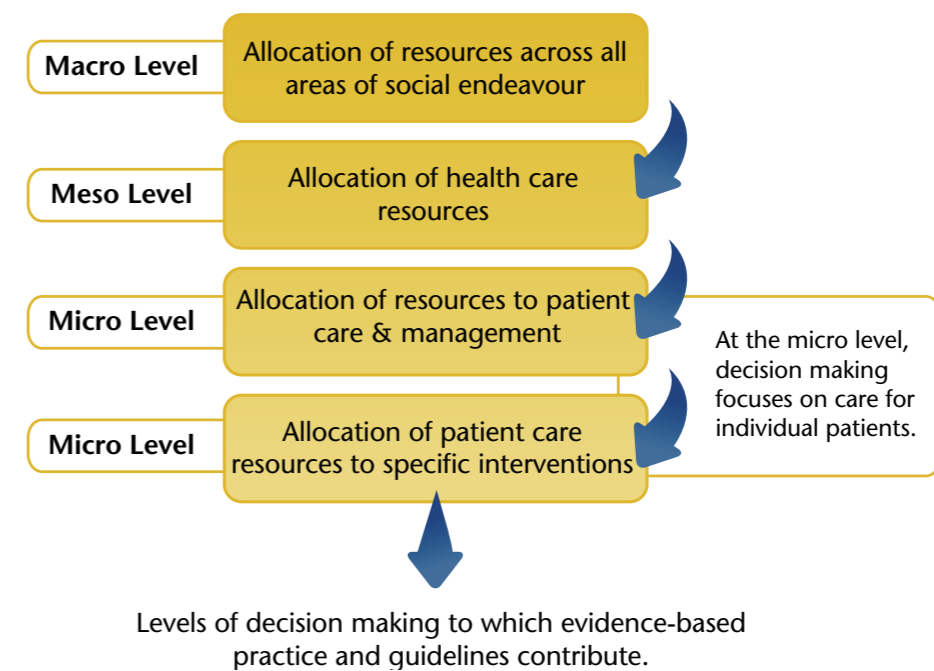
Other Areas of Policy

- Economic and social policy focuses on how to effectively allocate resources to improve the health and wellbeing of a community.
- Health policy is that which pertains to the design of the health system, its funding arrangements, clinical standards and medical outcomes for example.

There is significant overlap between social policy, economic policy and health policy.

A linear approach to the different types of policy, as they relate to health, is to look at the allocation of resources within health.

Policy and Advocacy resource allocation



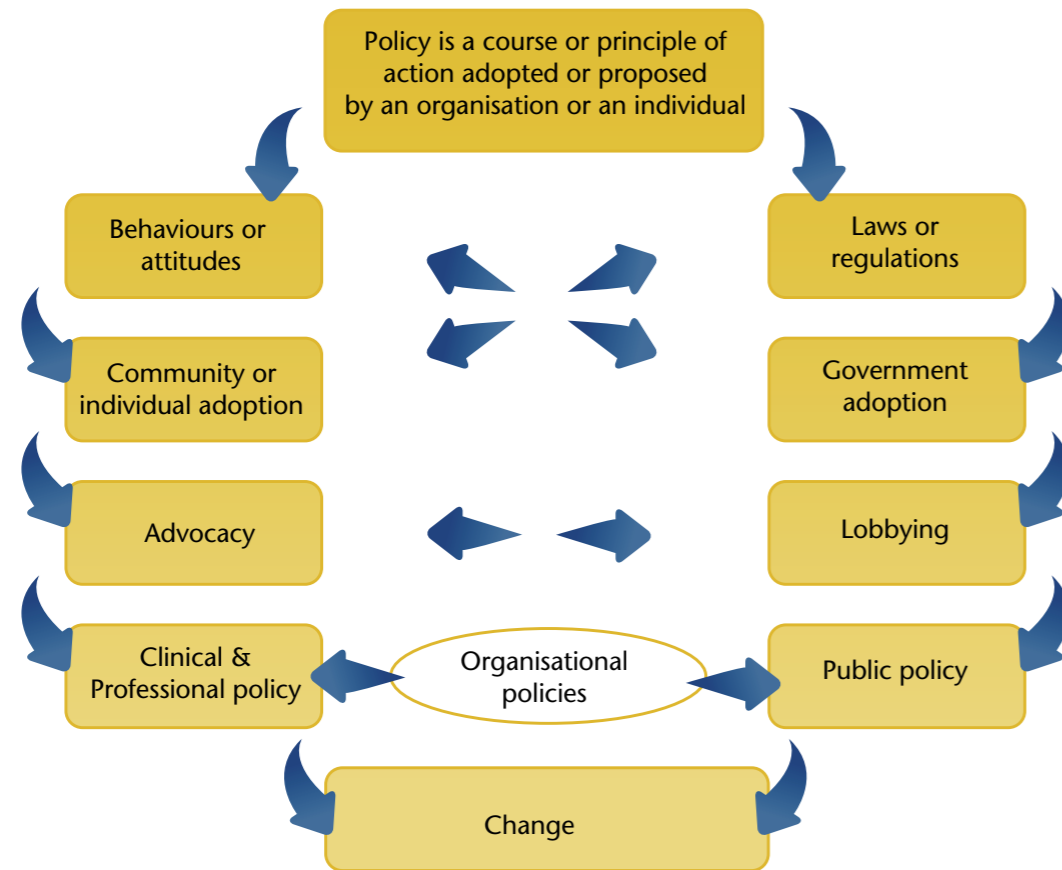
Under this model we begin with a very broad policy consideration of the total availability and allocation of scarce resources. The next consideration is what allocation does health receive, then what within the healthcare system is the allocation of resources, and finally where and how does the health practitioner allocate those to individual patients.

Tolley, Kenkel and Fabian define the areas of health policy as ‘Health Safety and Regulation, Research, Public Health Policy, Legal and Regulatory, Clinical Practice and Resource Allocation’. The College recognises therefore that, in public health and social policy, there is a social model of health.

Ultimately, be it the community, the government or other influential stakeholders, the College is seeking to effect an outcome on either individuals indirectly through community attitudes or behaviours, or directly through the machinery of the state, be it legislative, regulatory or legal.

The Scope of Policy and Advocacy

There are a number of College policies that are both 'small p' and 'Capital P' policies, in that they seek to mobilise community support and involve government.



For example, the RACP Tobacco Policy involves raising public awareness about the dangers of smoking. Furthermore, the policy mobilises community support to influence individual choice and community standards, encouraging the use of those changing community attitudes to influence and lobby government for legislative and legal measures to restrict and reduce smoking, through taxation, point of sale, smoking bans and plain packaging.

This is an excellent example of the interaction between the community and the government in influencing change and achieving improvements in the health of our community. Other similar policies in the College are: the Health Benefits of Work Consensus Statement, the Close the Gap Campaign, Alcohol Policy: Using Evidence for Better Outcomes, and the Health of Paediatricians.

College policy statements

These are policy statements or position statements developed by the College to advance a policy debate.

These can be classified as either 'Capital P' policies or 'small p' policies.

A policy or position statement is a direct appeal for action on an issue that advances an issue or a cause. As advocacy, these policies are seeking public support for an idea, a course of action or a belief. As public policy they are seeking the direct involvement of or action from government.

These can be either social or health policies that are seeking to influence public opinion or government directly as public policy.

What is Advocacy?

Advocacy is the set of actions through which the College exerts influence, both direct and indirect, so as to change policies, attitudes and behaviours on critical health issues. Actions may include informing or educating people, framing a debate or mobilising community partnerships.

Advocacy relates to general policy that isn't public policy. Once it seeks to influence the legislative, regulatory or legal process then it becomes public policy, which is no longer advocacy.

This inter-relationship between individual behavior change and social or environmental determinants is expressed cogently by Steven Woolf:

"A college education can impart the knowledge to make healthier choices but cannot bring supermarkets to a neighborhood or remove tobacco and alcohol advertising."
(Steven H Woolf, 'Social policy as health policy, JAMA, 2009)

Srinivasan Rengasamy from the Madurai Institute of Social Sciences describes advocacy as encompassing a broad range of activities that involve identifying, embracing, and promoting a cause. It is an effort to shape public perception to effect change that may or may not require changes in the law. Advocacy is about using effective tools to create social change.

In this way General or small 'p' policy is supported by advocacy and Public Policy or capital 'P' policy is supported by lobbying.

Another way to describe this complex process is to distinguish between approaches that take the 'inside track', such as work-ing closely with decision-makers in public policy development, compared with 'outside track' approaches that seek to influence change through less targeted awareness and/or public opinion campaigns.

When selecting to use the 'inside track' to work- closely with decision-makers, the Policy & Advocacy ("P&A") Unit retains the same diligent measurement of ethics and impact as when it uses the 'outside track' that seeks to influence change through awareness and/or public opinion. Metrics are considered in a later section.

To be effective, advocacy must ultimately shift from arguing to bargaining. If the advocacy remains confrontational or without a way forward, then it will not be adopted and remain unimplemented. To achieve a resolution and for the position being advocated to be adopted, it must move beyond arguing and invariably through bargaining to achieve success. It is difficult to bargain from 'outside the tent' but there may sometimes be a need for frank and fearless exchanges 'inside' the tent but ultimately a successful negotiation requires a settlement.



What is Lobbying?

In the United States, the Internal Revenue Service (IRS) defines 'lobbying' as:

"The communication must address specific legislation, which includes bills, resolutions, repeal proposals, referendums or similar items at the federal, state and local level. It also includes specific proposals that have not yet been introduced in a legislative body."

(Source: IRS Reg. IRS Regulations Sec. 56.4911-1 and Reg. 56.4911-2(d)(1)(ii))

According to Nancy Amidei from the University of Washington, School of Social Work, advocacy and lobbying are not the same. She defines them as:

Advocacy: Speaking Up; to plead a cause, make the case for another.

Lobbying: Attempts to influence decisions of legislators about a pending piece of legislation. (Note: discussing an issue does not equal lobbying.)

She also states that "Much of what you are likely to do is advocacy, not lobbying, and you can advocate for people, programs, and issues you care about".

If advocacy is engagement that supports the general or small 'p' policy such as physician influence on the individual or community to stop smoking. This is different to engagement with government and public policy, which is lobbying. This supports public policy or capital 'P' policy which is seeking the direct influence on the machinery of state such as tobacco restrictions.



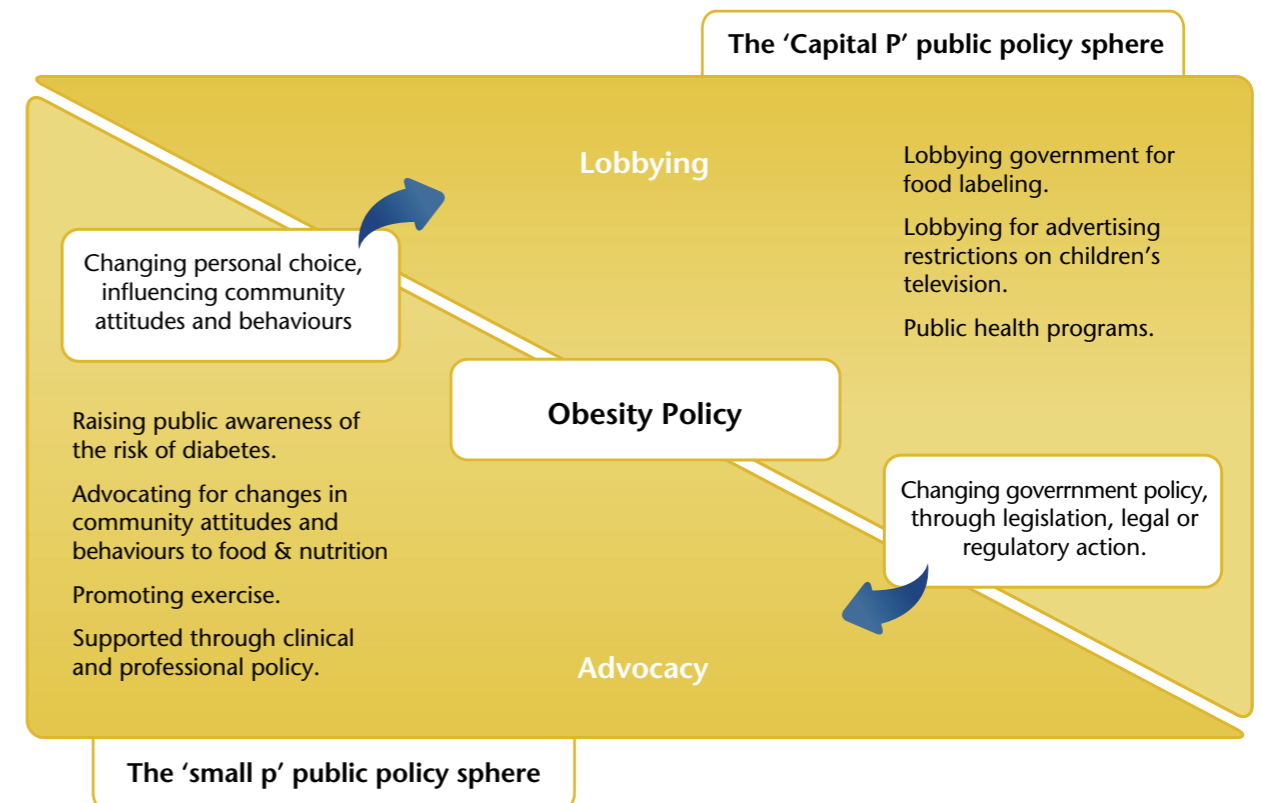
These often work hand-in-hand and will vary in their relationship depending on the issue and the context, as sometimes advocacy is required to prompt public policy and sometimes public policy will lead community engagement.

A framework for these endeavours is the one developed by Clark and McLeroy where advocacy and lobbying occur on three possible levels; of individual behaviour; on the social and physical domain of the community; and on the policies regulating both. The first two levels are covered by advocacy in general policy and the third by lobbying and public policy.

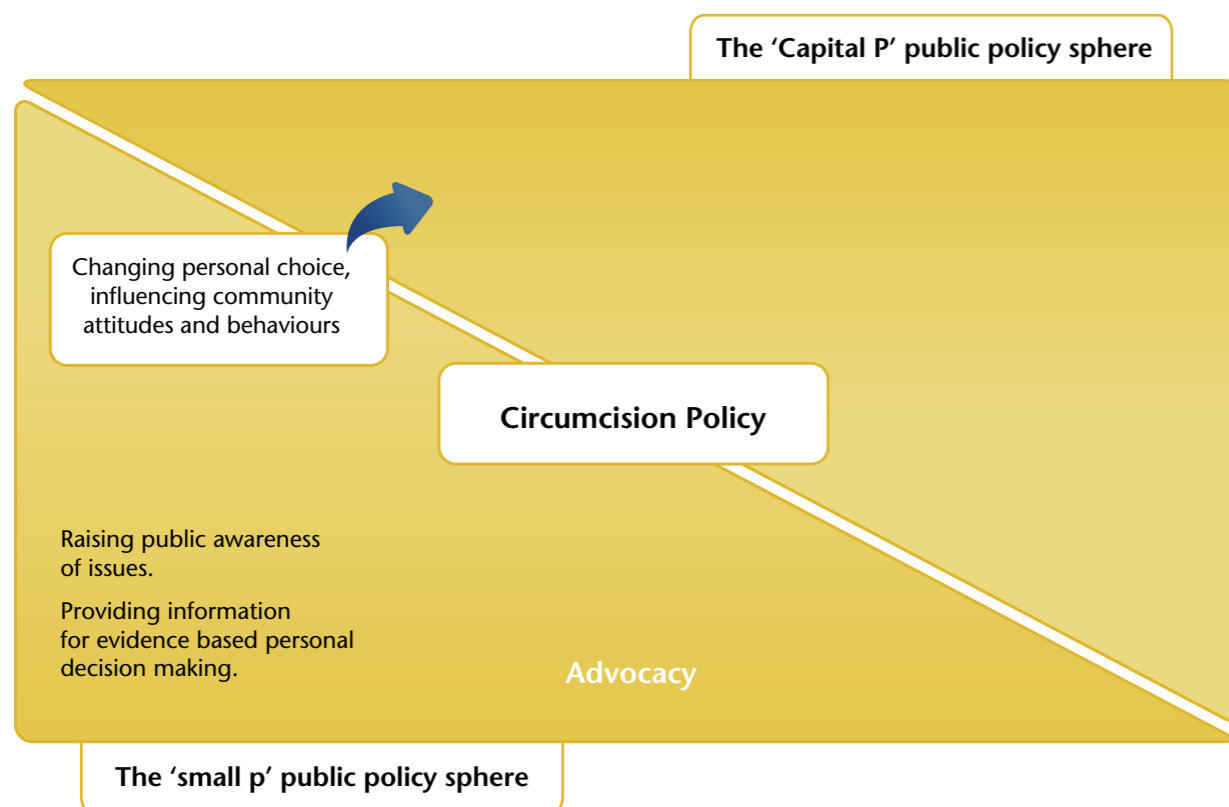
The Interaction Between Policy, Advocacy and Lobbying

Much of the policy work of the College will include advocacy in 'small p' policy and lobbying in public policy. Some policies, such as the Circumcision of Infant Males Position Statement and clinical practice guidelines will not involve or require public policy, including health or social policy, and some College policies will not require advocacy as they are direct discussions and negotiations with government.

The following example of the College policy and advocacy approach to obesity is to combine community support and awareness, to drive change in community attitudes and behaviours, to further improve personal choice. Direct lobbying for legislative and regulatory measures are implemented to support and promote change for improved health outcomes through reduced levels of obesity in our society.



In contrast, the College policy on circumcision does not directly lobby government for any legislative, regulatory or legal change.



The relationship in these policy and advocacy approaches of the College between 'small p' and 'Capital P' policy may vary over time but in many previous situations, the change process begins in the 'small p' sphere and then escalates into the political arena either through the success of the advocacy in raising community commitment to the cause, which puts pressure on government to take action, or because the rate of success through advocacy requires the impetus of public policy, such as was the case with tobacco. Hence, the Policy & Advocacy Unit is mindful of indicators with which to measure these activities and corroborate effective influence and successful impact.

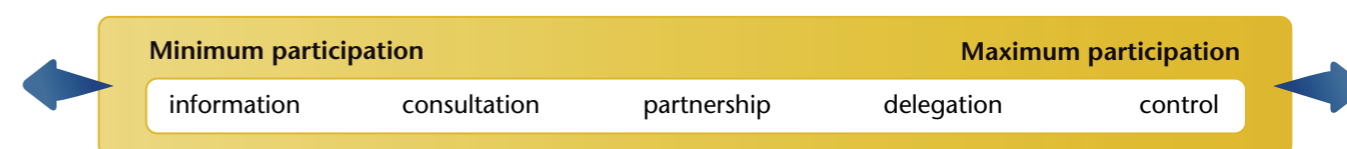
Who Influences the Policy Process?

Influencing the policy process requires a deep appreciation and understanding of rules and procedures that can appear quite Kafkaesque at times. There are always different policy stages to navigate through including problem identification and agenda setting, formulation, adoption, implementation; and evaluation.

Influential people are those who make a significant difference at one or more stages of the policy process. Effective influencers have been referred to as 'policy entrepreneurs' who take advantage of 'policy windows.' In the past the term 'movers and shakers' was used but whatever the term used to describe them they are valued stakeholders who find a way to target the right people at the right time with the right information.

There are different levels of influence, as shown on the Shand-Arnberg Continuum.

The Shand-Arnberg Participation Continuum



On the left hand side of the continuum, it can be seen that there are times when simply receiving information is a major breakthrough. Overall, the challenge is to identify the right level of influence, for the right audience at the right time.

Policies are largely ineffective if they are not supported. Even the Prohibition Law in America was originally voted for by a majority. The impact of that legislation is instructive for many reasons, not the least is being the unintended consequences of the legislation as well as for the radical changes that occurred in public policy. It is therefore for support and risk, as well as effective design and efficient operation, that policy makers seek the views of internal and external stakeholders.

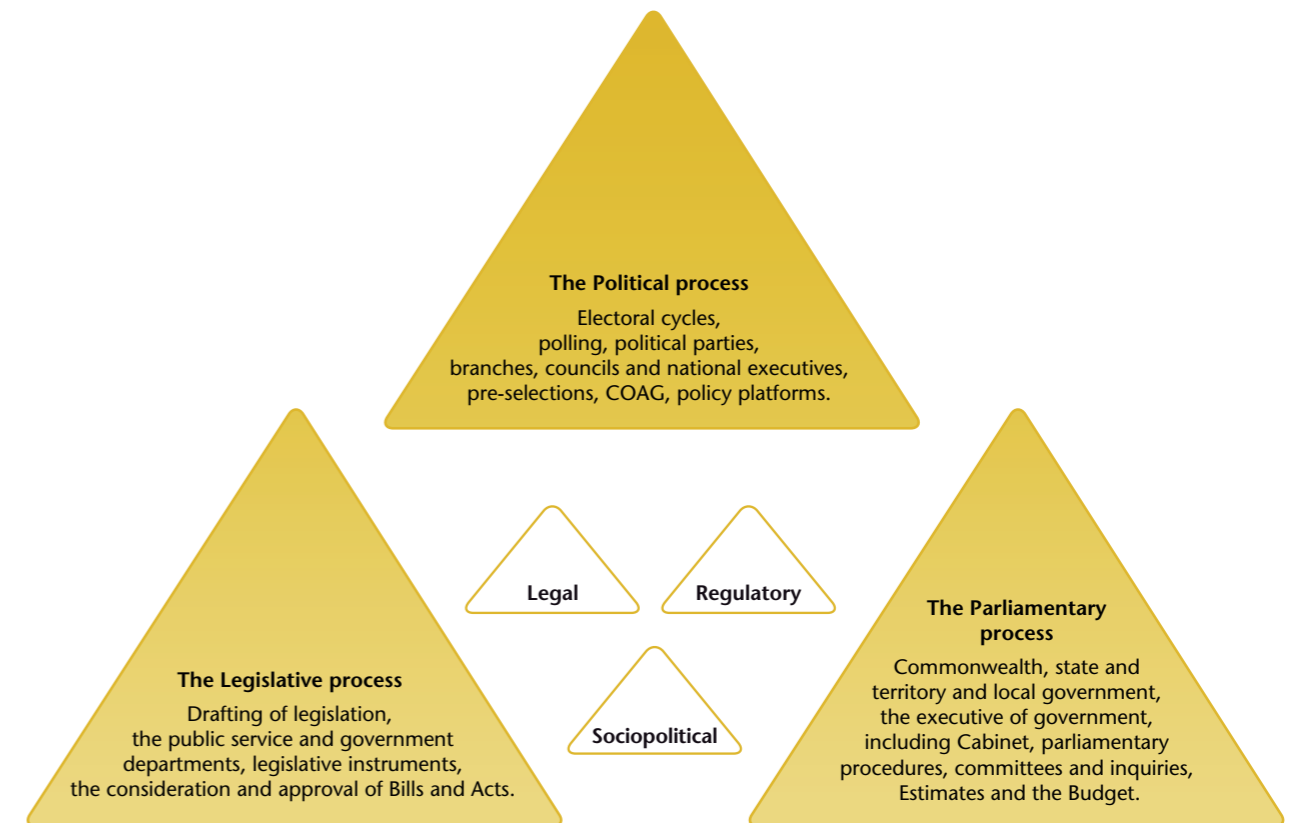
How to Influence the Policy Process?

There are a number of ways to influence the policy process and these are set out in the table below.

Typology of influencing activities

Type of influencing	Where and through what channels?	How and by what means?
Evidence and advice	<ul style="list-style-type: none"> National and international policy discourses/debates. Formal and informal meetings. 	<ul style="list-style-type: none"> Research and analysis, 'good practice'. Evidence-based argument. Providing advisory support. Developing and piloting new policy approaches.
Public campaigns and advocacy	<ul style="list-style-type: none"> Public and political debates in the community. Public meetings, speeches, presentations. Television, newspapers, radio and other media. 	<ul style="list-style-type: none"> Public communications and campaigns. 'Public education'. Messaging. Awareness campaigns. Advocacy.
Lobbying and negotiation	<ul style="list-style-type: none"> Formal meetings. Semi-formal and informal channels. Participation in activities and on committees. 	<ul style="list-style-type: none"> Face-to-face meetings and discussions. Relationships and trust. Clear outcomes.

The following chart identifies the legislative, political and parliamentary process that the public policy activities of the College must influence to be successful.



According to the Department of the House of Representatives:

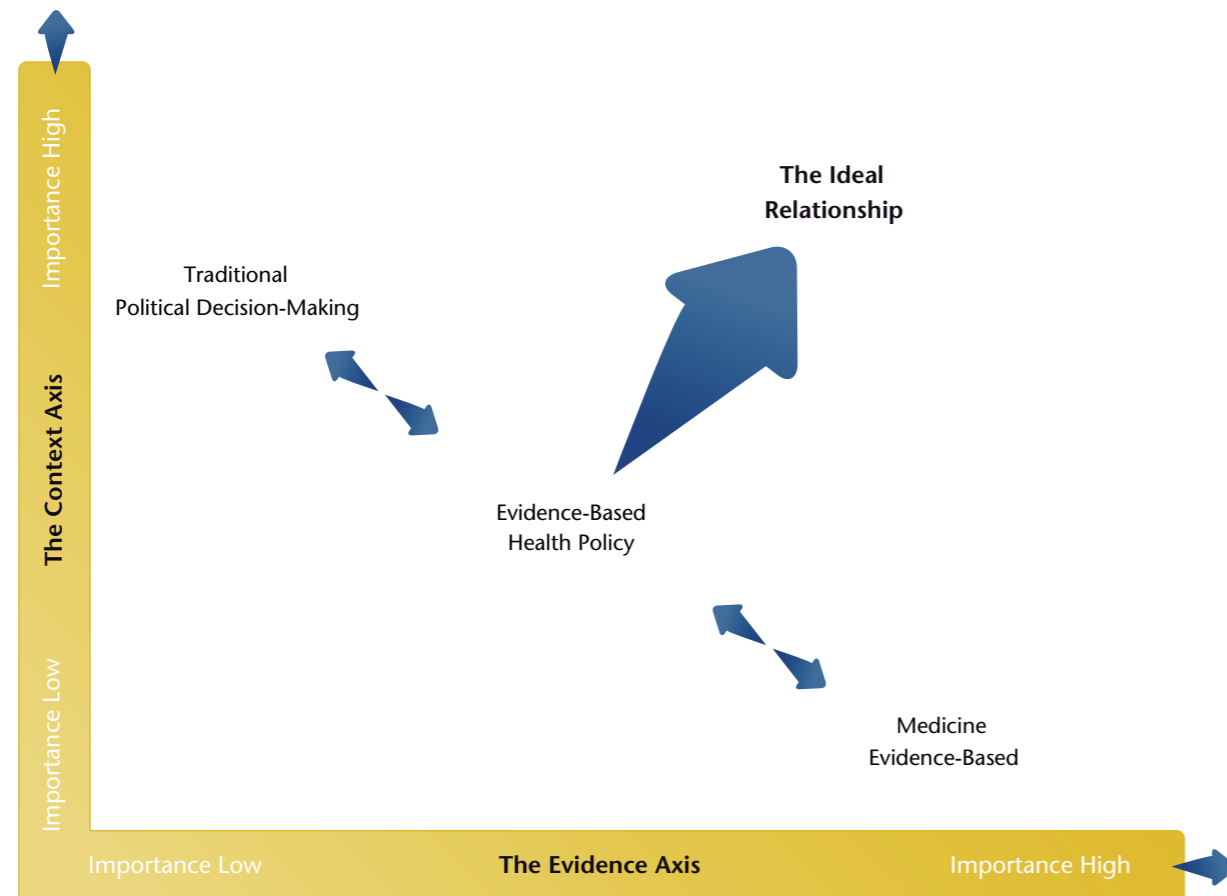
"The original ideas for government legislation come from various sources. They may result from party policy, perhaps announced during an election campaign, from suggestions by Members and Senators or from interest groups in the community. Many proposals, especially those of a routine nature which may be thought of as matters of administrative necessity, originate in government departments."

There is always therefore a tension between the executive, the parliament and the policy developers on public policy that also involves the regulators and potentially the judiciary. Politics and public opinion are inextricably linked and the P&A Unit can provide advice and insight to the Fellowship and the College on this treacherous but critical component of policy.

The Influence of Evidence and Context

The two fundamental components of evidence based policy and advocacy are, evidence and context.

Axes of evidence-based decision-making



Not all those involved in policy, and in particular the public policy process, are susceptible to evidence and even those who are use it in different ways and at different times. The reality of policy development is that nobody really has all of the required information at the one time and that, to a large extent, comes down to a matter of learning by doing.

How to Measure Policy Impact?

There are five key dimensions of impact in policy and advocacy:

- **Attitudinal Change** is concerned with framing debates and getting issues on to the political agenda to draw attention to new issues and to affect the awareness, attitudes or perceptions of key stakeholders.
- **Discursive Commitments** is the process of encouraging discursive commitments from government and other policy actors. Effecting language and rhetoric is important to promote recognition of specific groups or endorsements of international declarations.
- **Procedural Change** is the process of securing procedural change at domestic or international level including changes in the process whereby policy decisions are made, such as opening new spaces for policy dialogue.
- **Policy Content**; effects policy content. While legislative change is not the sum of policy change, it is an important element and often the necessary step or desired outcome of policy and advocacy.
- **Behavioral Change** is the influencing behavior change in key actors. Policy change requires changes in behavior and implementation at various levels in order to be meaningful and sustainable.

Only rarely will actions akin to 'throwing stones' be effective in changing public policy. This is a reality of the modern policy process. There is always a role for the gentle art of persuasion and certainly a need for policy entrepreneurs to forge high-trust relationships that build success incrementally.



Policy and Politics

Policy can be 'political' without involving government, as the policy process at any level involves conflict, the exercise of power, compromise, bargaining, negotiation, alliances, agendas and sometimes even a vote, for instance on a Board, a committee or in a group.

In this sense, it relates to the process of resolving differences and in some cases the causes of those differences. This can extend to the relationship between stakeholders externally and internally, between departments within an organisation, between the units within those departments and at the personal level between individuals.

However, politics usually refers to the party political and the public policy process, and in particular to the advisers, officials and institutions that make the decisions. In the Australian model of government, procedural control and decision making largely resides with the Executive of Government, who usually controls the Parliament.

As the government of the day is determined by the control of the House of the Representatives and the election of the Prime Minister to form a working majority on the floor of the House, the political parties and their machines also play a critical role in the public policy process. Politics however extends beyond the parliament into the public domain from where governments derive their authority but also manage their greatest risks.

The political parties have their ideological and policy positions that are influenced not solely on what constitutes good policy. They look at much more than an evidence based approach to policy, or even a service delivery consideration or health outcomes perspective. This includes elections of a general nature when the new parliament is formed but also in the election of leaders and in the pre-selection of candidates.

Politics is the art of the possible and political parties must always balance the ideological and philosophical aims with the need to get elected. There are also checks and balances through the parliamentary and judicial systems to ensure that the policies are not unlawful or in breach of standing orders.



Political Audiences

Within government, persuading and influencing politicians on policy requires different approaches depending on the issue and the individual but they can usually be grouped as one of the following:

1. Champions

All issues need a group of legislators, officials and politicians, dedicated to being tireless, committed advocates for your cause. What they can do for you is make the case to their colleagues, help develop a strong 'inside' strategy, and be visible public spokespeople.

2. Allies

Another group will be on your side but can be pushed to do more, to speak up in a party room or in the chamber.

3. Fence Sitters

Some will be uncommitted on the issues and these can be key targets and an effective lobbying strategy is about putting together the right mix on 'inside' persuasion and 'outside' pressure to sway them your way.

4. Mellow Opponents

Another group will be clear votes against a particular policy, but who are not inclined to be active on the issue. With this group what's key is to keep them from becoming more active, lobbying them enough to give them pause but not to make them angry.

5. Hard Core Opponents

Finally, there are those who are leading the opposition to a particular policy or position. What is important here is to isolate them, to highlight the extremes of their positions, rhetoric and alliances and to give others pause about joining with them.

According to Mitchell's theory, the different forms of stakeholder relationships for stakeholder theory and relationship marketing are:

- **Power** The ability to impose and prevail upon others.
- **Legitimacy** "A generalised perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions".
- **Urgency** (1) time sensitivity-the degree to which managerial delay in attending to the claim or relationship is unacceptable to the stakeholder, and (2) criticality - the importance of the claim or the relationship to the stakeholder.

Stakeholder engagement is critical to successful policy and advocacy. Engagement is not an end in itself, but a means to help build better relationships with the constituencies in which we operate, ultimately resulting in improved planning and performance.

Public Policy and Government

According to Richard Neustadt, founder of the Kennedy School of Government at Harvard, authority consists of public prestige, professional reputation, and most of all, the power to persuade. It is the latter that requires policy support from government and as such it is an important area for the College, through policy and advocacy to educate and popularise, or demonise, public policies.

Within the public policy process, government will often seek support for its policies as well as their delivery because winning support counts for naught *“If movements can’t follow up with some specific draft bill to drop into the legislative hopper”*. (Oxford Handbook of Public Policy) Hence, government will often look to the College for support of policies, even those with which the College has had little involvement in developing, and also for assistance with policy implementation.

The College must at all times be judicious in both the support and endorsement of policies developed by others.

Given the overwhelming complexity of the policy process the Fellowship and the College must find a way to simplify the situation, which the P&A Unit can assist in by providing analysis and advice, evaluation, consultation, development, preparation, publishing, dissemination, communication, engagement, advocacy and lobbying.

The context for policy and advocacy is expressed firstly in the internal circumstances surrounding the development of the evidence-based policy, but it is then the context of the external environment where a decision is to be applied that next determines how our policy and advocacy proceeds. The dominant context of the public policy process is government, where the public service develops the policy, the executive approves the policy, the parliament enacts the policy and the judiciary interprets the policies.



It is, therefore, important that physicians understand how to influence policy, particularly in relation to how a policy is developed and implemented in government. This includes the political, parliamentary and legislative processes as well as appreciating the many competing interests, timelines and priorities in the public policy space of the health sector. Building this capacity will ensure that the College and its Fellowship can engage in the political and policy process with the same level of skill as that demonstrated in clinical practice.

Advocacy, Lobbying and the Media

All communication is important in advocacy and lobbying but the media plays an important role in general policy and public policy.

Communicating to and through the media can popularise issues and elevate them on the agenda, while providing access to a mass audience.

This can generate a greater base of support for your activities, help recruit new allies, generate financial support, encourage volunteers, and help deliver other resources to help achieve goals. Greater coverage can also provide greater leverage with decision-makers, especially if you can move beyond exerting pressure and promote popular buy-in for an initiative. Any advocacy and lobbying activities will be more successful if they encourage policymakers and others to join, support, and protect your policy objectives.

This is referred to as ‘Media Advocacy’, where individuals and organisations strategically use the mass media as a resource to advance a social or public policy initiative through public opinion.

Media advocacy combines health, medicine, policy, politics and activism to communicate a message that appeals to the media as an issue worthy of coverage because it will resonate with the community. It takes effort but also careful crafting, to present an idea that is easily understood and that people connect with. This requires the right mix of imagery, prose, as well as emotional and intellectual appeal.

By getting an issue on the media agenda, it is pushed on to the public agenda, and from there, the political and policy agenda.

Critical to the success of advocacy through the media is an understanding of the media cycle and the demands of the media as a product. The media is also a crowded space, with large numbers of groups, causes and organisations all competing for available space and time on the public stage.

Further complicating this is the dilution in power of the traditional mass media giants of the broadcast media. The fragmentation of the mass media is driven in part by social media, changing social structures such as the seven day working week and demographic changes.

Assessing the Impact of Policy and Advocacy

The College will achieve its strategic objectives and be successful in policy and advocacy only if it effectively represents the interests of its Fellowship in contributing to the development of a better healthcare system in which College Fellows can provide the world-class care their patients expect. While one measure of success would be that all College recommendations are adopted, it is clear that that might not always be the case for a variety of reasons. That College recommendations are always seriously considered is also a measure of success. From this success comes the trust and reputation as a valued partner and stakeholder that is the foundation of further success, including adoption.

The College will be successful if it is able to put forward the views of the Fellowship on important matters and to have had them considered by the right people at the right time in the process. There is little to no point raising umbrage with a policy that has become an act of parliament, or issuing a media release after the newspaper has gone to print. Context is everything is everything in policy and that includes content and timing.

What is the role of the College Policy and Advocacy Committee (CPAC)?

The College Policy and Advocacy Committee (CPAC) is responsible for developing high level College-wide advice on policy and advocacy. The Committee is accountable to the Board. It receives advice from the Divisions, Faculties and Chapters, and from other sources as required. Because of their significance for our Fellows and communities, all outputs of the College such as those identified above must be approved by either the Board or CPAC.

The Role of College Fellows in Policy and Advocacy

Fellows as respected professionals and health practitioners critical to the healthcare system can play a crucial role through policy and advocacy in the promotion of good health policies.

In their role as College office bearers, Fellows can advise government and other policy advisers, such as academics or other health practitioners, on the implications of a health policy, providing invaluable insights into the efficacy and suitability in the clinical setting. Fellows, acting in concert through the College, can also be powerful advocates against an existing or proposed new policy and can exert great influence and persuasion. However, care must always be taken when marshalling support against government.



The College Fellowship includes influential physicians who can and do make a significant difference at one or more stages of the policy process. The College seeks, through the expert involvement of its Fellowship, to ensure that its policy and advocacy activities and outputs are accurate and influential.

The College's Policy & Advocacy Unit

The aim of the College's Policy & Advocacy (P&A) Unit is to enable the College to influence policy development in Australia and New Zealand. This will ensure the interests of Fellows and trainees are promoted in health policy, the health systems of both countries are improved, and the health outcomes for patients and communities are improved. The P&A Unit supports the College Fellowship by monitoring and influencing how health policy is developed, formulated, implemented and evaluated in Australia and New Zealand.

The P&A Unit works with CPAC, the CPAC Executive, the Board, the President and the President-elect to ensure that all outputs and activities are relevant, feasible, within specific timeframes and are in compliance with the RACP Strategic Plan, in addition to the priorities and work plans of CPAC and/ or its committees.

It is made up of a skilled team dedicated to the College's mission to influence broad health policy debate and to contribute to an understanding within the College and the wider Fellowship of a range of critical health policy issues, especially the views and concerns of Fellows and trainees. The P&A Unit has been structured and staffed to ensure the College can:

- Shape ideas about policy
- Initiate policy proposals
- Substantially change or veto others' proposals
- Substantially effect the implementation of policy in relation to health

Our policy and advocacy work identifies what the issues are through analysis, evaluation, consultation, development and preparation and then what action should be taken through publishing, dissemination, communication, engagement, advocacy and lobbying.

The P&A Unit can play a key role in managing the impact and the reputation management of the profession, the Fellowship and the College. It can also assist the College and its Fellowship by advocating for and supporting good policy that has been developed in a coordinated and effective manner.

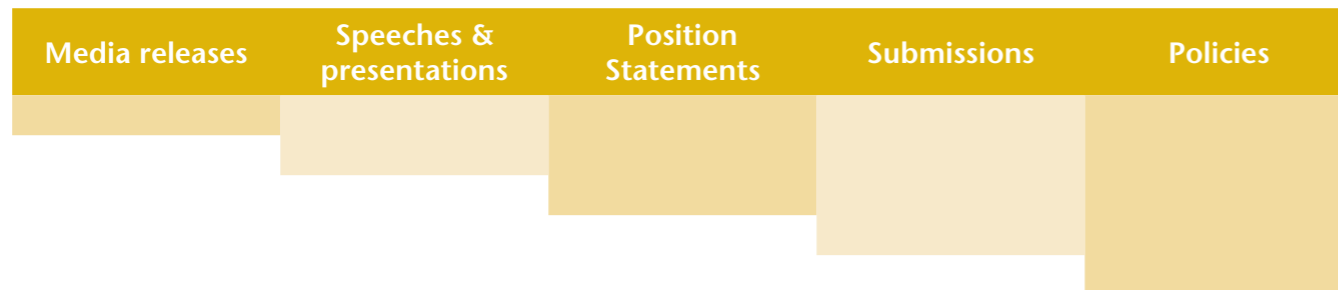
The P&A Unit has the experience and the expertise to navigate through the policy process, including specific knowledge and understanding of political science and government relations and can provide valuable insights and understandings of the policy process to assist in the successful policy and advocacy work of the College and its Fellowship.



How the College Influences Policy

The College is presented with numerous opportunities for engagement in the policy process, through evidence and advice, public campaigns and advocacy and/or lobbying and negotiation. These opportunities may be requests for consultation or involvement by an external body or pro-active attempts by the College to set the agenda and influence public opinion or the public policy process.

The College's range of activities in this area can be roughly grouped as:



The weighting of each activity reflects both the volume of work required for each as well as the impact on the change process.

Each of these activities will have a particular impact on the policy process and may be used on its own or in combination with other activities. In this way, College inputs, such as its policy position and College resources, interact with the external operating environment to seek a particular policy outcome.

Policies are debated and developed in many different forums and each have their own 'rules', agendas, timelines and even language, so all outputs must be carefully tailored to the operating environment of each with special thought given to their needs and the intended audience. There are also differences between policy frameworks, theories and models that must be factored into the policy inputs, outputs and outcomes of the College.

'Throwing stones' from the outside as a form of advocacy may appeal to some but such activities are unlikely to reach the target audience. There is always a role for the gentle art of persuasion but it has its time and place and all organisations must tread a thin line between getting attention and being respected.

Policy & Advocacy Support

The purpose of the Policy & Advocacy Unit is to enable the College to influence policy development in Australia and New Zealand. The Unit provides the College with an avenue to be engaged in the broad health policy debate and contributes to an understanding within the College of a range of health policy issues and an understanding in government of the views and concerns of Fellows and trainees.

The aim is to enable the College to influence policy development in Australia and New Zealand. This will ensure the interests of Fellows and trainees are promoted in health policy, the health systems of both countries are improved, and the health outcomes for consumers are improved.

The P&A unit achieves these objectives in two ways:

- By taking the issues identified by the Fellowship and supporting them, either through advice or resourcing, such as meetings or documents, including policies, briefings, submissions and statements. The services provided by the P&A unit are primarily for the work of the College but it will also be of relevance to Fellows in their capacity as private citizens to advocate and seek to influence the policy process.
- The identification of issues by the P&A Unit, who then advise the Fellowship of areas that need to be addressed. This is where the policy, legislative, regulatory, legal, political, media and communications skills, including lobbying and advocacy capabilities of the P&A Unit can assist the Fellowship and the College.



In all of these activities the P&A Unit relies on the medical expertise of the Fellowship and the knowledge of the profession and healthcare system in developing and undertaking the policy and/or advocacy work of the College. As health practitioners, the Fellows are uniquely placed to influence the policy agenda and development process. By working together, the College can deliver policy and advocacy that is compelling and influential in the continued development of healthcare system and the improved healthcare of our communities.

Conclusion

Through policy and advocacy the College seeks to influence all aspects of the policy process, including the processes by which policies are defined, developed, implemented and evaluated, the impact of the political system on policy making and the importance of internal and external consultation in achieving policy objectives.

The Policy & Advocacy Unit offers the necessary skills to understand and influence this policy process. Our staff come from diverse disciplines to ensure we anticipate and highlight the need for public policy, plan the policy development process, gather and analyse information for policy development, identify stakeholders and distinguish appropriate modes of consultation, determine public policy direction and gain agreement for policy release and dissemination of policy.

Fellows, whose work in clinical medicine to diagnose and manage patients is steeped in centuries of rational thought and scientific reductionism, will find public policy a much more dynamic and unstable phenomenon. It may even seem quite irrational from time to time!

Policy rarely reflects an overarching scheme of instrumental rationality, as context is often as important, if not more, than substance. Nonetheless, policy activities must be both empirically grounded and conceptually sound. Milton Friedman observed in *The Methodology of Positive Economics* (1953) on the positive and normative theoretical approaches, between analysis that seeks to clarify what is and analysis that seeks to identify what action should be taken. In this way policy analysts and advisers have been likened more to a courtroom lawyer than a laboratory scientist.

Having greater clarity about the structure and nature of policy will provide Fellows, trainees and employees with a better understanding of all aspects of the policy process, including the processes by which policies are defined, developed, implemented and evaluated, the impact of the political system on policy making and the importance of internal and external consultation to achieving policy objectives.

It will equip them with the necessary skills to anticipate and confirm the need for public policy, plan the policy development process, gather and analyse information for policy development, identify stakeholders and distinguish appropriate modes of consultation, determine public policy direction, gain agreement for policy release and dissemination of policy.

By becoming more timely and relevant through a better understanding of the policy process, including the needs and priorities of government, the College and the Fellowship can better influence the efficacy and efficiency of the health system by becoming valued partners in the development and implementation of health policy in Australia and New Zealand.



The RACP Policy & Advocacy Unit

“If you want people to listen to you, you have to express yourself in a way that connects with them...”

“..The politics is as important as the policy, because if the politics doesn’t work the policy no matter whether sensible or not won’t be implemented.”

Robert Rubin (former US Secretary of the Treasury)

– *‘In an Uncertain World: Tough Choices from Wall Street to Washington,’* Random House, 2003.

About The Royal Australasian College of Physicians (RACP):

The RACP trains, educates and advocates on behalf of more than 13,500 physicians and 5,000 trainees – often referred to as medical specialists – across Australia and New Zealand. It represents more than 25 medical specialties including paediatrics & child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational & environmental medicine, palliative medicine, sexual health medicine, rehabilitation 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 well being of patients.

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