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RCPA
The Royal College of Pathologists of Australasia

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Senate Finance and Public Administration Committees
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Parliament House
Canberra ACT 2600

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Dear Committee members

RE: Inquiry into the progress in the implementation of the recommendations of the 1999 Joint Expert Technical Advisory Committee on Antibiotic Resistance

Thank you for asking the Royal College of Pathologists of Australasia (the College) to provide a submission on the above Inquiry. The College is very concerned over the issue of Antimicrobial Resistance and has a number of comments to make.

Antimicrobial Resistance (AMR) is a broad “public health” issue and not just an “agency by agency” “patient by patient’” issue.

There is enormous expertise in the state and territory health departments in ‘communicable disease’ sections. There is also enormous laboratory expertise in the jurisdictional laboratories who support Chief Health Officers (CHO) and also private sector laboratories.

Jurisdictional reference labs are currently networked via Public Hospital Laboratory Network (PHLN) and are very well placed to provide harmonised national reference activity relating to aspects of AMR, to facilitate the work in private and public primary diagnostic laboratory sectors, who in turn directly service the clinicians who are managing patients and environments. This reference sector can add value to the AMR effort by addressing aspects not directly needed for patient management but ultimately critical for same eg characterising strains, characterising mechanisms, seeking virulence factors etc at a broad level.

More and more, CHO’s are being confronted with AMR in the community (either generated there or fed into there from health care sector).

There is currently a disconnection between this ‘traditional’ public health sector and its expertise and the AMR problem ie CHO’s and their support laboratories (who could build on existing infrastructure, expertise and systems) which could make a major contribution if AMR was viewed as a public health issue more broadly.

As an aside, everything said of AMR could also be considered with trying to core Hospital Acquired Infection (HAI) organisms where there is a community/hospital link eg *C difficile*.

This concept of AMR and related organisms being seen also as legitimate public health/population issues and work to overcome the current disconnect between traditional public health and patient care sectors with regard for AMR/HAI and related is required.

Specifically in relation to JETACAR, this was a substantial report with 21 Recommendations that clearly were not fully implemented. The development of the National Antibiogram Project is an initiative of Australian Antimicrobial Resistance Subcommittee (AMRSC) and the most relevant aspect of the JETACAR recommendation for the College; noting that this body of work, was the subject of Recommendations 10 and 11 which clearly to date has not achieved the momentum that may have been expected.

The College is very willing to work with Government, and specifically the AMRSC, to help address this issue. Currently the College is not a member of this Committee and considers it should be. We have requested that the College be included on the Committee to assist in this extremely important issue.

Yours sincerely

Dr Debra Graves
Chief Executive Officer