



10 February 2026

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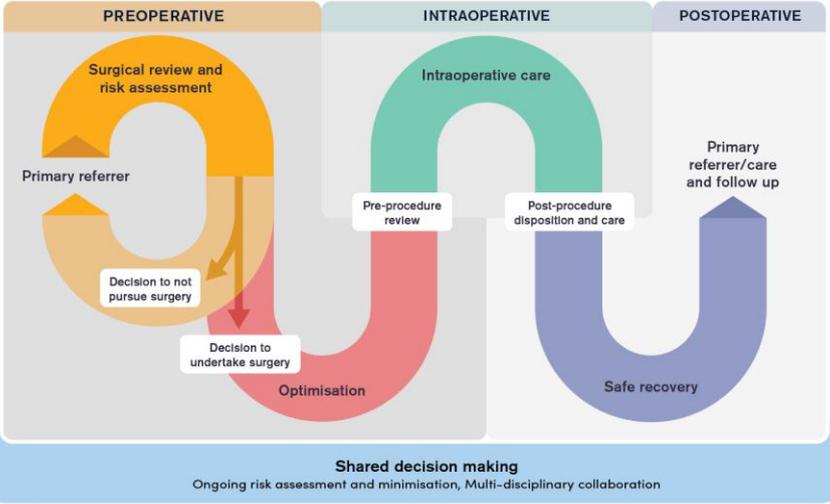
Youth Appropriate Health Care position statement – ANZCA feedback

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA) to provide feedback to RACP's *Youth Appropriate Health Care* position statement.

ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians. Setting and fostering the highest standards of clinical practice, safety and high-quality patient care in anaesthesia, pain medicine and perioperative medicine is at the core of everything we do.

ANZCA is impressed by the document and considers that the document is a well thought through document that provides relevant guidance for different levels in the health care system. It is a lived-experience and evidence informed synopsis of youth-appropriate healthcare in the hospital and specialist outpatient clinic settings. The examples provided are good, provide insight, and create an impression. RACP should be congratulated for modelling youth participation and co-creation. Some specific feedback is provided in the below table, highlighting where the text could be improved by providing balance, addressing gaps and syntax.

Item	ANZCA comments
Key points for individual practitioners	The Summary recommendations are framed for government and health care services but there is not a summary of 'key points' for individual practitioners that could easily be seen. Although the perspectives and information provided, when read though, can provide insights at an individual practitioner level, there should be some advice that can be easily learned and used at an individual level.
Perioperative medicine	<p>There are certainly some parallels with <u>perioperative medicine</u>, a growing area of medicine that ANZCA is leading in Australia and New Zealand in collaboration with other colleges, including RACP (specifically the Australian and New Zealand Society for Geriatric Medicine (ANZSGM) and Internal Medicine Society of Australia and New Zealand (IMSANZ)).</p> <p>Perioperative medicine makes surgical care more efficient and effective by integrating and personalising the care patients receive before, during, and after any surgical procedure involving anaesthesia, starting and ending with their primary referrer, usually their GP.</p> <p>In the perioperative medicine pathway developed by ANZCA (see below and included in the <u>Perioperative Care Framework</u>) patients are referred to a perioperative care team as soon as surgery is planned. One of the doctors on the team, in many cases an anaesthetist, will oversee patient care throughout the pathway. The patient's GP can raise other medical problems, so the perioperative care team can plan for complications and identify risks at the outset.</p> <p>The perioperative care team may implement programs to stop smoking, reduce alcohol intake, improve diet, or increase exercise to improve organ function and</p>

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	<p>fitness prior to surgery. Implementing perioperative medicine pathways creates a simpler approach to patient care, lowers the occurrence of postoperative issues and readmissions, and results in improved quality of life for the patient.</p> <p>For example, effective implementation and practice of perioperative medicine would prevent situations identified in the patient example quoted at the bottom of page 14.</p> <p>Perioperative episodes can have a significant impact on individuals and there could be more constructive guidance for helping care for young people through this specific and challenging area. Perioperative medicine and shared decision making are not mentioned in the document, and its inclusion would strengthen the completeness of information.</p> <p>Some already identified insertions include:</p> <ul style="list-style-type: none"> • 'Perioperative medicine care teams' could be included on page 9 in the 'fund multidisciplinary teams' section, as an important team related to surgery. Physicians are integral and already many are operating in these teams in the hospital setting both formally and informally. Setting consistent messaging and wording will advance this further. • Include the term 'shared decision making' in the 'Involvement and participation' section (pages 19-20) which is also used by the Australian Commission on Safety and Quality in Health Care. • Include reference to perioperative medicine in the 'Continuous care' section on page 23. <p>From the contemplation of surgery to optimal outcome</p> 
Pain medicine	<p>The quotes in the breakout boxes on pages 13 and 15 seem to be the only places that pain is mentioned. These are cited as examples of poor care. The respectful, responsive and age-appropriate care of patients with Acute and Chronic pain should be mentioned. We recommend mentioning pain in the main text. Pain is one of the most common reasons for presenting to emergency, acute and chronic healthcare.</p>

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	<p>In a NSW Health evidence report, chronic pain accounted for 11% of unplanned ED presentations with rates highest for females aged 16-24 years.¹ Chronic pain can be a primary condition, or secondary to another. It is associated with high rates of comorbid mental health conditions and young people want their pain and mental health to be managed together.² Perhaps the 'Cost benefits' section could be amended to read 'Strengthening mental health support and chronic pain management in youth helps mitigate the economic costs of these prevalent conditions, including lost productivity and absenteeism.'</p> <p>On page 6 - The rights of young people, consider adding reference to the Declaration of Montreal on the Right to Pain Management (2010) and/or the ANZCA Position Statement on Rights to Pain Management (2025) that states '...youth have a right to developmentally appropriate pain assessment and management'. Given that two of the break-out boxes relate to negative lived-experiences of pain management, this rights-based argument seems important.</p> <p>Note, ANZCA's "professional documents" comprise policies, statements and guidelines that are crucial for promoting the safety and quality of patient care for those undergoing anaesthesia for surgical and other procedures and for those receiving pain medicine treatment. They underpin standards of clinical practice and the documents contain information relevant to the clinical, administrative and professional practice of perioperative care including anaesthesia, and pain medicine.</p>
Trauma-informed care (TIC), page 7	Where there has been significant exposure to traumatic experiences, such as family violence, abuse and/or neglect for example, trauma-informed healthcare services need to be made available. TIC shouldn't be contingent upon disclosed social and emotional trauma. Given the prevalence and stigma of trauma, TIC should be a universal (rather than targeted) approach in youth services.
Capacity, page 8	'...and manipulate the information in the decision-making process' seems an odd turn of phrase. 'Manipulate' is often construed as pejorative, dishonest. 'Analyse' and/or 'weigh the information' could be clearer alternatives.
Medical education, page 10	'Embed youth appropriate health care training across all medical university and medical colleges', suggestion to use 'all universities' plural, or 'university courses'.
How young people access care, page 12	<p>Young people's evolving use of digital and AI-leveraged healthcare advice and virtual care seem significant omissions. Youth codesign of digital solutions is as important as codesign of face-to-face services.</p> <p>See the below references as Australian examples in the field of youth chronic pain:</p> <ul style="list-style-type: none"> Slater H, Jordan JE, Chua J, Schütze R, Briggs AM (2016): Young people's experiences of living with persistent pain, their interactions with health services and their needs and preferences for pain management including

¹ NSW Agency for Clinical Innovation. Care delivery models for chronic pain: Evidence Report. Sydney: ACI; 2021. https://aci.health.nsw.gov.au/data/assets/pdf_file/0008/689615/ACI-Care-delivery-models-for-chronic-pain-evidence-series.pdf (also quoted in Agency for Clinical Innovation. Specialised chronic pain management for children and young people. February 2025 https://aci.health.nsw.gov.au/data/assets/pdf_file/0011/982262/ACI-Specialised-chronic-pain-children-young.pdf)

² Klem N-R, Slater H, Rowbotham S, Chua J, Waller R, Stinson J, Romero L, Lord SM, Tory B, Schütze R, Briggs AM. Lived and care experiences of young people with chronic musculoskeletal pain and mental health conditions: a systematic review with qualitative evidence synthesis. PAIN 166(4):p 732-754, April 2025. | DOI: 10.1097/j.pain.0000000000003407 https://journals.lww.com/pain/fulltext/2025/04000/lived_and_care_experiences_of_young_people_with.5.aspx
 Klem N-R, Briggs AM, Rowbotham S, Schütze R, O'Sullivan PB, Smith AJ, Tory B, Stinson JN, Lord SM, Slater H. "It's kind of just like a never-ending cycle": Young people's experiences of co-existing chronic musculoskeletal pain and mental health conditions. J Pain Volume 37, December 2025, Pages 105542 <https://www.sciencedirect.com/science/article/pii/S152659002500639X>

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	<p>digital technologies - Full Report. Melbourne: Arthritis and Osteoporosis Victoria and Arthritis and Osteoporosis Western Australia. ISBN 978-0-9925452-3-9. https://muscha.org/wp-content/uploads/2018/07/Full-report.pdf</p> <ul style="list-style-type: none"> Slater H, Jordan JE, Chua J, Schütze R, Wark JD, Briggs AM. Young people's experiences of persistent musculoskeletal pain, needs, gaps and perceptions about the role of digital technologies to support their co-care: a qualitative study. <i>BMJ Open</i>. 2016 Dec 9;6(12):e014007. doi: 10.1136/bmjopen-2016-014007. PMID: 27940635; PMCID: PMC5168607. https://pubmed.ncbi.nlm.nih.gov/27940635/ Slater H, Stinson J, Jordan J, Chua J, Low B, Lalloo C, Pham Q, Cafazzo J, Briggs A. Evaluation of Digital Technologies Tailored to Support Young People's Self-Management of Musculoskeletal Pain: Mixed Methods Study. <i>J Med Internet Res</i> 2020;22(6):e18315. URL: https://www.jmir.org/2020/6/e18315. DOI: 10.2196/18315 Chua, J., Slater, H., Rowbotham, S., Klem, N. R., Lord, S. M., O'Sullivan, P. B., ... Briggs, A. M. (2025). What informs the choices young people living with chronic musculoskeletal pain make about their care? A qualitative analysis of focus groups with young people in Australia. <i>Disability and Rehabilitation</i>, 1–21. https://doi.org/10.1080/09638288.2025.2585762
<p>Māori, Pasifika, Aboriginal and Torres Strait Islander communities, page 16</p>	<p>Throughout this section we discourage use of word 'Indigenous' outside of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Suggest instead 'Aboriginal and/or Torres Strait Islander young people in Australia'. Suggest use 'racism' instead of 'discrimination' or both. This section seems better informed about Māori perspectives than Aboriginal and/or Torres Strait Islander youth perspectives. For instance, to balance the last paragraph on this page, consider reviewing publications from / liaising with the Mayi Kuwayu³ and/or Next Generation: Youth Wellbeing Study⁴ leads. These Aboriginal researcher-led groups are doing strengths-based research into the protective nature of culture in health and buffering healthcare racism and access challenges.</p>
<p>Holistic health care, page 17</p>	<p>'A comprehensive understanding of context also requires attention to historical and cultural factors, including a young person's identity, worldview, and lived experiences of marginalisation or trauma.' This seems to focus on the individual. A broader view of context would include intergenerational trauma and collectivism i.e. feeling what community feels.</p>
<p>Holistic healthcare models, pages 17-18</p>	<p>Great depth for Aotearoa NZ rangatahi Māori models. Consider adding sources / examples of Australian youth lived experience informed models and particularly Aboriginal and/or Torres Strait Islander youth healthcare frameworks and models. For example, see following references:</p> <ul style="list-style-type: none"> https://roadmap.org.au/wp-content/uploads/2022/03/Azzopardi_Profile-of-Aboriginal-and-Torres-Strait-Islander-adolescent-health_2017.pdf McCalman JR, Fagan R, McDonald T, Jose S, Neal P, Blignault I, Askew D, Cadet-James Y. The Availability, Appropriateness, and Integration of Services to Promote Indigenous Australian Youth Wellbeing and Mental Health: Indigenous Youth and Service Provider Perspectives. <i>International Journal of Environmental Research and Public Health</i>. 2023; 20(1):375. https://doi.org/10.3390/ijerph20010375

³ <https://mkstudy.com.au/> Mayi Kuwayu Study homepage

⁴ <https://mispgh.unimelb.edu.au/research-groups/centre-for-epidemiology-and-biostatistics-research/indigenous-epidemiology-and-health/next-generation-aboriginal-youth-wellbeing-study>

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	<ul style="list-style-type: none"> • Harfield S, Azzopardi P, Mishra GD, Ward JS. <u>An Aboriginal and Torres Strait Islander adolescent model of primary health care</u>. Med J Aust, Published online: 28 October 2024. doi: 10.5694/mja2.52484 • Harfield S, Dean JA, Azzopardi P, Mishra GD, Ward J. 'Mob want to see mob': Aboriginal and Torres Strait Islander young peoples' perspective on accessing primary health care services in urban southeast Queensland. ANZJPublicHealth Available online 21 October 2025, Version of Record 11 December 2025. https://www.sciencedirect.com/science/article/pii/S1326020025000548
Translating youth appropriate care into practice, page 25	This section seems to shy away from the 'call to action' for 'systemic reform'. While it's absolutely true (and hopeful) that 'one clinician, one interaction...' is a start, such change is piecemeal, does not address variability in youth healthcare experiences and outcomes, and risks losing momentum. Could this section be strengthened by summarising the directions for systemic change i.e. advocacy, funding, service structures, training, innovation and research.
Potential errors	<ul style="list-style-type: none"> • Page 20 - Possible typo in the young person's quote - '...and spoke to my directly' – should this be 'me' instead of 'my'? • Page 21 - 'Equally important are a young person's connection with their peers.' – syntax i.e. 'important are ...connections' or 'important is...connection.' • Page 25 - 'Changes in healthcare systems does' – syntax 'change...does' or 'changes...do.'
Section 3 introduction, page 22	<p>In the formatted version, recommend dot-pointing the following to make the points clearer:</p> <ul style="list-style-type: none"> • Team-based, interdisciplinary care • Continuous and coordinated transitions between paediatric and adult services; and • Intentional cohorting (grouping) of young people in age-appropriate environments.
Pre-anaesthesia consultation professional document	The <u>Background paper of PG07 Guideline on pre-anaesthesia consultation and patient preparation</u> references children and young people in line with the expectations of the RACP document i.e. ANZCA is aligned with RACP's views in the document.
Anaesthesia in children professional document	ANZCA's <u>PG29(A) Guideline for the provision of anaesthesia care to children</u> is more of a technical nature specific to Anaesthesia, so not as relevant to this document.
SPANZA consultation	If they haven't already, the Society for Paediatric Anaesthesia in New Zealand and Australia (SPANZA) may also be worth consulting.

Regards,

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ANZCA