Executive Summary Thriving Kids Initiative

The Australian Paediatric Society (APS), representing regional and rural consultant paediatricians, strongly supports the objectives of the Thriving Kids initiative. APS members are uniquely placed to help government achieve best value for money by guiding families toward the most appropriate local services — knowledge not readily accessible to centrally based planners.

Key Messages on the Role of Regional Paediatricians

- Regional paediatricians are embedded in their communities and know what services exist and where the gaps are, better than central planners.
- They streamline care, ensuring children are referred to the right services early, reducing costly duplication and delays.
- Hospital and private paediatric services in rural areas often carry 6 to 18 month wait times; paediatricians advocate for timely, affordable, and sustainable pathways.
- Telehealth cannot adequately assess severely dysregulated children (e.g., non-verbal, aggressive toddlers); face-to-face care remains essential.
- Regional paediatricians coordinate across health, education, and social care, tailoring solutions to local realities.
- Excluding them from Thriving Kids planning risks inequitable access, wasted funding, and poor outcomes for vulnerable families.

Thriving Kids must explicitly include regional paediatricians in design and implementation. Their expertise ensures investment is locally appropriate, cost-effective, and equitable for all Australian children. The APS is willing and able to collaborate on the Thriving Kids initiative

APS Submission to the Australian Parliament Thriving Kids Initiative

This submission highlights the importance of:

- Using the available resources in the most cost-effective and efficient manner
- Consistent use of evidence-based investigations.
- Universal, cost-effective developmental screening.
- Embedding allied health resources within local systems, including schools.
- Ensuring equitable access for First Nations and culturally diverse children.
- Annual comprehensive paediatrician reviews for children with chronic and complex conditions.

1. Role of Regional Paediatricians

1.1 APS members are embedded in local communities and understand how hospital, allied health, education, and private services intersect.

1.2 They can identify the most effective local pathways, prevent duplication, and ensure that resources are deployed in ways that deliver real value for families.

1.3 Regional paediatricians also coordinate care for children with multiple comorbidities, filling workforce gaps where general practice or allied health capacity is limited

2. Early Identification and Referral Pathways

2.1 Developmental concerns are often missed due to parental anxiety, stigma, or delayed recognition until school entry.

2.2 APS recommends introducing a Medicare-funded universal developmental screening item at **24–36 months**, ensuring timely referral to speech pathology, occupational therapy, and other allied health providers

2.3 Schools and GPs should be supported with clear referral algorithms to reduce unnecessary delays in accessing paediatricians.

3. Investigations and Evidence-Based Practice

3.1 Nationally consistent use of first-line investigations (formal audiology, vision testing, chromosomal microarray, Fragile X, thyroid and metabolic screening) is essential to streamline diagnosis

3.2 Equitable access to genomic testing and neuroimaging is critical to ensuring early, accurate diagnosis.

3.3 Integration of these practices across jurisdictions would significantly reduce diagnostic delays and costs.

4. Chronic and Complex Conditions

4.1 Children with chronic disease often present with multiple comorbidities (e.g., ASD with anxiety, diabetes with ADHD, eczema, or coeliac disease) and family stress / dysfunction.

4.2 APS strongly recommends annual comprehensive reviews by consultant paediatricians. These reviews adapt treatment to developmental stages, incorporate new technologies (e.g., automated insulin delivery, genomic advances), and reduce risk of deterioration.

4.3 Medicare Item 132 should be supported for annual reviews of all children with complex chronic conditions.

5. Workforce and Equity Considerations

5.1 Rural areas face critical shortages of allied health practitioners, exacerbated by NDIS workforce diversion.

5.2 APS recommends:

- Bonded scholarships and HECS forgiveness to retain allied health graduates in rural areas.
- Expansion of allied health training in regional universities.
- Embedding allied health staff in schools to support teachers and promote inclusion

5.3 Thriving Kids must avoid creating a "second-tier" payment structure, which would undermine workforce retention.

5.4 Particular focus is required for First Nations, culturally diverse, and transient families, who face additional barriers to consistent care.

6. MBS Reform and Clinical Practice Standards

6.1 APS strongly advocates for MBS reform to reflect the clinical practice standards of the RACP. The primary goals are to improve access to paediatric services for families under cost-of-living pressures by reducing the need for gap payments, while maintaining high clinical standards.

6.2 The ADHD co-prescription model highlights the need for consultant paediatricians to act as supervising consultants, with interval reviews involving greater complexity and collaboration with GPs. This approach supports general practice colleagues in managing complex conditions while ensuring safe and effective care.

6.3 APS will encourage closer collaboration between general paediatricians and developmental paediatricians, presenting as one cohesive group. We propose alignment of paediatric MBS item numbers with those of other FRACP colleagues (e.g., geriatrics), reflecting the principle that members of the same college performing similar roles should have consistent recognition.

6.4 We acknowledge the political dimension of MBS reform. Success will depend on presenting reforms as a clear win for families and children, reinforcing government's role in expanding access to healthcare. The APS emphasises that paediatricians often manage families as a whole unit, which may involve non-face-to-face consultations in the interests of child welfare—an essential element that should be recognised in MBS structures.

6. Recommendations

APS recommends that Thriving Kids:

1. Involve **regional paediatricians** directly in policy design and service planning.
2. Mandate and fund **standardised first-line investigations** for developmental concerns.
3. Provide **workforce incentives** (scholarships, HECS relief, regional training) to retain allied health staff in rural communities.
4. Embed **allied health professionals** within schools and early education settings.
5. Establish clear, equitable **transition pathways** between Thriving Kids, mainstream education, and NDIS.
6. Fund and sustain **annual comprehensive paediatrician reviews** for children with chronic and complex conditions.
7. Introduce a **Medicare-funded universal 24–36 month developmental screening item**.

Conclusion

Thriving Kids has the potential to transform outcomes for children with developmental and chronic health needs. Its success depends on recognising and harnessing the expertise of regional paediatricians, who understand the realities of service delivery in their communities. By partnering with APS members, the government can ensure investment is both cost-effective and responsive, delivering genuine improvements in health, education, and wellbeing for all Australian children.