ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

Patron H.R.H The Prince of Wales

NSW Regional Office
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16 March 2017

Dr Roger Boyd,
Director
State Scope of Clinical Practice Unit
Building 8A, Macquarie Hospital, Wicks Road
North Ryde NSW 2113

Dear Dr Boyd,

Re: Model Scopes of Clinical Practice Project – Consultation on Tranche 2 of Model Scopes of Clinical Practice

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, boasting more than 7,000 surgeons and 1,300 surgical trainees. Approximately 95 per cent of all surgeons practicing in Australia and New Zealand are Fellows of the College (FRACS).

The NSW State Committee greatly appreciate this opportunity to have further input into the Model Scopes of Clinical Practice Project and we would also like to congratulate you on the high level of communication that you have continually tried to bring to the development. The NSW Committee have been given opportunity to not only discuss the project but also to be involved in its development.

From a RACS perspective regarding scope of practice, a position paper is online and can be found at: http://www.surgeons.org/media/21600030/2015-03-27_pos_fes-fel-061_generalists_generalism_and_extended_scope_of_practice.pdf.
Under the title “Generalists, Generalism and Extended Scope of Practice”.

The NSW Committee feel it important to highlight that the appropriate scope of practice will be location specific and depend on the training and skill set of the extended scope surgeon, available local facilities and existing or planned supportive specialist relationships. Surgeons cannot function in isolation, and their outcomes are influenced by multiple factors that relate to the resources and expertise of the hospital and service.

There is no ‘one size fits all’ in the provision of high quality surgical services to a whole population. Different contexts and different specialty services will need different solutions, but for any model, the focus should remain on patient-focussed services and high standards of care.

As discussed previously, the Committee feels that it is important that the project does not encroach on the accreditation inspections of hospital SET training posts that are undertaken by our College. These inspections serve a different purpose, relating to their appropriateness for surgical teaching and the resources that are required to achieve that.

We are supportive of a strong credentialing process, which amongst other things, helps to clarify the expertise and roles that a Medical Specialist brings to each specific hospital. Credentialing has to be performed in the context of each hospital, and what the hospital can provide by way of facilities, related or linked medical services, and the level of perioperative care available.

The Committee recognises that it is not practical to list every procedure that a particular surgical Specialist can undertake, as this would be completely impractical, unduly restrictive and creates more problems than it resolves. In fact, where this has been attempted elsewhere it has been highly contentious, unusable and almost always abandoned. It is better to define broad scope, and identify where any restrictions need to be placed, or where additional support for the clinician is required.

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The Committee has no issue with the cardiothoracic draft paper. The committee is particularly supportive of the terminology “Appropriate additional training, experience and recency of practice” under the qualifications / experience required around specific requirements for credentialing, as this allows for the earlier mentioned concerns over the reach of the project, whereby the College, the Cardiothoracic Society and other key stakeholders can be involved in the continuing evolution of surgical practice within NSW.

Dr Raffi Qasabian
Chair, NSW Regional Committee

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