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Mr Euan Wallace
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Dear Mr Wallace,

Clinician Engagement Scoping Paper

I write in response to the *Clinician Engagement Scoping Paper* released by Safer Care Victoria.

As the leading advocate for surgical standards, professionalism in surgery and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels. RACS represents more than 7000 surgeons and 1300 Surgical Trainees and International Medical Graduates (IMGs) across Australia and New Zealand.

The Victorian Regional Committee of RACS would like to offer the following comments on key issues identified in the Scoping Paper.

Clinicians are keen to be involved in any process that improves surgical standards across the health system. Surgeons, and RACS, are already heavily involved in numerous quality activities including the Victorian Audit of Surgical Mortality (VASM) and these efforts should not be duplicated or reinvented. Improving data monitoring and collection should focus on improving and supporting current processes, working with existing quality staff already in place in public hospitals and developing better systems and links with the private system. This will allow surgeons to use their positions of leadership to improve the quality of data collection.

Developing and maintaining strong relationships with the medical colleges is important for government. Colleges represent their profession as a whole and have the expertise of that whole profession behind them. The RACS already has strong communication strategies in place that can be used to inform and engage with our members. Other colleges will have communication strategies in place. Rather than developing new channels of communication with clinicians the government should work with the colleges, and other relevant bodies, to utilise existing, trusted, communication methods.

It would be appropriate for members of clinical networks and clinical advisory groups to be appointed through the relevant medical college. This would ensure that the member is representative of their profession and would create a clear and direct channel of communication between government and the colleges.

Improving clinician engagement and setting a clear framework for this is important for the health and safety of patients and to the safe and efficient operation of the Victorian health system. However, these efforts cannot be piled on top of clinician's already busy workloads.

Surgeons, and all clinicians, are working in increasingly high pressure and time poor environments. The demands and expectations on a surgeon are significant with many juggling teaching, supervision, clinic

duties, research, continuing education, committees and meetings and patient care all as part of their daily routine. Most of the time these commitments are unremunerated, often poorly recognised or acknowledged and are frequently undertaken after hours which further reduces the time surgeons have to spend with their families or on non-work related activities. As society changes the expectations associated with work-life balance are also changing. There is increasingly less time available to surgeons to participate in any activities, work or home, outside of direct patient care.

An engagement strategy must acknowledge the time and effort that clinicians put into these activities and allow for formal recognition of this through adjustments to workloads and appropriate remuneration. This work needs to be formally acknowledged as an integral part of the Victorian health system.

Current public hospital employment arrangements including the rarity of surgeon staff specialist appointments, significant fraction appointments and combined university academic and clinical surgical appointments also inhibit clinician engagement.

The vast majority of surgeons in the public system are on fractional appointments which, based on the current EBA, do not automatically entitle a surgeons to non-clinical, administrative or clinical support time. Building this into fractional appointments would significantly improve clinician engagement.

Surgeons also rarely receive enough recognition or remuneration to encourage them away from private practice. There are few, if any, models of public hospital appointments which embrace the role of surgical private practice.

This is also further complicated by the general view that surgeons are a procedural workforce whose primary value is to perform operations and deliver services. This administrative view undermines and inhibits the important contribution that surgeons can make to health system redesign, change implementation and clinical governance.

To ensure robust and system-wide clinician engagement, remuneration and recognition for these roles should be provided across the public and private system. Recognition of clinician engagement should also be encouraged and remunerated at health service level, not be confined to state-wide or government engagement roles that clinicians take on.

Setting a robust framework for clinician engagement is a positive step but it must

- Include sufficient resources to properly recognise and remunerate clinicians for the time they devote to these tasks,
- Ensure sufficient timeframes for any consultations or discussions to ensure robust engagement and feedback, and
- Strengthen relationships with medical colleges to utilise existing communications and networks.

RACS appreciates the opportunity to comment on this Scoping Paper. We hope the above information is meaningful and useful and we look forward with strong interest to seeing how the consultation progresses with this significant issue. If you would like to discuss further please contact me via the RACS Victorian Regional Office.

Yours sincerely

Mr David Love, FRACS
Chair, Victorian Regional Committee
Royal Australasian College of Surgeons