

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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**2016 ACT ELECTION**

**Position statement**

**September 2016**

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**INTRODUCTION**

Established in 1927, the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation representing more than 7,000 surgeons and 1,300 surgical trainees. Approximately 95 per cent of all surgeons practising in Australia and New Zealand are Fellows of the College (FRACS).

RACS is committed to ensuring the highest standard of safe and comprehensive surgical care for the communities it serves, and as part of this commitment, it strives to take informed and principled positions on issues of public health.

Before all government elections in Australia and New Zealand, RACS provides an opportunity for political parties to outline their policy positions on key issues relevant to the delivery of surgical services. RACS then distributes these responses to its membership and the public.

This document outlines areas of specific concern and relevance to ACT surgeons.

**KEY ISSUES**

1. Waiting lists and theatre access
2. Ongoing support for surgical education and succession planning
3. Providing a safe workplace for medical practitioners
4. Enhancing the ACT's Trauma Service to deliver optimal care for injured patients

**WAITING LISTS AND THEATRE ACCESS**

Hospitals and healthcare providers across Australia are facing an increasing demand for services. Overall funding for health has increased throughout the past decade, however the cost of delivering care has also increased, along with public expectations about acceptable standards and timely access to healthcare without additional out of pocket costs.

From 2003-04 to 2013-14, public hospital expenditure increased each year by around 8%. This growth has not been matched by an equivalent growth in Commonwealth funding, and is most clearly reflected in the length of waiting lists around the country. RACS ACT acknowledges that the funding arrangement between the Commonwealth and ACT governments must include equal cost sharing responsibility for growing healthcare expenditure.

Nonetheless, waiting times for emergency and elective surgery in the ACT continue to concern surgeons and patients. In 2014-15, 5.3% of patients in the ACT waited more than a year for public hospital elective surgery, second only to Tasmania with 12.9% of patients. Delayed access to healthcare may lead to poorer health outcomes and is more costly in the long term.

The ACT needs enough operating theatres, beds and associated resources in its public hospitals to ensure equitable access to elective surgery, and timely access to emergency surgery. Without adequate theatre time and sufficient staffing, elective surgery gets pushed into the private system as the government strives to meet its targets.

This is reflected in the national statistics which show a slight increase each year in the number of removals from public hospital elective surgery waiting lists. While the private system provides greater flexibility in terms of working hours, it tends to be more expensive, thus eroding the long-term sustainability of the public health system and reducing surgical training opportunities.

**Q1 How will your party reduce capacity constraints in public hospital operating theatres in the ACT?****ONGOING SUPPORT FOR SURGICAL EDUCATION AND SUCCESSION PLANNING**

To address geographic maldistribution of surgeons in smaller jurisdictions and regional and rural areas, RACS supports the 'hub and spoke' model which allows regional and rural hospitals to become involved in training networks with larger regional and metropolitan centres. There is evidence to show that trainees return to work in these settings after they qualify because they had a rewarding experience in these centres.

To ensure this level of experience, hospitals in smaller jurisdictions and rural areas need a range of resources and activities to ensure trainees and those considering a career in surgery can develop as safe and competent surgeons. Given that the majority of elective surgery occurs in the private sector, there is also a need to fund and support an increased number of training posts in this sector, in partnership with Calvary Health.

**Q2 What incentives will your party offer to encourage more surgical trainees and surgeons to work in the ACT?****Q3 Does your party support protected time for teaching?****Q4 How will your party facilitate surgical training opportunities in private hospitals?****Q5 If elected, what efforts will you make to ensure specialists are being trained and located in areas of clinical need in the ACT?**

**Q6 What support will you provide to clinical academic surgeons to translate health and medical research and introduce improvements in surgical processes and procedures?  
PROVIDING A SAFE WORKPLACE FOR MEDICAL PRACTITIONERS**

In March 2015 RACS established an Expert Advisory Group (EAG) for advice on strategies to prevent discrimination, bullying and sexual harassment in the practice of surgery. The EAG and RACS recognised the issue could affect patients, the medical profession and the health sector more widely.

Following the EAG's recommendations, RACS responded with an Action Plan "Building Respect, Improving Patient Safety" in November 2015. The Action Plan focuses on three main areas of education, cultural change and leadership, and complaints management. This multi-year program includes a commitment to collaboration and information sharing with employers in the public and private sectors for the purpose of achieving cultural change within the healthcare system.

RACS ACT recognises that ACT Health commissioned an external review of clinical culture and is now undertaking steps to raise awareness, better manage, and reduce the occurrence of inappropriate behaviours in the workplace.

**Q7 Given the significant impact inappropriate behaviours can have on surgical education, patient safety, and the wellbeing of medical staff, how will your party support ongoing culture change?**

**ENHANCING THE ACT'S TRAUMA SERVICE TO DELIVER OPTIMAL CARE FOR INJURED PATIENTS**

Injury is the leading cause of death in people under the age of 45. It is a major cause of disability and lost productivity, and is second only to cardiovascular disease for hospital-related expenditure.

Transport is the major mechanism for injury. For every road fatality in Australia (1,030 per year), there are an estimated 27 hospital admissions and 10 survivors with lifelong injury. The patient's outcome may vary depending on where they are treated, and there can be significant variance in cost.

While The Canberra Hospital provides the full spectrum of clinical trauma care as per its role as the Level 1 Major Trauma Service in the ACT, it has predominantly done so without a centralised and "full time" dedicated trauma service. Efforts are now underway to better resource the service with more staff, however it is essential that an interdisciplinary approach to care provision is adopted to promote a 'common goal' across the care continuum, as the patient's future quality of life depends on the care they receive in every part of their journey.

Trauma centres are 'designated' by state or federal government but this does not necessarily mean that these institutions meet criteria of optimal care delivery of injured patients according to the standards determined by professional bodies such as RACS.

Beyond designation, trauma centres can undertake a Trauma Verification Review to ensure the provision of optimal medical care. The Trauma Verification Program is one of RACS' most important activities and has an almost immediately visible impact on trauma care delivery. Verification is performed by a multidisciplinary team (general surgery, orthopaedic surgery, plastic surgery, intensive care, emergency medicine and trauma nursing) and is a powerful tool to show government, hospital and health service administration the potential strengths and weaknesses of an individual institution's trauma care delivery.

**Q8 How will your party address shortfalls in resourcing for the ACT's Major Trauma Service to ensure injured patients receive the best care possible?**

**Q9 How will your party address cross border issues with NSW trauma patients and ensure that adequate funding is being delivered to the ACT's service?**