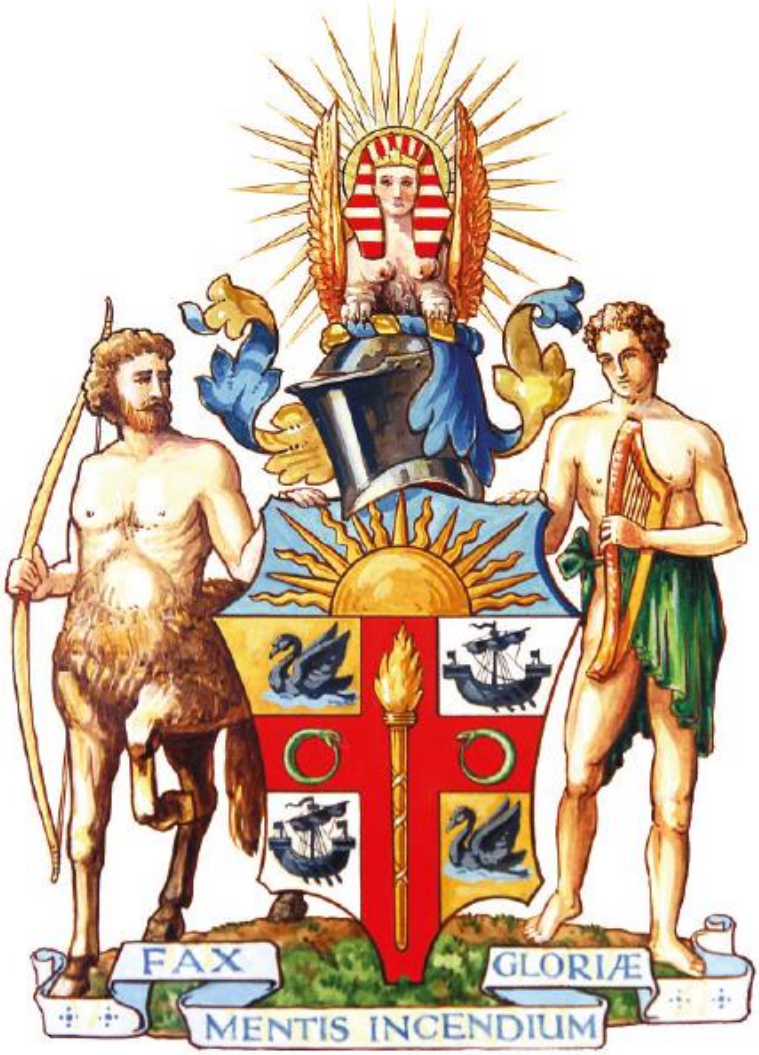

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

QUEENSLAND STATE COMMITTEE 2017
ELECTION STATEMENT

November 2017

Introduction

Prior to State and Federal elections, the Royal Australasian College of Surgeons provides an opportunity for political parties to outline policy positions on key issues relating to the delivery of surgical services. The College then distributes the responses to its membership and the broader community. This document outlines the areas of specific concern and relevance to the Fellows, Trainees and International Medical Graduates of Queensland in the lead-up to the forthcoming State election. The College believes that considered and informed policy positions will allow the Queensland Region of the College to advocate effectively to ensure the best outcomes for patients requiring surgical care in public hospitals of Queensland.

Background – Royal Australasian College of Surgeons

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. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees. There are nine surgical specialties in Australasia being: Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head-and-Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. Approximately 95 per cent of all surgeons practising in Australia and New Zealand are Fellows of the College (FRACS).

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

Reflection on the current government's term in office

The Queensland Regional Committee in its 2015 Election Statement identified eight key focus areas relevant to that election. They were:

1. The **wait time guarantee** and associated outpatient lists.
2. Provision of **adequate specialist surgical training** opportunities and **appropriate working hours.**
3. **Expanded scopes of practice** - Nurse Endoscopy and Allied Health.
4. **Alcohol abuse** and its catastrophic impact on surgical trauma, as well as the community.
5. **No Fault care** after traffic accidents.
6. **PACS Digital Imaging**.
7. **Regional Surgical Services**
8. Ongoing funding for the **Queensland Audit of Surgical Mortality**

The following is a summary of the actions which have been taken by the Labor Government since the election on the above matters:

- Pleasingly, the wait time guarantee proposed by the LNP Government coming into the 2015 election was dismissed by the current government when it came into office. However, as will also be discussed later in this document no clear strategy to permanently tackle waiting list reductions has been made evident by the current Government.
- The development of the Medical Practitioner Workforce Plan for Queensland highlights statistically where the anticipated shortfalls in specialist services will occur. The attention being given to attempting to obtain more real time establishment and movement of specialist data is pleasing to see. The College is pleased that the Government has taken up the College's suggestion of a Rotational Fellowship Transition Scheme. The implementation of safe working hours over the past decade has shown some negative side effects in relation to specialist training; in particular surgical training where the length of training time to obtain Fellowship will increase if it is not considered. This will be an important issue for Government to look into in its next term.

- The College has noted that the rate of change for expanded scopes of practice has slowed in recent times. The College is not against expanded scopes but is of the view that this needs to be done within a task delegation model not a task substitution model. The new scopes for various practitioners must also carry responsibilities for audit and review.
- The College has taken a very principled stance on Alcohol abuse over the past three years, and is a member of the Queensland Coalition for Action on Alcohol (QCAA). The primary driver for this was to support our surgeons in particular our trauma surgeons who deal with the negative impacts of excessive alcohol abuse. The College has a position on what it labels HOT issues (hours, outlets and taxes). The College is very pleased with the work done to sensibly amend the hours of operation by the Queensland Government). However, as will be discussed later, in this submission more could be done.
- The College is pleased to see the Government has introduced no fault care for catastrophic injuries after traffic accidents and is looking forward to being more involved in its implementation.
- The Director General has explained to the College that there are a number of higher priorities IT development issues currently requiring attention by the Department and at present the PACS Digital Imaging issue is not on that priority list. However, this matter will need attention in the coming term of Government.

The College, as mentioned, is supportive of the Medical Practitioner Workforce plan for Queensland and believes there are a number of measures in that plan which will help improve regional surgical services. However, as with other issues more could be done and will be further discussed later in this document.

The College also wishes to congratulate both parties for the bipartisan approaches which have been taken over this term of Government to issues such as obesity, smoking and domestic violence particularly from the improvements to the public health outcomes which each of these matters raise.

RACS nationally has been, through COAG, working to progress a national approach to the issue of the ear health for Aboriginal and Torres Strait Islander people. The College has been pleased with the support the Government and the Director General of Queensland Health have given to looking to create a national model which is based on the excellent work of the Queensland Deadly Ears program. It is hoped that all parties would support and promote these endeavours.

The key issues which the Queensland Branch of the Royal Australasian College of Surgeons believes require the Government's attention in the next (three year) term of Government are:

- Waiting lists and the associated outpatient lists. A key element is operating theatre efficiency and efficiencies in outpatients. A major concern is the outsourcing of elective surgery to the public sector
- Regional Surgical Services and the implementation of the Medical Practitioner Workforce Plan for Queensland including attention to appropriate working hours for Surgical Trainees
- The position of Chair of the Queensland Medical Board / Medical Board of Australia and the current combination of OHO and AHPRA in respect of complaints management.
- Alcohol abuse and its catastrophic impact on surgical trauma, as well as the community.
- PACS Digital Imaging
- Ongoing funding for the Queensland Audit of Surgical Mortality
- Recognition of parental leave entitlements and diversification of surgical workforce

How do we manage waiting lists and the associated outpatient lists? A key element is operating theatre efficiency and efficiencies in outpatients. A major concern is the outsourcing of elective surgery to the private sector

It is pleasing to see that elective surgery and outpatient waiting lists are receiving long overdue structural reform. It is evident that in the past, funding had been dedicated to improving wait times, but at best this only resulted in short term gains. Reduced wait times on the elective surgery waiting list have been achieved by deferring patients on the outpatient list, meaning any meaningful action to reduce wait times must address both lists cohesively.

This can be calculated with some certainty. For example, a Breast Reconstruction Unit will be able to determine from a set number of x thousand outpatients and will know its conversion rate which will be n patients which will need to undergo an operation. This conversion rate is available or can be calculated for every operation. Data focussed and evidence based approach to outpatient and elective surgery waiting list data forms a basis for improving performance and efficiencies in these areas.

Q 1: How will your party effectively manage the elective and outpatient waiting lists in a cohesive manner?

It is the College position that systems should be structured to maximise the efficient throughput of public outpatients to match the public elective operating capacity to reduce wait lists in both sectors. Outsourcing should be the last option to avoid excessive costs to the taxpayer and disproportionate diversion of HHS funding.

In the past, any surgery outsourced to the private system has been offered first to surgeons with a public appointment. The College seeks confirmation that this principle still remains. The benefits of this principle are that surgeons with a public appointment:

1. Have already shown commitment to the public sector.
2. Are more likely to have knowledge of the patients.
3. Are more able to involve trainees.
4. Have been through a thorough appointment process and renewal, meaning their surgical credentials can be verified.

Where contracts with private providers are granted, the need to train registrars must be considered within the contract service provision arrangements. There has been some loss of training positions in Queensland which have been as a result of contracts that have been let to private providers.

The other factor that can lead to an improvement in outcomes is an overall increase in operating theatre efficiency. As highlighted in the Audit Office report of 2016 there are significant gains which can be achieved. The College is of the view that the key elements to operating efficiency are on time starts and ensuring the process is consultant led. The College will be happy to engage its membership in this area.

There have been a number of new hospitals and rebuilds of current hospitals over the past 10 years throughout the state. Many of these hospitals still have latent capacity available in uncommissioned theatres.

Q2 Does your party commit to providing a long term plan to bring on the current latent capacity in operating theatre and emergency departments in the new builds throughout Queensland? This will need to match needs and also requires an increase in funding at the right time for each hospital.

Of concern to the College is the outsourcing of elective surgery work to the private sector. This raises issues around after care and registrar involvement. This if not managed correctly can have a deleterious effect on trainee log book numbers and can also create issues around aftercare particularly when the work is done privately but the complications return to the public system to be resolved sometimes in an emergency situation. Some private public partnerships have resulted in

the loss of training positions. A long term solution to how outsourcing is structured must be developed and the College is willing to be a part of that development.

Q3 Does your party wish to involve the College in developing sensible, patient centred, registrar supported processes to outsourcing that also attend to long waits on the elective surgery list?

Regional Surgical Services and the implementation of the Medical Practitioner Workforce Plan for Queensland including attention to appropriate working hours for Surgical Trainees

An effective surgical service requires appropriate clinical loads, active clinical teaching, continuing professional development and robust audit and peer review, guaranteeing patient safety and the highest possible standards of care. Such a culture of excellence can only be sustained if these specific needs are met. Significant financial, infrastructural and cultural support from governments and health authorities is required to train and maintain the surgical workforce of the future.

A substantial increase in the number of medical graduates has led to an acute shortage of post-graduate training posts—both internships in our hospitals and places in the specialist medical colleges.

The College, together with its associated specialty societies, identifies training positions and ensure as many trainees as possible successfully complete its training program. While the College puts no cap on the number of trainees it accepts, positions are limited to the number of available surgical training posts in teaching hospitals.

Surgical trainees usually have a formalised working schedule set out by hospitals in relation to overtime shifts and daily working hours. The number of rostered working hours will depend on whether the work occurs mainly during the day or at night. Trainees are also required to fulfil the minimum training requirements of the Surgical Education and Training program of the College, and hospitals must recognise this requirement and facilitate completion of the training program.

With a standard 38 hour work week in many hospitals, significant penalty rates are applied to hours worked above this. Hospitals are cutting back on the rostered hours of trainees due to cost cutting measures, which then affects the experience the trainee is able to gain to meet the requirements of the surgical education program.

It must be noted that Surgical Trainees in the main need to do what a physician trainee must do and then on top of those tasks they are required to operate. They have a requirement to work additional time because of their chosen specialty. The College's position is further explained in the attached document "appropriate working hours for surgical trainees in Australia and New Zealand".

During the consultation phase of the MWP4Q the College identified a number of matters for the attention of Government:

- There has been a lack of public hospital positions for younger fellows.
- There has been a desire by Regional Hospital Administrators to solely advertise positions for full-time staff specialists, which invariably only attract International Medical Graduates to the roles.
- The suggestion of a Rotating Fellowship Scheme where a recently graduated fellow would undertake 3 x 8 month rotations commencing in a larger hospital and eventually ending in a smaller regional hospital where hopefully they will remain long-term. This has been taken up by Queensland Health and will be piloted early in 2018.

The College sees a need for Regional Hospital Administrators to be more open to flexible appointment structures and the use of Visiting Medical Officer positions.

It is the College's position that:

- The community is best served by having appropriate numbers of well-trained surgeons with adequate training and exposure to a variety and varying intensity of clinical experiences within high quality healthcare institutions.
- The College and its associated specialty societies can only approve training positions in centres that maintain high standards of care, adequate clinical exposure for training, and support for trainees and trainers within the context of a structured program of education over a period of time, and aims to approve as many suitable positions as are available.
- As direct funders of public teaching hospitals and hospital services throughout Queensland, and as a key stakeholder in the development of trainee and trainer employment contracts, the Queensland Government must support the infrastructure and workplace arrangements that facilitate postgraduate specialist training and surgical education.
- The Queensland Government must continue to support trainers, ensuring protected time and appropriate environment for training by ensuring adequate staffing levels.
- The College does not wish to lengthen the time for surgical training. It believes a 55-65 hour work week is appropriate for trainees to gain the knowledge and experience required by the training program. Overtime should be rostered but needs to be cost effective.
- Surgical and other procedural trainees need to be rostered for hours compatible with service provision, continuity of care and quality and length of specialist training.

Q 4 The College seeks all parties' commitment to:

- **Commit to continuing and increasing positions across all medical specialties under the current pilot for the Rotational Fellowship Scheme (if successful).**
- **To undertake a review of surgical training hours with the College. Please find attached a document entitled "Appropriate working hours for surgical trainees in Australia and New Zealand".**
- **Advancing and maintaining the infrastructure that supports surgical training in public, private, metropolitan and regional hospitals throughout Queensland, including development and funding of appropriate educational infrastructure and surgical simulation training facilities to establish Queensland as a centre of teaching excellence. This would also require a large upscaling in data provision and data management assistance to surgical departments to meet the research needs and obtainment of evidence based data to improve services.**
- **Preserving dedicated time for teaching and training, including time for surgeons to develop their teaching skills.**
- **Ensuring that where possible regional hospital surgical staffing arrangements are flexible and attractive so the locally trained workforce is enticed to apply.**

The position of Chair of the Queensland Medical Board / Medical Board of Australia and the current complaints management system administered by AHPRA and OHO.

The College has previously raised concerns with the current and previous Health Minister on the position of Chair of the Medical Board. Whilst the College is happy that most recent appointment to the position is a Medical Practitioner it was concerning this year that it was being considered that the National Medical Board Chair may also not be from the profession The College was pleased when this legislative change did not proceed.

Q 5 Will your party continue to ensure the professions governing board is always chaired by a medical practitioner? Where necessary will your Health Minister advocate for this at the national level.

The College has concerns around the complaints management processes in Queensland which are co-managed by AHPRA and the OHO. The recent suspension of the Health Ombudsman in Queensland highlights further that there are serious problems within the system. The College has already made submissions on the proposed legislative changes to improve processes between the OHO And AHPRA and is pleased that this is being addressed. However, this latest concern regarding the Health Ombudsman needs a quick resolution and an efficient, ethical and robust system needs to be ensured so that it has the confidence of clinicians throughout the state.

Q 6 Could your party outline what steps it will take to ensure that clinicians can have confidence in the complaints management system in Queensland?

Alcohol abuse and related violence and trauma

Alcohol fuelled violence leads to serious trauma, often requiring surgical intervention. Recent cases highlighted in the media have led to changes of legislation to ensure stiffer penalties act as a deterrent. Whilst the College supports these moves, it believes that the root problem remains the inappropriate use of alcohol. The Government is to be congratulated on the new measures in legislation now regarding trading hours. However, there are additional measures which should be looked at in the next term of office for any party that achieves Government:

What do Queenslanders think about alcohol and what policies do they support?[i, ii, iii]

72% of Queenslanders support the late night trading measures introduced by the Queensland Government in July 2016 to reduce alcohol-related violence
92% of Queensland drinkers consider themselves a responsible drinker but 35% drink to get drunk
94% believe there is a link between alcohol and family and domestic violence and 80% believe governments should be doing more to address the role of alcohol in family and domestic violence
47% experienced alcohol related violence in last 12 months
73% of drinkers have been influenced by an alcohol promotion when purchasing alcohol
60% believe alcohol industry targets young people less than 18 years
67% support a closing time for bottle shops of no later than 10pm

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated in responding to alcohol abuse. However, agencies do not monitor or report the total cost of alcohol abuse, which means the Queensland Government does not have a complete picture of the harm caused by alcohol in terms of its costs and consequences on society.

Despite the evidence supporting the effectiveness of Screening and Brief Intervention (SBI) programs very few patients are asked about their alcohol use in the past year. A structured SBI program is inexpensive, takes little time to implement (five to 10 minutes) and can be implemented by a wide range of health and welfare professionals.

The College supports further investigation of how a SBI could be implemented in Australia and New Zealand, in particular the mandatory collection of data on whether alcohol use is a factor in emergency department presentations either by the patient or another individual. Since data is essential for good public policy, the College also supports the mandatory collection of alcohol sales data.

Raising the barriers on the purchase of alcohol is an effective means of reducing alcohol consumption and alcohol-related injury. The College's key messages are to tackle Hours - Outlets - Taxes or *HOT* issues.

Q7 The College is seeking your party's position on the following issues, as the current strategy whilst an improvement has not adequately addressed the *HOT* issues.

- **We need to maintain or reduce the number of 'Outlets' where alcohol can be purchased in our community.**
- **We need an effective alcohol taxation and pricing policy to bring about behavioural change.**

PACS Digital Imaging

The College position statement on Digital Imaging states (in part) that, *'Diagnostic quality imaging is required for the planning and execution of operative approaches and delineation of the extent of*

pathological changes. It is dangerous, unsafe and unacceptable to plan or commence surgical procedures without access to images either in digital or hardcopy form'.

Digital images are now provided to patients on CDs, but the use of multiple software platforms throughout public and private hospitals means that images may not be able to be viewed on hospital computers or monitors in operating theatres. Additionally, many hospitals do not have access to onsite radiology printing facilities. This situation compromises the ability of surgeons in their operative practice. Queensland Health is working on a cloud solution that may resolve the problem, and the College hopes that your party will support their efforts.

Q 8 How will your party ensure the issue of digital imaging software incompatibility is resolved? Will your party agree to include a requirement in the licensing accreditation of private hospitals that ensures access to quality imaging?

Ongoing funding for the Queensland Audit of Surgical Mortality

The Queensland Audit of Surgical Mortality (QASM) has been operating since 2007, and has shown that mortality is declining despite an increase in surgery. The Audit assesses surgical deaths in Queensland and provides feedback to hospitals and the Government on systemic issues within the public and private sector. It currently covers surgery in all public hospitals, most private hospitals and a number of day surgery hospitals. This independent approach, in a qualified privilege environment, is greatly supported by Queensland surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

Q 9 QASM has guaranteed funding until 30 June 2019. Since the mortality audit program is part of a quality assurance activity aimed at the ongoing improvement of surgical care, the College seeks a commitment from your party that a further three years funding through to 30 June 2022 will be supported. If possible pending budgetary cycles a commitment for a further five years to 30 June 2024 would be appreciated.

Recognition of Paid Parental Leave Entitlements and Diversification of Surgical Workforce

There is a significant problem accessing paid parental leave within state and territory health services for our surgical registrars as they progress through their surgical training, particularly but not exclusively for female trainees. This is one of many factors about surgical training that discourages women choosing surgery as a career.

Many of the surgical specialties require interstate and even trans-Tasman moves for broad exposure during surgical training. This particularly affects paediatric, vascular and urology trainees. At present, each state and territory has separate policies determining eligibility for paid parental leave, mostly requiring 12 months' continuous service in that jurisdiction. This means that if these trainees have to move interstate whilst pregnant, the trainee is no longer eligible for paid parental leave.

As RACS tries to improve diversity within its training and within its membership this is a stumbling block. The stark reality is that only 12% of Fellows in Australia and New Zealand are women. Approximately 30% of SET Trainees now are women but they drop out at twice the rate of male trainees. We are committed to removing barriers that may inhibit women entering the surgical profession and we need the government's help to make this happen.

This also includes taking proactive steps to enable and normalise flexible training for male and female surgical trainees. We recognise there are multiple players involved in making this happen, including the College's Specialty Training Boards, hospitals and jurisdictions. Flexible training models that enable part-time work and training supplemented by unaccredited registrars may be a viable option.

We need a surgical workforce that is reflective of the communities we serve and we believe this will lead to better patient outcomes.

Q10 Will you commit to raising this matter at COAG to assist in gaining agreement that all states and territories would commit to recognising 12 months' of continuous service in the public hospital system in Australia for eligibility to paid parental leave, rather than service in any one particular state or territory?

Q11 Will you work with hospital and health services to create an environment conducive to flexible training for surgical trainees?

Q12 The College also seeks a commitment from your party for the next health minister to meeting at least quarterly with the College in Queensland.

Conclusion: The Royal Australasian College of Surgeons Queensland State Committee is appreciative of your time in addressing these matters. We are acutely aware of the time frame presented by the short election campaign time and we look forward to receiving your response by 20 November 2017. This will enable us to inform our membership of your policy positions prior to the election on 25 November 2017.

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[i] Foundation for Alcohol Research and Education (2017) *Annual Alcohol Poll 2017: Attitudes and behaviours* Canberra: FARE

[ii] Foundation for Alcohol Research and Education (2017) *2017 Queensland poll: Perspectives on alcohol* Canberra: FARE

[iii] Foundation for Alcohol Research and Education (2016) *Annual Alcohol Poll 2016: Attitudes and behaviours* Canberra: FARE