ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

2016 AUSTRALIAN FEDERAL ELECTION

Position statement

June 2016

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.

Prior to 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 our membership.

KEY ISSUES

RACS has identified five key focus areas relevant to the 2016 Australian Federal Election:

1. Maintaining high quality and timely access to healthcare
    a. Sustainable funding
    b. The role of private healthcare providers
    c. Preventative healthcare measures
    d. Workforce maldistribution
2. Recognition of the burden of trauma on the healthcare system
    a. Road trauma
    b. Ongoing funding for the Australian Trauma Registry
3. National leadership to reduce alcohol-related harm
    a. A volumetric tax
    b. An end to alcohol advertising before 8.30pm
    c. Mandatory collection of alcohol-related ED presentations
4. Aboriginal and Torres Strait Islander health
    a. Incentive schemes for Aboriginal and Torres Strait Islander specialists
    b. Ear health
5. Surgical training and academic pathways
    a. Funding certainty for the Specialist Training Program
    b. Clinical academic training pathways

MAINTAINING HIGH QUALITY AND TIMELY ACCESS TO HEALTHCARE

Sustainable funding

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, as have public expectations about acceptable standards and access to health services.

Australians pay a high level of income tax compared to many other OECD countries; therefore, taxpayers expect the Commonwealth Government to fund state and territory governments adequately to provide timely access to high quality healthcare without additional out of pocket costs.

RACS acknowledges that healthcare budgets are finite, and that the Australian Parliament is directing considerable effort to improve the sustainability of Australia's healthcare system. The College has welcomed the opportunity to have direct involvement in the MBS Review, and is actively working on other key challenges which influence surgical services in Australia, including participating in the Choosing Wisely project, taking a stand against excessive surgical fees, and collaborating with private health insurers on clinical variation to support surgeons' understanding of their practice in comparison to their peers.

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.

In all states and territories, waiting times for elective surgery continue to be a concern for surgeons and patients. Of those who saw a medical specialist in 2013-14, one in four people waited longer than they felt acceptable to get an appointment with a medical specialist. New research on the National Emergency Access Target (NEAT) indicates it may be time to review the target. Any plans to change the NEAT or National Elective Surgery Target should be done in consultation with relevant medical colleges including RACS. Delayed access to healthcare may lead to poorer health outcomes and is more costly in the long term. The funding arrangement between the Commonwealth and state/territory governments must include equal cost sharing responsibility for growing healthcare expenditure.

The vast majority of surgical procedures conducted by surgeons in Australia are performed appropriately and within acceptable cost parameters. At the end of 2013, the percentage of medical services with no associated out-of-pocket expenses had increased to 89.7%, with increases in coverage across all surgical specialties. Against a backdrop of no indexation of specialist medical service rebates since 2012, most medical specialists have structured their fees in a conscious attempt to minimise out-of-pocket costs to patients.

RACS is concerned about rising out of pocket costs for patients and has committed to challenging surgeons who charge manifestly excessive fees. The Government has an important role to play in addressing the current freeze on the indexation on Medicare benefits to ensure that the cost of providing surgical services is reflected adequately. Failure to do so risks creating a health system that places an unsustainable cost burden on patients, and undermines the guiding principle of Medicare, which is to provide universal access to medical and hospital services for all Australians. The concern is that continuing the existing indexation freeze on Medicare benefits will lead to higher costs for patients, which may delay access to healthcare. This, in turn, will result in more investigations, more referrals, and more admissions to the hospital system where care is more expensive.

Q1 How will your party establish transparency in health funding to ensure state and territory governments are equipped to meet growing demand for access to health services?

Q2 What are your party's plans with regard to the current Medicare freeze, and how will you address the problem of rising out of pocket costs for patients?

The role of private healthcare providers

RACS supports the principle of universal and sustainable healthcare provision across all communities in Australia, appreciating the important contribution of the private sector in the financing and delivery of health services under the Medicare framework. RACS affirms the rights and necessity for patients to be actively engaged in their own healthcare and to be provided with all relevant information regarding their private healthcare cover in a manner that they can readily understand.

RACS supports measures aimed at reducing complexity and improving consumer information about private health insurance coverage. Private health insurers should strive for greater transparency in insurance packages and interactions with health care providers. RACS would like to see greater efforts to reduce growing out-of-pocket costs and address exclusionary policies that offer little or no value to patients. Insurance policies, which effectively only cover treatment as a private patient in a public hospital, should be discontinued.

Australia needs enough beds and associated resources in public hospitals to ensure equity of access to elective surgery for all Australians. Without adequate theatre time and sufficient staffing, surgery gets pushed into the private system as governments strive to meet their elective surgery targets. 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.

Medical practitioners acknowledge that private health insurers need to be able to audit services to manage costs and meet safety and quality objectives; however the role of clinicians in exercising professional judgement to achieve the best outcomes for individual patients must not be diminished.

RACS has been working with Medibank to establish a consistent approach to the use of quality indicators for performance that are supported by a rigorous evidence base and subject to review. The results of this work provide important insights into the way health services are delivered which can be used to inform more efficient patient care.

RACS supports the public release of outcomes-based data on surgical performance at a team, institutional or national level. It is appropriate that our Fellows have access to reports on surgical performance that are valid and reliable, leading to greater uniformity of practice. This information also helps establish trust so that providers and their patients can be confident in the quality of medical care being provided.

Q3 How will your party ensure that patients with private health insurance are not left with large out of pocket expenses?

Q4 How will your party ensure there is an optimal balance between 'active purchasing' interventions by private health insurers, and clinical autonomy to maintain patient access to services and benefit payments?

Preventative healthcare measures

Chronic diseases are responsible for nine out of every ten deaths in Australia. The enduring impact of chronic disease on the sustainability of Australia's healthcare system and overall population health reduces the quality of life and functioning abilities of its citizens.

Dealing with these diseases costs Australia an estimated $27 billion per annum, and accounts for more than a third of the national health budget. The Australian Institute of Health and Welfare's latest Burden of Disease Study reported that at least 31% of the burden of disease in 2011 was preventable, being due to modifiable risk factors such as tobacco use, high body mass, alcohol use, physical inactivity and high blood pressure.

Australia currently has no national strategy to address alcohol-related harm, or the growing burden of obesity. Based on the success of taxation in reducing tobacco use, the Commonwealth Government

should consider the use of taxes to divert people away from consumer choices that negatively affect their health. At an international level, this can be seen in the British Government's announcement that it would introduce a 'sugar levy' from 2018.

Q5 How will your party help reduce chronic disease caused by preventable lifestyle choices?

Workforce maldistribution

To address geographic maldistribution of surgeons in 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 regional settings after they qualify because they had a rewarding experience in these centres. To ensure this level of experience, regional hospitals need funding for training posts. This can best be achieved by funding posts as part of the Specialist Training Program that are aligned with workforce data to ensure specialists are being trained and located in areas of clinical need.

Q6 What incentives will your party offer to encourage more surgical trainees and surgeons into regional and rural areas?

RECOGNITION OF THE BURDEN OF TRAUMA ON THE HEALTHCARE SYSTEM

Road trauma

For every road fatality in Australia (1,030 per year), there are 27 hospital admissions and 10 survivors with lifelong injury. Road trauma costs Australia $27 billion per year and there is variance in outcome of patients dependent on where they are treated. Quality of life outcomes depends on the care patients receive in every part of their journey.

Many people and organisations involved with road safety have a shared vision to reduce trauma from crashes on Australian roads. In 2010 all state and territory transport and infrastructure ministers set a target to reduce both deaths and serious injuries by at least 30 per cent by 2020, through the National Road Safety Strategy 2011-2020. We are now more than halfway through the global decade of action on road safety, which aimed to reduce the average of 32,850 people injured on Australian roads each year, with no way to measure injury.

The latest road toll statistics from the national Bureau of Infrastructure Transport and Regional Economics show a 6.5% increase in road fatalities, compared with the average over the previous five years. For every road-related death, there are roughly 22 hospitalisations.

Q7 How will your party ensure Australia's target of a 30% reduction in deaths and serious injuries on Australian roads by 2020 are met?

Ongoing funding for the Australian Trauma Registry

The value of information and investigation of injury outcomes to improve the quality of trauma care cannot be overestimated. Understanding the cause, place and type of injury is essential to inform injury reduction strategies. A recent report from the Senate Inquiry into Aspects of Road Safety highlighted the value a national registry would provide by monitoring the burden of injury to better inform long-term decision making. The Senate Committee recommended that the Commonwealth Government commit $150,000 per annum for three years from 2016-17 to fund the continued operation of the Australian Trauma Registry.

Between 2010 and 2012, the Registry collected data from 27 major trauma centres across Australia, and published its inaugural report in 2014. The Registry includes information on trauma cases arising from a variety of mechanisms including transport, falls, fire, suffocation and drowning. It is currently the only way to measure serious injury across Australia, and benchmark quality of trauma care.

Q8 Will your party commit to providing $150,000 per year for three years to support the ongoing operation of the Australian Trauma Registry, and encourage state and territory governments to contribute?

NATIONAL LEADERSHIP TO REDUCE ALCOHOL-RELATED HARM

A volumetric tax

RACS has advocated against the harmful effects of alcohol for many years, not only for the increased risk of complication that it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole.

The Commonwealth Government needs to play a leading role in encouraging state and territory governments to adopt evidence-based measures that will deliver consistent and nation-wide reductions in alcohol harm, such as those that have been introduced in Sydney and Queensland. The most effective strategies and biggest priorities for action are pricing and taxation, access and availability, and advertising and promotion.

Economic modelling commissioned by the Foundation for Alcohol Research and Education has shown that replacing the Wine Equalisation Tax and rebate with a ten percent increase to all alcohol excise and a volumetric tax on wine and cider would deliver $2.9 billion revenue and reduce alcohol consumption by 9.4 per cent. However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia.

An end to alcohol advertising before 8.30pm

Australian studies have shown that exposure to alcohol advertisements among Australian adolescents is strongly associated with increased drinking patterns. Despite this, a loophole exists in the Commercial Television Code of Ethics, which allows the alcohol industry to advertise before 8.30pm, during live sporting events on weekend and public holidays. RACS encourages the Government to reduce children's exposure to alcohol advertising on free-to-air commercial television by immediately removing this provision.

Mandatory collection of alcohol-related ED presentations

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse. However, agencies do not monitor or report the total costs to the community through alcohol-related trauma and law enforcement, meaning we do not have a complete picture of the harm caused by alcohol.

In New South Wales, alcohol-related hospitalisations have increased from 36,102 in 2001-02 to 54,374 in 2013-14. In Victoria, there has been a 53 percent increase, from 19,353 in 2001-02 to 29,694 in 2010-11.

RACS strongly supports the addition of emergency department alcohol-related presentations to patient data sets. Mandatory collection of these data would provide a clearer picture of the extent of alcohol-related presentations to hospitals, and an evidence base to inform and evaluate policy decisions.

Q9 Will your party commit to:

a) A volumetric tax on alcohol?
b) Closing the loophole on alcohol advertising before 8.30pm during live sporting events?
c) The addition of alcohol-related emergency department presentations to the National Minimum Dataset?

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Incentive schemes for Aboriginal and Torres Strait Islander specialists

The gap in health outcome between Aboriginal, Torres Strait Islander and the rest of the Australian population is well established. As part of our Aboriginal and Torres Strait Islander Health Action Plan, RACS has committed to the following:

- Demonstrate leadership excellence and advocacy in relation to Aboriginal and Torres Strait Islander heath.
- Increase the number of Aboriginal and Torres Strait Islander specialists to improve equity, support closing the gap in health outcomes.
- Educate the Fellowship and community to recognise Aboriginal and Torres Strait Islander health issues.
- Increase the numbers of Aboriginal and Torres Strait Islander staff within the College at all levels.

In 2015, two of 5,096 RACS Australian Fellows identified as being Aboriginal. RACS aspires to increase the number of Aboriginal and Torres Strait Islander surgical Trainees and Fellows to mirror those numbers in the broader population. The RACS Foundation for Surgery, in collaboration with the Australian Indigenous Doctors' Association and other partners including Johnson and Johnson Medical, have established scholarships for Aboriginal and Torres Strait Islander medical students and doctors with an interest in surgical training. The Specialist Training Program may be one avenue by which potential Aboriginal and Torres Strait Islander trainees can reduce financial barriers and assist those wishing to undertake specialist training.

Q10 How will your party provide ongoing support and enhance opportunities for Aboriginal and Torres Strait Islander specialists in training?

Ear health

Aboriginal and Torres Strait Islander ear health is a priority area for RACS. There is an established body of research that has examined the causes and impacts of hearing loss within these communities. Ear disease can lead to delayed speech and educational development, low self-esteem, unemployment and a range of other health, social and economic problems.

Studies have demonstrated that 91% of Aboriginal children tested have deafness for more than three months of a year and 100% have an ear infection under the age of three months. One quarter of Aboriginal children in the Northern Territory and more than one third in the Anangu Pitjantjatjara Yankunytjatjara lands in the remote north west of South Australia have eardrum perforations. There are many Aboriginal children in youth detention centres and approximately 80% have hearing issues when tested.

The award winning Queensland Deadly Ears program has demonstrated significant improvements in hearing health outcomes for children and young people, including reductions in hearing loss, chronic suppurative otitis media presentations at ENT clinics and middle ear conditions. The program is part of a successful intervention model focused on prioritising health promotion and disease prevention, strengthening primary health care and implementing effective early intervention approaches. A national organisation founded on this model could coordinate existing resources where they are available and expand programs with a focus on increased services in rural and remote areas.

Q11 Will your party commit to establishing a national response to address Aboriginal and Torres Strait Islander ear disease?

Q12 Will your party commit to including ear disease as an objective in the Council of Australian Governments National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes?

SURGICAL TRAINING AND ACADEMIC PATHWAYS

Funding certainty for the Specialist Training Program

There has been a substantial increase in the number of medical graduates entering the workforce and commensurate pressure on postgraduate training opportunities such as internships in hospitals and places on specialist medical college training programs. There is also an increased need for surgeons in particular specialties and geographic locations.

While RACS has no cap on the number of trainees it accepts, this is necessarily limited by the number of available surgical training posts in RACS accredited teaching hospitals. This cap has not risen to meet the growing number of medical graduates who would like to pursue a career in surgery, or in response to increased surgical demand. Demand for surgical training remains high, with the number of suitable applicants exceeding the number of training positions by a factor of three to one each year.

Since 2011, the Specialist Training Program (STP) has provided 73 training posts across the surgical specialties, of which 42% (31 posts) are in rural settings. Workforce planning models indicate that more training posts are required. Without the funding provided by the STP, many of the training posts located in rural and private settings would not be viable. There is also a need, in partnership with the peak private hospital organisations, to fund and support an increased number of training posts in the private sector.

Q13 Will your party commit to ongoing funding of the STP at or above current levels?

Q14 Given that 60% of elective surgery occurs in the private sector, how will your party facilitate surgical training opportunities in private hospitals?

Clinical academic training pathways

There has been considerable support from governments in the translation of medical research into improved patient outcomes including the establishment of four Advanced Health Research and Translation Centres throughout Australia and the Medical Research Future Fund. However, clinical academics, who are vital for bridging this gap between medical research and health outcomes, have been declining in numbers due to current training pathways being *ad hoc* and few and far between.

This situation for clinical academic surgeons greatly limits the ability to advance translating health and medical research. To overcome this challenge, potential clinical academic surgeons require standardised, clearly defined, and adequately funded training pathways, such as the ones established in the UK that reported an increase in clinical academic numbers within the first few years. This initiative is crucial to prevent Australia falling behind other countries in introducing improvements in surgical processes and procedures, and the consequent improvements in the quality of patient care it can provide.

Q15 How will your party address the continuing decline in the clinical academic workforce? Will you support the implementation and funding of training pathways for clinical academics?