

Advocacy Priorities Queensland State Committee

Key initiatives
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CONTRIBUTORS

Queensland State Committee Executive and membership, Queensland State Office staff, relevant College policies and position statements.

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Queensland State Committee Engagement with Government

The Royal Australasian College of Surgeons (RACS) is a leading advocate across Australia and Aotearoa New Zealand for surgical standards, surgical training and surgical workforce. The College takes principle positions on several advocacy issues.

The below issues are important to the RACS Queensland State Committee and it believes that if the Queensland Government were to implement the below recommended actions that this would lead to more effective surgical services delivery throughout Queensland.

The Committee is keen to engage at all levels with the Government and would appreciate a structured meeting schedule being developed to ensure the below issues are considered when the government considers its reform agenda.

Advocacy Priority List

1. KPI for Emergency Surgery
2. Principle House Officer Strategy
3. Save Our Surgical Services
4. Culture Survey of Trainees and Younger Fellows
5. Chief Surgeon Position
6. Medicare Provider Number
7. Post Fellowship Strategy

1 KPI for Emergency Surgery

A recurring source of frustration to surgeons and an economic disruptor is the lack of adequate resourcing for emergency surgery which contributes to increased complications, length of stay and mortality. Hospital and Health Service executives have a KPI for elective surgery emanating from NEST targets yet, there is no KPI for emergency or trauma. Recent studies in Queensland have shown that a consultant led emergency service with adequate daytime lists leads to improved efficiency, patient flow, and decreased length of stay. Additionally, there is greater supervision for training registrars with emergency surgery in daylight hours and reduction in surgeon and registrar fatigue. This can have a positive effect



Emergency Surgery

on theatre efficiency for elective surgery lists and greater surgical satisfaction with less overtime which could ultimately create cost savings.

2 Principle House Officer Strategy

Due to the limited number of places on surgical training programs and the large number of service positions required to perform the work in busy surgical units of public hospitals, particularly large regional centres, Principle House Officers (PHOs) are applying year after year with no success despite being appropriately trained and qualified. This is leading to PHOs suffering distress when they fail selection. If they fail to attain selection to a training program after having invested the best years of their lives, there is no alternate career pathway available. The relative lack of transparency around the selection process and lack of constructive structured feedback for unsuccessful candidates may prolong the period of futile attempts at career progression. The magnitude of this problem varies within specialties with some being more competitive than others.



Recommendation/desired outcomes:

- **Selection process** – Have a clear competency-based system in place. Reform the referee system to ensure that references are more meaningful. Ensure more consistent requirements across the specialties in relation to processes and requirements to get on the program.
- **Staffing throughout Queensland** - With the assistance of Queensland Health identify the number of service positions required and create a system of surgical career medical positions so that there is not such a high dependence on PHOs seeking surgical selection to perform what are basic service functions.
- **More structured support** – Formal support with review of competencies reached, mentoring and frank discussions after two-year mark about career options. For PGY 1-3 Queensland Health should consider a group like HETI in NSW to support junior doctors. PHO positions should be appointed for two-year contracts, allowing a rotation of one year in a regional/rural/remote hospital and 1 year in a metro hospital. This would broaden the experience of prospective surgical specialists and make it less attractive for PHOs to settle into a comfortable existence without adequate career planning.
- Align with RACS Prevocational Skills and Education Committee ([Prevocational & Skills Education Committee | RACS \(surgeons.org\)](#))

3 Supporting Our Surgical Services (SOSS) – Supporting Regional Services

Both, the Surgical Advisory and State committees, have supported initiatives developed within the Healthcare Improvement Unit of Queensland Health known as Supporting our Surgical Services (SOSS). The SOSS program is being developed with Queensland Health (Health Improvement Unit) by Dr Sanjeev Naidu with support of the RACS Queensland State Committee. Dr Naidu has presented this program to the RACS Rural Section and Dr Bridget Clancy Chair of the Rural Section of RACS has recently shared the Rural Health Equity Action Plan with the State Committee. It is agreed that these two programs are very well aligned in tackling how to deliver equity of surgical services to remote and rural areas via a collaborative links to support rural surgeons within specialty services, as well improving the rural pipeline from medical school through surgical training.

To support regional surgical services, the Queensland State Committee is exploring ways of formalising the relationships and networks between metropolitan and regional surgeons of the same specialty. Through the Get It Right First Time (GIRFT) initiative a structure was established in Orthopaedics with regular supportive interface occurring at quarterly meetings. The group, Queensland Directors of Orthopaedic Group (QDOG), is an excellent example of such collaboration and has been an outstanding success. The Queensland State Committee seeks to encourage similar groups and collaboration in other surgical disciplines.



We must remember that collaboration is about compassion, support, kindness and what we gain in the collective when we share and empower one another.

4 Culture Survey of Trainees and Younger Fellows

After listening to presentations by Drs. Conyard and Bade, the Queensland State Committee is considering surveying (in conjunction with specialty societies) all specialties in a similar manner to recent research undertaken by Dr Chris Conyard in Orthopaedics in Queensland. This was also supported by a broader survey undertaken by Dr David Bade AOA Queensland Chair. This research revealed that 1 in 5 Younger Fellows wished they had picked a career outside of Orthopaedics. 53 per cent of trainees met the criteria (physician value index) for burnout. We have limited time to train registrars and it is critical to embed the tools to be resilient in a surgical career. However, that said we

Culture Survey



must also consider there are those of us who struggle to find balance to support our own mental and physical well-being as consultants. This survey will help gain a broader perspective and understanding with hopes of highlighting the changes that are needed for us to support one another in surgery.

- Aligning with RACS policy around Wellbeing Charter for Doctors
- [Wellbeing Charter for Doctors | RACS \(surgeons.org\)](https://www.racs.org.au/Wellbeing-Charter-for-Doctors)

5 Chief Surgeon Position

The College would support developing a senior surgeon position within Queensland Health which would provide consistency in the development and implementation of surgical initiatives by government. This role would provide authoritative leadership, influence and engagement between health services and the College as shown below:

- Improvement of healthcare standards that lead to reducing the gap for Indigenous care
- Give advice to the Director General / Minister on broad strategic and specific surgical matters such as:
 - Elective surgery
 - Emergency surgery
- Specialist outpatient services
- Rural and regional recruitment and surgical training.
- Improving sustainability of regional services
- Development of innovative models of care
- Interface with other specialty bodies
 - Anaesthetic
 - Critical Care
 - Emergency Care
 - Specialist Medical-Colleges
 - Surgical advisory committee
 - Proceduralists including radiology, ophthalmology, gastroenterology.
- Facilitating engagement with the surgical workforce state-wide via College networks to achieve patient-focused outcomes.
- Work with hospital and health services and Directors of Medical Services on clinician engagement and professionalism plans
- Standardization and alignment of processes and models of care (Operating theatre flow, perioperative care, seven-day hospital)
- Telehealth and virtual beds
- Expert oversight that balances technical innovation and safety with the whole of population's need and cost to treat.

6 Medicare Provider Number

The Queensland State Committee has been considering options that would encourage more Fellows to provide regional/rural surgical services. One identified barrier supported by data is that issuing too many provider numbers leads to over servicing. A suggested option would be placing conditions or incentives on the Medicare Provider Number to support regional services. The State Committee is aware from attending the consultation on the National Medicare Workforce Plan and other sources that this is already being seriously considered by the Federal Government.



**Medicare
Provider
Number**

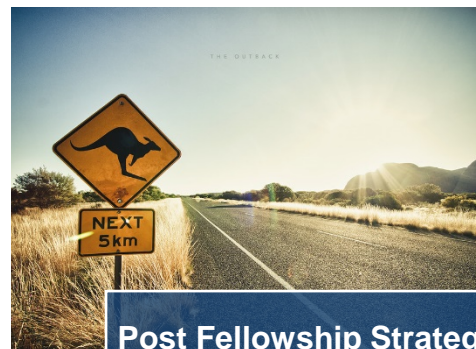
National Medical Workforce Strategy 2021–2031 | Australian Government Department of Health and Aged Care

7 Post Fellowship Strategy

There are a significant number of new Fellows who are waiting in Metropolitan areas in Fellow positions to get onto Post Fellowship programs. Their time may be better utilised in supporting the regions. It may be a better option to allocate them points towards a post-fellowship program if they complete some regional/rural service. This is similar to what occurs as a component of the current SET selection process.

General Surgeons Australia (GSA) among others have accredited Rural Modules for Post Fellowship Training, in keeping with the Rural Health Equity Program

- [Report Rural Health Equity \(surgeons.org\)](https://surgeons.org.au/reports-and-publications/report-rural-health-equity)
- [Post Fellowship training | RACS \(surgeons.org\)](https://surgeons.org.au/education-and-training/post-fellowship-training)



Post Fellowship Strategy

Contact Us

Please contact us with any concerns or issues.

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