Royal Australasian
College of Surgeons
*Te Whare Piki Ora o Māhutonga*

# APPENDIX TO RACS MANIFESTO

## COMMITMENTS WE SEEK AND HOW RACS WILL CONTRIBUTE

### 1. Workforce

After years of fragmented planning, funding, and organisational change the current surgical workforce in the public health system is insufficient to meet the current and future need for surgery across Aotearoa.

We invite you to commit to planning, growing, and retaining a surgical workforce capable of meeting current and future need for safe, effective and timely surgery within an adequately resourced health system:

**a. Workforce planning – commit to planning and resourcing a surgical workforce capable of addressing unmet need now and in future for safe, effective and timely surgical care**

- commit to plan for sufficient capacity through the pipeline from medical school to vocational training to the surgeons in service delivery, supervision and professional leadership roles.
- commit to continue working with RACS and the Council of Medical Colleges to build a comprehensive view of training needs across the sector
- commit to working with RACS and the surgical specialty societies and organisations to build a clear picture of the current surgical pipeline including allocation across Aotearoa.
- commit to ensuring workforce planning allocates sufficient funded capacity to enable surgeons to cover service delivery, supervision of trainees and IMGs, and professional leadership roles

RACS will:

- work within the Council of Medical Colleges to provide a comprehensive view of training needs across the surgical specialties and across Aotearoa.
- provide professional advice and intelligence to Manatū Hauora to undertake the work above.

**b. Surgical trainees - commit to immediate resourcing of sufficient additional surgical training positions, including collaborative public-private training partnerships**

- commit to maintain the Māori and Pacific Admission Scheme at Auckland Medical School and Te Kauae Paraoa at Otago Medical School
- commit to immediate resourcing of sufficient additional surgical training positions to meet demand
- fully implement advance offers of employment to surgical trainees before the end of 2026
- work with RACS to identify and remove barriers to Māori, Pacific, and rural candidates taking up surgical training positions
- increase the number of surgical training positions in regional and rural hospitals
- utilise surgical training capacity in the private sector, including in association with outsourcing arrangements.

RACS will:

- support the educational programmes for doctors considering surgical training
- use equity-focused recruitment processes to attract Māori, Pacific, and rural candidates to surgical training
- collaborate with the nine surgical societies to accredit training sites and deliver surgical training programmes
- strengthen the focus on cultural safety, cultural competence, and Hauora Māori within all training programmes
- work within the Council of Medical Colleges to provide a comprehensive view of training needs
- provide professional advice and support to Te Whatu Ora to implement the programme above.

Committed to Indigenous health

**c. Surgeons - commit to employment and retention of additional surgeons to meet current and future needs for surgical services, and for supervision and leadership roles they also deliver:**

- commit to employing sufficient additional surgeons (consultants, Senior Medical Officers) to meet current and future needs for surgery
- provide immediate funding for additional positions for surgeons [SMOs] in locations with acute need
- incentivise surgeons to practise in regional and rural areas, rather than metropolitan areas
- targeted employment of surgeons to be increasingly representative of the population they will serve
- commit to support for immigration, employment, and retention of suitable internationally trained surgeons [specialist international medical graduates, IMGs) who will commit to stay in Aotearoa
- support IMGs to adapt to healthcare as practised in Aotearoa
- strengthen focus on cultural safety, cultural competence and Hauora Māori within the surgical SMO workforce
- allocate sufficient SMO capacity to cover both service delivery, and supervision of trainees and IMGs
- support clinical networks to reinforce surgical standards and collaboration across the country

RACS will:

- provide a comprehensive, structured continuing professional development programme supporting surgeons to strengthen their surgical practice and maintain their registration with MCNZ
- provide advice to MCNZ on the suitability of international medical graduates for registration in Aotearoa
- work within the Council of Medical Colleges to provide a comprehensive view of workforce needs
- provide professional advice and support to Te Whatu Ora to implement the programme above.

**d. Allied surgical workforce - commit to employing sufficient additional allied surgical workforce to meet current and future needs for surgery:**

- planning for and employing sufficient additional allied surgical workforce personnel [anaesthetists, anaesthetic technicians, nursing staff (theatre, perioperative, endoscopy, ward-based), cleaning technicians, administrators, and orderlies]
- incentivise allied surgical workforce personnel to practise in regional and rural areas, rather than metropolitan areas
- targeted employment of allied surgical workforce personnel to be increasingly representative of the population they will serve
- strengthening focus on cultural safety, cultural competence and Hauora Māori within the allied surgical workforce personnel
- allocating sufficient allied surgical workforce personnel capacity to cover service delivery.

RACS will:

- provide professional advice and support to Te Whatu Ora to implement the programme above.

## 2. Needs-based equitable healthcare

We must achieve needs-based equitable healthcare for Māori, Pacific peoples, regional and rural communities, and other under-served groups.

We invite you to commit to making evidence-based decisions on the allocation of resources to address unmet need for surgical care whilst achieving needs-based equitable access to safe, effective and timely surgery for our diverse communities:

**a. commit to acknowledging there is already substantial evidence supporting ethnicity as a key determinant of health for Māori, other population groups. and regional and rural communities,**

- allocate resources using the substantial evidence base supporting ethnicity as a key determinant of health for Māori and other population groups
- allocate resources using the substantial evidence base supporting rurality as a key determinant of health for rural community groups

**b. commit to investing in high quality ethnicity and rurality data to support design of healthcare interventions**

- invest to strengthen the quality of ethnicity data and analysis available for design of healthcare interventions to enable better allocation of resources and to monitor the effectiveness of the health system
- invest to strengthen the quality of regional and rural data and analysis available for design of healthcare interventions, including the appropriate mix of surgical specialist scopes required in regional locations, to enable better allocation of resources and to monitor the effectiveness of the health system in responding to these needs

**c. commit to supporting RACS in developing a surgical workforce which reflects the Māori, Pacific, and rural profile of the population in Aotearoa:**

- adopt the target of 150 fully trained Māori surgeons by 2040

RACS will:

- continue to implement Te Rautaki Māori - Māori Health Strategy and Action Plan 2024-26
- work collaboratively providing professional advice and support to Manatū Hauora and Te Whatu Ora in implementing government's *Hauora Māori Strategy for Aotearoa New Zealand*.

## 3. Infrastructure

The current state of digital and data systems and hospital facilities across Aotearoa constrains the ability of the health system to deliver surgical care today even where the workforce exists and will become a greater constraint in future without significant investment.

We invite you to commit to planning and accelerating investment in better data, digital, physical, and sustainable infrastructure to support the public healthcare system so we can meet current and future demand for timely access to surgical care:

**a. Digital and data infrastructure – commit to accelerating investment in interoperable digital and data systems to enable seamless flow of information nationally between public and private providers so we can provide seamless care and improve patient safety.**

- invest in safe, evidence-based AI solutions for all aspects of healthcare provision, supported by prudent clinical governance and monitoring arrangements
- invest in a national health information exchange in a joined-up patient management system across hospitals, allied health services, and primary care
- supporting and investing in nationally consistent, surgical performance and outcomes reporting, to enable benchmarking, service planning, and quality improvement across regions
- require seamless transfer of patient information between facilities when surgeries are outsourced.
- adequately resource the range of registries required, including the NZ Breast Device Register

RACS will:

- develop guidelines around safe use of AI within healthcare
- incorporate use of AI and other digital and data systems into Surgical Education and Training
- will provide professional advice and support to Te Whatu Ora to implement this programme.

**b. Physical infrastructure – commit to investment in public hospital operating theatres, procedural suites and availability of inpatient beds to remove constraints on meeting current and future demand for both acute and planned surgery.**

- better utilise current hospital capacity for surgical services, including after hours and weekends
- better maintenance of current operating theatres and other facilities which support surgical services
- commit to planning for and investing in new operating theatres, procedural suites, and availability of inpatient beds in areas of high and growing demand for surgery
- address supply chain constraints - caused by global uncertainty - which cause delays to surgery
- long term infrastructure planning aligned with population growth projections and predicted future demand for both acute and planned surgery.

**c. Sustainability – commit to strengthening environmental sustainability, including climate mitigations, within the healthcare system:**

- ensure every policy and operational decision requires consideration of environmental sustainability and climate change implications
- integrate resource stewardship and climate mitigation across the health system
- require Te Whatu Ora to reduce the use of physical resources, including by safe multi-use or recycling of surgical instruments and other surgical waste
- establish a long-term plan to progressively decarbonise healthcare, monitoring reduction in health system emissions, energy use and waste of physical resources.

RACS will :

- will provide professional advice and support to Te Whatu Ora to implement this programme
- recognises the role of the College and individual surgeons in reducing the carbon footprint of surgery
- continue as a signatory to the Green College Guidelines and the Intercollegiate Green Theatre Checklist
- Position paper: *Environmental Impact on Surgical Practice* uses the five R's - Reduce, Reuse, Recycle, Rethink, and Research
- continue to include in our CPD programme *Environmental sustainability in surgery*, based on work of the RACS Environmental Sustainability in Surgical Practice Working Party.
- promote *Choosing Wisely* to reduce low value care and resource use by unnecessary surgery
- ensure the implementation of sustainability initiatives does not inadvertently compromise patient safety, quality of care, and equitable access to surgical services.