



Royal Australasian

College of Surgeons

Te Whare Piki Ora o Māhutonga



Briefing to the Minister of Health 2023

Building resilient surgical services

Congratulations on your appointment as Minister of Health

The Royal Australasian College of Surgeons (RACS) congratulates you on your appointment as the Aotearoa New Zealand Minister of Health and looks forward to working with you. The purpose of this paper is to brief you on the role of the College and the current issues facing surgical services in Aotearoa New Zealand (AoNZ).

Executive summary

These are the biggest priorities for surgeons and patients, which we can keep you informed on and help provide workable solutions to:

1. Health reforms
2. Workforce
3. Planned care
4. Equity
5. Environment



About the Royal Australasian College of Surgeons

RACS' purpose is to be the unifying force for surgery in Australia and AoNZ, with FRACS standing for excellence in surgical care.

Established in 1927 in Dunedin, RACS is a binational, not-for-profit organisation that represents nearly 10,000* active and retired Fellows (qualified surgeons), surgical Trainees and overseas-trained surgeons (Specialist International Medical Graduates or SIMGs). Around 1300 of these live and work in AoNZ.

The College ensures surgeons and Trainees have the right skills and knowledge at every stage of their career. We are committed to improving patient outcomes by maintaining professional standards, collaborating on research, providing a trusted voice on important health issues and assessing the eligibility of SIMGs to work in Australia and AoNZ.

Representing nine surgical specialties, we are the peak body for the surgical workforce in Aotearoa. Our specialties are: Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery.

Vision

Leading surgical performance, professionalism and improving patient care.

Mission

The leading advocate for surgical standards, education and professionalism in Australia and Aotearoa New Zealand.

Values

Service, Integrity, Respect, Compassion, Collaboration

**RACS member database, October 2023.*

The College is governed by a bi-national Council, which is supported by committees focused on training, education, professional standards, special and regional interests and representative groups.

RACS in AoNZ is based in Wellington. It is governed by an elected national committee with representatives from our nine surgical specialties and is supported by a dedicated AoNZ team. It focuses on the interests of Aotearoa's surgeons, surgical Trainees and SIMGs, and advocates on their behalf on national issues. It is also supported by special interest subcommittees, including the Māori Health Advisory Group.

The Māori name for RACS is Te Whare Piki Ora o Māhutonga, which broadly means 'the school of ascension to health under the Southern Cross' and reflects the College's commitment to excellence in learning, health promotion and its binational focus.



Key terms:

Fellow	Surgeons trained by RACS in Aotearoa New Zealand or Australia.
Member	RACS Fellows and SIMGs who have applied for admission to Fellowship and have been accepted by the College.
SET	Surgical Education and Training programme run by RACS.
SIMG	Specialist International Medical Graduate. An overseas-trained doctor whose training, qualifications and experience are equivalent to, or as satisfactory as, those of locally trained surgeons and has vocational registration in Aotearoa New Zealand. Admission to RACS Fellowship is not part of the vocational registration assessment.
Trainee	Someone who has been selected for RACS surgical training programme in Aotearoa New Zealand or Australia.

Our people



Andrew MacCormick
Chair, AoNZ National
Committee

Andrew graduated from Auckland Medical School in 1998. After completing his surgical training, he had a stint in Sydney before returning home in 2011 to take up a position as a general, upper gastrointestinal and bariatric surgeon at Counties Manukau DHB (now Te Whatu Ora Counties Manukau). He is Director of Trauma for Counties Manukau. He is also Associate Professor and current Head of the Medical Programme for the School of Medicine at Waipapa Taumata Rau (University of Auckland). His research interests include surgical health services in his areas of clinical practice, environmental sustainability and quality and safety registries.



Ros Pochin
Deputy Chair, AoNZ
National Committee

Ros is a consultant general surgeon originally from the UK. She moved to Aotearoa in 1996 and spent her registrar years here before returning to the UK to continue fellowship training. Today, she works in Nelson where she is acting Head of Department and an educational supervisor for the junior staff. Ros is also lead for the Southern Governance Group of the Breast Cancer Foundation. She has a strong interest in professional skills and has a Masters in Surgical Education. She has sat on four RACS skills and training committees; been involved in writing 14 educational programmes for the College; and was one of the writers of its Operate with Respect campaign to transform the culture of surgery and ultimately improve patient outcomes.



Michele Thomas
Head, RACS AoNZ

Michele has almost 30 years' experience working in health. Originally working as a registered nurse in the UK, she moved to AoNZ with her family two decades ago and shifted into health management and leadership roles. Over the years she has formed strong connections across the Aotearoa health sector, including in Te Whatu Ora, Manatū Hauora, ACC and MCNZ. Prior to joining RACS, Michele was CEO of the New Zealand Society of Anaesthetists (NZSA).

Value of the surgical workforce

Highly skilled

It takes 15 years to train a fully qualified and competent surgeon. Even then, surgeons need to keep on top of new knowledge, skills, technology and models of care. Continuous professional development (CPD) is compulsory for surgeons to retain their medical registration. Most surgeons in Aotearoa New Zealand and Australia participate in RACS' CPD programme.

TABLE CPD.3 – Fellow participation in RACS and other CPD programs in 2021

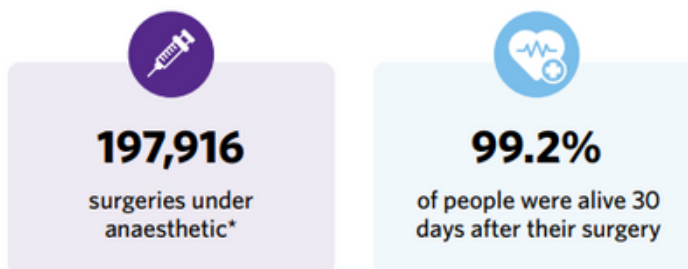
College CPD Programs	Number of participating Fellows	% of participating Fellows
Royal Australasian College of Surgeons	5417	80.6
Australian Orthopaedic Association	890	13.2
New Zealand Orthopaedic Association	267	4.0
Royal Australian and New Zealand College of Ophthalmologists	149	2.2
Other	1	0.0
Total	6724	100.0

RACS Activities Report 2022. Binational data.

Providing essential health services

The surgical workforce of Aotearoa New Zealand is an essential part of the healthcare team and critical to delivering a quality healthcare service. Surgeons help in diagnosing, treating and managing a wide variety of medical conditions, from routine surgeries to complex lifesaving procedures. They often deal with the most critically ill and vulnerable hospital patients.

In 2021, there were:



Perioperative Mortality Review Committee, Surgery and risk in Aotearoa New Zealand, December 2022.

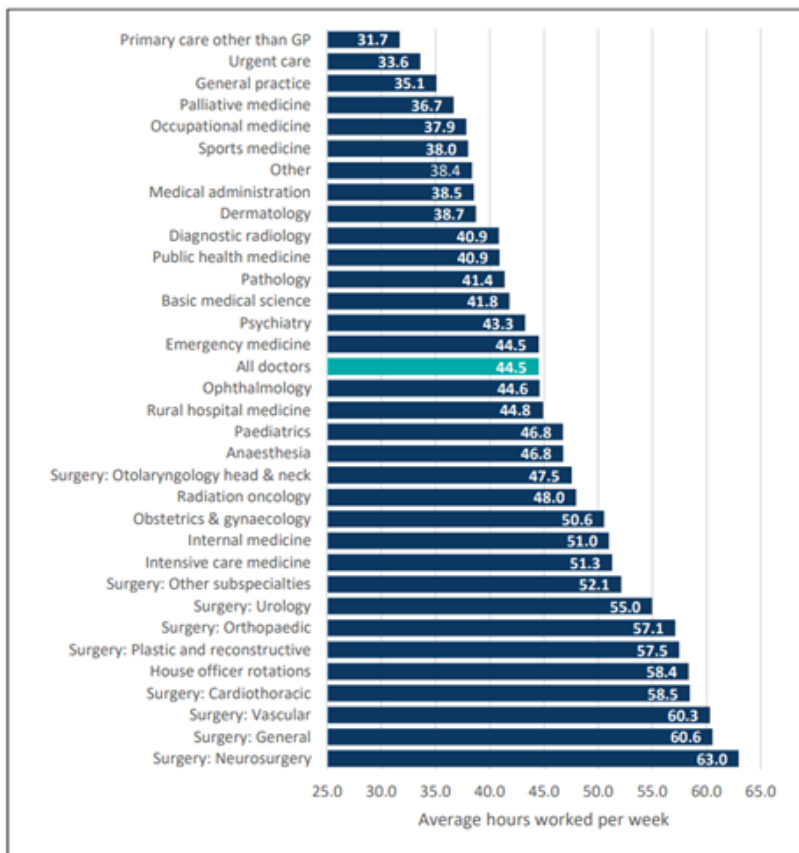
Improving quality of life

For planned care, the impact of the surgical workforce cannot be underestimated or overvalued. This is in terms of quality of life for patients but also in the development of models of care, and elective and acute care planning, with the on-going impact this has on hospital and community healthcare provision.

Caring for people

Surgeons are passionate about their specialty and doing the best for their patients, whānau, communities and the health workforce community. Most surgeons work either exclusively in the public sector or work in both public and private settings. They work long hours too, with four surgical specialties clocking up the most work hours per week compared to other medical professionals. All nine of RACS specialties report greater than average weekly work hours.

Figure 12: Average hours worked by work type (areas with more than 50 respondents)

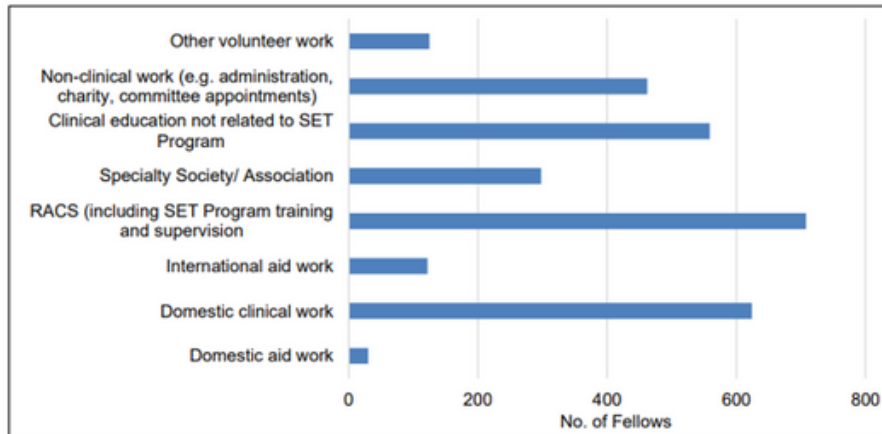


MCNZ, *The New Zealand Medical Workforce in 2022*.

Investing in the next generation

Surgeons contribute widely to research and education in their specialty fields, further advancing healthcare in Aotearoa New Zealand. Seventy per cent of surgeons in AoNZ and Australia reported undertaking pro bono or volunteer work in RACS' 2020 census, including teaching the next generation of surgeons.

Figure 4.2: Types of pro bono or volunteer activities Fellows participate in



RACS 2020 surgical workforce census report. Binational data.

Part of a team

Surgery is a team sport. As such, surgeons not only understand their own needs but have a good grasp of the issues facing many other healthcare professionals including other specialty medical workforces.



Key priorities

RACS has identified the below as the priorities for surgical services in AoNZ:

1. Health reforms
2. Workforce
3. Planned care
4. Equity
5. Environment

1. Health reforms

RACS acknowledges the need for a reset of Aotearoa New Zealand's health system and supports the goals of the Pae Ora (Health Futures) Act 2022, which include addressing health inequities, improving access to care, meeting growing demand and a focus on keeping people well.

However, the College does have concerns about the uncertainty the reforms are creating and the slowness with which improvements are being made. We are looking forward to working with you, your team and health agencies more broadly to unlock the opportunities that can make our health system a world leader.

How RACS can help:

1. Provide expert advice from the frontline of medicine in AoNZ through our network of 1300 surgeons, Trainees and SIMGs.
2. Major change is not always the answer. There are existing initiatives our members are involved in that could be scaled up and provide avenues for collaboration.
3. Offer advice about both short-term fixes and the long-term changes that will set the health system up for a healthy future.

2. Workforce

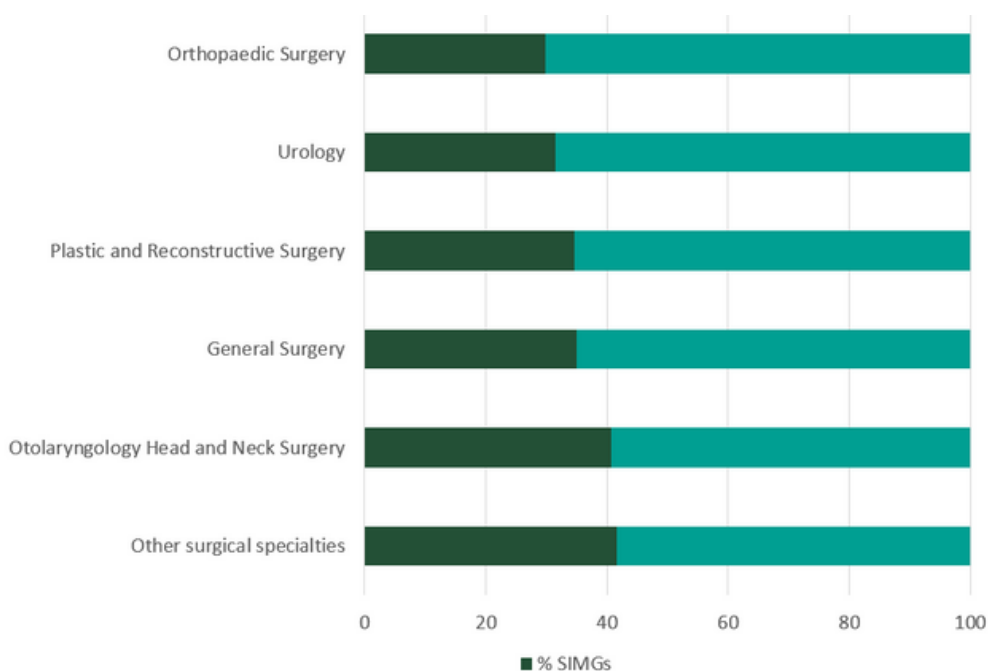
There is a looming crisis in the Senior Medical Officer (SMO) workforce in several surgical specialties. Currently, some surgical specialties have insufficient staffing to provide sustainable and safe services in their specialty area and are not meeting patient needs. This is likely to worsen in the next five to 10 years with retirements and a paucity of new specialists in training in Aotearoa New Zealand.

Ratio of surgeons per 10,000 population



RACS Activities Report 2022.

Proportion of SIMGs by surgical specialty (areas with more than 50 doctors)



MCNZ, The New Zealand Medical Workforce in 2022.

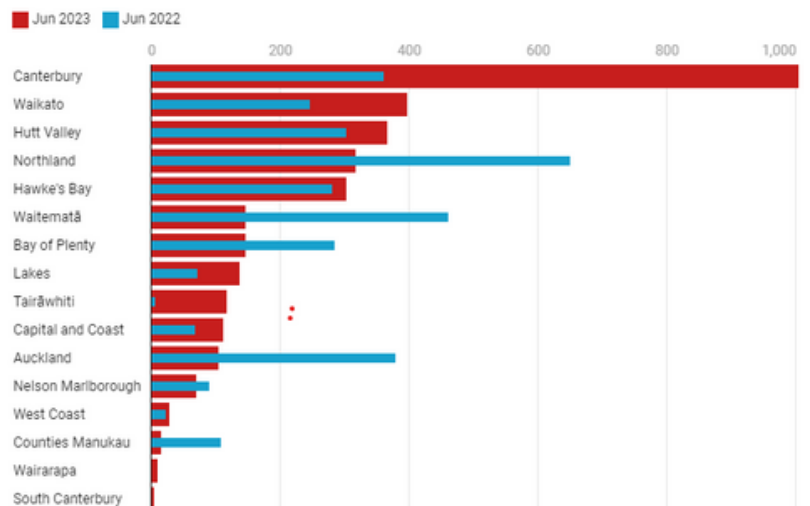
How RACS can help:

1. RACS represents nine surgical specialties and therefore has the most complete national – not to mention trans-Tasman - overview of the surgical workforce of any of the medical colleges and specialty societies. The information we hold on surgeons, surgical Trainees and SIMGs shows current, future and predicted workforce needs. We believe we are in a unique position to collaborate and work with the Minister to ensure robust future health workforce planning regarding surgery.
2. If the government funds more training posts, RACS is ready to train more surgeons. We have already asked our surgical specialties how many extra training posts they need in the short and long term.
3. We would like to work with Te Whatu Ora to improve workforce planning and future job security for our Trainees. If there is more transparency around recruitment of SMO positions, we can prevent newly qualified surgeons from moving to Australia or other overseas destinations.
4. We're making improvements to SIMG processing to get through applications faster.
5. Surgery is a team sport. We have a firm understanding of the health professions our surgeons work with daily and how their workforce issues impact on the delivery of both acute and planned care surgery.

3. Planned care

Recent years have seen an increasing inequity in the provision of planned surgery as the public health system becomes less able to provide timely planned surgical services due to workforce and infrastructure constraints. Thresholds for being reviewed in hospital by a surgeon are rising as more pressure is placed on the existing public hospitals. This means if you cannot afford private insurance, you are likely to wait longer for planned surgery, if you get it at all. The disadvantaged are being increasingly compromised.

People waiting more than a year for surgery



No data for Southern, Taranaki, Whanganui and MidCentral due to inconsistencies.

Te Whatu Ora.

How RACS can help:

1. We have suggestions as to how to increase the volume of planned surgery done by the public sector including increasing staffing in our hospitals, outsourcing to the private sector, weekend theatre, and increasing the scope and number of anaesthetic technicians to name but a few. These aren't just ideas. Our surgeons are on the frontlines of health and know what works.
2. Providing expert advice on the long-term workforce and infrastructure requirements of our surgical services.
3. Just because we can doesn't always mean we should. We have ideas about when treatment isn't always the best option and how we could cut waiting lists by being more realistic about costs vs benefits.
4. Working with our anaesthetic colleagues we can improve peri-operative review, evaluation and management.

5. Applying evidence-based and cutting-edge research to the care of patients to ensure safer, effective care and improved outcomes.

4. Equity

Rather than reducing inequities, we have seen an increase in unfairness in the health system in recent years. This is particularly the case for Māori and Pacific peoples, women and for rural Aotearoa New Zealand.

The health of Māori and Pacific peoples

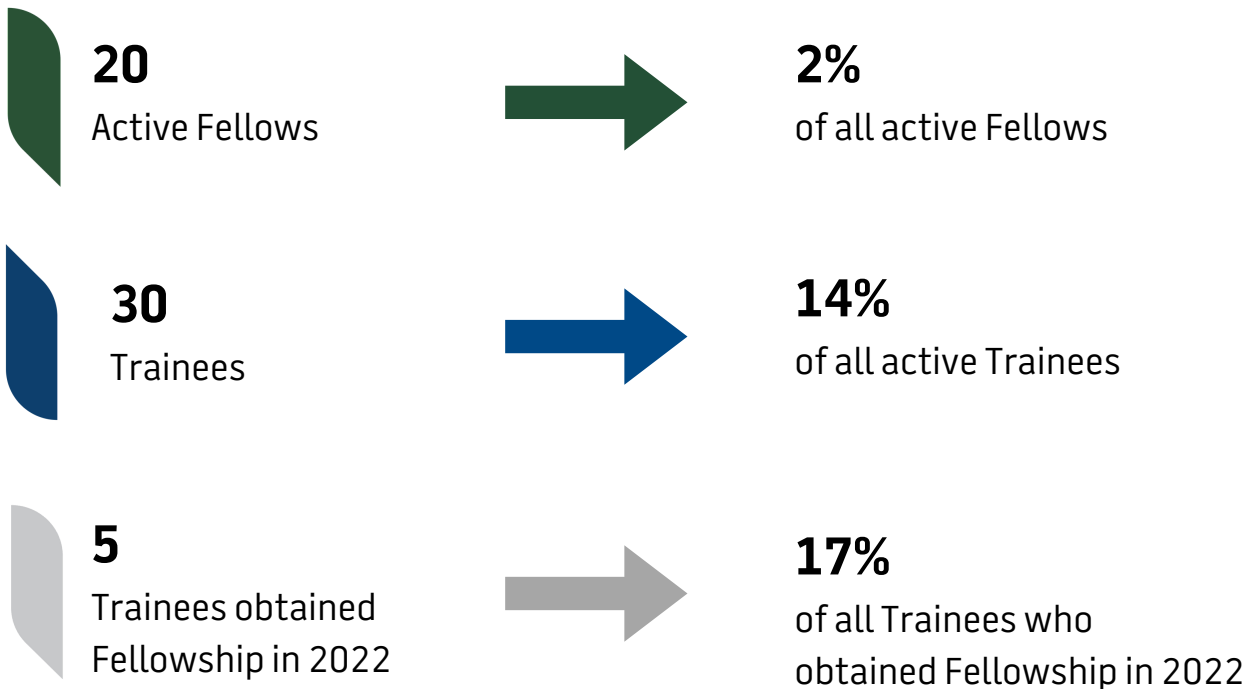
Being Māori or from the Pacific community is, by itself, an independent risk factor for poor health outcomes. For example, Māori women have one of the highest incidences of breast cancer in the world and this can only in part be explained by modifiable risk factors such as higher rates of obesity. Research shows Māori women are more likely to experience delays in receiving treatments, are less likely to receive radiotherapy and are more likely to be treated with mastectomy+. The data are clear and it is time issues of inequity, treatment biases and racism are addressed.

How RACS can help:

1. We want to see a strong and effective Te Aka Whai Ora. We can support it through expert advice including from our Māori Health Advisory Group.
2. We have Te Rautaki Māori - RACS Māori Health Strategy and Action Plan which helps us on the path towards a culturally safe and competent surgical workforce and greater health equity for Māori.
3. We have set the goal of achieving population parity for Māori surgeons by the bicentenary of Te Tiriti o Waitangi. That means training 150 Māori surgeons by 2040.

+Lawrenson, R., Seneviratne, S., Scott, N., Peni, T. Breast cancer inequities between Māori and non-Māori women in Aotearoa/New Zealand. Wiley March 2016;25(2):225-230.

Moving in the right direction: the Māori surgical workforce in 2023 (AoNZ)



RACS Activities Report 2022. 2023 data from RACS membership database, Nov 2023. AoNZ data only.

Women's health

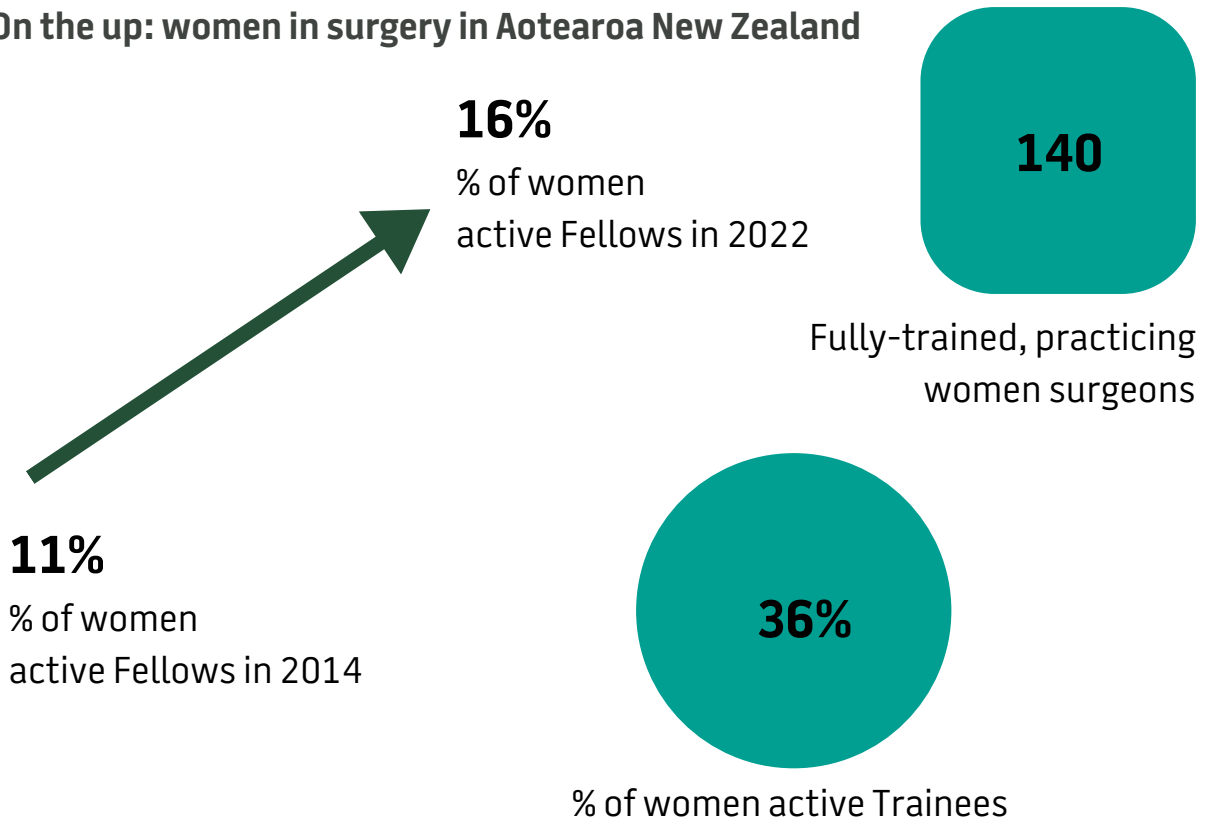


Women in Surgery, RACS Annual Scientific Congress 2023.

The Women's Health Strategy is one of the strategies required by the Pae Ora (Healthy Futures) Act 2022. There is an alarming unmet need for women with benign conditions, having major adverse effects on their quality of life. Debilitating issues such as incontinence and endometriosis affect 15% and 10% of women respectively, but due to current

resource constraints within the public health system are overlooked in favour of malignant conditions.

On the up: women in surgery in Aotearoa New Zealand



RACS Activities Report 2022. AoNZ data only.

How RACS can help:

1. We are willing and able to provide expert input into the development and implementation of the Women's Health Strategy.
2. We are actively encouraging women into the surgical field through initiatives including Women in Surgery and Building Respect.

Rural health

Te Pae Tata Interim New Zealand Health Plan 2022 recognises that the over 700,000 New Zealanders living rurally - particularly Māori, Pacific peoples, older people, families with children and those on lower incomes - face inequitable access to care. Access to hospital-level care is particularly affected by distance, travel times and associated costs.

How RACS can help:

1. RACS has a Rural Health Equity Strategic Action Plan and an AoNZ-specific Regional and Rural Health Equity Strategy. These contain actionable solutions to the issues of rural health inequities including promoting the hub and node model of care (where surgeons from the urban centres visit more remote patients rather than requiring rural patients to travel to them); providing support to rural surgeons; and improving access to surgical training in regional areas.
2. We have a Rural Health Equity Steering Group which looks at barriers to rural health equity, and a Rural Surgery Section.
3. We support review of the National Travel Assistance scheme to help access to hospital-level care, and improve emergency transport networks and telehealth options.



Figure 1. An overview of the RACS Rural Strategy. It addresses multiple points of the surgeon's career cycle with consideration to common intersecting characteristics.

RACS Rural Health Equity Strategic Action Plan.

5. Environment

Climate change is having increasingly destructive effects on the health of New Zealanders. Ironically, the provision of health services has a significant negative impact on the environment. The UK has been successful at “greening” the NHS. Aotearoa needs to catch up by quantifying the environmental consequences of health care decisions and recognising the opportunities to minimise environmental damage.

RACS was the first medical college in Australasia to sign up to the [Green College Guidelines](#), developed in a collaboration between the Australian Medical Association and Doctors for the Environment Australia. They provide guidance to medical colleges on how they can reduce the carbon emissions of their organisation by incorporating practical changes to the way they operate. RACS in Aotearoa New Zealand has been encouraging members to look at and implement the Intercollegiate [Green Theatre Checklist](#), developed by the four UK and Ireland surgical colleges to reduce the carbon footprint of surgery.

How RACS can help:

1. Provide expert advice on how carbon emissions and environmental waste can be reduced in the provision of surgical health services.

We look forward to working with you

Together we can build resilient surgical services that equitably meet the needs of Aotearoa New Zealand's growing and changing population.

Find out [more about us](#) and [get in touch](#).

