ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

2017 WESTERN AUSTRALIAN ELECTION

Position statement

February 2017

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 practicing 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 2017 Western Australian Election:

1. Director of Surgical Services Position
2. Elective Surgery Waiting Lists
3. Trauma
    a. Ongoing funding for the P.A.R.T.Y program
    b. Alcohol related harm
    c. Quad Bikes.
4. Aboriginal and Torres Strait Islander health
    a. Support for a National Taskforce to address disparities in Ear health
    b. Closing the Gap in Ear Health
    c. Gap in health outcomes: social determinants of health.
5. Western Australian Audit of Surgical Mortality

DIRECTOR OF SURGICAL SERVICES POSITION FOR WESTERN AUSTRALIA

For some years now RACS has been discussing the need for a Director of Surgical Services to work with the Department of Health across a broad range of surgical and workforce planning issues. The need for the creation of this position has been highlighted by the increasing demand to appoint and coordinate the placement of service registrars. In previous years there have been one or two consultants who have managed the registrar's allocation and supervision on a *pro bono* basis, because the numbers were manageable and the allocations between the various hospitals were relatively straightforward.

However, as numbers have increased this has become a more difficult and onerous task and there is currently no designated person who coordinates the allocation and mentors this group of potential Trainees. We feel the current recruitment process will not meet the needs of the service registrar wishing to apply for surgical education and training (SET), creating workforce issues within WA Health. Some of our reasons are:

1. Service registrars should be allocated to appropriate positions at the various hospitals by someone who understands the process by which service registrars obtain surgical Trainee positions
2. A Director of Surgical Services would have a clear understanding of the Trainee appointment process and the requirements that need to be met in order to successfully compete for positions, especially against non-West Australian applicants.
3. Mentoring Trainees and ensuring that they are placed in a position that fulfils their specific needs and also advising those service registrars who have not been able to obtain a training position about alternative career options.
4. Managing poor Trainees and ensuring that there are robust clinical and administrative processes in place to deal with the complex issues that arise in these circumstances. RACS has developed a Junior Doctors program for aspiring surgeons and has defined standards for assessing the performance of Trainees that could be applied to Service Registrars, but someone has to collate these data if we are going to allow the best to enter training, and to avoid litigation of those who do not.

These are just a few of the issues that we feel a Director would be in a good position to manage. We have discussed these issues on numerous occasions with the Western Australian Department of Health, who have acknowledged the added value that a permanent appointment would bring. However, we have become increasingly frustrated by the lack of any firm commitment or progress on this matter. A number of temporary solutions have been established *in lieu* of funding for a formal position; however, these solutions have been ineffective. For example, the most recent process that has been put in place involves a very large human resource committee with limited surgical input.

We understand that surgical service registrars are the responsibility of the Health Department, but the state committee has little confidence in the current recruitment process. We believe that the establishment of this position is imperative, and will generate long term savings by ensuring WA has an eye to the future in appointments and skill acquisition that reflects the needs of the community.

Q1: Will your party commit to establishing, and provide funding for a permanent Director of Surgical Services Position within Western Australia?

ELECTIVE SURGERY WAITING LISTS

Recent media reports and publications released by the Department of Health have highlighted increasing difficulties that are being faced in Western Australia. RACS recognises the continuing and increasing demands of the community for specialist surgical care and access to elective surgery. The capacity of health services to improve standards of living through surgery is increasing, but the allocation of resources to support this still requires improvement.

Elective surgery waiting lists are one symptom of longstanding problems in Australia's public health systems; however elective surgery waiting lists are only an indication of the disparity between the rate at which patients present to outpatient services to get onto these lists, and the rate at which patients are able to have their surgery. Where patients are being treated in a timely manner, the size of an elective waiting list may not be relevant. Waiting times for outpatient appointments (e.g. in orthopaedic surgery, urology and spinal/back surgery) are also an indication of the stresses on an under-resourced health system. While some of these problems can be addressed by a commitment to greater efficiency to which surgeons can actively contribute, there can be no denying the need for greater investment in our public hospital system and its workforce.

Q2: How will your party manage the elective and outpatient waiting lists in a cohesive manner?

TRAUMA

Ongoing Funding for the Prevent Alcohol and Risk Related Trauma in Youth program (P.A.R.T.Y)

RACS has been a long term advocate of the P.A.R.T.Y program, which was first piloted in Australia at Royal Perth Hospital in 2006. Since then a number of other jurisdictions have recognised the benefit of the program and many other P.A.R.T.Y sites have been launched across the country.

One of the worst things a surgeon or any other medical professional will ever have to do in their job is to tell a young person's parents that their child has been killed in a car accident, or fallen off a balcony because they've had too much alcohol. It's tragic, and it's preventable. The P.A.R.T.Y program has already proven to be highly effective in providing young people with a different perspective on the consequences associated with risk related behaviour. Participation has been associated with a reduced subsequent risk of committing violence- or traffic-related offences, injuries, and death among juvenile justice offenders.

RACS welcomed the recent announcement in 2016 by the Government to provide $402,000 in funding which will allow it to remain operational throughout 2016-2017, and the announcement that further funding has been underwritten for the program until 2020. The P.A.R.T.Y program is a relatively low cost/high impact program. The health costs of a quadriplegic are estimated at roughly $8 million for the rest of their shortened life. An investment of $402,000 in the program should also be considered as a significant long term saving both financially and emotionally.

Q3: Does your party recognise the value of the P.A.R.T.Y program, and if so do you intend to continue providing funding for it to remain operational?

Alcohol Related Harm

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.

Reduced Outlet Density

There is a positive relationship between alcohol outlet density (general, on-premises, and packaged) and increased rates of violence. A recent study by the NSW Bureau of Crime Statistics and Research found that the concentration of hotel licences in a Local Government Area, particularly at higher density levels, was strongly predictive of both domestic and non-domestic assault rates. Another study by the National Drug Law Enforcement Research Fund demonstrated that off-site outlet alcohol sales and total volume of alcohol sales within a region are important predictors of assault. The researchers conclude that, "policy decisions that ultimately increase total alcohol sales within a community or that increase numbers of on-site outlets (eg hotels/nightclubs or restaurants) are more likely to exacerbate, rather than ameliorate, harms associated with alcohol."

Trading Hours

The evidence is increasingly suggesting that lockouts and restricted trading hours designed to promote a safer drinking culture do work. Since legislative reforms were introduced in Sydney NSW, assaults in Kings Cross have declined by 32%, in the Sydney CBD Entertainment Precinct by 26%, and in the sub-section area of George Street South by 40%. Across NSW there was a 9% decrease. St Vincent Hospital in Darlinghurst reported a more than 50 per cent reduction in serious head injuries in the year after lockout laws were introduced compared with the year prior.

The success of the New South Wales Coalition government's reforms have set a benchmark for other governments to follow and prompted stronger action across the country. For example, the Queensland Labor government recently announced plans to introduce 2am lock-out laws following a rise in late night assaults in that state. At a time when other jurisdictions are strengthening their legislation in this area, Western Australia has fallen behind. The government must show leadership in the face of opposition from vested interests. RACS recommends that the Western Australian Government follow the example of New South Wales and other jurisdictions and implement earlier lock-out times.

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. Data on alcohol-related hospital presentations is not routinely collected in Western Australian hospitals. Subsequently, independent studies are relied upon as one of the few sources of information in this area.

As an example, a study conducted by the Australasian College of Emergency Medicine (ACEM), found that one in twelve presentations to emergency departments in Australasia are alcohol related. This figure increases to one in seven on weekends. According to ACEM "This is the biggest public health challenge facing our emergency departments." While such studies are useful, their ad-hoc nature means they cannot be relied upon in the ongoing development and monitoring of public policy.

RACS appreciates that government resources are scarce, however, such an investment of funds should be regarded as a long term saving. The increased availability of high quality data allows for more effective policies to be implemented and evaluated. If managed properly, this will result in significant long-term savings to the health, social welfare and policing budgets, all of which will always face resourcing constraints by their nature.

Q4 Does your party accept the evidence that there is a correlation between increased outlet density and alcohol related harm? If so, what policies will you implement to negate these risks?

Q5 Will your party follow the lead of other jurisdictions, in introducing increased restrictions upon trading hours as a way of reducing alcohol-fueled assaults?

Q6 Does your party support RACS' position for mandatory collection of alcohol related ED presentation data?

Quad Bikes

RACS is extremely concerned about the increasing number of deaths and major injuries as a result of quad bike use. WA trauma surgeons who manage these injuries on a far too regular basis are acutely aware of the inherent dangers of quad bikes and have been advocating for quad bike safety for many decades.

Government-led action.

- RACS recommends implementing an Australasian New Quad Bike Assessment Program, identical in essence to the ANCAP safety rating.
- Any safety improvements by quad bike manufacturers are commended – what is needed is an independent quad bike safety assessment program to aid customer purchase decisions.

Increasing rider awareness of risks

- RACS believes that quad bikes and kids do not mix.
- RACS urges the Australian and New Zealand governments to consider all available strategies to prohibit children under the age of 16 from riding adult quad bikes.
- Quad bike handling training should be mandatory for all new owners and users of quad bikes.

Greater rider protection

- RACS recommends that riders wear helmets.
- There is a common need for improved stability, dynamic handling and rollover crashworthiness safety for both workplace and recreational quad bikes.

Q7 Does your party support a ban on the use of quad bikes by children aged under the age of sixteen?
Q8 What other strategies does your party have to minimise the risks associated with quad bike use?

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Support for a National Taskforce to address disparities in Ear Health

The impact of ear disease on Aboriginal and Torres Strait Islander Australians is profound. The hearing deficits experienced by Aboriginal and Torres Strait Islander peoples' effect every single aspect of their individual and community lives. Research has established the extensive hearing crisis that exists in Aboriginal and Torres Strait communities, with increased severity in remote communities. At present there is a disparate range of approaches taken by State and Territory governments and no nationally consistent approach to Indigenous Australian ear health.

RACS asks that the WA government support the development of a national taskforce to evaluate the current/state and territory approaches to Aboriginal and Torres Strait Islander ear disease. Such a taskforce can assist all states and territories to learn from each other through development of a principles-based best practice model and enhanced guidance on resources needed to address hearing impairment in Indigenous communities across Australia.

Closing the Gap in Ear Health

As acknowledged in the 2016 *Closing the Gap Report* each health and wellbeing target is interdependent. The absence of ear health from the targets is conspicuous as it represents a significant burden of disease for Aboriginal and Torres Strait Islander peoples and is a key precursor to other negative social and behavioural impacts, including school absenteeism and involvement in the justice system. Addressing ear disease through a coordinated approach involving Aboriginal and Torres Strait Islander people, Aboriginal Community Controlled Health Organisations (ACCHO's), Medical Colleges', Hospitals, Health services and governments is urgently required. RACS asks that the Council of Australia Governments (COAG) include Aboriginal and Torres Strait Islander ear health as a priority area in 'Closing the Gap' targets.

Q9 Does your party support the development of a national taskforce to evaluate the current/state and territory approaches to Aboriginal and Torres Strait Islander ear disease?

Q10 Does your party support RACS' position to include Aboriginal and Torres Strait Islander ear health as a priority area in COAG 'Closing the Gap' targets?

WESTERN AUSTRALIAN AUDIT OF SURGICAL MORTALITY

The Western Australian Audit of Surgical Mortality (WAASM) involves the clinical review of all cases where patients have died while under the care of a surgeon. It commenced as a pilot project in 2001, under the management of the University of Western Australia. In 2005 the management of the program transferred to RACS, with funding provided by the WA Department of Health. WAASM was the first audit program of its kind in Australia or New Zealand, and now similar programs run across all Australian jurisdictions and New Zealand.

By assessing surgical deaths in Western Australia the audit is able to provide feedback to hospitals and the Government on systemic issues within the public and private sector. It currently covers surgery in all public hospitals, some private hospitals and a number of day surgery hospitals. This independent approach, in a qualified privilege environment, is greatly supported by Western Australian surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

According to data from the most recent WAASM report, the number of deaths per 100,000 reported to the WAASM has decreased from between 30 to 35 in the first five years (2002 to 2006), to 24 in 2011 and further to 21 in 2015. This suggests the WAASM is achieving its aim of reducing the proportion of deaths associated with clinical management issues in WA

Q10 The mortality audit program is part of an effective quality assurance activity aimed at the ongoing improvement of surgical care. The current contract expires on June 2019. RACS seeks a commitment from your party that a further three years of funding will be supported.