

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



2018 TASMANIAN ELECTION

Election Issues

March 2018

Introduction

The Royal Australasian College of Surgeons (RACS) was established in 1927 and is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation representing more than 7,000 surgeons and 1,300 surgical trainees across nine surgical specialties. Approximately 95 per cent of all surgeons practicing in New Zealand and Australia 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, strives to take informed and principled positions on issues of public health.

Prior to all government elections in Australia and New Zealand, RACS outlines areas of specific concern and relevance to the delivery of surgical services. We then provide an opportunity for political parties to outline their policy positions on these key issues relevant to the delivery of surgical services, and distribute these responses to our membership and the public. We acknowledge that prior to sending this document we received correspondence from the Labor Party outlining an Action Plan for the state's health system. Wherever possible we will refer to this document, and request that you provide responses to those questions that have yet to be addressed.

KEY ISSUES

RACS has identified six key focus areas relevant to the 2018 Tasmanian Election:

- Teaching, Training and Research
- Elective Surgery Waiting Lists
- Clinical Engagement and a Culture of Respect
- Tasmanian Audit of Surgical Mortality
- Alcohol Related Harm
- Trauma

Background information on these follows, and RACS would like to have your party's responses to the questions posed. We have also include three questions of a general nature at the end of this document..

Teaching, Training and Research

Support for surgical specialty training

RACS, together with its associated specialty societies, identifies training positions and ensures as many trainees as possible successfully complete its training program. In order for training positions to remain accredited Trainees must have exposure to an appropriate case mix, and demonstrate their ability to adequately perform a wide range of procedures. While RACS puts no cap on the number of trainees it accepts, positions are limited to the number of available surgical training posts in teaching hospitals.

Recent and substantial increases in the numbers of medical graduates entering the workforce means that there is now commensurate pressure on postgraduate training opportunities. At the same time Tasmania has a population that is ageing at a more accelerated rate than any other jurisdiction, and now has the highest median age in the country (median age of 42 in 2017, compared to 35 in 1997). As a smaller state, Tasmania must ensure that the number of training positions in surgery are maintained or increased to meet pressure created by an aging population (e.g. in areas of cardiac and vascular surgery including endovascular surgery, oncological surgery and renal access and transplant surgery). With a need for an increased number of surgeons in particular specialties, there is a requirement for a strong commitment from state governments to increase the number of, and funding for, additional training posts.

Q1: What is your strategy to maintain and increase training posts within the public hospital system?

Q2: How does your party plan to build the surgical workforce of the future to address Tasmania's ageing population and health needs?

Elective Surgery Waiting Lists

The Productivity Commission Report, released in January this year, and highlighted in a feature in *The Mercury* newspaper on 29 January ‘Report on Government Services reveals new low for elective surgery waiting lists’ indicates a significant decrease in elective surgery waiting lists in Tasmania. This is a great achievement, but one that will be of little significance if effective processes to manage these issues are not put in place for the longer term.

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.

Where surgery has been performed interstate as a result of the Tasmanian waiting list, appropriate systems for post-operative care have not been put in place upon the patient’s return, impacting on resources when issues arise.

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.

Q3: Will you commit to greater investment in our public hospital system, and in its workforce?

Q4: How will your party manage the issues around elective and outpatient waiting lists?

Clinical Engagement and a Culture of Respect

Clinician Engagement

In 2017 an [interim report](#) on Acute Health Services in Tasmania found that a number of concerns have been raised regarding the leadership structure and communication within the Tasmanian Health Service (THS). RACS appreciates the reasoning behind the establishment of the THS in 2015, and we acknowledge that reform is a difficult yet often necessary step to ensure the ongoing quality, safety and sustainability of the health system.

In order to meet the challenges presented, the expertise and the good will of those on the front line must be utilised. Governments across the world have sometimes fallen into the trap of creating ineffective bureaucratic frameworks to oversee their health systems. While frameworks themselves are often not a problem, they become problematic when they remove the input of clinicians from the management structures that govern them.

We accept that consultation across the health sector can be difficult. There is increasingly less time available to surgeons to participate in activities, at work or at home, outside of direct patient care. It is essential that these factors are taken into consideration and that strategies are adapted to ensure that there is genuine engagement with clinicians.

Building Respect and Improving Patient Safety

In November 2015 RACS launched an [Action Plan](#) to address discrimination, bullying and sexual harassment in the practice of surgery. As part of the Action Plan, RACS is committed to working with others in the health sector to deal more effectively with discrimination, bullying and harassment. RACS has partnered with and entered into Memorandums of Understanding with a number of health services and employers of surgeons to collaborate on issues that can include surgical education, cultural change and complaints management. At this stage there has been no agreement signed between the THS and RACS, and RACS requests your party's support for such an agreement.

Q5: What is your engagement strategy to foster a culture of mutual respect and ensure that decision making is clinician-led?

Q6: Will your party support the THS entering into a Memorandum of Understanding with RACS on the Building Respect and Improving Patient Safety initiative, to show a commitment to improved workplace culture?

Tasmanian Audit of Surgical Mortality

The Tasmanian Audit of Surgical Mortality (TASM) involves the clinical review of all cases where patients have died while under the care of a surgeon. By assessing surgical deaths in Tasmania 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 Tasmanian surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

The TASM has led to positive outcomes for patient care in many areas by highlighting best practices, and also by making recommendations for improvements and enhancements. As an example the recent [2016 Report](#) highlighted areas which will be crucial to analyse and monitor over time. It also allows for continual educational dissemination of findings, and recommendations to be made until the TASM findings reflect perpetual improvements in these areas.

Q7: The mortality audit program is part of an effective quality assurance activity aimed at the ongoing improvement of surgical care. The current contract expires at the end of December 2018. RACS seeks a commitment from your party that a further three years funding will be supported.

Trauma

Quad Bikes

RACS is extremely concerned about the increasing number of deaths and major injuries as a result of quad bike use. Tasmanian 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. Our established position on quad bike safety calls for:

Government-led action

- 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 children 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.

Q8: Does your party support a ban on the use of quad bikes by children aged under the age of sixteen?

Q9: What other strategies does your party have to minimise the risks associated with quad bike use?

Alcohol Related Harm

Alcohol misuse is a causal factor in more than 200 diseases and injury conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, and eye disease. Excessive alcohol consumption increases an individual's overall risk of cancer, including cancers of the mouth, throat and oesophagus, liver, breast and bowel. Surgeons are also frequently confronted with the effects of alcohol when treating patients with injuries from road traffic trauma, interpersonal violence and personal accidents.

RACS has advocated against the harmful use of alcohol for many years, not only because of adverse effects that it has on our patients, but also for the broader ramifications that alcohol-related harm has on our health system and society as a whole. RACS endorses preventative measures as the best way to reduce alcohol-related harm by restricting the physical and economical availability of alcohol. This can be achieved by reducing the trading hours of both on and off licenses, restricting liquor outlet density, and imposing a volumetric tax on alcohol.

Q10: What are your party's policies to address alcohol-related harm?

General

In addition to these seven policy areas RACS also has the following questions of a general nature:

Q11. Does your party support the move to co-locate a private hospital with the Launceston General Hospital, and if so are you able to outline what your plans are in this area?

Q12. Data available from the Department of Transport which shows no reduction in deaths or injuries over the past five years on Tasmanian Roads. How does your party plan to reduce road trauma?

Q13. A recent [10 Year Review](#) of childhood injury hospitalisations recommended that as a matter of urgency, the Federal Government re-establish a national injury prevention framework and implementation plan that is based on fact and evidence. Does your party support this position and if so how will you advocate for the Federal Government to implement such a program?