



Royal Australasian  
**College of Surgeons**

**2020 ACT ELECTION**

**Election Issues**

# 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.

## KEY ISSUES

RACS has identified **five** key focus areas relevant to the 2020 ACT Election:

- Medical Education and Training Facility
- Culture in the ACT Health System and engagement with clinicians
- SPIRE
- Alcohol Related Harm
- ACT Audit of Surgical Mortality

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

# Medical Education and Training Facility

The Canberra Hospital (TCH), in association with the Australian National University Medical University, is an accredited tertiary hospital and training post providing training and education of medical professionals in varying fields.

For surgical Trainees to become proficient in the nine core competency domains of the RACS SET program, they require a range of resources and activities that facilitate their development as safe and competent surgeons. These are listed in accreditation standards developed by RACS and the specialist surgical associations and societies for hospitals delivering surgical education and training.

The Canberra Hospital currently provides Trainees with opportunities for practical and operative experience. However, a number of the accreditation requirements are not being met in the ACT and there is a need for improved resources and infrastructure to develop the region as a surgical training hub. Some surgical departments also feel that there is a lack of access to theatre resources for there to be adequate opportunities and the provision for wait list requirements.

Based on the last accreditation visit for General Surgery in June 2018, immediate action was to progress with the establishment of training facilities including 'quiet rooms' with computer facilities for surgical Trainees and registrars, the appointment of a Medical Education Support Officer for the Division of Surgery & Oral Health, and video-conferencing capabilities between ACT hospitals and nearby NSW regional hospitals which host ACT Surgical Trainees and Registrars. These are the minimum requirements needed in for education and training. Appropriate space and facilities have not yet been provided to ensure compliance with the training post accreditation, and therefore if these are not met, The Canberra Hospital will fail its next accreditation scheduled for 2021.

RACS and a number of other medical colleges have discussed the essential requirement of appropriate education and training facilities. RACS, and the other medical college and societies, wish to also secure a permanent space that will provide optimal resources to facilitate medical education in the ACT. This space should not only include the above minimum requirements but also needs to include wet labs for cadaveric, anatomy, microscopic, and suturing training; a well-equipped simulation area; a practice operation theatre; robotics; multipurpose room; tutorial and lecture rooms of different sizes; computers and quiet study space; storage and freezer area; and other office space. The facility would also need to be flexible to cater for other medical staff such as administration and policy makers to use.

Most other Australian states have excellent training and education facilities. The Macquarie University in Sydney and CTEC in Perth are particularly notable. ACT is lagging in providing surgical and other medical Trainees essential training facilities and opportunities. If ACT wishes to attract and retain high quality Trainees, surgeons and other medical professionals, the best available training and ongoing opportunities are required.

All of the medical colleges believe that having access to a state-of-the-art training and education facility would improve culture within the hospital and between the medical professions as they would be able to train and practice procedures together to ensure the best outcome when it comes to performing surgery on live patients. It has also been noted that provision of these facilities would ensure better consultants in regional areas who would be able to access the facility and improve skills (particularly those in very remote areas where they may be the only practicing consultant and required to perform multiple procedures).

The current government has identified the new Building 8 on The Canberra Hospital to be a temporary training facility which will likely meet the minimum requirements. However, RACS ACT believe that this should remain a temporary solution and that a bigger and more sufficient space should be identified. It is understood the proposed SPIRE building will not have enough space. The ANU will be building a large building on The Canberra Hospital campus and RACS has identified that this is an optimal opportunity for government to partner with ANU to secure space within this new building to fit out a medical education and training facility.

All specialties employ registrars, most of who are in accredited training programs such as RACS SET. At present, surgical Trainees are required to organise and coordinate, in their own time, their own training and education whether this is in the ACT or mostly they have to travel interstate. Employment of a Medical Education Support Officer (MESO) to coordinate Trainee education and training is essential to

alleviate pressure from the Trainees who are already stretched and would improve the culture within the hospital and attract Trainees to the ACT program. There has been a proposal put forward in ACT Health to recruit a part-time position however, a full-time position is necessary.

The provision of such an education and training facility, which would also be used by post Fellow clinicians, would entice clinicians to practice in Canberra and remain in Canberra.

**Q1: What is your party's plans to provide adequate medical education and training facilities to accommodate training posts for all medical professions in the ACT to meet accreditation requirements and to also provide the best possible facilities.**

**Q2: Will your party establish/build an appropriate medical education and training facility that will go beyond the minimal training post accreditation requirements (as currently planned for the new building 8).**

**Q3: How would your party consult with medical colleges on the requirements needed for medical and education facilities?**

**Q4: Would your party take the opportunity to partner with ANU in incorporating a medical education and training facility into its new building on The Canberra Hospital campus?**

# Culture in the ACT Health System and engagement with clinicians

In 2017, the Australian Capital Territory through ACT Health signed a Statement of Intent with RACS. In doing so, as an operator of public hospitals and employer of Trainees, Surgeons and International Medical Graduates, ACT Health documented its shared interest with the RACS in dealing with issues of discrimination, bullying, and sexual harassment, and its intent to collaborate with the College in addressing these behavioural and cultural issues in health care.

RACS is seeking confirmation of the support of your political party, to continue to address the key actions contained within that agreement.

In March 2019, the *Independent Review into the Workplace Culture within ACT Public Health Spaces* was released. This review identified a number of culture issues within the ACT Health system and made 20 recommendations for improvement. A government led Culture Review Oversight Group (CROG) and a Clinical Leadership Forum have both been established to implement the recommendations and undertake actions to address the issues identified in the review.

RACS and other medical colleges have noted and identified with the current government the lack of involvement in these implementation groups and consultation with on the ground clinicians and those who are involved in the culture of the health system on a daily basis. To address this, a Medical College Advisory Group was established where ACT Health leaders inform medical college representatives of current actions occurring to implement the recommendations from the review. The Advisory Group is also supposed to provide the opportunity for the medical college representatives to provide input and advice that is to be fed into the Clinical Leadership Forum and the CROG.

There were also several recommendations that were supposed to have been implemented within 12 months of the release of the review i.e. by March 2020.

At present no recommendations have been implemented and the Medical College Advisory Group has only been shown a strategic plan. There has not been adequate consultation with this group and no questions have been asked of the medical college representatives that have sought the views of the clinicians and on the ground staff.

RACS ACT believe it is imperative that surgical and other medical college engagement is sought on the actions and implementation of the recommendations and that they should be represented on the CROG.

**Q5: How will your party engage and consult with RACS, other medical colleges and clinicians in addressing the recommendations in the workplace culture review and on how to improve culture in the ACT Health system?**

**Q6: What are your timelines for implementing actions to improve the culture in the ACT Health system, given that there have been delays due to the COVID-19 and bushfire situations and the that the inaugural review report noted that implementation should be focused on in the next year?**

**Q7: Will you place any clinicians on decision and policy making groups to implement actions to improve the culture in the ACT Health system?**

**Q8: In general, what is your engagement strategy to foster a culture of mutual respect and ensure that decision making is clinician-led and identifies the needs of those working in the ACT health system.**

# SPIRE

The current government has committed to building a new building on The Canberra Hospital campus, *SPIRE*, which will house a new Emergency Department, Intensive Care Unit and 22 operating theatres.

The current plans identify that demolition of buildings 5 and 24 are set to commence in late 2020 and construction will occur from 2021 to 2023/2024.

It is noted that a Clinical Advisory Group will be established to focus on clinical requirements.

The current plans have not indicated how emergency situations from other parts of the hospital (i.e maternity ward) will have direct access to the new building and emergency operating theatres. There are already predictions from clinicians that the proposed building will not be big enough and that there will not be enough operating theatres for the required number of operations by the time of completion.

**Q9: Notwithstanding the COVID-19 situation affecting potential planning, consultation and demolition plans in 2020, what is your predicted timeline for completion of SPIRE?**

**Q10: How does your party intend on consulting appropriately with clinicians and implementing the recommendations made by clinicians?**

**Q11: What is your strategy to address ongoing and increasing demands for operation space?**

**Q12: What is your party's view on the new hospital and what is your party's long term plan for ACT hospitals and hospital spaces, including that SPIRE has already seen to not be able to provide sufficient space before it has been built?**

## **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, 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. RACS endorses preventative measures as the best way to reduce alcohol-related harm by restricting the physical and economical availability of alcohol.

In 2019, the ACT also failed (and scored the second worst of all Australian states and territories) on an alcohol policy scorecard that looked at what policies each state and territory have in place to prevent issues associated with alcohol and the implementation of their policies. Meaning that the ACT did not have enough policies to address alcohol-related harm or policies had not been acted on.

**Q13: What are your party's policies to address alcohol-related harm?**

**Q14: How do you plan to ensure alcohol policies will be implemented?**

## **ACT Audit of Surgical Mortality**

The ACT Audit of Surgical Mortality (ACT-ASM) involves the clinical peer review of all cases where patients have died while under the care of a surgeon. By assessing surgical deaths in the ACT, the audit can provide de-identified aggregate feedback to hospitals and the Government on systemic issues within the public and private sector. All public and private hospitals in the ACT are currently participating in the Audit and participation by surgeons is compulsory as part of their continuing professional development. This independent approach is greatly supported by ACT surgeons, as it encourages greater participation and ultimately better health outcomes for patients. Surgeon participation is protected under qualified privilege legislation allowing for full disclosure of surgical details without professional repercussion.

The ACT-ASM helps to ensure positive outcomes for patient care by prioritizing best practice, and by making recommendations for improvements and enhancements where identified.

**Q15: The mortality audit program is part of an effective quality assurance activity aimed at the ongoing improvement of surgical care. RACS seeks a commitment from your party that support, and funding will continue.**



## **General**

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

### **COVID-19**

**Q16. What is your COVID-19 recovery plan and ongoing plans to manage potential new waves of COVID-19 presenting patients?**

### **ELECTIVE SURGERY**

**Q17. Aside from the additional number of patients waiting for elective surgery due to the cessation of elective surgery during the peak of COVID-19, what is your government's plan for hospitals to manage elective surgery waiting lists in general?**

### **ROAD TRAUMA**

**Q18: What are your party's thoughts and plans/strategies on how to collect better data on road incidents and trauma to then determine effective strategies to reduce road trauma incidents.**

**Q19: What's your party's plans to reduce road trauma and road incidents.**