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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary,

**Re: RACS Submission to the Inquiry into Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians**

The Royal Australasian College of Surgeons (RACS) wishes to contribute to this inquiry as an important stakeholder in the rural health service delivery system. Our comments relate to general practitioners (GPs) with extended skills in surgery (also known as GP Surgical Proceduralist or rural generalist with advanced rural skills in surgery).

RACS is the leading institution for surgical standards, professionalism and surgical education for more than 7,000 surgeons and 1,300 surgical trainees and Specialist International Medical Graduates in Australia and Aotearoa New Zealand.

RACS agrees with the principle of specialist surgeons (FRACS) supporting rural, regional and remote GP Surgical Proceduralists with training, continuing professional development (CPD), and support networks. Our principles are outlined in the RACS position paper on General Practitioner rural and remote proceduralist services.[1] Furthermore RACS is committed to addressing rural health equity through the implementation of our inaugural Rural Health Equity Strategic Action Plan.[2] RACS' Strategy is in close alignment with the Commonwealth Department of Health's National Medical Workforce Strategy. Integral to the Strategy's success is the ongoing strong working partnerships with the National Rural Health Commissioner and other medical colleges, such as the two general practice medical colleges.

Despite geographical challenges, rural and regional patients have the right to expect appropriate access to high quality surgical services according to community need, of a level comparable to that available in metropolitan areas. While rural patients often must travel further for more specialised complex surgical care, the majority of elective procedures should be provided as close to home as possible so long as this can be done safely. Rural patients can also expect that, in critical or emergency situations, a system of surgical care will support them throughout their illness. It is in the best interests of the rural community for FRACS surgeons to ensure that where surgical services cannot be provided by a fully trained FRACS surgeon, then the practitioner providing the surgery, in most cases a GP, is equipped with the skills and training to the level of the surgical service that is required and in the context of the health infrastructure available.

RACS fully advocates on the importance for the neighbouring surgeon(s) to support the GP Surgical Proceduralist with supervision and CPD. The FRACS surgeon(s) needs to be intimately aware of both the skills of the GP Surgical Proceduralist and the environment in which they practise. Ideally the FRACS surgeon(s) could collaborate with the GP Surgical Proceduralist and undertake appropriate elective operating lists on a regular basis with them to ensure that the resident GP Surgical Proceduralist is supported and their skills are maintained or further up-skilled. It is therefore essential that funding for training and supporting

FRACS surgeons in rural and regional settings are also maintained and sustained according to community need.

Currently RACS oversees and administers various surgical skills training and resources which are catered to surgical Trainees and other doctors including GPs. Those of relevance are listed below:

- Courses include *Australia and New Zealand Surgical Skills Education and Training*, *Care of the Critically Ill Surgical Patient* and *Early Management of Severe Trauma*
- *Essential Surgical Skills* Guideline
- JDocs Framework [3]
- Morbidity Audit and Logbook Tool subscriptions (work is underway to support non-FRACS access)

In addition to their responsibility of supervising RACS accredited Trainees, Fellows of RACS are equally committed in providing interdisciplinary supervision to GP Surgical Proceduralists in hospital-based training. Whilst there is yet to be an established formally recognised collaboration at the College level, RACS welcomes inter-college discussion on supervisor and registrar support and training across medical specialties, with the purpose of reinforcing the effectiveness of rural surgical teams. RACS firmly advocates for GPs and rural generalists undertaking surgical skills training that this must be completed within a RACS educational pathway. RACS proposes the development of such program will facilitate closer collaboration with the two general practice medical colleges. RACS strongly supports the development of close referral relationships between clinicians responsible for a patient to ensure the patient's safety and health outcomes are a priority.

It is also important that GP Surgical Proceduralists remain in support networks that include FRACS surgeons beyond the completion of training. RACS supports models of interdisciplinary education in surgical skills through supportive professional network including CPD and peer reviewed audit. The Provincial Surgeons of Australia Annual Scientific Conference is one of the CPD examples where GP Surgical Proceduralists would be welcomed as a means to maintaining surgical networks for ongoing mentoring, referral and continuous medical development with FRACS rural surgeons.

The ongoing COVID-19 crisis has forced cancellations of many elective surgeries and exacerbated waiting lists in rural areas. GP Surgical Proceduralists have a role to play with the provision of essential advanced medical services that is within their scope of practice, where non-GP specialist services are not available especially when travel to the regions is restricted to mitigate risk to exposure and spread of COVID-19 among patients, specialists and staff. It is essential that telehealth between FRACS surgeons and GP Surgical Proceduralists continue to be funded as items related to patient-end services via the Medicare Benefits Schedule.

RACS would welcome the opportunity to contribute at a public hearing to further elaborate on how RACS and specialist surgeons are working to ensure that rural, regional and remote communities have access to safe equitable sustainable rural surgical care as close to home.

Yours sincerely,

**Dr Bridget Clancy FRACS GAICD**
**Chair, Rural Surgery Section**

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cc RACS President
Chair, Fellowship Services Committee
Chair, Health Policy and Advocacy Committee

[1] Royal Australasian College of Surgeons. General Practitioner rural and remote proceduralist services position paper. 2018. Available from: https://www.surgeons.org/about-racs/position-papers/general-pract\itioner-rural-and-remote-proceduralist-services-2018
[2] Royal Australasian College of Surgeons. Rural Health Equity Strategic Action Plan. 2020. Available from: https://www.surgeons.org/Resources/interest-groups-sections/rural-surgery/activities
[3] Royal Australasian College of Surgeons. JDocs [Internet]. Available from: http://jdocs.surgeons.org/