



Royal Australasian  
**College of Surgeons**

**2022 SA STATE 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 Aotearoa 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 **six** key focus areas relevant to the 2022 SA state election:

- Emergency Surgery and Ramping
- Clinician engagement
- Infrastructure and technology
- Ongoing Covid-19 response
- South Australian Audit of Surgical Mortality
- Use of the title 'Surgeon'

Background information on these follows, and RACS would like to have your party's responses to the questions posed.

## Emergency Surgery and Ramping

Currently there are no performance targets set or measures collected by SA Health when it comes to demand for, and timely access to, emergency surgery in our public hospital system. Similarly, there is no recognition of the significant impact that the ever-increasing emergency surgery workload has on elective surgery activity, hospital budgetary shortfalls and bed availability.

RACS has been informed that recent work by the Statewide Surgical and Perioperative Care Clinical Network, under the umbrella of the Commission on Excellence and Innovation in Health has been able to confirm, and quantify, the significant deficit that exists between the emergency surgery demand and the system's current capacity to deliver that surgery.

Broadly speaking, it has been shown that only 75 per cent of patients receive their emergency surgery operation within the clinically recommended timeframe. A flow-on effect from this delay in emergency surgery is 'bed-block'. Approximately 35 beds per day are occupied by patients who have waited more than 24 hours in excess of the clinically recommended time for their emergency surgery. There is a direct link back from these patients to those waiting in the Emergency Department to be admitted to the hospital. This impacts on those patients waiting in ambulances to be able to access a bed in the Emergency Department.

The demand for emergency surgery is dynamic and variable. Unlike elective surgery, which can be predicted, an emergency surgery service should be designed with built-in redundancy. At present, not only does our system have no redundancy, it demonstrates a significant shortfall in capacity. Addressing this shortfall in capacity for emergency surgery is essential

**Q 1. What is your party's strategy for ensuring adequate resourcing (and utilisation of resources) to meet demand and pressures on emergency surgery?**

**Q 2. Will your party commit to ongoing monitoring and measurement of emergency surgery demand levels, and use this information to create emergency surgery performance targets?**

## Clinician Engagement

The RACS SA State Committee have appreciated the opportunity to meet regularly with both the Government and the Opposition over the last four years. This level of engagement was particularly effective during the early stages of the Covid-19 outbreak, when RACS was involved in the SA Surgical and Procedural Taskforce which receive bipartisan support and was temporarily established to respond to the emerging threat of the pandemic.

The Taskforce brought together experts from across surgery and the health sector to provide timely advice to decision-makers, while also allowing them to disseminate key information through their networks. The success of the Taskforce was reflected in the Government's decision to establish the Statewide Surgical and Perioperative Care Clinical Network.

RACS and other peak medical bodies have an important role to play in contributing to policy development and advocating on behalf of our patients and membership base. We also play a pivotal role in disseminating information and advice to Fellows, Trainees and SIMGs in South Australia. The SA State Committee welcome the opportunity to be consulted on key areas of government policy relating to surgery, and we hope to maintain our productive working relationships that we have developed with both the Government and Opposition throughout the next electoral cycle.

**Q 3. What is your engagement strategy to foster a culture of mutual respect and ensure that decision making is clinician-led?**

**Q.4 Will your party commit to regular meetings with RACS over the next four years?**

# Infrastructure and Surgical Technology

## *New Women's and Children's Hospital*

RACS is supportive of the co-location of a new Women's and Children's Hospital (nWCH) in the same precinct as the Royal Adelaide Hospital, which will allow direct access between the two sites. Previous concerns regarding the size of the service appear to have been addressed and the revised plans for the nWCH are now broadly endorsed by clinicians

The College has been advised that the main challenge encountered at this stage are the spatial requirements and the obligation to minimise the impact on the city's parklands. RACS encourages ongoing consultation and engagement throughout the planning and development stages.

## *Robotic Surgery*

Across Australia and internationally, surgical specialties are adopting new technologies and the evidence is increasingly showing demonstrated benefits to patients and cost savings for health systems. As the demand for minimally invasive robotic surgery grows and the capabilities of the technology increases, it is vital that an adequate surgical service delivery model exists to ensure that the highest quality of care is available to all patients in the appropriate setting.

## Hybrid Operating Theatre

A hybrid operating theatre, commonly known as a 'hybrid suite', is a combined operating room used to perform complex and often lifesaving surgery in vascular, neurosurgical and cardiothoracic cases. A key advantage of the theatre's additional complexity is the reduced need for transfers, which we know is a time when patients are at greatest risk.

Prior to its opening, RACS advocated for the inclusion of a hybrid operating theatre at the Royal Adelaide Hospital (RAH). We believe the case for an inclusion of a hybrid operating theatre remains equally valid today as it ever has been, and we have continued to advocate for a theatre to be retrofitted at the RAH.

We have been heartened by discussions with both major parties who have indicated their support for this, and we have been advised that SA Health is exploring a business case into the hybrid operating theatre. In this time the Government has approved for a hybrid operating theatre to be constructed at Flinders Medical Centre and construction is expected to occur between March and July 2022.

**Q5: Does your party support the development of a new Women's and Children's Hospital? If so, what is your strategy to ensure that the new hospital service meets the demand pressures of the SA health system?**

**Q 6. What will your party do to ensure that public patients have access to the highest quality surgical technology?**

**Q 7 Does your party remain committed to the development of a hybrid operating theatre at the RAH, and if so, are you able to provide a timeline for when the facility will be available?**

# Ongoing Covid-19 Response

It has been almost two years since the first case of Covid-19 was recorded in South Australia, and since that time the state has witnessed one of the most successful containment programs in the world. However, as we have seen interstate, internationally and now in South Australia new clusters can emerge very quickly.

RACS previously expressed concerns with the Government's decision to remove border restrictions once the state recorded an 80 per cent double dose vaccination rate. Specifically, the College's concern is that the healthcare system is already strained, and it risks becoming overwhelmed by the inevitable rise in demand pressures and presentations.

While RACS welcomes the high levels of vaccination in South Australia, we also believe that non-pharmaceutical preventive measures are essential and highly effective in stopping the spread of Covid-19. It is imperative that long term strategies remain in place and that these are well communicated to clinicians and the public.

### *Elective Surgery Waiting Lists*

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.

Covid-19 has placed extraordinary pressure on elective surgery waiting lists in South Australia, and recent media and official government reports have highlighted the increase in ramping in the state's public hospitals throughout 2021. Given the highly transmissible nature of the virus and the potential for new outbreaks it is imperative that pressure is reduced on the health system wherever possible to ensure the availability of resources, and that waiting lists remain manageable.

### *Telehealth*

In response to the pandemic, the Australian Government introduced temporary telehealth MBS items to ensure safe access to healthcare. Given the potential for healthcare savings with equivalent safety outcomes and increased health equity, it is important that barriers to the implementation and use of telehealth services are investigated.

RACS recently commissioned a report to investigate the factors that either prohibit or encourage the implementation and use of telehealth, and to examine patient and provider perceptions of telehealth services. The results of this review provide additional evidence to support the results of the telehealth surveys that we conducted last year and will be used to guide RACS' advocacy. The report is available on the RACS website via [the following link](#).

### *Personal Protective Equipment*

COVID-19 transmission occurs via droplets, aerosols and fomite contact, surgical teams exposed to asymptomatic COVID-19 positive patients are at greater risk during aerosol generating procedures (AGPs).

This has brought into focus the use of Personal Protective Equipment (PPE) as the last line of defence for surgical staff and other front-line workers. With the decision to re-open state borders it is critical that supply of adequate PPE is guaranteed to protect these workers.

RACS recently commissioned a rapid review on [Guidelines for Personal Protective Equipment](#). The document provides guidelines regarding the most appropriate use of PPE taking into consideration: i) the supply of and access to PPE and ii) the COVID-19 status of the patient.

**Q8: How will your party manage the issues around elective and outpatient waiting lists?**

**Q9: What are your party's long-term Covid-19 management strategy?**

**Q10: How will your party ensure that the health system is adequately resourced in the event of future outbreaks?**

**Q11: What is your party's telehealth strategy?**

**Q12: How will your party ensure that South Australia has adequate supplies of PPE and that these are made available and used appropriately by those working in close contact with Covid-19 patients?**

## **South Australian Audit of Surgical Mortality**

The South Australian Audit of Surgical Mortality (SAASM) involves the clinical review of all cases where patients have died while under the care of a surgeon. All public and private hospitals in SA are currently participating in the audit and participation by RACS surgeons is compulsory as part of their continuing professional development.

By assessing surgical deaths in SA, the audit can provide feedback to hospitals and the Government on systemic issues within the public and private sector. This independent approach, in a qualified privilege environment, is greatly supported by South Australian surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

In the past SAASM has highlighted that improved leadership in patient care needs to be strived for and may be a factor in future audits with the implementation of surgical acute care units. Better documentation in case notes and the audit forms, improved clinical management, early recognition and investigation of complications, improved communication, awareness of futile surgery and fall prevention are all raised in the audit as possible problems.

The audit has also been closely tracing any impact from the COVID-19 pandemic. It may be several years before the full surgical impact of COVID-19 is understood and the audit will play an important role in providing the data that will help us understand this

**Q13: 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.**

## **Use of the title ‘surgeon’**

In recent years, there has been a dangerous trend of people using the title “surgeon” and performing surgery when they have not done training accredited by the Australian Medical Council to qualify as a surgeon. At the same time, there has been an increase in demand for cosmetic surgery and a disturbing number of patients suffering complications under the care of people without sufficient training.

As the COAG Health Council noted in 2019, the lack of regulation of the term ‘surgeon’, ‘can cause confusion among members of the public’. With our focus squarely on patient safety, RACS is of the view that current arrangements should be revised so that only certain medical practitioners are able to use ‘surgeon’ in their titles.

The Australian Health Practitioner Regulation Agency and the Medical Board of Australia recently announced a review of patient safety issues in the cosmetic sector, including how to strengthen risk-based regulation of practitioners in the industry. The review examines the possibility of further tightening of legislation, as well as examine other options such as ongoing education and awareness campaigns.

While RACS supports such a campaign we do not believe it will be successful on its own. With development of social media, and the increased ability of individuals and organisations to market their services online and to promote themselves as ‘surgeons’ we believe that legislative change is the only guaranteed method of protecting public safety.

RACS' position is not about 'protecting the turf' of RACS' Fellows. Implementing RACS' position would mean all registered Specialist Surgeons - whether or not they are RACS Fellows are able to use the term. In addition, all registered 'Specialist Obstetric Gynaecologists', and all registered 'Specialist Ophthalmologists' would be able to use the term in combination with relevant 'qualifier' or 'descriptor' words, which accurately describe their scope of practice.

RACS believes that only those registered in specialties for which the relevant AMC accredited training program includes a significant surgical component should be able to use 'surgeon' in their titles. RACS sets out the details of its position on the website. We are seeking the support of all Australian Governments and political parties to ensure that legislation is introduced to protect patient safety.

**Q14: Does your party support legislative change to protect the title of 'surgeon' and if so, will you commit to working with other Australian Governments to ensure that this is successful?**