Royal Australasian
College of Surgeons

Pre-budget submission
2023-2024

Eleven ways the Australian Government can protect and improve health outcomes

The health system - in particular primary care - is obviously under serious strain.

The Royal Australasian College (RACS) recognises the need to focus on sustaining and improving access to primary care. However, there are many other issues which the Australian Government must address if the health outcomes of Australians, and those of people in our region, are to be maintained and improved.

In this submission RACS outlines funding measures to achieve a variety of aims.

These aims are:

1. **Building respectful and safe workplaces for all who work in surgery and the wider health sector**
2. **Guaranteeing the public sector provides timely access to essential surgery**
3. **Expanding surgical (and other specialist) services in rural areas**
4. **Expanding surgical (and other specialist) services for Aboriginal and Torres Strait Islander people**
5. **Recruiting, training and incentivising operating room and post anaesthesia care unit (PACU) nurses**
6. **Implementing appropriate policy to improve surgical registry participation, and a sustainable funding model for surgical registries**
7. **Ensuring the private sector continues to alleviate pressure on public waiting lists**
8. **Ensuring equitable access to telehealth**
9. **Reducing the burden of trauma**
10. **Safeguarding the health of all Australians from the threat of climate change**
11. **Committing to health security and long-term health systems strengthening in Papua New Guinea**

1. *Building respectful and safe workplaces for all who work in surgery and the wider health sector*

The Budget should include funding to enable the Australian Government to:

- Implement fully all recommendations in the Respect@Work report as soon as is practicable.
- Work with state and territory governments, as well as health workforce stakeholders such as medical colleges on the development of policies, programs and processes to deal with discrimination, bullying and sexual harassment in surgery and the wider health sector.

Building Respect, Improving Patient Safety

A 2015 report commissioned by RACS found that nearly half of all surgeons across all specialities had experienced discrimination, bullying or sexual harassment. Both male and female Fellows, Trainees, and Specialist International Medical Graduates had been the subject of such behaviour. These issues are not just about workplace safety for surgeons and other health sector employees. A substantial body of international evidence has been established linking unprofessional conduct in the health sector with increased risks to patient safety.

Spurred to action by this report, in the years since RACS has implemented a *Building Respect, Improving Patient Safety* initiative to address these issues. A report on the initiative in early 2022 found that six years' work has built awareness and understanding of the need for surgeons to operate with respect. But there is still much work to be done to foster professional behaviour that keeps teams performing at their best and patients safe in health settings across Australia. In some areas, work has only just begun and in others, entrenched problems will be solved only by cross sectoral commitment and collaboration. RACS is thus keen to work with commonwealth, state and territory governments, as well as health workforce stakeholders to push forward this important work.

Support for the Respect@Work recommendations

Because of its relevancy to RACS' work on *Building Respect, Improving Patient Safety*, the college was a strong supporter of the Australian Human Rights Commission's Respect@Work report and recommendations. RACS thus commends the Australian Government for its intention to adopt the report's recommendations, and the recent passage of the Respect at Work legislation.

2. *Guaranteeing the public sector provides timely access to essential surgery*

The Budget should include funding to enable the Australian Government to:

- Work with state and territory governments on a national plan to address the growing and increasingly critical backlog of elective surgeries.
- Work with state and territory governments on a review of the national definitions for elective surgery urgency categories. This review should also consider the numerical terminology used to define elective surgery (cat. 1, cat. 2, cat. 3), as well as the term 'elective surgery' itself.

Long wait times and fewer procedures

In 2021-2022 wait times for elective surgery procedures were slightly lower than the previous financial year when many surgeries were stopped altogether. However, the number of patients treated fell to the lowest level since 2010–11.

A national plan needed for elective surgery

A plan is needed to restore equitable and timely access to elective surgery as the number of procedures returns to the long-term trend. One-off funding packages and elective surgery blitzes will not be enough to address the impact that the last three years have had on the already stressed health system and its capacity to deliver care for patients into the future.

Similarly shifting public workload into the private sector is not a medium or long-term solution to public hospital waiting lists.

A review of elective surgery urgency categories, and the term 'elective surgery'

During the pandemic the categorisation of elective procedures assumed more importance than ever before, with a particular categorisation often converting to a blanket ban, rather than an expected waiting period, and with the system expanded to cover private procedures.

The system as used has not delivered fair and consistent outcomes for patients and clinicians as procedures have not always been categorised consistently.

The view that certain procedures are not 'urgent' based on the fact that they may be 'category 2' or 'category 3' has caused immense frustration amongst patients and doctors and impacted on clinical outcomes.

An elective procedure is not an optional procedure that a patient elects to have or a doctor elects to deliver – it is essential surgery. It is surgery to address often life-threatening conditions and conditions that prevent patients from living a normal life because of severe pain or dysfunction.

A review should be undertaken of national definitions for elective surgery urgency categories, whether the numerical system is appropriate, and of the appropriateness of the use of the term 'elective surgery' itself, particularly in light of experiences during the pandemic.

The sector must be careful that the terminology used to define types of surgery does not result in the importance of these procedures being diminished or be used to implicitly justify long waiting times.

3. *Expanding surgical (and other specialist) services in rural areas*

The Budget should include funding to enable the Australian Government to:

- Establish a Federal mechanism tasked with addressing barriers to surgeons practising in rural areas and implement changes to address these barriers.
- Maintain Flexible Approach to Training in Expanded Settings (FATES) funding for an initial 5-year period.
- Maintain federal programs to increase surgical training in rural and remote locations including incentives for trainees to choose rural training (relocation allowances, subsidised housing, CPD travel costs and childcare).
- Work with state and territory health ministers to ensure portability of entitlements for trainees and surgeons working/moving between states.
- Maintain federal programs to provide support for rural specialists to attend CPD events and broaden eligibility criteria for CPD activities that can be undertaken, recognising an increase in virtual CPD events.
- Consider rural loading on Medicare rebates for specialist consultations as one way of increasing access to specialist care for rural and remote people.

A lack of access to surgical and other specialist medical services in rural areas

People living in rural, regional and remote locations have worse health outcomes compared with people living in metropolitan areas. For a number of years the Australian Government has placed an emphasis on the need for rural generalists, for example under the National Medical Workforce Strategy (NMWS). RACS fully supports this, but also believes that there needs to be an increased focus on access to specialist services and in particular; surgery in rural areas. Rural communities need specialist services delivered to them.

At present approximately 29 per cent of Australians live in rural and remote locations. But according to RACS census findings only 12 per cent of RACS Fellows (FRACS) live and work rurally in Australia and for five of the nine surgical specialties, less than 5 per cent of Fellows were based outside cities.

The reasons for this maldistribution are multifaceted. RACS has acknowledged that some of RACS' own policies and systems are barriers, for example in relation to selection of trainees. RACS is addressing these barriers under the RACS Rural Health Equity Strategy, adopted in 2020.

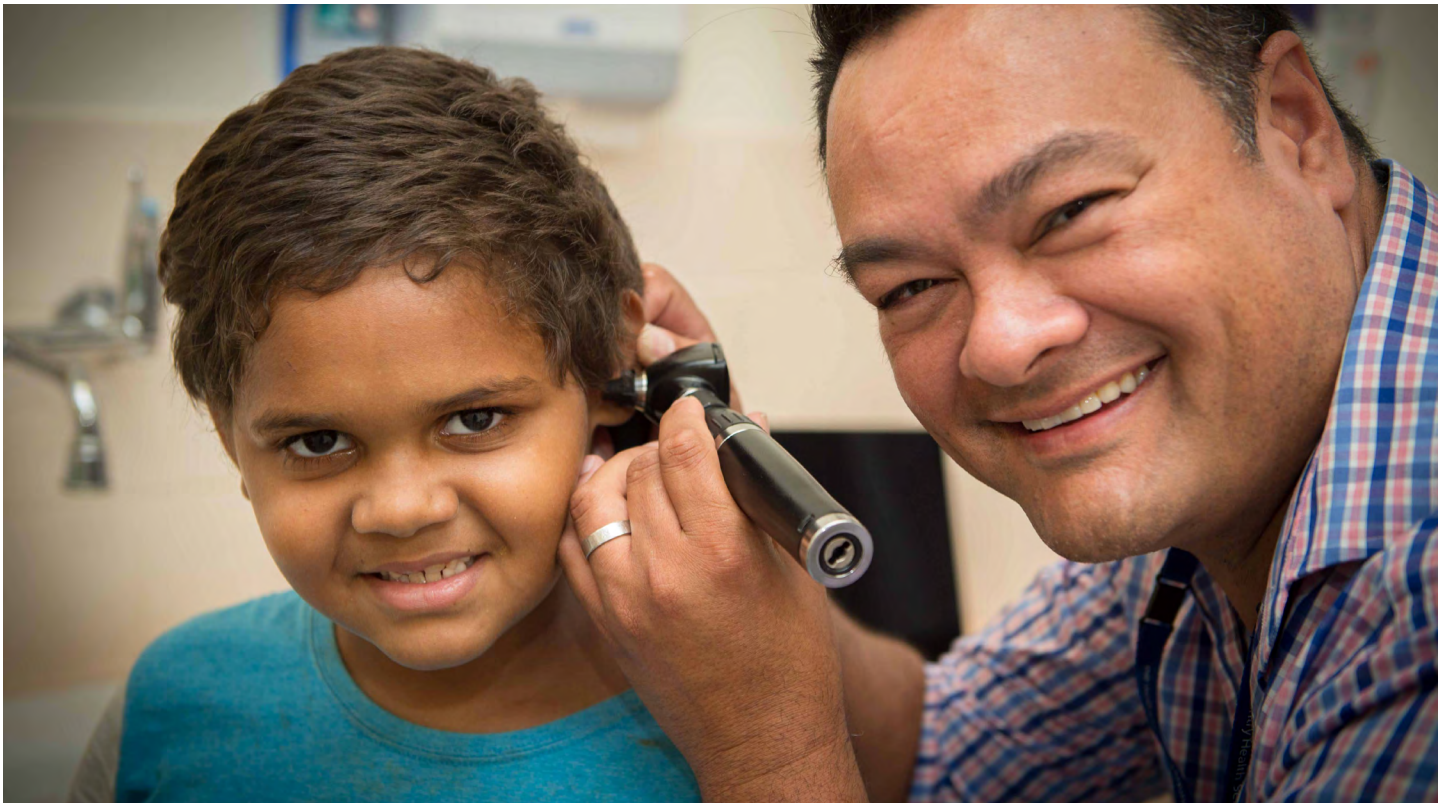
A mechanism to identify and bring down barriers, and recommend appropriate funding models

There are however other barriers which only government can address. RACS' position is that as the NMWS is implemented, a long-term mechanism must be put in place to address the specific barriers to attracting and retaining surgical trainees and surgeons in rural areas. Some barriers to being based in rural areas may be faced by all doctors, for example a lack of reserved day-care and school positions, others such as unsafe on-call rostering hours may be a particularly important issue for surgeons and other specialists.

This surgery/specialist focused mechanism should make policy recommendations and implement them to address these barriers. One often cited idea is flexible contracts allowing surgeons to more easily move between rural and metropolitan areas.

Policy recommendations must include funding models to provision rural areas with the infrastructure and supporting personnel requirements to deliver safe surgical/specialist care.

Such a mechanism would leverage the Flexible Approach to Training in Expanded Settings (FATES) program. Having only commenced in 2021, it has yet to bear fruit, but RACS is a strong supporter of FATES, as an innovative funding model with the potential to bring more specialists to regional areas, and ensure all Australians can access high-quality care.



4. *Expanding surgical (and other specialist) services for Aboriginal and Torres Strait Islander people*

The Budget should include funding to enable the Australian Government to:

- Establish a Federal mechanism tasked with achieving equitable and safe surgical and other specialist services for Aboriginal and Torres Strait Islander People, across Australia.
- Consider, support and implement innovative pathways for Aboriginal and Torres Strait Islander people to access surgeons and other specialists.
- Support policies to attract and retain surgical trainees and surgeons, particularly Indigenous surgeons, working on health issues more common in Indigenous communities, and policies which improve the maldistribution of the workforce.

A lack of access to surgical and other specialist medical services, particularly in rural areas

Aboriginal and Torres Strait Islander people continue to have worse health outcomes compared with other Australians. Geographical maldistribution of specialist services is a significant factor contributing to poorer health outcomes among Aboriginal and Torres Strait Islander people. There needs to be an increased focus on access to specialist services and pathways to get well.

A mechanism to identify and bring down barriers, and develop appropriate funding models

RACS advocates the establishment of a federal mechanism which will address barriers to Aboriginal and Torres Strait Islander people accessing surgical and other forms of specialist healthcare. The mechanism should be tasked with designing and implementing funding models which provision Aboriginal and Torres Strait Islander care with the infrastructure and supporting personnel requirements to deliver safe surgical care. Models of care that enhance primary health care and specialist outreach services to the community, by the community and for the community are vital.

The mechanism should also support policies to attract and retain surgical trainees and surgeons, particularly Indigenous surgeons, working on health issues more common in Indigenous communities, and policies which improve the maldistribution of the workforce.

5. *Recruiting, training and incentivising operating room and post anaesthesia care unit (PACU) nurses*

The Budget should include funding to enable the Australian Government to:

- Progress the nursing Strategy and Plan, ensuring the needs of surgery are a focus.
- Recruit, train and incentivise operating room and PACU nurses.

As they comprise more than 50% of the healthcare workforce, ensuring the sustainability of Australia's healthcare model will necessarily require a strong focus on nurses and (midwives).

RACS thus welcomes the Australian Government's work to develop a National Nursing Workforce Strategy (the Strategy) which will set out a vision for the future of nursing in Australia. RACS understands that the Strategy will look at workforce sustainability, diversity of the profession, the challenges of regional, rural and remote nursing, and plans to address the pathway from novice to expert, and clearly setting out the pathway to nurse practitioner.

RACS also welcomes the Australian Government's work to develop a nurse practitioner strategic plan - *Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce*, (the Plan) with one to three, five and ten year goals.

As in other areas of nursing, there is a significant shortage of operating room and PACU nurses in Australia. Anecdotal evidence from Fellows indicates that nursing shortages are impacting on the ability of surgeons to meet their lists. If Australian jurisdictions are to drive down and keep down surgery wait lists, ensuring a sufficient nursing workforce will be a necessity.

6. Implementing appropriate policy to improve surgical registry participation, and a sustainable funding model for surgical registries

The Budget should include funding to enable the Australian Government to:

- Work with and be guided by RACS and other medical associations on an appropriate model for surgical registries, including the collection, collation and communication of outcomes data.
- Provide appropriate funding for the surgical outcome registries model as co-developed.
- Work with and be guided by RACS and other medical associations on a model for qualified privilege coverage which best promotes patient safety and improved outcomes.

Surgical outcomes registries can be very useful in improving efficiency and patient outcomes

RACS is supportive of the vision of the National Clinical Quality Registry and Virtual Registry Strategy 2020-2030 - '(n)ational clinical quality outcomes data are integrated into Australia's health care information systems and systematically drive patient-centred improvements in the quality and value of health care to achieve better patient outcomes across the health care system'.

Appropriately designed and used patient outcomes registries can be very valuable in driving improvements in the care provided by individual clinicians and hospitals, and the health system as a whole, while also improving efficiency.

Registries are difficult to set up, and have the potential to result in perverse consequences

However useful registries are very difficult to set up because of the fragmented nature of Australia's health system, and because registries become expensive to administer.

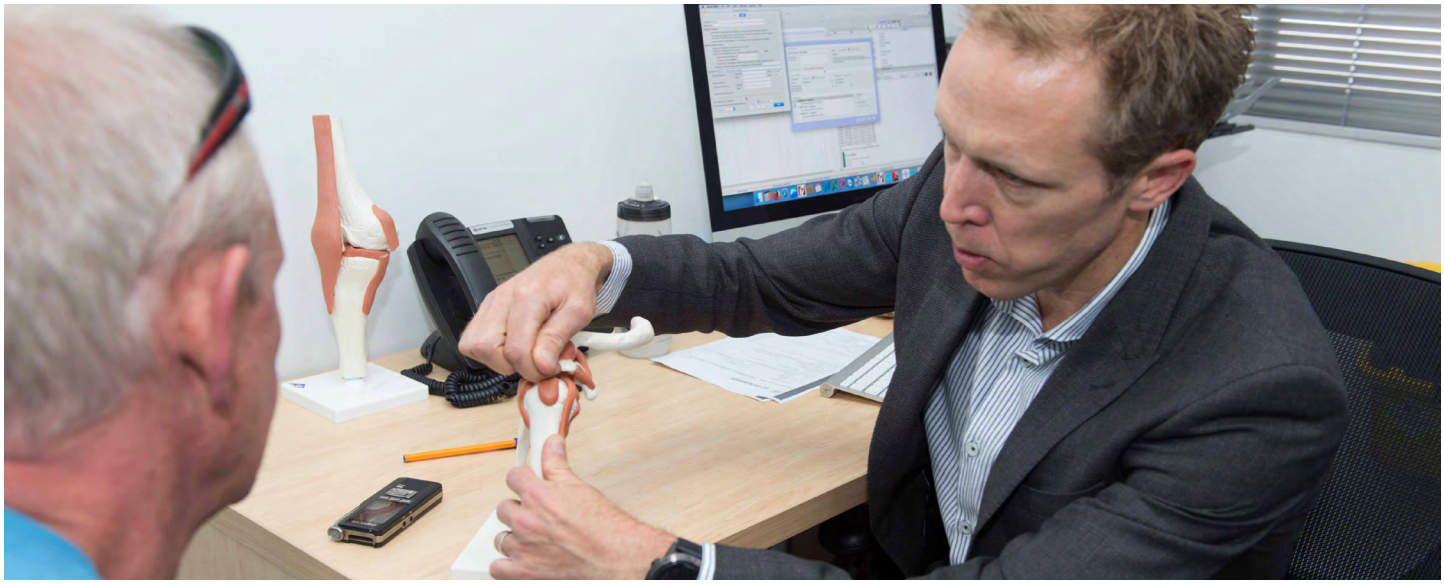
Registries can also have perverse consequences if outcomes are not risk adjusted and/or poorly communicated. For example, if they are not put into relevant context outcomes measures may tell an entirely incorrect and unfair story about healthcare providers. A highly skilled healthcare provider, who because of their skill takes on complex cases may have worse overall outcomes than other providers who undertake less complex procedures.

Poorly designed and communicated metrics may also cause prejudice against rural hospitals in favour of large metropolitan hospitals and have the perverse impact of undermining efforts to build health access in rural areas.

A lack of qualified privilege for clinicians participating in particular registries has been cited as a reason why some registries do not have greater participation.

Collaboration to develop and implement an appropriate registry model is needed

Despite these issues, appropriately designed and used outcomes registries can be a valuable tool for improving patient care and system efficiency, and RACS is keen to work with the Australian Government on an appropriate model for the collection, collation and communication of surgical outcomes data, and appropriate funding models, as the National Strategy moves forward.



7. Ensuring the private sector continues to alleviate pressure on public waiting lists

The budget should include funding to enable the Australian Government to:

- Consult with stakeholders and then implement measures which will encourage the uptake of private health insurance while not reducing the quality of healthcare, and alleviating pressure on the public sector.

A strong mixed system in trouble

Australia's unique health system, with universal public access supported by a strong private sector which alleviates pressure on public waiting lists made our health system one of the best in the world.

But this system is under stress, with public sector wait lists expanding in many parts of the country. Even in the private sector the pandemic caused backlogs for elective surgery. Measures to encourage private health insurance and reduce reliance on public hospitals will need to be part of the solution.

Concerns about moves towards US-style managed care

RACS is concerned that some believe that moving toward a US-style 'managed care' private health system is the way forward. Under managed care a network of healthcare providers including surgeons are selected by an entity such as a private insurer or buying group, restricting patient and doctor choices about providers.

RACS' concern is that moves toward managed care will restrict patient choices, reduce quality of healthcare, and limit medical practitioners' autonomy.

A need for all stakeholders to collaborate

Rather than moving to a managed care style health system, along with a long-term public sector plan including funding to reduce backlogs and wait times, it is RACS' position that government should work with stakeholders to ensure that the private sector continues to alleviate pressure on the public system.

Private health insurers, private hospitals, device importers and manufacturers, and private specialists - represented by RACS and other peak bodies - will all need to be consulted.

8. *Ensuring equitable access to telehealth*

The Budget should include funding to enable the Australian Government to:

- Ensure that all Australians have appropriate access to specialist telehealth from the initial consultation.

Telehealth has proved to be a valuable addition to the health system

RACS welcomed the former government's announcement of 'permanent telehealth' in December 2021. The former government's decision in early 2020 to introduce temporary telehealth Medicare Benefits Schedule (MBS) item numbers was invaluable during the pandemic and demonstrated the role telehealth can play in the Australian health system over the long term.

Changes to telehealth arrangements needed to ensure equitable access

However, RACS does not support the decision to restrict access to telehealth in certain circumstances. Specifically, in relation to specialists, RACS' position is that restricting the availability of telephone telehealth to subsequent, rather than initial attendances will create significant inequities among patients, with particular impact on those who would benefit most from telehealth.

Among those who benefit most from telehealth are rural patients, the elderly, and hard-to-reach groups such as Aboriginal and Torres Strait Islander patients. However, it is these groups who are less likely to be able to access video telehealth. Elderly patients are more likely to struggle with new technologies, and rural areas are more likely to have bandwidth issues

9. *Reducing the burden of trauma*

The Budget should include funding to enable the Australian Government to:

- Implement a comprehensive action plan to support the latest National Road Safety Strategy, including allocating the appropriate funding and resources to ensure key milestones are met.
- Focus on data collection, enhancement and application, with a specific strategy to enable the provision of data via the new national road safety data hub.

We request that further detail is provided in the budget regarding the level of funding and investment that will be dedicated to ensuring that the stated objectives of the National Plan to End Violence against Women and Children 2022-2032 are met.

A National Action Plan for Road Safety

Each year across Australia more than 1,200 people are killed and 40,000 are hospitalised as a result of road trauma. This can only be described as a national epidemic which demands strong leadership and close collaboration from all levels of Government and communities.

The Australian Government recently announced a new National Road Safety Strategy. The Strategy aims to reduce the number of deaths on our roads by 50 per cent by 2030 and reduce the number of serious injuries by 50 per cent over the same period.

While RACS welcomes these targets, the absence of a detailed action plan to assist in achieving them is disappointing. In 2022 Australia experienced statistically the worst year on our roads in five years, despite the bipartisan commitment from political parties to halve the number of deaths and serious injuries under the Strategy by the end of the decade. Australia failed to meet the conservative targets outlined in the previous road safety strategy, and we will repeat the same mistakes unless the appropriate resourcing, accountability and leadership is dedicated to achieving our goals.

Many of the solutions to reducing Australia's devastating road toll and creating safer roads have already been identified, and there is a growing sense of frustration at the delays taken to implement proven life-saving initiatives.

Domestic and family violence

Violence can affect people irrespective of gender, relationship type, socio-economic status, religion, ethnic or cultural background, age or geographic location. In Australia, females are three times more likely to experience at least one incident of physical and/or sexual violence by a current and/or former domestic partner compared to males.

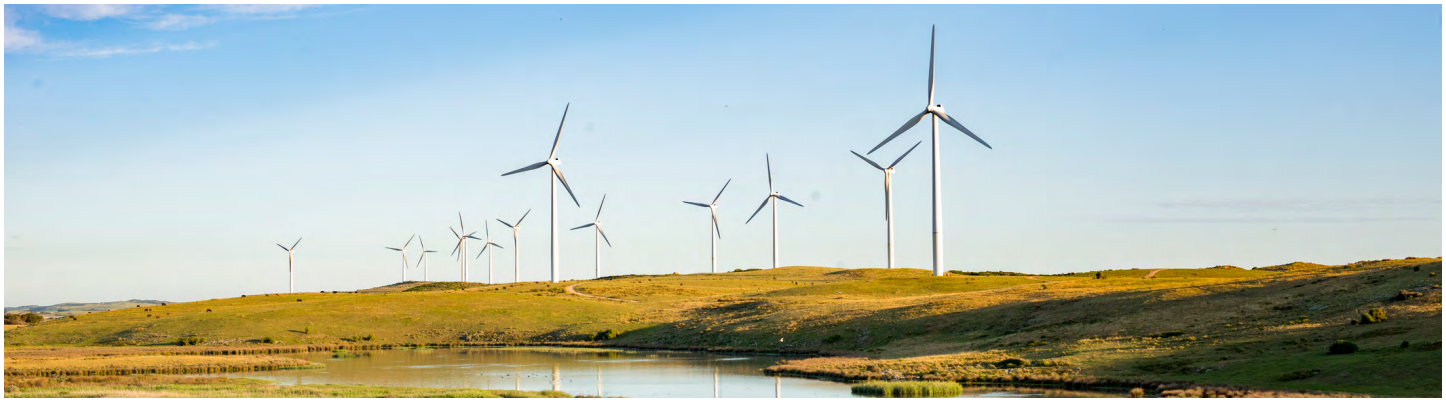
In many cases, healthcare providers are the first professional contacts for victims of domestic violence. As most incidents of domestic violence go unreported in healthcare settings it is not possible to measure the true extent of the problem. However, rates of hospitalisation following assault by a domestic partner are reported to be ten-fold higher in females compared to males.

Domestic violence is a major contributing risk factor to mental and physical ill health, and homelessness. It contributes to the highest burden of disease in females aged 25 to 44 years, and among Aboriginal and Torres Strait Islander populations. Alarmingly, domestic violence is estimated to contribute five times more to the burden of disease compared to non-Indigenous populations.

Furthermore, incidents of domestic violence are often intertwined with or exacerbated by other social issues, such as alcohol misuse (which RACS has an established position on), as well as gambling addiction and harm (which RACS has also recently advocated on). These issues can create a cycle of abuse and harm, making it difficult for victims to break free from the situation. It's important to address all of these underlying issues in order to effectively support victims and prevent future incidents of domestic violence.

RACS supports the National Plan to End Violence against Women and Children 2022-2032, including initiatives such as building and educating the workforce, and strengthening data collection systems. Similar to the National Road Safety Strategy, the ambitious targets and goals identified in the plans will only be met if the appropriate resources are dedicated to achieving them.

RACS supports the development of a five-year action plan to guide the implementation of the national plan, including ensuring that there is proper accountability attached to each of the stated goals of the broader plan.



10. *Safeguarding the health of all Australians from the threat of climate change*

The Budget should include funding to enable the Australian Government to:

- Prioritise health in the context of Australia's Nationally Determined Contribution to the Paris Agreement.
- Commit to the decarbonisation of the healthcare sector by 2040.
- Dedicate appropriate funding and resources to the National Strategy on Climate, Health and Wellbeing for Australia and the Australian Sustainable Healthcare Unit.

Climate change is described by the World Health Organization as "the greatest threat to global health in the 21st century."[1] Yet, climate action could be the greatest public health opportunity to prevent premature deaths, increase life expectancy, and to achieve health and economic co-benefits.[2,3] To ensure that the health of all Australians is protected from the threat of climate change, there is an urgent need for federal leadership to ensure that the climate footprint of healthcare is reduced, and that resilience is built into the health system to deal with the future human impact of climate change.

Prioritise health in the context of Australia's Nationally Determined Contribution to the Paris Agreement

A stable climate is a fundamental determinant of human health and the aim to limit warming to 1.5°C is a critically important public health goal. The current emissions reductions target set by Australia is not sufficient to keep warming to 2°C.[4] This threatens the health of Australians, and people around the world. Significantly increasing ambition by Australia in its Nationally Determined Contribution under the Paris Agreement is needed to have a chance of avoiding the further disastrous health, economic, and environmental impacts of climate change.[5] This would best be achieved by the creation of a body, that will appropriately prioritise the setting of targets to meet those agreed to under the Paris Agreement.

Commit to the decarbonisation of the healthcare sector by 2040

The health sector is responsible for 7 per cent of Australia's greenhouse gas emissions.[6] Achieving net-zero healthcare will significantly contribute to emissions reductions in Australia and will lead to economic and health co-benefits.[7,8] A target of net-zero emissions by 2040 for healthcare in Australia, with an interim emissions reduction target of 80 per cent by 2030, is in line with similar commitments by the National Health Service in the UK and is broadly consistent with the goal of limiting global temperature rise to 1.5°C.[9,10,11]

Implement a National Strategy on Climate, Health and Wellbeing for Australia and establish an Australian Sustainable Healthcare Unit

RACS commends the announced funding in the October federal budget for a National Health and Sustainability Climate Unit, and also the development of a National Health and Climate Strategy. It is imperative that both these commitments are matched by the appropriate levels of funding and resources to ensure that they are able to operate effectively. As an example, a Framework for a National Strategy on Climate, Health and Wellbeing has already been developed by the health sector and health experts, and is supported by more than 50 health organisations.[12]

By implementing the systematic and ambitious actions on climate change and health described above, the Australian Government will demonstrate its commitment to the health and wellbeing of Australians, the economy, and the environment.*

*RACS would like to acknowledge that this text is influenced significantly by a 2021 letter to the then Prime Minister supported by numerous health sector stakeholders organised by Better Futures Australia.

11. *Committing to health security and long-term health systems strengthening in Papua New Guinea*

The Budget should include funding to enable the Australian Government to:

- Confirm reinstatement of the Papua New Guinea Clinical Support Program.
- Commit to a funding envelope of at least $1.5 M AUD per annum, indexed, for the period 2023 – 2028.
- Support and invest in RACS' ability to influence the Indo-Pacific Region through the PNG CSP.

A critical need for continuation of specialist health services and training

RACS has had a long relationship with DFAT as the leading provider for clinical services and health workforce development through the Papua New Guinea Clinical Support Program (PNG CSP). This critical and well-respected program works in partnership with the PNG Government, Ministry of Health and the University of Papua New Guinea Medical School to enable health security and health systems strengthening to the country.

Something that we have all learnt from the pandemic is that poor health leads to poor outcomes in other priorities, such as the economy. Whatever other development priorities are held by Australia and partner countries, societal health must be an overriding, foremost principle.

Yet, amidst increased surgical demand due to Covid-19 impacts on specialised clinical service delivery, and an affected PNG health workforce the DFAT funded Clinical Support Program has ended. The end of this funding will result in a loss of cumulative impact from years of Australian Government investment and potentially weaken health systems in a time of exacerbated health issues and increased demand.

The contribution of the PNG Clinical Support Program to regional soft power

A central value of this program is the close relationships between the RACS Australian pro-bono specialist surgical teams and senior PNG clinicians, ministers of health and other decision-makers and leaders. Having the ability to persuade and influence others through the power of the PNG CSP contributes to the achievement of Australia's foreign policy.

Aligned to the Foreign Policy White Paper's framework for Australia's international engagement, RACS seeks to contribute to a stable, prosperous and resilient Indo-Pacific in the wake of Covid-19.

A cost-effective and impactful program that should be supported

Reinstatement of the PNG CSP could be one of the Australian Government's most cost-effective, value for money investments in the Papua New Guinea health system. RACS provides 3:1 cost savings due to its invaluable pro-bono Specialist Volunteer teams that work in partnership with PNG national clinicians to enable long-term workforce capacity building to deliver life-saving surgical procedures and training.

Between 2019 – 2021 RACS PNG CSP deployed over 100 pro-bono specialist volunteers across 11 specialities. 350 national clinicians received specialist training that enhanced their capacity to perform life-saving surgeries to the community of PNG.

All this is at a cost-saving of $2,746,353 per annum to the Australian Government, due to services being provided voluntarily.

End notes

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