



Royal Australasian
College of Surgeons

2021 TASMANIAN 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 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 2021 Tasmanian Election:

- Elective surgery waiting lists
- Rural Health
- Compliance Management and Research at THS
- Tasmanian 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.

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. Patients on elective surgery lists in Tasmania experience relatively longer wait times compared to other states and territories of Australia. In addition to this, Covid-19 has placed extraordinary additional pressures on elective surgery waiting lists.

RACS acknowledges the Government's recent \$45 commitment to reduce pressures on elective surgery waiting lists, however, the committee holds concerns about the outsourcing of these elective surgery caseloads to private hospitals. In principle RACS is not opposed to engaging private providers in order to reduce pressure on overdue elective surgery waiting lists. However, if the model is to achieve its intended objectives, this type of outsourcing should only be implemented as a temporary and there are several variables that must be considered.

If the process is not established correctly it will only result in added costs to the system and poorer outcomes for patients. Additionally, if the 'sicker' patients are left behind in the public system, then this will place further pressures on training and bed spaces.

Another concern is the management of any complications suffered by a patient that had been transferred from the Public system for care in the Private system. Furthermore, the model must also consider how surgeons are made aware of the outcomes for public patients that are operated on in a private setting. Currently this type of auditing is far less established in the private system than it is in the public system.

As we emerge from the pandemic there is a need for greater investment in our public hospital system and its workforce in order to reduce pressures on elective surgery waiting lists.

Q1: How will your party manage the issues around elective and outpatient waiting lists?

Q2: What is your party's position on outsourcing public elective surgery waiting lists to the private sector?

Rural Health

In October 2020, the RACS Council approved the implementation of its inaugural [Rural Health Equity Strategic Action Plan](#) (Strategy) for rural health equity as an area of focus across all RACS portfolios. The Strategy is a flagship initiative for RACS in 2021. It demonstrates the commitment to our social responsibility and mission to address health inequity for our underserved communities living in rural, provincial, regional, and remote locations in Australia and New Zealand.

RACS believes the Tasmanian Department of Health would benefit from committing to collaborate with RACS on the design and development of future services within the State. As a result of our Rural Strategy, we are commencing engagement with other States and Territories to identify initial areas for collaboration.

The Tasmanian Upper House recently established an inquiry to investigate the health outcomes and access to health and hospital services for Tasmanians living in rural and remote Tasmania. In response RACS provided [this submission](#). Our submission highlighted several factors including the following specific challenges for service delivery in some surgical specialties.

1. No neurosurgical services in the north of the state. All spinal injuries/trauma must be transported either by air or road to the Royal Hobart Hospital.
2. No vascular surgeons in the north of the state. As a result, acute vascular patients presenting at Emergency Departments in the north of the state are managed by a general surgeon.
3. Shortages of specialist otolaryngology, head and neck surgeons across the state, particularly in the public system. There is a very long wait for outpatient appointments and elective surgery waiting lists.
4. There is also a long waiting list for urology elective surgeries. This is particularly evident in the north of the state. Recent retirements and a lack of younger Fellows available to fill the urology workforce gaps has exacerbated this problem.

The Tasmanian Committee requests that our submission to the Inquiry mentioned above is also taken into consideration when reading this document.

Q3: What is your party's rural health strategy?

Q4: Is your party aware of the four issues listed above and will you commit to working with RACS to address these issues?

Q5: How does your party intend to engage with RACS to address health inequity and develop appropriate services within Tasmania?

Issues regarding the new centralised approach to research governance.

This year there has been a change to the governance for clinical research.

"The aim of a centralised approach is to improve the efficiency and quality of governance reviews, especially for multi-site projects and clinical trials, and to support local clinical researchers to understand and meet their regulatory obligations in accordance with Tasmania's research governance framework."

While this approach has some merit unfortunately there has been no support for local clinical researchers in Launceston. There have been frustrating delays due to overwhelming work for the research governance officers. These officers are all based in Hobart, and there is no local liaison person.

An issue RACS has identified with this centralised approach to research governance is that while there is merit in this model it is currently not able to deliver its objectives of an improved streamlined program.

This has led to lengthy delays in the processing of research and the north in particular is almost at a standstill due to this processing.

RACS is querying if the system can be put on hold or able to be provided with additional support and infrastructure to help with the new program? If this is to occur there must be local representation in Launceston, appropriate staffing on the TGO and better collaboration between UTAS, UTAS ethics and the TGO.

There must be better engagement with the clinicians performing research to empower them and streamline the process. At present the process is cumbersome, frustratingly slow, no support for clinicians and acts as a roadblock.

Q6: How will your party address the system backlog which is delaying much needed clinical research in Tasmania?

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. All public and private hospitals in Tasmania are currently participating in the Audit and participation by surgeons is compulsory as part of their continuing professional development. 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. 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.

In the past TASM 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.

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The audit has also been closely tracing any impact from the COVID-19 pandemic. The most recent audit report figures do not capture the impact of COVID-19, but anecdotally current data suggests a fall in deaths. 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

Q7: 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.

RACS has called for increased regulation at a state, territory, and national level to ensure safe cosmetic surgery practice, and we have been pleased by recent tightening around this area of policy by the Australia Health Practitioner Regulatory Authority. In 2021 it is anticipated that a ‘regulatory impact statement’ (RIS) will examine 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 is therefore seeking the support of all Australian Governments to ensure that this is successful.

Q8: 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?