Royal Australasian College of Surgeons

2021 WA 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 WA Election:

- Data sharing legislation
- Elective surgery waiting lists
- Ongoing Covid-19 response
- Public/Private re-admission rates
- Western Australian Audit of Surgical Mortality

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

Data sharing legislation

The availability and access to high quality data is an integral component of medical research and can lead to significantly improved outcomes for the community. The RACS WA State Committee has a longstanding position of advocating for strengthened data sharing arrangements, and we have previously shared our position with both the Health Minister and the Premier.

As surgeons we see first-hand the benefits that can be achieved through greater access to data. As an example, the Western Australian Audit of Surgical Mortality (WAASM), has resulted in significant improvements to surgical practice and ultimately better outcomes for patients since its inception (see below for more information on WAASM).

A considerable amount of data is already collected in Western Australia, however, not all of it is shared with the right people. If implemented properly and with the appropriate safeguards we believe that a new framework and legislation has the potential to lead to significantly improved health and research outcomes at a state and national level by ensuring that the data becomes available to those that can apply it constructively.

In 2019 we provided a response to the Government's consultation on Privacy and Responsible Information Sharing. Since then we have advised that the Government is consulting with a wide range of government agencies to finalise the new model, but this process has been delayed due to the significant impacts of COVID-19. While RACS appreciates these difficulties, we encourage that reform in this area remains a priority for the next Government of Western Australia.

Q1: Does your party support improved data sharing arrangements across the Western Australian Health System?

Q2: If so, will you commit to introducing new legislation in the next term of Government?

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. While Covid-19 has placed extraordinary pressure on elective surgery waiting lists in Western Australia, according to the Department of Health's figures elective surgery waiting lists were already on the rise prior to the outbreak.

Elective surgery waiting lists are one symptom of longstanding problems in Australia's public health systems; however elective surgery waiting lists are only an indication of the disparity between the rate at which patients present to outpatient services to get onto these lists, and the rate at which patients are able to have their surgery. Where patients are being treated in a timely manner, the size of an elective waiting list may not be relevant. Waiting times for outpatient appointments (e.g. in orthopaedic surgery, urology and spinal/back surgery) are also an indication of the stresses on an under resourced health system.

While some of these problems can be addressed by a commitment to greater efficiency which surgeons can actively contribute to, there is also a need for greater investment in our public hospital system and its workforce particularly as we emerge from the pandemic.

Q3: How will your party manage the issues around elective and outpatient waiting lists?

Ongoing Covid-19 Response

It has been almost twelve months since the first case of Covid-19 was recorded in Western 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 Western Australia new clusters can emerge very quickly.

Recent media reports have highlighted the increase in ramping in the state's public hospitals over the last few months which has been evidenced in the Department of Health's figures. 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 resource, and that waiting lists remain manageable.

While RACS welcomes the approval and rollout of a new vaccine, we also believe that non-pharmaceutical preventive measures are essential and highly effective in stopping the spread of Covid-19. It is imperative that the vaccine roll-out process is well communicated to the public and combined ongoing messaging remains about the need to continue practicing precautionary measures to reduce community transmissions

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.

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

While Government sources have indicated that Western Australia has adequate supplies of PPE to meet demand pressures, recent media repots have highlighted that PPE was inadequate for workers in hotel quarantine.

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.

Q4: What are your party's policies to avoid future outbreaks in Western Australia?

Q5: How will your party ensure that the health system is adequately resourced in the event of future outbreaks?

Q6: What is your party's communications strategy throughout the Covid-19 vaccine roll-out period, particularly in relation to the promotion of non-pharmaceutical measures?

Q7: How will your party ensure that Western 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?

Q8: What is your party's telehealth strategy?

WA Audit of Surgical Mortality

The Western Australian Audit of Surgical Mortality (WAASM) involves the clinical peer review of all cases where patients have died while under the care of a surgeon. It commenced as a pilot project in 2001, under the management of the University of Western Australia. In 2005 the management of the program transferred to RACS, with funding provided by the WA Department of Health. WAASM was the first audit program of its kind in Australia or New Zealand and is a proud Western Australian legacy. Similar programs now run across all Australian jurisdictions and New Zealand.

By assessing surgical deaths in Western Australia, the audit is able to provide feedback to hospitals and the Government on systemic issues within the public and private sector. All public and private hospitals in WA 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 WA 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

According to data from the most recent WAASM report, the number of deaths per 100,000 reported to the WAASM has decreased from between 30 to 35 in the first five years (2002 to 2006), to 24 in 2011, and down to a new low of 21 in 2019. This represents a relative decrease of almost 40 per cent in the rate of deaths per 100,000 population over the past eighteen years and demonstrates that the WAASM is achieving its aims.

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

Q9: 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.

Public/Private re-admission rates

Western Australian public hospitals have an established process that if a patient is readmitted to a public hospital after having undergone a surgical procedure within the public system in the previous month, then a notification of the readmission is provided to the health department, the original treating hospital and the surgeon. This is an important process as it allows for a thorough audit of complication rates and for performance to continually be monitored.

Unfortunately, however, a loophole exists whereby private hospitals are excluded from the reporting arrangements. Consequently, if a patient presents to a public hospital emergency department, after having previously undergone surgery in a private hospital, the same formal notification requirements do not exist. As a result, the original treating hospital is potentially never made aware of the readmission, and therefore their ability to monitor the outcomes of their patients is significantly jeopardised.

RACS believes that in its current form this process is open to exploitation and is not delivering the quality and safety benefits that were initially intended. The College has previously requested that a mechanism is introduced that will close this loophole, and ensure a more transparent reporting process, and most importantly greater patient safety.

Our efforts to address this have been supported and by the Health Minister and Director General who have begun the process of addressing this. Unfortunately, however, the consultation process has involved a number of stakeholders within the public and private sector and the progress has been slow, particularly in the context of the Covid-19 pandemic.

The RACS WA Committee believe that this issue must remain a priority and we are willing to work with next Government to ensure a practical solution is developed.

Q10: Will your party commit to implementing a mechanism to address the loophole between public and private hospital reporting systems within the next term of Government?

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.

Q11: 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?