Dear Mr. Whitfield,

Thank you for your letter of 15 January to the Leader of the Opposition, Ms Annastacia Palaszczuk, providing an opportunity to outline Labor policy positions on key issues relating to the delivery of surgical services.

I would also like to take this opportunity to ask College members to read the new Queensland Labor Policy Platform and decide themselves if our vision for the future of our health system resonates with their own values and beliefs.

In the Platform, Chapter 6: Healthy Living – a better quality of life for all Queenslanders states Labor values, beliefs and priorities for maintaining and improving the health and well-being of Queenslanders. The Labor Platform is publicly available here: [http://www.queenslandlabor.org/platform/](http://www.queenslandlabor.org/platform/).


I have below provided succinct responses to the issues that the College has identify as key for members.

**The wait time elective surgery guarantee and outpatients lists**

**Q1: How will your party manage the elective and outpatient waiting lists in a cohesive manner?**

Labor believes there is more spin than substance to the LNP’s supposed wait time guarantee. Reductions in elective surgery waiting lists over the past three years have largely relied on additional funding under the former Federal Labor government’s national partnership agreement for more efficient public hospitals. The National Elective Surgery Targets (NEST) program has now been axed by the Abbott government along with National Health Reform commitments to a greater federal share of growth funding for increased hospital activity. This may well have a disastrous impact on public hospitals in Queensland, a fact the Newman government has failed to acknowledge or prepare for.
Without this additional federal funding, some of which has been allocated to programs such as Surgery Connect, is it difficult to see how the LNP wait time guarantee can be sustained unless Hospital and Health Services will be required to further cut non-acute services.

More likely is the strategy that patients are already been complaining about to their GPs and to the Opposition Office. This strategy seems to involve some HHSs are making it increasingly difficult to get timely Outpatient appointments to be assessed for appropriate medical care or surgery. Waits of more than two years for some specialist clinic now appear to be common place.

Labor acknowledges the College’s concern about outsourcing surgery to low cost providers who take little responsibility for training the next generation of surgeons.

Labor values the commitment of surgeons (SMOs and VMOs) to public hospitals. Reciprocity for this commitment should include acknowledging the advantages of transferring public patient to appropriate private facilities where this is in the patient’s interest.

Q2: Does your party commit to engagement of surgeons and surgical services as outlined above; with a similar commitment to including training opportunities for registrars?

Labor is committed to regular consultation with the surgery profession on the planning of surgical services in Queensland. In particular, Labor will seek opportunity to expand the supply of surgery services, particularly in regional centres, by facilitating the training of registrars in public hospitals seeking a fellowship with the RACS.

From 1 January 2010 the Specialist Training program (STP) became the single Commonwealth grants support program for specialist training delivered through twelve specialist medical colleges under funding agreements with the federal Department of Health. This federal Labor initiative is funded through to the end of 2015 and it is unclear if the Abbott LNP government will commit to renew the STP program.

Labor supports the continuation of the Specialist Training program. Labor will lobby the Federal Government within the Australian Health Workforce Ministerial Council to continue the STP.

Q3: How will your party address latent capacity in our public hospitals? Will funding be provided to allow unused facilities to be opened and operational to clear waiting lists?

Labor has identified the need to better utilise surgery theatre capacity in public hospitals. Our patient safety policy, Nursing Guarantee: patient safety first!, identifies the option of requesting the Queensland Auditor General undertaking a review similar to that completed by his NSW counterpart in 2013 on this issue.
Specialist Medical and Surgical Specialty Training and appropriate working hours.

Q4: The College seeks both parties commitment to:

- **Affordable solutions to overtime hours worked by surgical trainees to maintain the timeliness and integrity of the training program.**

Labor acknowledges that the LNP strategy for focusing surgery resources on rapidly reducing waiting list has impacted on training programs. Chasing targets and NEST reward funding has also had a negative effect in other areas of our health system, with state funded primary health care, chronic disease prevention and health promotion programs suffering most.

For Labor core business of our public hospitals will remain, along with patient care, their role as teaching hospitals for pre-registration education and professional training. Labor will, in consultation with surgery profession, our universities and our Hospital and Health Service, explore options to ensure the integrity of expanded specialist training programs.

- **Advancing and maintaining the infrastructure that supports surgical training in public, private, metropolitan and regional hospitals throughout Queensland, including development and funding of appropriate educational infrastructure and surgical simulation training facilities to establish Qld as a centre of teaching excellence.**

Labor supports the teaching, training and research roles of our major public hospitals. Labor has made significant public investments in the ‘academic medical institution’ model implemented at the Gold Coast University Hospital, the Lady Cilento Children’s Hospital and in development at the Sunshine Coast University Hospital. Other investments at hospitals in Townsville and Cairns has also added to the teaching capacity of our public hospitals.

Labor is willing to listen to the surgery profession about further investments for educational infrastructure in public teaching hospital and with partner universities.

- **Preserving dedicated time for teaching and training, including time for surgeons to develop their teaching skills.**

Labor worked collaboratively with the Australian Salaried Medical Officers Association in their recent dispute with the LNP government over individual Workchoices-style contacts. The Shadow Minister for Health regularly attended SMO meetings and spoke out frequently in Parliament to support SMOs in their negotiations to protect their working conditions.

These conditions included dedicated time for teaching and training. Labor has launched industrial relations policies that guarantee the return of collective agreements and fair working conditions.

The teaching role for VMOs is likely to be included in discussions about improved processes for Rights to Private Practice in public hospitals, as recommended by the Queensland Auditor General.
Expanded scopes of practice – Nurse Endoscopy and Allied Health

Q5 The College seeks your party’s position on expanded scopes of practice and how it will encourage the nursing and allied health sectors to work closely and collaboratively with the Medical Colleges on these issues.

Labor has reviewed the six recommendations of the Ministerial Taskforce on health practitioner expanded scope of practice. Labor’s views on health workforce strategies have also been informed of the work of Health Workforce Australia before its closure by the Abbott Government, a decision for which they have rightly been criticised.

Labor encourages a healthy debate among health professions over scope of professional practice, role substitution, delegated and supervised tasks. The guiding principle for change in models of care that involve such innovation must be the safety and quality of patient care and improve patient outcomes.

Labor acknowledge the College’s concern on these issues and supports a collegiate, collaborative approach to clinical services delivered by a multi-discipline team. Any expanded scope of much be clearly defined and delivered be an appropriately trained and accredited health practitioner.

Alcohol abuse and related violence and trauma

Q6 The College is seeking your party’s position on the following issues, as the current Safe Night Out strategy has not adequately addressed the HOT issues.

- We need to maintain or reduce the number of 'Hours' alcohol is available (1:30am lockout and 3am last drinks).

Labor has taken a strong policy position to reduce alcohol fuelled violence. After wide consultation and an extensive review of the scientific evidence, our position is that 3 a.m. last drinks and a 1 a.m. lockout for very late trading licensed premises is in the best interest of the community.

Rather than pander to vested commercial interest and a vocal minority of late night patrons, Labor has prepared a policy position that acknowledges to extent of alcohol related harm and will take appropriate action. http://annastacia.com.au/tackling-alcohol-fuelled-violence/.

- We need to maintain or reduce the number of 'Outlets' where alcohol can be purchased in our community.

The density of liquor outlets, their license type, volume and mode of sales all impact on alcohol related harm.

Labor was dismayed that the LNP scrapped the moratorium on issuing more very late trading liquor licenses. This action will spread alcohol fuelled violence to metropolitan suburbs and regional centres beyond the Gold Coast and Sunshine Coast.
Labor will maintain the moratorium on very late night / early morning licensed trading and will toughen the risk based assessment, and related penalties, for existing license premises, including ban orders for troublemakers.

- **We need an effective alcohol taxation and pricing policy to bring about behavioural change.**

As with most commodities and services alcohol price signals impact on consumption. Labor acknowledge the research evidence that increased alcohol price reduce consumption and alcohol related harms. A national approach to alcohol policy is required and Labor will support efforts to provide a more coherent alcohol tax regime.

Labor will continue to consult with the Queensland Alliance for Action on Alcohol and other stakeholders in the development of future policy initiatives to address alcohol related harm.

**No Fault care after traffic accidents**

**Q7 What is your party’s position on the “no fault” compulsory third party or CTP scheme?**

The National Injury Insurance Scheme is a proposed scheme for catastrophic injury caused by various types of accident. It is to be implemented on a state by state basis.

The Queensland Government has agreed in-principle with the minimum benchmarks for motor vehicle accidents and has undertaken to determine the feasibility of extending Queensland’s fault-based Compulsory Third Party scheme to meet these benchmarks.

Actuarial analysis published by the Federal Government has indicated that a net average increase of CTP premiums of $81 per registered vehicle would be needed to extend Queensland CTP scheme to meet NIIS minimum benchmarks.

A future Labor Government will consult extensively with all stakeholders in developing a response while determining the extent to which, if at all, the current fault-based CTP scheme should be modified or replaced to meet the NIIS minimum benchmarks.

**PACS Digital Imaging**

**Q8 How will your party ensure the issue of digital imaging software incompatibility is resolved? Will your party agree to include a requirement in the licensing accreditation of private hospitals that ensures access to quality imaging?**

Access to diagnostic quality imaging is essential to safe surgical practice.

Labor acknowledge the challenges, technical and financial, to providing the range of information and communication technologies required by modern hospitals and health services.
Diagnostic imaging, along with integrated electronic medical records and single sign-on for an array of clinical data systems are clear priorities for Queensland Health in achieving Stage 6 of the EMRAM ‘gold standard’ for ICT in health care.

Labor will support cost effective ICT solutions that been appropriately trialled by clinicians in our busy public hospitals. Cloud based diagnostic imaging may well met these requirements.

Regional Surgical Services

Q9 How will your party attract specialists, in particular young surgeons, to regional areas?

Labor believes the most effective way to attract young surgeons to regional areas is to offer training places for Registrars in major regional hospitals. This strategy will only be effective if the trust of senior SMOs and VMOs in the management of their hospitals is restored.

The arrogance and duplicity of LNP politicians and of the executive of the Department of Health during the dispute over individual contracts has lessened the commitment of some senior staff to working in our public hospitals.

Only Labor will restore fairness and balance to employment conditions for salaried doctors. Labor will also consult with senior doctors and surgeons before any further changes are made to Rights to Private Practice arrangements in public hospitals.

These processes are essential to restore the trust on which effective training and recruitment programs are based.

Ongoing funding for the Queensland Audit of Surgical Mortality

Q10 QASM has guaranteed funding until 30 June 2016. Since the mortality audit program is part of a quality assurance activity aimed at the ongoing improvement of surgical care, the College seeks a commitment from your party that a further three years funding through to 30 June 2019 will be supported.

Patient safety is a central element of Labor’s election commitment for the 2015 election. Within our policy Nurse guarantee: patient safety first! Labor has committed to rebuilding the patient safety systems developed over the past decade and largely abandoned by the LNP.

Labor is concern that the closure of the Health Quality and Complains Commission has removed the focus on quality improvement, lessened quality and safety monitoring and the ability to learn at a systems level from clinical incidents and errors in the delivery of care. We have proposed a number of measures, and possible extensions of these measure should funding be available, to refocus our efforts on providing safe, quality health care.

The Queensland Audit of Surgical Mortality program is a component of our patient safety systems that Labor will retain with a funding commitment for three years to 30 June 2019.
The Labor Opposition appreciates the opportunity to put on record our responses to the key issues identified by Royal Australasian College of Surgeons as relevant to members in this election. Please do not hesitate to contact me should you require clarification of any of the matter contained herein.

Yours sincerely

Hon Tim Mulherin MP

**Deputy Leader of the Opposition**