

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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**2018 Victorian Election**

**Election Issues**

**September 2018**

## 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 the following key focus areas relevant to the 2018 Victorian Election:

- Teaching, Training and Research
- Delivery of Surgical services
- Clinical engagement
- Trauma
- Alcohol Related Harm
- Safety and Security

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

## Teaching, training and research

### Support for surgical specialty training

RACS, together with its associated specialty societies, identifies training positions and ensures as many trainees as possible successfully complete its training program. In order for training positions to remain accredited Trainees must have exposure to an appropriate case mix, and demonstrate their ability to adequately perform a wide range of procedures. While RACS puts no cap on the number of trainees it accepts, positions are limited to the number of available surgical training posts in teaching hospitals.

Recent and substantial increases in the numbers of medical graduates entering the workforce means that there is now commensurate pressure on postgraduate training opportunities.

Victoria has a rapidly increasing population which is becoming more spread-out across outer suburban areas. This rapid growth and long-term lack of long-term infrastructure investment is placing significant pressure on the health system which can only be met by increasing resources.

With the growing pressure on the health system there is a need and opportunity for an increased number of surgeons in particular specialties. This requires a strong commitment from state governments to provide additional funding to support more training posts.

### Flexible Training to foster workforce diversification

Growth in service demand provides opportunities for increased specialty training and for new, innovative models of training however current training places and hospital employment arrangements are very rigid and do not support or encourage a diversified workforce.

RACS is committed to improving the diversity of its trainees. The stark reality is that only 12 per cent of Fellows in Australia and New Zealand are women. Approximately 30 per cent of SET Trainees now are women but they drop out at twice the rate of male trainees. We are committed to removing barriers that may inhibit women entering the surgical profession and we need the government's help to make this happen.

This also includes taking proactive steps to enable and normalise flexible training for male and female surgical trainees. We recognise there are multiple players involved in making this happen, including the College's Specialty Training Boards, hospitals and jurisdictions. Flexible training models that enable part-time work and training supplemented by unaccredited registrars may be a viable option to explore.

We need a surgical workforce that is reflective of the communities we serve and we believe this will lead to better patient outcomes.

### Research

Victoria has a strong history as a leader in medical research in Australia, and the world, and it is vital that we continue to invest in this space. The College recognises the importance of medical research and clinical trials by embedding requirements for this work into our training programs and supporting surgeons to undertake this work throughout their whole careers.

The College recognises the funding allocations for medical research and clinical trials under *Victoria's Health and Medical Research Strategy 2016 – 2020* and believes that an even greater investment is required to support and increase Victoria's reputation in this field and to ensure that patients have access to the highest levels of clinical care.

### **Q1: How does your party plan to build the surgical workforce of the future to address Victoria's growing population and health needs?**

**Q2: Will you work with hospital and health services to create an environment conducive to flexible training for surgical trainees?**

**Q3: What is your party's plan to support the medical research sector in Victoria over the next ten years?**

## Delivery of surgical services and elective surgery waiting lists

### Elective surgery waiting lists

The reduction in the overall elective surgery waiting list is a great achievement, but one that will be of little significance if effective processes to manage these issues are not put in place for the longer term.

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.

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 to which surgeons can actively contribute, there can be no denying the need for greater investment in our public hospital system and its workforce.

### Public access to bariatric surgery

There is an obesity epidemic in Australia with 60 per cent of the population overweight or obese and 28 per cent of the population obese. 1 in 8 hospital admissions is related to obesity and its complications. Bariatric and metabolic surgery is now well established as the most effective therapy for obesity and its associated diseases, with evidence of reduction in mortality, reversal and improvement in comorbid disease and improved quality of life with sustained meaningful weight loss.

The Bariatric Surgery Registry demonstrates bariatric surgery in Australia is being delivered effectively and safely, with approximately 23,000 primary bariatric procedures performed in 2017, however only a fraction of this is delivered in the public hospital system. This has profound implications for access equity, particularly as it is well documented that obesity is most prevalent and severe in lower socioeconomic quintiles. The lack of public bariatric surgery also has implications for training and development and maintenance of standards, quality and safety.

Bariatric surgery is increasingly a component of "standard of care" in the modern paradigms of management of costly and debilitating chronic diseases such as diabetes and osteoarthritis, and not having bariatric surgery available is to offer only inferior standards of care for these diseases. Increasing bariatric surgery in the public system will be cost effective in reduction of healthcare and community costs longer term, and must be seen as a critical priority.

**Q4: Will you commit to greater investment in our public hospital system?**

**Q5: How will your party manage the issues around elective and outpatient waiting lists?**

**Q6: How will your party work to address inequities in access to care and quality of care across the state?**

**Q7: How will your party support and facilitate public access to bariatric surgery in Victoria?**

## Clinical engagement and a culture of respect

### Clinician Engagement

We appreciate that Surgeons, and other clinicians are working in increasingly high pressure and time poor environments, and that this can sometimes make consultation difficult. In order to utilise expertise and the good will of those on the front line it is essential that genuine engagement strategies are adapted to ensure that the input of clinicians is not removed from the management structures that govern them.

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.

### Building Respect and Improving Patient Safety

In November 2015 RACS launched an [Action Plan](#) to address discrimination, bullying and sexual harassment in the practice of surgery. As part of the Action Plan, RACS is committed to working with others in the health sector to deal more effectively with discrimination, bullying and harassment. RACS has partnered, and entered in to Memorandums of Understanding, with a number of health services and employers of surgeons to collaborate on issues that can include surgical education, cultural change and complaints management.

**Q8: Will your party support the RACS on the Building Respect and Improving Patient Safety initiative, to show a commitment to improved workplace culture across the entire health system?**

**Q9: Will your party commit to engaging with the Victorian State Committee of RACS by meeting with members on a regular basis?**

## Victorian Audit of Surgical Mortality

The Victorian Audit of Surgical Mortality (VASM) involves the clinical review of all cases where patients have died while under the care of a surgeon. By assessing surgical deaths in Victoria the audit is able to provide feedback to hospitals and the Government on systemic issues within the public and private sector. It currently covers surgery in all public hospitals, all private hospitals and a number of day surgery hospitals. This independent approach, in a qualified privilege environment, is greatly supported by Victorian surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

The VASM has led to positive outcomes for patient care in many areas by highlighting best practices, and also by making recommendations for improvements and enhancements. Victoria continues to be one of the safest places in the country to have surgery with continuing low death rates, according to the latest Victorian Audit of Surgical Mortality (VASM) report.

The majority of surgical deaths in this audited series occurred in elderly patients with underlying health problems, admitted as an emergency with an acute life threatening condition often requiring surgery.

As an example the recent 2017 report highlighted areas which will be crucial to analyse and monitor surgical safety over time, address process errors and identify significant trends in surgical care.

The report made nine recommendations to improve the quality and safety of surgical care in Victoria, and hospital performance results have been prepared for the state's lead agency on quality and safety, Safer Care Victoria.

It also allows for continual educational dissemination of findings, and recommendations to be made until the VASM findings reflect perpetual improvements in these areas.

The Qualified Privilege (QP) declaration encourages surgeon participation within the mortality audits by strictly protecting the confidentiality of information gained in the audit.

Via a blend of State and Commonwealth legislation, the declaration prevents third parties from using data that becomes available as a result of the prescribed activity (the audit). The confidentiality of the information received in the audit is protected and high-level data security procedures are maintained.

The QP declaration allows non-identifiable data to be used in reviewing and analysing surgical procedures, while information which may identify an individual requires the expressed approval of the individual being recognised.

With State and Commonwealth authority, the declaration effectively allows surgeons to confidently participate in the mortality audits, knowing information they provide will be utilised exclusively for its designed professional development purpose and nothing else.

**Q10: The mortality audit program is part of an effective quality assurance activity aimed at the ongoing improvement of surgical care and RACS seeks a commitment from your party that at least further three years funding will be supported.**

## Trauma

RACS is committed to improving the management of Victorian trauma systems as well as preventing and mitigating injuries where possible.

### Quad Bikes

RACS is extremely concerned about the increasing number of deaths and major injuries as a result of quad bike use. Victorian trauma surgeons who manage these injuries on a far too regular basis are acutely aware of the inherent dangers of quad bikes and have been advocating for quad bike safety for many decades. Our established position on quad bike safety calls for:

#### *Government-led action*

- Implementing an Australasian New Quad Bike Assessment Program, identical in essence to the ANCAP safety rating.
- Any safety improvements by quad bike manufacturers are commended – what is needed is an independent quad bike safety assessment program to aid customer purchase decisions.

#### *Increasing rider awareness of risks*

- RACS believes that quad bikes and children do not mix.
- RACS urges the Australian and New Zealand governments to consider all available strategies to prohibit children under the age of 16 from riding adult quad bikes.
- Quad bike handling training should be mandatory for all new owners and users of quad bikes.

#### *Greater rider protection*

- RACS recommends that riders wear helmets.
- There is a common need for improved stability, dynamic handling and rollover crashworthiness safety for both workplace and recreational quad bikes.

### Road safety

RACS has long recognised that road trauma is a serious public health problem of epidemic proportions. RACS has been a major contributor and advocate for mandatory seat-belt wearing (1970's), drink driving countermeasures and the compulsory wearing of helmets by cyclists (1980's to 1990's).

RACS sees real potential to significantly reduce road-related deaths and serious injury if governments can take immediate action in the following areas:

1. Engage multiple government portfolios to become involved in the prevention of road trauma.
2. Improve the quality of road trauma data by establishing agreed definitions, methodologies, and measurement tools.
3. Document the complete journey of the seriously injured patient to gain a better understanding of the true cost of injury and where and how it is occurring.
4. Advocate for legislation for enhanced safety features for all new vehicles (cars and heavy vehicles)
5. Activate point to point cameras for all road users.
6. Safer behaviour for all road-users.
7. Speed.

**Q11: Does your party support a ban on the use of quad bikes by children aged under the age of sixteen?**

**Q12: How will your party improve road safety across Victoria and work to reduce the unacceptable rate of injury and mortality on our roads?**

## Alcohol related harm

Alcohol misuse is a causal factor in more than 200 diseases and injury conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, and eye disease. Excessive alcohol consumption increases an individual's overall risk of cancer, including cancers of the mouth, throat and oesophagus, liver, breast and bowel. Surgeons are also frequently confronted with the effects of alcohol when treating patients with injuries from road traffic trauma, interpersonal violence and personal accidents.

RACS has advocated against the harmful use of alcohol for many years, not only because of adverse effects that it has on our patients, but also for the broader ramifications that alcohol-related harm has on our health system and society as a whole. RACS endorses preventative measures as the best way to reduce alcohol-related harm by restricting the physical and economical availability of alcohol. This can be achieved by reducing the trading hours of both on and off licenses, restricting liquor outlet density, and imposing a volumetric tax on alcohol.

**Q13: What are your party's policies to address alcohol-related harm?**

## Safety and security

RACS believes that violence is unacceptable in any workplace. No employee should be expected to accept any form of physical or verbal violence or abuse as part of their work environment. This type of behaviour is particularly deplorable when it is directed at health care workers.

RACS acknowledges the strong, bi-partisan approach taken towards the issue of violence against health care workers over the past few years in Victoria with a number of strategies implemented since 2014 but more needs to be done.

The stabbing of a surgeon at Western Health and the death of a surgeon at Box Hill Hospital are just two, high profile, examples highlighting the dangers that health care workers face on a daily basis

The introduction of minimum mandatory sentencing regulations under the *Sentencing Amendment Act (Emergency Workers) Bill* in July 2015 does not seem to have curbed the rate of unacceptable behaviours across the health system, nor is there any evidence that these sentences have actually been imposed in cases where perpetrators have been charged.

While RACS acknowledges that the Government has no role in the sentencing of any person charged with an offense the public visibility of these laws and the application of these laws is a key tool in changing community attitudes. RACS believes that a review of the utilisation and effectiveness of these laws is timely and that further action is taken to improve the safety of health care workers across the entire system.

**Q14: What will your party do to better protect health care workers inside hospitals, in community settings and in their office/consultation rooms from abusive and unacceptable behaviours?**

## Other questions

**Q15: Safer Care Victoria was an initiative of the last government to improve safety and quality in health care in Victoria. Do you intend to continue to fund this or do you have any other plans to address this issue?**

**Q16: Victoria has historically been a leader on many issues traditionally viewed as national/federal responsibility. With this in mind how will your party:**

- **Advocate to control rogue cosmetic surgeons to protect patients from potentially catastrophic outcomes?**
- **Advocate to control the rising out of pocket costs of health care?**
- **Advocate to protect Victorians from unregulated companies who offer dangerous medical procedures overseas?**
- **Improve the response to and services for victims of domestic violence?**

**Q17: What areas do they see as of key importance for the next government to address?**