



22 August 2018

The Hon. Robb Valentine MLC
Inquiry Chair
Tasmanian Legislative Council

Via email: hst@parliament.tas.gov.au

Dear Mr Valentine

RE: Inquiry into Acute Health Services in Tasmania (the Inquiry)

I am writing to inform you of discussions held at the last Tasmanian Regional Committee Meeting of the Royal Australasian College of Surgeons (RACS), which was held on 15 August 2018. At this meeting we discussed your letter, dated 17 July, where you informed us of the re-establishment of the Inquiry.

The Committee appreciates that our earlier evidence to the Inquiry will be taken in to consideration, and we would also like to take this opportunity to add to our response. Our specific concerns relate to the loss of accredited training positions in the Emergency Department at the Launceston General Hospital (LGH).

RACS and its specialty training boards can only approve training positions in centres that maintain high standards of care, adequate clinical exposure for training, and support for Trainees and trainers within the context of a structured program of education. 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.

Due to the lack of emergency procedures being performed at LGH, accredited training positions have been lost. While this has obvious immediate impacts on the quality of service, the Committee also has significant concerns about the long-term ramifications this will have on the future of Tasmania's surgical workforce.

Experience tells us that surgeons are much more likely to work in hospitals where they have previously trained. Consequently, the lack of opportunities at LGH will force many local Trainees to seek opportunities elsewhere in Australia and New Zealand, and in many cases they will never return to work in Tasmania. Additionally, the loss of Trainees who travel to Tasmania specifically to undertake training rotations at LGH, hinders the ability of future recruitment efforts and creates the potential for workforce shortages.

Tasmania – as a smaller state – must ensure that the number of training positions in surgery are maintained or increased to meet pressure created by an aged population. While the issues facing LGH are complex, there is a requirement for a strong commitment from the state governments to work with LGH to ensure that it is re-accredited, and to provide ongoing funding for additional training posts in the future.

We look forward to the next steps of this Inquiry and would be happy to provide further advice as required.

Yours sincerely,

Mr David Penn, FRACS
Chair, Tasmanian Regional Committee
Royal Australasian College of Surgeons

1 September 2017

Ms Natasha Exel
Inquiry Secretary
Tasmanian Legislative Council

RE: Inquiry in to Acute Health Services

Via email: hst@parliament.tas.gov.au

The Royal Australasian College of Surgeons (RACS) is aware the consultation period for this Inquiry closed on 18 August. Unfortunately due to a combination of factors RACS was unable to respond by the proposed deadline, however we are hopeful that the contents of this letter can still be taken in to consideration as part of the Inquiry.

Hospitals and healthcare providers across Australia are facing an increasing demand for services. Overall, funding for health has increased throughout the past decade, as have the cost of delivering care and public expectations about acceptable standards and access to health services.

RACS acknowledges that healthcare budgets are finite, and that the governments are directing considerable efforts to improve the sustainability of Australia's healthcare system. The College has welcomed the opportunity to have direct involvement in a number of policy areas at a national level including the Medicare Benefits Schedule Review and the Choosing Wisely project. RACS has also published [Surgical Variance Reports](#) in partnership with Medibank. The purpose of developing and publishing these reports is to explore, among other indicators, variation in length of stay, transfer to ICU, hospital-acquired complications, readmissions, cost and out-of-pocket fees. This allows surgeons to consider their own practice in comparison to their peers.

RACS appreciates that fiscal responsibility is necessary in the provision of acute health care. However any reconfiguration of the Tasmanian health system must prioritise patient safety and high standards of care. Surgeons and other health care leaders are an important resource and have a key role to play in building a health system for Tasmania that is financially sustainable but does not compromise on outcomes.

Clinician engagement in the review of management structures and processes that govern them is essential, as they are primarily responsible for service delivery.

At this point it is difficult to make comment on any revised approach to Tasmania's Acute Health Services until a model is proposed, but it is imperative that any large scale reconfiguration to Tasmania's health system is clinically driven and keeps a strong focus on high quality patient care.

We look forward to the next steps of this Inquiry and would be happy to provide further advice as required.

Yours sincerely,



Dr Girish Pande, FRACS
Chair, Tasmanian Regional Committee
Royal Australasian College of Surgeons