Royal Australasian College of Surgeons

GAA/RUR66

29 March 2021

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Hon Ruth Forrest MLC
Chair
Parliament House, HOBART 7000

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

Dear Ms Forrest,

RACS Submission to the Tasmanian Inquiry into rural health services

Thank you for the opportunity to raise awareness of the provision of surgical services in Tasmania. RACS is aware of this consultation period for this Inquiry closed on 12 March. 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 submission can still be taken into consideration as part of the Inquiry.

As the leading advocate for surgical standards, professionalism in surgery and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels.

Challenges to service delivery and access to surgical services

On average people living in rural, regional and remote locations have worse health outcomes, compared with people living in metropolitan areas.[1] In the context of Tasmania, patients on elective surgery lists in Tasmania experience relatively longer wait times compared to other states and territories of Australia.[2] Furthermore, the RACS Tasmanian State Committee have identified the following specific challenges for the service delivery in some surgical specialties.

1. No neurosurgical services in the north of the state. All spinal injuries/trauma have to 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 be 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.

Like other rural settings in Australia, hospitals in Tasmania are rely heavily on Specialist International Medical Graduates (SIMGs) to manage the increasing demand in elective surgery. Feedback received by RACS from hospitals in Tasmania has highlighted the importance of SIMGs in ensuring continuous consultant cover is available. SIMGs are reliable alternatives when hospitals are not able to recruit Australian surgeons to assist with the surgical demands of the community.

Challenges to Surgical Education and Training (SET) in Tasmania

RACS participates in the Specialist Training Program (STP) Training More Specialist Doctors in Tasmania (Tasmania Project) Activity since its creation in 2010 by the Federal Department of Health. Through the Tasmania Project, RACS has been working with Launceston General Hospital and Royal Hobart Hospital in funding positions for SET Trainees, surgical Fellows (referred to as FRACS), supervisors and unaccredited registrars (prevocational medical doctors who are not on the SET training pathway). Based on information provided to RACS from progress reports and reviews, RACS has identified common challenges to training in Tasmania.

Retaining local medical graduates to work in Tasmania after obtaining their primary medical education has been difficult.[3] There are a significant number of local medical graduates in Tasmania relocating to mainland where future employment opportunity and remuneration are perceived to be greater. This has ongoing impact on Tasmanian hospitals, as recruiting surgeons and Trainees from other states is difficult. Based on anecdotal feedback from medical graduates to RACS there is a desire for local medical graduates to stay and seek employment in Tasmania, but without appropriate funding the prospect of career progression for SET Trainees and FRACS is not as abundant as in other states. Additional training posts in Tasmania will allow Trainees who wish to train locally to do so and will lower the risk of specialist medical professionals relocating to mainland Australia.

Providing a sustainable training platform is necessary to encourage trainees to consider practice in a rural setting. Establishing prevocational junior medical officer and unaccredited registrar positions is necessary to provide a viable pipeline for aspiring SET Trainees to stay and train in regional, rural and remote areas. Early surgical experience in a rural setting is crucial in the retention of prospective trainees.[4,5,6] Once they acquire the necessary skills for SET training, they often have family and other social connections tied to a particular geographical area which make relocating unlikely in any setting. Without opportunity for further employment in Tasmania after internship and residency, the likelihood of exiting to metropolitan hospitals in mainland Australia is high.

College action towards rural health equity

The workforce pressures faced across Tasmania are also common across other rural areas of Australia and New Zealand. To address these challenges RACS recently released its Rural Health Equity Strategy Action Plan.[7] The Strategic Action Plan aims to improve health equity for remote, rural, regional and provincial people in Australia and New Zealand. The strategy embeds actions for rural health equity in all RACS activities and across all specialties. The strategy addresses the goals to:

1. increase the rural surgical workforce and reduce workforce maldistribution, through the Select for Rural, Train for Rural and Retain for Rural strategies.
2. build sustainable surgical services in Australia and New Zealand, through the Collaborate for Rural strategy.

We ask that this Strategy be considered as part of our submission to this Inquiry.

Telehealth

Another key priority for RACS over the past twelve months has been the integration of telehealth services into traditional models of health care delivery across Australia. The COVID-19 pandemic has resulted in rapid changes to medical practice, precipitating a rapid uptake of telehealth for consultations.

RACS recently commissioned a rapid review 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.[8] In 2020 RACS also conducted two separate telehealth surveys,

which garnered more than six hundred responses by surgeons and more than eleven hundred responses by patients.

The telehealth review combined with the data generated from the surveys, provide important evidence of the important role that telehealth will play in the future of Australia and Tasmania's health system. We also encourage that these findings be taken into consideration as part of this review and guide Tasmania's future telehealth strategy.

Thank you for the opportunity to contribute this submission. RACS welcomes further engagement with the Inquiry should it be required.

Yours sincerely,

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