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From: College President <College.President@surgeons.org>
Sent: Wednesday, 13 July 2016 11:31 AM
To: Office of the Premier (DPaC)
Subject: Elective Surgery Initiatives in Tasmania
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Categories: Eva

Dear Premier,

Please find attached a copy of a letter from the President of the Royal Australasian College Of Surgeons, Mr Philip Truskett AM, for your attention. The original letter has been sent by regular mail.

Kind regards,

Pernette Ph. Wijnen

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OFFICE OF THE PRESIDENT
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13 July 2016

The Honourable Will Hodgman MP
Premier of Tasmania
Level 11, 15 Murray Street
HOBART TAS 7000

E-mail: premier.correspondence@dpac.tas.gov.au

Dear Premier,

Elective Surgery Initiatives in Tasmania

On many levels your Tasmanian government should be commended for attempting to rectify some of the substantial underfunding that has occurred in the health system in Tasmania over the recent past. The Royal Australasian College of Surgeons (RACS) has been most concerned with the decrease in access to surgical services, particularly elective surgery, as draconian budget cuts have been made. This has impacted disproportionately on elective procedural services to the detriment of the people of Tasmania. Waiting lists have been profiled amongst the worst in Australia. It has also had a considerable impact on the current and future training opportunities for the surgical health work force. Training for medical specialists is heavily dependent on being supervised in clinical units that are reliably busy and actively overseen by Consultant staff who are meaningfully engaged within the teaching hospital structure.

RACS has been involved in a number of discussions with the Tasmanian Health Ministry and Tasmanian Department of Health as well as individual hospitals. Changes are crucial across the health sector to address its sustainability. However, changes must be carefully monitored for adverse outcomes. Unfortunately, these have been rapidly identified with the elective surgery strategy and many could have been prevented.

The decision to outsource the treatment of public patients and reassign them to other states - literally 'overseas' - comes with substantial clinical risk. Although most surgical procedures will occur without complication, the importance of postoperative care and monitoring for clinical problems cannot be overemphasised. In these situations consultation with the treating practitioner is vital, as is communication with all others involved in the provision of clinical care. This can be challenging, even when patients are accessing their local health services. It can and has been substantially compromised when a patient is returned to Tasmania on the second or third post-operative day from another state and then attends the local Emergency Department with what could become a life-threatening complication. Unfortunately the care of these patients can become seriously disjointed and sub-optimal. Newspaper articles are now highlighting these very issues.

Training opportunities are also deteriorating with work being transferred to the private sector in other states. Training requires an ongoing level of clinical activity. It is adversely affected within a service that is turned on and then off in alternate weeks or months. The requirements for ongoing accreditation of training are not being met and will force a review of training posts in the near future. This is true not only for Surgery but also within other key areas, such as Emergency Departments. Given the critical nature of workforce requirements for Tasmania, it is vital that Trainees are both attracted to and retained within the Tasmanian health system. Uncertainty on so many issues will be a substantial disincentive for qualified consultants to commit their career to Tasmania into the future.

Although the Tasmanian Government must be congratulated on providing additional resources to the hospital system after so much has been removed, considerably greater care in the implementation of your strategies is required. Strategies such as outsourcing to other states need to be reviewed. It is an unfortunate fact that your community is suffering because of these issues and that the development of the surgical workforce into the future is being seriously threatened.

RACS would be more than happy to discuss these significant issues at your earliest convenience.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Philip Truskett', with a horizontal line underneath the name.

Mr Philip Truskett AM
President