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Queensland Health

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Dear Dr Boulton and Dr Dale

Thank you for your letter dated 14 November 2023, regarding equitable access to elective surgery in regional Queensland. We are acutely aware of all the issues raised in your letter, and would like to first and foremost assure you that real progress is being made at every level to address these concerns.

In preparing a response to your letter, we have worked closely with counterparts across the Department of Health, and in consultation with clinicians represented by the Queensland Surgical Advisory Committee (QSAC), we will reply to your proposed recommendations, and also outline other activities that is either underway or about to commence across the Queensland public health system with direct relevance to improving equity in access to elective surgery across the state.

#### **Data analysis by patient postcode**

As you might be aware, in 2022 alone over 120,000 new residents called Queensland home (source: ABS) - approximately the entire city of Toowoomba appearing each year, people who require hospitals, roads, schools and all the other services of life. In the meantime our health system continues to respond to the new normal following COVID-19, which has affected the delivery of health services, and the professional and personal life of our workforce and patients.

In your letter, you suggest Queensland Health analyse public hospital data on the rates of elective surgery per capita by patient postcode or ABS Statistical Area 4. We can assure you that this work is an ongoing part of our core functions and forms a key component of both our workforce and infrastructure strategies for Queensland Health under HEALTHQ32: A vision for Queensland's health system.

Demand for elective surgery procedures continues to increase across Queensland, with most Hospital and Health Services (HHSs) experiencing increases to referral demand in the current financial year to date (2023-24) compared to last financial year. Overall, there has been a 6.6 per cent increase in referral demand in the same period last year. Patients treated from the waitlist are also increasing. As at 31 October 2023, 51,237 patients had been treated from the elective surgery waitlist financial year to date, 14.3 per cent more than the same time last year.



Your letter states “regional Queensland HHSs including Darling Downs, Wide Bay, Central Queensland, Mackay and Townsville are performing elective surgery at a per capita rate that is, at best, 50% of the rate of Cairns HHS and comparable health services in Western NSW and Murrumbidgee Local Health Districts.”

In the current financial year to date (October 2023), some of the largest proportional increases in the number of elective surgeries being delivered have been witnessed in regional HHSs, when compared to the same period of the prior financial year. Wide Bay HHS, Darling Downs HHS, and Mackay HHS have seen increases of 35.8, 18.4, and 12.8 per cent respectively. These numbers are either ahead of, or comparable with, the statewide increase of 14.3 per cent within the same period.

When reviewing the volumes of elective surgeries delivered during the 2022-23 financial year and considering the treated patient’s HHS of residence and their access to treatment, patients from the Cairns and Hinterland region received their treatments at a rate of 31.3 patients per 1,000 persons, which surpasses the other regional HHSs. Patients located within the Wide Bay region had the lowest rate of Elective Surgery treatments of the regional HHSs at 23.7 patients treated per 1,000 persons, 32.1 per cent lower than the Cairns and Hinterland HHS.

The team in Cairns and Hinterland HHS should be applauded for their work in providing this level of care to their patient cohort, and steps are being taken to assist other health services to increase their own capacity to meet local needs.

### **Surgical Services Roundtable**

In your letter, AMA Queensland have offered to host a surgical services round table meeting, and should you choose to pursue this, we will be happy to provide Queensland Health representation as appropriate.

As you have noted in your letter, our clinical workforce has provided suggestions some ideas that are already being explored and in-part implemented to address the issues you’ve raised.

Clinical Excellence Queensland is the host of the QSAC, a statewide and representative group which has input from all surgical specialties. A regular statewide surgical forum is hosted by the QSAC which in recent years has had a particular focus on workforce and regional issues. The most recent forum was held in August 2023. To avoid duplication in establishing a group with similar interests, we would welcome AMA Queensland input at upcoming Queensland Surgical Forums and will ensure that an invitation is extended to a representative from your organisation in the future.

We know from experience that offering increased pay is not the simple fix to attract a skilled workforce to regional areas. Simply offering more money to skilled clinicians already earning generous salaries to give up a city lifestyle, potentially uproot their families, and move for nothing more than a salary increase doesn’t work. Queensland Health is looking at other reasons why our clinicians are willing to consider working in regional areas – family links, lifestyle change, and a willingness to give back and help under-represented parts of the community. We are also investigating rotational models to give patients and health services access to skilled clinicians, while also increasing the skill base of local staff through rotational and mentoring opportunities.

One key model of care under development is a networked workforce model which aims to support and formalise networked service delivery arrangements across HHSs. Networked services will enable more connected, equitable and sustainable care delivery across regions and/or across the state and can be tailor based on clinical requirements. The networked workforce model is a key enabler to how we deliver more connected services and support HHSs to tackle the challenges of delivering equitable quality care across Queensland.

One element of this model offers our newly graduated Senior Medical Officers (SMOs) and Rural Generalists the opportunity to travel to a HHS other than their usual place of work to provide services that are part of the networked workforce model. The travel will be from a metropolitan or regional area to a regional, rural or remote Queensland Health facility (or vice versa). The model requires a minimum of 25% of rostered time spent in a regional, rural or remote site best suited to the clinician’s area of expertise, with permanent employment and appropriate remuneration and inclusions offered.



This offers clinicians a chance to experience life in regional areas and consider moving full time, while also providing vital services in these areas.

As development of these models progress, future consultation with AMA Queensland will be a key component.

## **Other key activities to improve equity of health services across Queensland**

### Poor patient outcomes and costs

We note the AMA Queensland's concerns of the rising cost of living as experienced across the State and we are happy to inform you that as part of the 2023-24 State Budget and in response to rising cost of living pressures, the Queensland Government has provided an additional \$70.3 million funding over four years to increase the existing Patient Travel Subsidy Scheme (PTSS) concession rates.

On 1 July 2023, accommodation rates for eligible PTSS patients and their escorts increased from \$60 per person per night, to \$70 per person per night, and mileage concession rates increased from 30 cents to 34 cents per kilometre. Also on 1 July 2023, the Queensland Government provided funding for the full cost of repatriation of deceased eligible PTSS patients on PTSS-related travel to their Queensland place of residence or their Queensland Traditional Homelands or their Queensland First Nations Country.

These concession rate increases, and the introduction of funding to support the repatriation of deceased patients, has resulted in considerable growth to the PTSS budget, with \$113.8 million allocated to PTSS for 2023-24.

All HHSs have the ability to book air, bus, ferry or rail fares for patients able to access these transport options in their area. Booking through the HHS alleviates the need for patients to outlay travel costs or rely on waiting for a subsidy.

Regarding the AMA Queensland's comments that the PTSS may be considered as somewhat cumbersome, I can also advise that the Department of Health is currently undertaking a review of existing PTSS administrative processes. The intent of this review is to improve and, streamline existing processes to improve the patient journey, making it easier for patients to access the scheme and provide more timely reimbursements.

### MOCA 6 entitlements and Fatigue Provisions

The Medical Officers' (Queensland Health) Certified Agreement (No 6) 2022 (MOCA6) and the Medical Officers' (Queensland Health) Award – State 2015 (the Award) provide the terms and conditions of employment for SMOs employed by Queensland Health. Both instruments have specific provisions which govern the hours of work for SMOs and their entitlement to sufficient breaks between shifts to manage fatigue.

Queensland Health notes that there may be rare circumstances that require SMOs to work where they have not had a rest break. In accordance with a new provision in MOCA6, HHSs are now required to record any instance where a SMO requests that they be stood down due to operational requirements, in order to improve transparency and management of these instances.

Further, as a result of the discussions during negotiations related to medical officer fatigue, MOCA6 includes a commitment that Queensland Health undertake a fatigue review. The review will result in the development of recommendations to the Director-General on the management of medical officer fatigue. The review will consider current literature; Australian and international strategies used to manage medical officer fatigue; past reviews and audits; HHS strategies to manage medical officer fatigue; systems used to report on fatigue hazards and incidents and contemporary ways of using tools and data to monitor and report fatigue; as well as rural and remote elements of managing fatigue.

Additionally, Queensland Health will look to engage an external provider to facilitate the Medical Officer Fatigue Review to identify causes including contributing factors; the key measures and indicators of medical officer fatigue; develop measures for the prevention and management of fatigue specific to medical officer roles within Queensland Health; and propose controls including system redesign and enhancements for implementation within Queensland Health.

Doctor deskillling, burnout and attrition to metropolitan areas and/or private sector

It is an ongoing priority of Queensland Health to ensure the health, safety and wellbeing of the medical workforce and we share the same concerns regarding the impact that fatigue and burnout can have upon clinical errors and personal wellbeing, as well as attrition to metropolitan areas and/or the private sector. Queensland Health is working proactively to provide support for the wellbeing of all staff both at the local HHS level and at an organisational level through the delivery of a range of wellbeing initiatives.

The Department of Health has established a statewide Medical Workforce Wellbeing Reference Group to oversee and implement initiatives which provide support for the wellbeing of the medical workforce across Queensland. The reference group is chaired by the Chief Medical Officer to promote a positive workplace culture by prioritising the health and wellbeing of medical practitioners and medical students. The group includes representation from the AMA Queensland Committee of Doctors in Training.

The reference group recently convened a Strategy Workshop on 6 October 2023 to identify new ways to better support the wellbeing of the Queensland Health medical workforce, particularly at an organisational level. The outcomes of this workshop will guide the group's ongoing priorities into the new year.

Thank you for your ongoing efforts to support the clinicians represented by the AMA Queensland and the people of Queensland. We look forward to future collaboration on issues raised in your letter and welcome you making contact with us again with future concerns.

Yours sincerely



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14 / 12 / 2023

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