

MEDIA RELEASE

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Fundamental reform needed to fix Queensland's Central West surgical services

The new Queensland Government must undertake urgent reform to fix inequitable access to surgical services in Queensland's Central West.

AMA Queensland Vice President Dr Emilia Dauway said the AMA Queensland *Surgical Wait List Round Table Action Plan*, released weeks before the October election, provides a ready-made road map for the new government.

"We know patients in Queensland's Central West have been suffering from inequitable access to elective surgery for too long," Dr Dauway said.

"Patients in areas like Longreach and Winton are waiting disproportionately long periods to get the surgeries they need.

"Of the four hospitals in the region, only the Longreach Hospital is set up to serve the elective surgery needs of the surrounding communities.

"However, the hospital does not currently have the resources or workforce to offer the full range of surgical services.

"This inequitable access for Central West patients will only continue under the Activity Based Funding model which pays for services delivered.

"Just because they don't have the staff to perform these services doesn't mean they're not in demand.

"These wait times have been particularly lengthy for those needing gynaecology procedures.

"In the last reported quarter, nearly 35 per cent of patients waiting for gynaecology surgery in the region were not treated within the clinically recommended timeframe.

"Doctors are increasingly distressed by their patients' consequent poorer health outcomes like increased opioid addiction, worsening chronic disease, longer recovery time and poorer mental health because of a lack of concerted action to save our regional surgical services.

"Unfortunately delays in some surgical procedures, for example for urinary incontinence resulting from gynaecological or urological conditions, may lead to increased UTIs, chronic skin inflammation and decline in mental health.

"Not getting eye surgery when it's needed can stop people driving and limit their independence, employment and ability to care for their families."

AMA Queensland President Dr Nick Yim said Queensland is the most decentralised state and the Activity Based Funding model, which rewards hospitals for the number of services they provide, only punishes regions where services are already unavailable.

"If a regional hospital does not have surgeons or enough anaesthetists, it can't provide services. Elective surgery is necessary, planned surgery for serious conditions," Dr Yim said.

“We must invest in our regional health workforce and shift to collaborative teams.

“The incoming government must support the regional doctors, nurses and other health professionals who provide the foundation for competent, safe and timely surgical services close to home.

“This *Action Plan* provides simple, clear short-to-medium term and longer-term solutions for restructuring Queensland Health’s governance frameworks and reestablishing key surgical specialties and services.”

The *AMA Queensland Surgical Wait List Roundtable Action Plan* is available [here](#).

Background

- AMA Queensland established its Surgical Wait List Roundtable in April 2024 to identify practical, affordable actions the newly-elected government can take to address inequities in access.
- Senior medical practitioners in the fields of anaesthetics, general surgery, obstetrics and gynaecology, orthopaedics and general practice from across Queensland met remotely from June to September to come up with recommendations.
- The Roundtable was based on the AMA Queensland Ramping Roundtable which was formed in 2021.
- The *Action Plan* calls for:
 - operating hours and surgical scheduling to be expanded to deliver all-day lists and seven-day elective surgery lists where workforce permits
 - private patients with private billings to be able to be treated in public hospitals
 - doctors from rural and regional areas to be prioritised in specialist trainee selection processes
 - specialist and subspecialty training in the regions to be increased
 - an overhaul of HHS classifications to better reflect an area’s remoteness
 - reforms in many areas across funding, outsourcing, care models, employment, training, data, digital technology and broader underlying policy areas
 - better financial incentives for metropolitan in-need specialists to move to the regions
 - the creation of jobs for any Queensland Health-employed partners who are willing to relocate

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