

Research, Audit and Academic Surgery Division

12 October 2017

Mr Henry Williams
Research Economist, Productivity Commission
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Email: henry.williams@pc.gov.au

Dear Mr Williams

Feedback on Competition and User Choice in Human Services draft (Chapters 9 and 10)

Thank you for the opportunity to speak with you on 14 September to discuss RACS comments on the Commission's Competition and User Choice in Human Services draft. 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. RACS represents more than 7000 surgeons and 1300 Surgical Trainees and International Medical Graduates (IMGs) across Australia and New Zealand.

RACS is committed to optimal patient safety and the provision of high quality care to all people requiring surgery. RACS Supports the release of surgical reports to the public that are valid, reliable and transparent including the release of outcomes based data at a team, institutional or national level (https://www.surgeons.org/media/24786132/2015-12-02_pos_fes-pst-056_public_reports_on_surgical_outcomes_and_performance.pdf). RACS believes strongly that providing information on surgical outcomes is an important educational tool for specialists. In partnership with Medibank Private the College has publically released seven surgical variances reports (<https://www.surgeons.org/policies-publications/publications/surgical-variance-reports/>) over the past two years and is proud to be leading a national push for transparency in this space.

RACS is concerned with the Commission's recommendations promoting the release of data at the individual specialist level citing similar initiatives overseas and in relation to cardiac surgical outcomes. Despite relevance in specific contexts the College does not agree that extrapolating these initiatives across the Australian health system and the breadth of surgical specialities would necessarily be appropriate.

As discussed, the information within the RACS' audits of surgical mortality is protected by Federal Government Declarations of Qualified Privilege. This protection has been a strong enabler of the collection of the data in the audit databases and the educational benefits that have been realised as a result. Qualified Privilege protection does significantly constrain the usage and release of information collected for this purpose.

Thank you again for the opportunity to provide feedback on into this consultation if you have any further queries in relation to this matter please contact me through the details provided above.

Yours sincerely

Professor Guy Maddern

Chair Australian and New Zealand Audit of Surgical Mortality
RACS Surgical Director of Research and Evaluation