Email: Catherine.King.MP@aph.gov.au
REF: david.watson@surgeons.org

Catherine King MP
Minister for Infrastructure, Transport, Regional Development and Local Government
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

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As the leading advocate for surgical standards, professionalism 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 level.

RACS wishes to lend its voice to recent reports regarding a significant increase in mortality on Australian roads in 2023. This is a setback for the sought outcome of zero deaths by 2050.

RACS has been an advocate for an improvement in the available public data related to not only deaths but injuries on the nation's roads. Whilst mortality data is available, less is available on injuries. In addition, information on road conditions and suspected cause of crashes are not released. These details will help clarify the causes of crashes so that focussed preventative measures can be implemented. RACS understands that there are several good processes currently utilised by some States and Territories that link health, police and transport data together and show some good detail on where issues lie in relation to poor outcomes for road users.

RACS believes that there are two fundamental issues in relation to the current discussions on road safety:

Firstly, RACS would like to see a coordinated and consistent tracking and reporting of injuries which have been caused by crashes in addition to the already collected and reported deaths. Several states and territories, not for profit organisations and insurance agencies collect data but there is no standardisation of this data. In addition, there is no requirement to aggregate or publish this data. RACS calls on government to provide a nationally standardised approach to road safety which includes not only a focus on keeping the mortality and hospitalisation rate down but encourages a broad and mandatory collection of data which provides the clearest possible information on the causes of road crashes for future preventative work.

Secondly, RACS wishes to highlight that alongside the increase in road deaths, there continues to be high volumes of patients hospitalised following road crashes. This work has not only an impact on our members as surgeons, but the costs are borne largely by the public hospital system and the public at large who may have their elective cases postponed. Recently the Royal Australasian College of Medical Administrators (RACMA) raised its concerns with RACS on this growing burden on the health system. Data published by BITRE from 2021 indicates a mean length of stay of 5 days following a road crash. In our unit in Brisbane, for an elective patient, the mean length of stay is 3 days. In view of the fact that the hospitals do not have additional available bed capacity, when a trauma patient is admitted, this is likely to result in the prevention of at least one elective patient having surgery. We see daily cancellation of elective patients due to lack of ICU beds and theatre capacity. The ICU beds are frequently occupied by multi-trauma patients from road crashes. These patients frequently need several operations, again compounding the difficulty in managing the elective workload.

Members of both RACS and Royal Australasian College of Medical Administrators, appreciate the importance of managing elective workload and the commitment to meet the elective public health needs, but the immediate priority of the road trauma victim will always result in these cases taking the next available slot in theatre. This impact is often underestimated and is not clearly visible when looking at either road toll or elective surgery statistics alone.

RACS strongly supports any measures to reduced road related trauma and any measures to allow surgeons and hospitals to treat the trauma patients without impacting on our ability to complete the elective surgical work for the betterment of the public.

Advice with regard to trauma prevention in Australia consists of many groups advocating in different areas which cover the range of mechanisms or why people end up in emergency hospital care. There are data registries, data warehouses, groups which advocate for the victims of trauma and many well-meaning charities. RACS is able to provide an independent and unique viewpoint in that all of these patients are treated at some point often by surgeons within a health sector. These surgeons see at first hand the enormous impact of the life changing injuries and often incomplete recoveries.

RACS and RACMA appreciate the burden of care and the expense this means for Government. RACS for instance run a trauma care verification program which provides an independent assessment of hospitals and the way they manage their trauma. An assessment will often lead to improved efficiencies within the hospital thus improving outcomes whilst reducing overall cost of care.
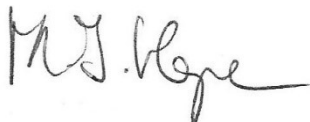
RACS will be planning a roundtable of key stakeholders held in the coming months that can draw on data and experiences, particularly state and territory governments to address the shortfall in data collection and publication.

The link to the following article below explains well the intense involvement in supporting victims of road crashes through their recovery and rehabilitation.
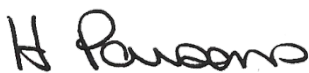
[Behind the nation's road toll is a growing list of patients now living with life-changing injuries - ABC News](#) – Dr Kate Martin in this article is a member of the RACS Trauma Committee.

If it is helpful, we would be happy to meet to discuss any of these matters further.
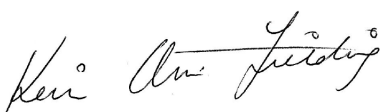

Yours sincerely

Matthew Hope MD(Hons), BSc(MedSci), MBChB, FRCSEd(Tr & Orth), FRACS, FAOA
Chair Trauma Committee
matthew.hope@health.qld.gov.au

Dr Helen Parsons CSC MBBS MHA MBA FRACMA
RACMA President
president@racma.edu.au

Associate Professor Kerin Fielding, MBBS(Syd), FRACS(Orth), FAOA
RACS President
College.President@surgeons.org