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Dear Member,

### **AMA Victoria advocates for more nuanced & considered approach on elective surgery**

This week, we have written to the Victorian Minister for Health, advocating for a more nuanced and considered approach to regrettably necessary elective surgery restrictions in Victoria, as well as a planned emergence from the current emergency circumstance confronting hospital patient care.

This call comes after strong and consistent advice I have received from both members of AMA Victoria, and also the broader Victorian community, concerned about the blanket restrictions on elective surgery in Victoria announced on 6 January 2022, including the cessation of category 2 and 3 surgery from this date, and the fact that there is no apparent end date in sight. This is coupled with the non-provision of compensation for those affected practitioners, whose businesses are suffering like so many other small to medium businesses in Victoria.

AMA Victoria appreciates, perhaps uniquely so, the serious situation the health system presently confronts on account of the predicted increased COVID admissions associated with the Omicron variant of COVID-19. Additionally, we have regularly reported the pre-existing lack of surge capacity in the healthcare workforce, and now confront the chronic burnout and shortages of healthcare workers as we enter the third year of this global pandemic.

However, we believe it is possible - and indeed necessary - to adopt a different approach and an exit strategy for the current elective surgery restrictions that does not involve persisting with blanket elective surgery restrictions until the pandemic ends, which is currently unknown.

Present elective surgery restrictions are not nuanced, nor considered. They are brutal, all or none. They have also not been well communicated (i.e. not well foreshadowed, nor have the drivers been explained). This unnecessarily adds to the burden of the restrictions on patients and medical practitioners, which have been in place in one form or another since 1 October 2021.

In recent months, the Government has adopted the following positions:

- only category 1 and "urgent category 2" surgery (the latter being an entirely new and undefined concept);
- category 1 surgery only;
- 50% of elective surgery but not cosmetic surgery;

- 75% of elective surgery and with cosmetic surgery;
- now category 1 surgery plus cancer surveillance.

This variable list of previous and current restrictions speaks to the lack of nuance in the government's approach.

It is AMA Victoria's view that the government's approach should include not simply rationing surgery by broad patient categories, but if and when rationing is necessary, reduce it by a sensible percentage including an assessment of patient need. That allows greater nuance, with practitioners being able to perform surgery based on the important principle of clinical need balanced with local requirements and resources.

Moreover, I note that if there are day surgery facilities that have staff who would not be deployed elsewhere throughout the system (and who are not in isolation), then AMA Victoria believes it is appropriate to use those facilities, whether they be for endoscopy (which perhaps falls under cancer surveillance) or for in-vitro fertilisation (IVF) management treatments.

Additionally, urgent financial support is required for private surgical and anaesthetic practitioners who (again) have had their ability to work severely curtailed through no fault of their own but have nonetheless been unable to access Victorian Government financial support. It is our contention that surgeons and anaesthetists in private practice must be able to access reasonable and relevant government support to enable their practices to remain viable (noting that they are still paying for staff, rent and overheads) whilst restrictions to privately performed elective surgery are in place (and, again, with no end to these restrictions in sight).

We have written to the Victorian Minister for Industry Support and Recovery previously on this issue.

Accordingly, AMA Victoria calls for:

- improvement to the poor communication from the Victorian Health Department on the drivers for elective surgery shutdowns, with consequentially increased stress and disruption for surgeons, anaesthetists, procedural trainees, hospitals and patients;
- financial support for wholly private surgeons and anaesthetists whilst significant restrictions are in place;
- an undertaking to urgently advise on the planning for resumption of elective surgery - e.g. that elective surgery will be able to resume at 75% capacity with no restrictions on type of surgery undertaken once COVID-19 hospital admissions are projected to fall under (say) 600;
- advice on what specific actions the Government intends to take to address the ballooning numbers of patients waiting with pain and disability due to delays in accessing elective surgery in public and private (contributing to additional burden on the primary care sector, who we note are also undertaking important vaccination performance);
- acknowledgement that if the State Government will continue to "pause or shift" non-elective surgery until COVID-19 admissions are zero, then it is the government's plan that:

- patients who are on waiting lists for elective surgery cannot expect any efforts to address ballooning surgical waiting lists until the pandemic is over;
- private surgical practices will be repeatedly forced towards or rendered non-viable during pandemic waves due to State Government policy; and
- the surgical workforce is to contract both through policy that renders private surgical practice non-viable and through government policy restricting the ability of current surgical/procedural trainees to perform the elective surgical/procedural procedures necessary for them to gain the training experience needed to qualify as surgeons or proceduralists and to perform operations safely as a surgeon or proceduralist.

As always, if you have any feedback, please don't hesitate to contact us at [amavic@amavic.com.au](mailto:amavic@amavic.com.au)

Kind regards,

**Dr Roderick McRae**

**President**

**AMA Victoria**