



Committee Secretary
Standing Committee on Health, Community and Social Services
Legislative Assembly for the ACT
GPO Box 1020
CANBERRA ACT 2601

Subject: LATE SUBMISSION TO THE INQUIRY INTO CALVARY PUBLIC HOSPITAL OPTIONS

On behalf of a number of Senior Medical Officers at Calvary Hospital who are signatories to this correspondence, I seek your consideration of the following submission to the Standing Committee on Health, Community and Social Services Inquiry into Calvary Public Hospital Options.

I appreciate this submission is outside the preferred date of lodgement, but I urge the Committee consider this submission as it seeks to be fully informed in its inquiry and reporting responsibilities.

INTRODUCTION

Whilst safe and efficient health and hospital services are a multidisciplinary process, it is an unavoidable fact of life that a patient's journey and treatment is led by a Medical Officer.

The ACT Public Hospitals system engages Salaried Medical Officers (SMOs) and Visiting Medical Officers (VMOs) in the broad range of disciplines and specialties that make up contemporary health care services.

These senior medical officers are supported by less experienced and trainee medical officers in roles such as Senior Registrar, Junior Registrar, and Resident Medical Officer.

Having these senior and developing cohorts work collaboratively and effectively, with a shared vision for patient care and satisfaction, is fundamental to a safe and efficient hospital operation and critical to the ongoing sustainability and enhancement of public hospital services.

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Clare Holland House
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Achieving this requires more than allocating equipment, resources and personnel to a series of buildings.

In our roles of Senior Medical Officers at Calvary Hospital, encompassing a range of specialties, we would like to provide our comments against a number of topics that we feel are relevant to your inquiry and reporting process.

MEDICAL OFFICER TRAINING AND DEVELOPMENT ACCREDITATION

The training of medical officers in hospitals requires accreditation from the College representing each specialty. This accreditation is not extended to a hospital just because it is a hospital: it is only granted to hospitals that demonstrate a consistent and ongoing ability to maintain the highest standards in that field. Critical to this are Senior Medical Officers that not only excel at their specialty but are also capable and willing to take on the role of trainer, developer and mentor for less experienced medical officers.

A relevant example of this is Calvary Hospital taking on its first cardiology trainee next year. This placement has taken a number of years to be approved by the College.

Calvary Hospital is held in similar regard by the Colleges representing Emergency Medicine, Orthopaedics, Obstetrics and Gynaecology, General Medicine, General Surgery, Intensive Care, Anaesthetics, Urology, Psychology, Ophthalmology, Geriatric Medicine, and Rehabilitation. Accredited Registrar training in these crafts is in place at Calvary.

In the event of a new hospital being constructed in Canberra it is not feasible that accredited programs would be in place for at least five years after the hospital opened. Without junior medical officers to support their hospital activity, it is unlikely that SMOs or VMOs would undertake anything more than an occasional sessional engagement.

In making this observation we do not imply that there will never be a time when a third hospital is required for our population. What we are saying is that it will be detrimental to health and hospital services for our community if the consequence of doing so is that an independently recognised centre of medical and clinical excellence is in any way undermined.

THE FUTURE ROLE OF CALVARY

We are somewhat concerned by messages implanted in the community that already have Calvary Hospital assigned the future role of a sub-acute facility.

Calvary is presently providing consistently high quality acute care services to the community, and by all available measures with greater economy and patient safety than at many other public hospitals in the Territory and other jurisdictions.

At Calvary Hospital we recognise the value of sub-acute services to the community, but are concerned that misplaced thinking is creating a perception that this campus can only be one or the other.

With an injection of capital funding that is only a fraction of the cost of a new hospital, the Calvary Bruce campus could be home to both acute and sub-acute services. It is our opinion that doing this would create a conveniently located and accessible hospital offering the community the full continuum of care.

Supporting the consideration of further capital works at the Calvary Bruce campus is the viability of the major existing infrastructure. The current clinical structures at Calvary are sound and capable of accommodating acute care services for at least two decades. The logic of entering into a financially open-ended venture, while a perfectly good community asset lies underdeveloped and underutilised, is questionable.

RECOGNITION OF HEALTH NEEDS OF CANBERRA'S NEW COMMUNITIES

In our Medical Officer roles we appreciate and have demonstrated our commitment to accessible and high quality services for everyone in our community.

It is questionable that the demographic of the 'new' areas of Molonglo and Gungahlin are best served in coming decades by a hospital offering a full range of acute care services.

Similarly, it is questionable whether the demographic of the older and aging suburbs of Belconnen and North Canberra who are moving towards needing acute care services would feel well served by travelling to the perimeter of the Territory for those services.

We urge the Territory Government to investigate innovative clinics and procedural centres being established in the newer areas to cope with the foreseeable demands of the population in those areas.

CONCLUSION

The Inquiry into Calvary Public Hospital Options Standing Committee on Health, Community and Social Services may have originated from the discussions about the ownership of Calvary Hospital.

However, we believe that the inquiry is an opportunity for the Committee to take a holistic view of the best possible and affordable option for the ACT.

We trust this information assists in your considerations.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter French', with a large loop at the end.

Dr Peter French
Cardiologist

A handwritten signature in black ink, appearing to read 'Godfrey Wright', with a large loop at the end.

Dr Godfrey Wright
Intensivist

on behalf of

Dr Roger Lee
Chair of the Division of Medicine

Dr James Riddell
Gastroenterologist