



**Further information:
Details of any current or projected staff and skills training shortages within hospitals as a result of the growth in organ transplant rates.**

Rising number of organ donations

The rate of organ donation in Victoria has doubled over the past four years, and arguably this has come as a result of the Federal Government initiative to improve the rates of organ donation nationally. In response to this initiative it was to be expected that the states would provide the resources downstream to facilitate transplantation of the donated organs.

This has not occurred in Victoria where our health system is seriously under-resourced to perform the number of transplant procedures currently required and will be seriously lacking if it is to accommodate rising rates of organ donation in the future.

In comparison with local and international standards, Victorian hospitals are getting excellent results from the transplant procedures that they are performed however they are doing so with fewer resources than hospitals overseas.

Additional resources are required

The quantity of surgical and operative resources needed in response to the increase in organ donations is the product of a linear relationship; that is, with an increase of 20% in cases, an increase of 20% in resources is needed to facilitate them.

On the other hand, the system requires an exponential increase of medical resources as the rate of donations increases. There is an increased demand for care for people after the transplant has occurred with follow-up tests needing to be done, and surveillance performed.

To date these resources have not been provided in Victoria.

Infrastructure

Victorian hospitals do not have essential support structures, or infrastructure. Hospitals require offices, teams of staff, and team leaders to perform transplantations. Transplant coordinators are needed to coordinate organ donation processes such as identifying and contacting potential recipients.

Tissue typing procedures are also required to be performed at double the rate of four years ago. Yet, due to inadequate funding, hospitals are currently unable to perform as many of these procedures as are needed. Tissue typing must occur 24 hours a day and costs approximately \$1000 per patient per test. When performed, the procedure helps to ensure that the organs being transplanted will not be rejected by the potential recipient.

Data collection / recording

Hospitals are not equipped with sufficient resources to enable them to record the number and details of transplantation procedures undertaken. Databases are needed to store the details of each procedure, and the reasons for non-performance.

Clearer channels for reporting to the Government on these matters are also necessary. Currently, doctors are unaware of where to direct and discuss their concerns about the systemic problems within their field of practice. This information needs to be shared in order for resources to be directed to the appropriate areas.



Workforce shortages

The current workforce shortage has meant that hospital staff are placed under significant strain as they deal with the increased workload, and are struggling to cope with the number of organs being donated. This also means that potential procedures may not be being performed.

The system requires additional medical staff, allied health professionals, nurses and social workers trained in the area of organ donation. The Government must develop a set of incentives to attract young people into the workforce.

Staff are needed on nights, weekends, and public holidays and, on account of these difficult conditions, there is little demand for positions within the field. This is disheartening for the professionals who are being left to shoulder the burden.

Training

Training is an essential component of workforce planning. Transplant procedures require a range of professionals with a variety of skills, and incentives must be given to doctors who are willing to work in this field along with ongoing support as they train to become specialists.

In order to practise in this area, doctors must undertake a standard training program followed by an extra year or two during which they may travel overseas to acquire additional expertise. Upon entering the workforce after their training is complete, these doctors will be eight and ten years post-graduation.

At the moment, training places are limited and there is little or no guarantee that doctors in training will get a position in this specialised field at the conclusion of their training.

In addition, individual hospitals are bearing the responsibility of providing the necessary training and specialists are donating their time to run lectures for their colleagues. Doctors should not be expected to perform these seminars without due recognition of their time and effort in doing so.

The Government must take measures to address these shortcomings. A formalised training program must be introduced to ensure that our doctors can learn all the skills necessary to work in this highly-specialised field.

Additional funding must also be provided to hospitals to allow doctors to acquire expertise on an ongoing basis – this commonly involves attending national and international forums.

Adequate remuneration for doctors

The remuneration structure for doctors practising in organ transplantation must reflect the complexity and time consuming nature of the work they do. Currently they are paid for only a certain amount of hours per week when they are in fact working and providing services over and above this time. Doctors in the field must often take calls out-of-hours to facilitate procedures when they are not actually rostered on to work.

If remuneration levels do not rise to reflect these conditions, then it may be expected that doctors will tend towards other medical specialities where they will be paid more and can work under less arduous conditions.

***Planning***

There is a need to plan ahead. There are clear gaps in the system and we must determine how those are to be filled.

Victoria needs a comprehensive policy as to how the health system will provide for organ transplantation to meet current and future rates of organ donations.

Funding for specific centres

Centres like the Royal Melbourne, Monash and Alfred Hospitals which are performing transplant procedures need to be recognised with specific funding for the services they provide – not only to service existing requirements, but to facilitate increased procedures in the long term.

The Government must identify all hospitals which are performing transplant procedures, and allocate money specifically to the transplant units within them. Hospitals providing these services should be rewarded for the work they do, and their efficiency in doing so.