GOVERNMENT OF
WESTERN AUSTRALIA

Climate Health WA Inquiry

Inquiry into the impacts of climate change on health in Western Australia

Inquiry Lead:
Dr Tarun Weeramanthri

Witnesses:

Professor David Fletcher
Chair, Professional Development, Royal Australasian College of Surgeons

Thursday, 17 October 2019, 11.15 am

Recorded at the State Administrative Tribunal; transcript produced by Epiq Australia Pty Ltd, Perth

HEARING COMMENCED

PROF WEERAMANTHRI: Professor Fletcher, I'd like to thank you for your interest in the Inquiry and for your appearance at today's hearing. The purpose of this hearing is to assist me in gathering evidence for the Climate Health WA Inquiry into the impacts of climate change on health in Western Australia. My name is Tarun Weeramanthri and I've been appointed by the Chief Health Officer to undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's Project Director. If everyone could please be aware that the use of mobile phones and other recording devices is not permitted in this room, and please make sure that your phone is on silent or switched off.

This hearing is a formal procedure convened under section 231 of the Public Health Act 2016. While you are not being asked to give your evidence under oath or affirmation, it is important you understand that there are penalties under the Act for knowingly providing a response or information that is false or misleading. This is a public hearing and a transcript of your evidence will be made for the public record. If you wish to make a confidential statement during today's proceedings, you should request that that part of your evidence be taken in private. You've previously been provided with the Inquiry's terms of reference and information on giving evidence to the Inquiry. Before we begin, do you have any questions about today's hearing?

PROF FLETCHER: None at all.

PROF WEERAMANTHRI: For the transcript, could I ask you to state your name and the capacity in which you are here today?

PROF FLETCHER: It's David Fletcher. I'm here as Chair of the Professional Development at the College of Surgeons. I'm also Chair of the Sustainability Working Party for the College, which has been established. I guess I also represent my institution, which is Fiona Stanley Fremantle Hospital Group, where I'm the co-lead surgeon and the Head of the Department of General Surgery.

PROF WEERAMANTHRI: Thank you, Professor Fletcher. Would you like to make a brief opening statement?

PROF FLETCHER: Yes, look, I must say I'm really pleased that this opportunity's actually come, because from my point of view pollution is a core business of health care. And if we look at the campaigns that were done, tobacco and asbestos as in the past, I think healthcare in this state excelled itself. But there is the additional problem of waste, of which healthcare is a major contributor. And we know that the Victorian and New Zealand Governments are actively working in this area, and we know that the other states have climate change policies, which I gather we're in the process of developing and I'm very happy to be part of that process. A lot of local initiatives are going on in institutions, but this was really not enough. We really need to combine the bottom-up and the top-down at the same time, so we need integration and we need direction. So from my view this is a wicked

systems issue, because it goes way beyond health, and the idea of having involvement of other sections of the Government is important, because we know that housing and energy and sanitation and so on are major players, and clinical care itself only contributes 16 per cent to the well-being of individuals.

But I also see this is a justice issue and an intergenerational issue as well. It [climate change] is going to affect subgroups. Climate change, it's going to affect particularly the poor, the rural, and people in indigenous areas. It's going to affect our descendants, which is really what bothers me. So what we need is an agreed evidence-based framework, which has to be based upon research, and we need to do research of our own, not just depend on everybody else's. And this research needs to include health economics and health outcomes. We need to have measures of what is happening, because if we don't measure it, we can't manage it. And we need benchmarks for performance against [which] we have to test ourselves. And the great example of this is the NHS Sustainable Development Unit, chaired by David Pencheon. If you wish to meet David Pencheon, he'll be in Australia next year – I forgot to mention it. I am also Chair of the Surgical Directors section of the College, and he's our guest next year again for the scientific congress.[1] And the anaesthetists are meeting in Perth and they've pinched him as well, so he'll be here. It would be great to use him when he's here next year in May. So you had a series of questions for me, I'll respond how I can.

PROF WEERAMANTHRI: And thank you very much for your written submission to the Inquiry, which we found very helpful. And I note the 2018 Royal Australasian College of Surgeons position paper on the environmental impact of surgical practice. It has been estimated by Malik and others in the journal *Lancet Planetary Health* in 2018 that the healthcare sector is responsible for 7 per cent of Australia's total greenhouse gas emissions, and the hospitals account for half those healthcare sector emissions. Can you further break that hospital figure down and give us an estimate of the contribution of surgical practice?

PROF FLETCHER: Okay. The evidence is limited, and that's the problem, and that's what we need to do something about. So in this state, we don't have our own data at all. I rely to a certain extent on the Western Hospital, which is in Footscray, and they've been at this for quite some time. One of the leaders there is an anaesthetist, Forbes McGain. He's done research in this area, which is published, so they do have some data. The figure of 7 per cent production by health is a figure that comes from a number of other sources as well. There's – I can't pronounce his name – Kwaki 2010. And their estimate is that half of healthcare pollution comes from hospitals. And surgery contributes to a fair proportion of that—surgery and anaesthesia.

In terms of rubbish production, for example, we account for about 30 per cent of the refuse that's produced.[2] Our figure of 7 per cent is probably better than

[1] The May 2020 Scientific Congress will be the RACS' 89th annual congress.
[2] By hospitals.

the US, where the estimate is… it's between eight and 10 per cent. But it's a lot worse than what happens in the UK, where, in fact, their figure is about 4 per cent, and that's decreased by 11 per cent since 2008. And that probably is as a direct result of the UK Climate Change Act, which has started measuring and developing benchmarks. Their estimate is that they saved $160 million a year ongoing. So people often see this [climate change action] as an expense, but in reality, it's going to be a saving, once you get going.

In terms of energy, if you look at Western Health, for example, they're putting solar panels and they've converted their lights and other things to LED. And turning off things like theatres when they're not being used, their estimate is that they save $300,000 from that process. And they say that's enough energy to run one small suburb for one entire year, by that sort of activity. So what we really need, I think, is a Sustainability Development Unit, like the UK, but have one in WA. So in answer to your question the figures are a bit rubbery, but those estimates are pretty reasonable. And surgery and anaesthesia is a major player.

PROF WEERAMANTHRI: Can you provide a picture of an operating theatre and why it's such an intense place for generating emissions and waste?

PROF FLETCHER: Yes, well, there's two components to it if you look at the emissions. It depends a lot on the anaesthetics that are used. So CO2 itself is obviously a pollutant. But the really damaging ones are things like desflurane and nitrous oxide. Desflurane's about 1,000 times more potent in terms of its damage. And it's a convenient and it's an inhalational anaesthetic unit that you can use, but it does a great deal of damage. Are there alternatives? Well, there are. You can use less toxic inhalational agents, but you can also use total intravenous anaesthesia, which is a little more complex, but it does have downsides of its own. So that's using propofol by ongoing infusion. Propofol itself if you have excess of that [left over], that also is difficult to get rid of, because also it does damage. So it's a matter of making sure that there isn't excess left.

It's also the question of the number of syringes that you would use to deliver the drug. So if there's recycling of syringes it becomes less of an issue. But there's an estimate that you would save around about $30,000 a year in one theatre by converting over to total intravenous anaesthesia, and that you would save the greenhouse gas equivalent for one operating theatre for one year, the equivalent of about 37 return jumbo flights to the UK and back. So the impact is quite substantial. Yes, there are options, but it's a matter of education, so people understand what they're using and what the implications of it are.

PROF WEERAMANTHRI: Thank you. So we've been provided with a summary of what Western Health are doing to reduce their use of those particular anaesthetic gases.

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: So that's one hospital in one state?

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: So are you aware from your role with the College about whether such activities are more widespread than that, and is there any data, for example in Western Australia, which looks at an audit of anaesthetic gas use here?

PROF FLETCHER: Not that I'm aware of. I know that Charles Gairdner, for example, have been active for probably a year now. They did a presentation last year that I went to, talking about sustainability. So they're worth approaching. And I do know that at my own hospital, we have a Greening Theatre initiative. So Adam Crossley and Jennifer Liddell have been leading that. And they have education programs constantly with their department meetings about how we need to reduce the use of these particular agents. The Princess Alexandra Hospital in Brisbane is being particularly active. And if you look at *War On Waste*, they had a program directly from that hospital. And what they're doing is really quite outstanding. In addition to doing things like using their food waste in the compost, and their excess water, they're greening the environment by getting plants growing in the hospital, which is good to look at, and is also saving waste as well. So there are lots of initiatives that can be done beyond just the anaesthetic gases.

PROF WEERAMANTHRI: Can you identify any particular characteristics of health services that are taking the lead?

PROF FLETCHER: I think it boils down to enthusiasts. Because at the moment, there isn't the guidance and the direction which comes from above, people to work to. So, we read the literature, we understand the implications of what's happening and we make the decision to do something about it ourselves to take personal responsibility for it. I gave a talk in May this year at the International Surgical Colleges in Bangkok, which is where that material I gave you actually came from. And the way I put it to them is that it is each one of us, it's our responsibility. And to ignore the need to make change if we do it out of ignorance, I guess we can accept that to a degree. But to do it out of… to be perverse or for getting a return, whether it be financial in some form or another, by association to the industry with something else is really totally unacceptable. And we have a responsibility to do something. The time is now.

PROF WEERAMANTHRI: So can I ask you about the role of professional colleges? And we've asked the Royal Australasian College of Surgeons to come today – we haven't asked all of the professional colleges – because you do have a position statement and you've made a submission to the Inquiry. And surgery and theatre is obviously a major - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - part of the picture. So specifically, if you're talking about leading institutions, leading individuals - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - they've got different interests driving change, what has the Royal Australasian College of Surgeons done as the leader in surgical education, and how do you work with them and how can you see that going?

PROF FLETCHER: Yes. So on College Council since 2015, it was initiated by Professor David Watters, who developed a program for us to be examining issues about sustainability of healthcare in general. That sustainability was one, really, about preserving the healthcare system, and it had a lot to do with the financial implications of both the public and the private sector. So, as a member of that committee, and what we did, was to use data from private insurance companies, for example, to feed back to individual surgeons about what their activity was and what they were charging, because one of our real concerns is excess fees. And the college has been pretty active in the media over a particular neurosurgeon on the other side of the country. His behaviour we find totally unacceptable.

So there's the sustainability of healthcare. We've just established a sustainability of environment of which I'm the interim Chair. We have guidelines of practice, which we sent you. What we've also done is developed a new competency framework. So the College has nine competencies.[3] CanMeds, which it's based on, has got seven. We've added a couple of others… 'judgment' and 'technical ability'. But we've also just added now to that 'cultural competency' to make 10. But within those competencies, we redefined them. And as an example, on the competency of 'health advocacy', we've got, "Responds to the social determinants of health", and "is aware of what those determinants actually are". So we have the potential to examine candidates on that. It's now in the framework, so they need to understand it.

Second it's, "To demonstrate a commitment to the sustainability of healthcare systems by giving due consideration to the financial and environmental effects related to healthcare sustainability". So that's now written into our curriculum framework, and therefore it is examinable. The anaesthetists have also done very similar things. I'm trying to find where I wrote it down. Here it is. They've got ANZCA PS64BP, "Anaesthetists have a role to play in the mitigating of climate change and environmental degradation". It goes on from there about how they figure out doing that. So within their College, similarly. I understand the College of Physicians is doing something similar. But anaesthesia and surgery, we see… we have the biggest impact, so therefore we have the biggest responsibility to do something.

[3] This was current at the time of the hearing.

PROF WEERAMANTHRI: That's very helpful. So embedding those changes into new competency frameworks will obviously affect the training - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - and the awareness of people when they come out as consultant surgeons. So can I ask, when did you first get interested in this as an issue, in terms of your surgical practice? And I presume you've been interested for some years - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - given your background, and what's your observations about younger surgeons versus more established surgeons and their level of awareness, interest and willingness to address this issue?

PROF FLETCHER: Yes. I think the rate of change in understanding is accelerating at an enormous rate. And I think the younger generation get it a lot more than the older generation. I think the great model we can base ourselves upon is now the children protesting. They're the ones that have got the most to lose. So I guess the younger generation will appreciate it more. But just standing back and watching it, I just think the rate of change is now becoming dramatic. How long have I been interested? Well, I can't put a date on it but it's a long time. I have concerns about social justice, always have. So this is probably one of the areas in which I have interest, things like refugees and all sorts of other things as well. I think that's just an individual thing. Is the College interested in those? Yes, it is. Is it as outspoken as it should be? My personal view is no, it's not, even though I sit on Council and try and make it so.

PROF WEERAMANTHRI: But you're part of a process of change, including in professional colleges.

PROF FLETCHER: Yes. Well, for example, the Younger Fellows forum. We have representation on College Council from fellows who've only had a Fellowship for less than 10 years, and they're incredibly active as a group. And a lot of the changes have been driven from them. They have forums every year and it's one of the topics that's constantly there. On College Council, we also have what's called the RACSTA representative. That's the surgical trainees. And they're major voices in this particular area as well. So the older generation is being pushed to do something. The drive is coming from the younger ones, there's no question about that.

PROF WEERAMANTHRI: You may not be able to answer this question, but this is a Western Australian Inquiry.

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: Are there any observations you'd like to make about the level of awareness or action in Western Australia compared to other states and jurisdictions?

PROF FLETCHER: Yes. Well, I must say the previous President of the WA State Committee, … Steve Rodrigues, who is an ENT surgeon, he introduced the question about ethical purchasing, which I thought was incredibly good. And that's something we're going to build into the Sustainability Committee. You know, we do not want to be buying equipment from people who are using slave labour. And if you look at the requirements of company directors nowadays, they have a responsibility to ensure that their purchasing does not go down that path; they will not purchase from anybody who uses slave labour. You have a responsibility to look for it, not just to pretend you don't see. But the Australian Institute of Company Directors has made that one of their policies, and I applaud it.

PROF WEERAMANTHRI: And we did talk in the hearing previously with Health Support Services about supply chains and procurement, so the point you make is noted, thank you. Just returning to the specifics of hospitals and waste, the Inquiry discussed the issues of environmental waste in hospitals two weeks ago with another witness - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - and the importance of segregation was emphasised. And your witness submission references some studies suggesting that up to 92 per cent of a hospital's biohazard waste may be non-hazardous. We hadn't seen that figure before.

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: Can you speak to that and what might be achievable in hospitals to reduce that figure?

PROF FLETCHER: Yes. How much of it, is that the case? Well, it various enormously between institutions. I think the problem really is… is about how you define what is 'biohazard'. And then directing individuals who are working in the theatre environment—do they understand what is a biohazard and what isn't? And the answer is generally not; they don't. So what we need to be able to do is to people and also to make it easier for them to fulfil their obligation about where they put things.

So the Western Hospital, for example, they've got very clearly marked bins as to when and what goes into each. But, for example, a biohazard… to get rid of that as compared to non-hazardous, it's eight times more expensive. It's $963 as compared to $126 a tonne. So we waste a lot of money in dealing with it.

We probably produce a lot of pollution by burning it. So there is obviously not a need if we appropriately segregated it in the first place. Now, to do that, we need to make it easy for staff. And, for example, the figures in the Western Hospital… what did they say? They say 237 operations, which at my hospital we do in a couple of weeks, produces 1.265 tonnes of waste. Thirty-two per cent of that's infective, 23 per cent is recyclable, and the rest is general. It's a matter of segregating that in the first place. So people need to understand what the difference actually is, and clearly define rules about it.

Can you make changes for the greening of the theatres? Fiona Stanley has. They've reduced the amount of waste which is not recycled over the past three years. I've got a figure here somewhere. Here it is. They increased their recycling from 160 [tonnes of non-recycled waste] down to 96 tonnes over a three-year period. So just making the effort, educating people will have an impact. That needs to be more widespread. But unless we've got an overarching policy, people aren't going to necessarily listen. The enthusiasts will do something, but we need to drive everybody in the same direction, and that really means an overarching framework and research. What are our figures here? Well, we don't really know. I get real enjoyment about seeing a benchmark figure improving over time. As a Head of Department, that gives me jollies. We should be doing the same here. We need to measure to know what we're doing.

PROF WEERAMANTHRI: You've just said that it is possible to make a difference to the correct allocation of waste - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - separation of waste, and that there are initiatives in place in Western Australia, at your hospital. But also the figure you quote in terms of the cost - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - somewhere around $800 for clinical waste versus $100 for non-clinical. That is such a stark comparison. You'd imagine the economics of - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - education would be well worth the investment. And even from just a straight economic point of view, that's an easy investment and decision to make.

PROF FLETCHER: Yes. Well, I think, we talk about things costing more. And if we come to talking about reusables versus recyclables, there is an issue there about cost. But at the end of the day, I think if we drive this correctly, we will save money. The UK has demonstrated that.

PROF WEERAMANTHRI: That's a good example, thank you. Hospitals use a lot of single-use disposable products - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - many but not all of them plastic. Is this to reduce the chance of infection or is it a cost issue? And if it's the former, the chance of infection, is the response proportionate to the risk of infection? And if the latter, should upfront costs be the sole criteria?

PROF FLETCHER: Very good question. I must say just recently, I was gobsmacked to understand that blood pressure cuffs are thrown out. Tourniquets—which come in a nice little pack with a little plastic around it—the tourniquet goes on, you've got a needle and syringe in there to put your line in, [then] chuck the whole lot away at the end of it, tourniquet included. And I understood recently because I started inquiring – pulse oximeters, after each patient, gone. And I was led to the question of saying, "Well, why?" You know, where is your evidence, in fact, that this is a particular risk? And does it outweigh the cost of sterilising or cleaning it, and are there techniques available to do so? We don't really know. The evidence is not there.

So many of us ask the question what is the risk, and what is the cost of the alternative? And because we don't know, it just gets shut down. And that's extraordinarily expensive. The figure I've seen for disposable instruments in theatre, amounts to something like about $40 million a year.[4] It's an extraordinary figure, depending how big your institution actually is. A lot of material we do use is single-use, and you can't help that with things like stapling devices, for example, for joining bowel together. And some of it can be reprocessed, okay, and should be. Here's the problem with industry, though. When we started laparoscopic surgery back in the 90s, I got involved repeatedly with Government and with industry about what we wanted in terms of equipment. What I said to the manufacturers was I wanted reusable equipment. I didn't want all this stuff being thrown out. It was not in the interest of the companies to do that. It's where their profit came from. It was very clearly about re-providing instrumentation.

And what was the risk of reprocessing instruments, for example? Well, you've got to wash them out. Okay, that takes a little bit of effort. But our request was that that should all be done that way, and their response to the company was, "You represent one per cent of the market, get lost." And that was the reality at that time. So I've been a very keen advocate for reuse. As I say, some of it you can't. But much of it you can. And we need to have evidence to say which is the most appropriate.

[4] Following the hearing Professor Fletcher clarified this, advising that the figure for disposable instruments in theatre is between $26 million and $40 million each year.

Let me give you… an example is that the Health Department – what's it spend? It spends – what was it – not so much spent, but they purchase 81 million gloves, per year. To my mind, that's totally appropriate, because that is an infection risk. So there is no alternative to that. How you process those afterwards is going to be the question, to get rid of it. But in terms of drapes and gowns, nappies, and all those sorts of things, 42.2 billion per year the Health Department purchases. So where is the evidence that using drapes and sending them to a laundry afterwards, including gowns, was a problem? The transition occurred many years ago, it sort of happened. I must say at the time, I was thinking, "Well, what's the point of this?" But it was never really discussed. The evidence I've never seen. I'd like to see it, to prove to me, in fact, that it is a risk. And do we have to have some upfront cost to deal with these things in reprocessing them? Maybe we do. That may be the investment we have to make to turn around the damage that we're doing.

What else was there? [Indistinct] instruments, which I've spoken about. So we need to have at the table the companies, to discuss with them what the realities are. I think that in any sustainability committee that we establish, which is what I'll be recommending for each institution, would be that we have the purchasing officers sitting at the table as well, as well as infection control. And we [need to] have the potential to do research about some of these questions, so we can answer them in a logical, reasonable way. At the moment, I don't believe we are.

PROF WEERAMANTHRI: That leads on nicely to the next question about opportunities to try in Western Australia new innovative practices that do reduce environmental impact and/or costs and/or improve patient safety.

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: So given what you know about how clinical research and evaluation is set up in Western Australia, how could such research and evaluation directed at those kinds of issues be supported or better supported?

PROF FLETCHER: Yes, well, obviously you need a research fund to back it. It's interesting—Forbes McGain, as I say, the anaesthetist at Western Hospital, he's done, I believe, a PhD based simply on environmental research. So the opportunity is enormous for this sort of work to be done. Funding becomes an issue. With any research that's always the question. If, I think, Government established sort of a sustainability framework, and built into it a research base, like the NHS has done, so that we can ask questions and we can get people to answer them, then we will generate research activity—which I think is essential for any clinician to be able to do and for their juniors to be able to do—plus answer some important questions. So yes, there needs to be a framework, there needs to be a funding basis for doing it, for allocating funds based on merit.

So there are other opportunities around, I know, in terms of obtaining research funding, but it's always short to come by. But really, what I'm looking for is just to have an overarching framework which is research based. And within each institution, to have their own sustainability committee represented by those who are involved. …Western Hospital has succeeded in doing so much is because they had a Sustainability Officer, whose job was about 0.6FTE, to work within the institution to drive it along, and to make sure that everybody played their part, and to drive the executive.

What's interesting, the executive has – they've got a [sustainability] committee, they've got an environmental policy, they've got a management roadmap, …and they measure their performance. They can tell you what their water usage is. They can tell you what their CO2 production is. We can't. So we might have the trouble of doing that, to examine their energy production by year. They've got local action plans, and what they do is they encourage green champions. All that's happening at the moment in WA, we've got green champions going around doing the best they can, but they're not going to succeed without support. And that's really why I'm here.

PROF WEERAMANTHRI: And you mentioned this in your submission as well, pointing to these initiatives elsewhere, where you do have sustainability committees, sustainability plans and sustainability officers - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - to support clinical leaders, is that correct?

PROF FLETCHER: Yes, correct.

PROF WEERAMANTHRI: So there are elements there already - - -

PROF FLETCHER: Already happening, but we need to integrate it. You asked a question about greening the operating room. This is what it is... it's like a self-help group. It's based in the US; it's called Greening the OR. So, it's… www.greeningtheor.org is the reference to it. What it gives you is the things that you need to do to succeed in greening the OR. So it talks about things like – and there's a checklist, and you've got to tick it off, and to compare yourself with other organisations. Do you separate non-infected waste, for example? Do you segregate pharmaceutical waste? Do you purchase reprocessed medical devices? Do you replace disposable items with reusable items when it's safe to do so? And, a very pertinent one, do they reuse the pulse oximeter probes—which we throw out. Reusable gowns for surgical staff, et cetera. So it's a whole series of questions that you can compare yourself to other organisations, see how you're performing. So very useful. There's a website, which I included on my submission originally.

PROF WEERAMANTHRI: So, the Inquiry will make a set of recommendations. And given, let's say, some of those recommendations were accepted, and Government wishes to move forward in partnership, and clearly everyone has a different role in this process, can you reflect a bit on the – you're here to represent the College of Surgeons. Those are national colleges, they're quite august bodies, the Royal Australasian College of this and that, medical or surgical specialty, of which the College of Surgeons is one. But how could they work, at a state level, together to support any framework or initiative that Government wishes to propose?

PROF FLETCHER: I would not see that as a problem, for the surgeons in particular. As I say, the policies which are developed at a Council level are passed down to the State Committees. Once a year, each of the State Committees has the option, or the opportunity, to come into actual Council, so they understand what's being proposed. My role as a Councillor, I represent all General Surgeons in Australia and New Zealand. And for my specialty there's something like about six sub-specialties within that. So before each council meeting, what I do is I write to them all and say, "What issues do you want to bring up?" Okay, and at the end of the meeting I tell them, in fact, what actually happened. And included in that is sustainability.

So I do the same thing with my State Committee. So I sit on the State Committee of the College of Surgeons. So sustainability is something they're totally aware of. And as I say, they're developing the initiatives themselves about ethical purchasing,[5] so that fits into the same framework. So it would not be difficult to recruit other specialists into surgeons.[6] And I know the anaesthetists are very similar. They have their own, sort of, policies saying the responsibility of the anaesthetist. So it's not going to be an issue.

PROF WEERAMANTHRI: Has there been any discussion that you're aware of for the colleges to upskill? So you talked about training future surgeons, what about upskilling current surgeons in these issues? Is there any initiatives underway?

PROF FLETCHER: Yes. So the group that I'm Chairing is just getting underway. What we're developing is a repository of, sort of, approaches, techniques, ideas to be kept centrally, which we'll then divulge to anybody who wishes to take part. Plus, there's also – because I'm Chair of the Surgical Directors of the College, so they're the people who head the Department, head the Divisions, et cetera, around Australia and New Zealand.[7] We send the same set of information to them. They're the managers, they're the ones who can actually make the biggest difference most rapidly. So it's got

[5] Professor Fletcher advised that ethical purchasing was one example of what the College was doing in relation to sustainability.
[6] Professor Fletcher has clarified that he was suggesting that it would not be difficult to recruit other specialist colleges into joining with the surgeons.
[7] Professor Fletcher clarified that as Chair of the Directors of Surgical Colleges he has the ability to influence the Heads of Departments and Divisions.

to be at the individual surgeon level, those established already, plus heads of Department, plus all the juniors. So it is a wide sort of approach to get this change going.

PROF WEERAMANTHRI: My last question is about the link between the clinical staff. And we turn the stage to Fiona Stanley Hospital. The clinical staff, clinical leaders and the non-clinical critical key people in this area. It's not just management and executive, but also facility managers, for example.

PROF FLETCHER: Correct.

PROF WEERAMANTHRI: Would you like to just discuss how you operate, how you interact with them on a daily, weekly or monthly basis inside the hospital?

PROF FLETCHER: Until now, very little. But suddenly, it's all suddenly happened.

We find that Serco, for example, who are the service providers for Fiona Stanley, have been incredibly active in their own part, okay, for quite some time. And that submission that I sent it to you, I sent to the Area Health Executive of South Metro, and they were extremely enthusiastic. And suddenly, I found that all this activity was going on at multiple levels that I was totally unaware of. Okay, and what it required was integration. So we've agreed at Fiona Stanley Fremantle that we will have a sustainability committee that will be widely represented including the service delivery people in Serco. And that we're looking at the option of finding some savings to appoint a Sustainability Officer. So suddenly, within a matter of weeks, it's just taken off. That's why I remain incredibly optimistic. We just want organisation.

PROF WEERAMANTHRI: I think that's a great place to finish, Professor Fletcher. Thank you very much for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct. There were probably a few technical statements you made - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - that will require you to tell us exactly the right spelling, et cetera, if that's okay.

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: While you cannot amend your evidence, if you would like to explain particular points in more detail or present further

information, you can provide this as an addition to your submission to the Inquiry when you return the transcript, though I would note you've given us a very good submission and further materials by email - - -

PROF FLETCHER: Yes.

PROF WEERAMANTHRI: - - - which we thank you for. Thank you for the time attending today.

PROF FLETCHER: I greatly appreciate the opportunity. Thank you.

HEARING CONCLUDED