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| Robotic assisted surgery policy |
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# Introduction

The previous Victorian robotic assisted surgery (RAS) policy position was concluded in 2016. It was reviewed again in 2019 (based on evidence reviews and the work of the National Health Technology Reference Group) with the outcome of that review reconfirming the 2016 position due to the limited evidence around the clinical benefits and cost-effectiveness of RAS.

Although clinical evidence is emerging of the benefits of RAS regarding a limited number of procedures, the general evidence for RAS as a superior surgical option remains inconclusive, and similarly limited for the cost-effectiveness of RAS. Robust randomised controlled trials are also lacking from the RAS research field. Noting the limited evidence base, both overseas and domestic RAS uptake has been primarily driven by workforce and patient preferences.

RAS uptake has continued to grow despite these limitations. Victoria now has more RAS platforms in public hospitals than any other jurisdiction in Australia. The use of RAS platforms is also widespread in private hospitals across the state. Considering this, advocacy for clear government direction on RAS has grown in recent years. This updated policy responds to those calls and the above context.

# Policy position

The Department of Health (the department) is not committing to centralised funding of RAS platforms in Victorian public health services. Rather, the Department will endorse health services’ decision to fund RAS, should investment be viable.

The department has adopted a ‘**managed growth**’ policy approach to RAS. This is in recognition of the:

* growing uptake of RAS platforms and the corresponding need for equity across the public system
* patient and workforce preferences for RAS, such as better visual clarity for surgeons and improved ergonomics that may reduce surgeon pain or repetitive strain injuries when operating (especially in cases addressing a complex patient)
* benefits of active government involvement in the development of the RAS evidence base; and
* need for clarity and guidance for public health services considering purchasing RAS platforms, particularly given the associated up-front and ongoing costs.

This updated policy acknowledges that, while the evidence base remains inconclusive, RAS is now part of the Victorian public health system. The policy provides a necessary framework to evolve in the future as the evidence base develops.

This policy also considers that calls for increasing RAS uptake is predominately driven by patient and surgeon preferences, not by economic or clinical benefits.

The department’s policy position outlines four elements (detailed below).

## Policy elements

### 1. Recognition

The department recognises RAS is a fast-growing field, sought after by patients and workforce alike, and now forms part of the public health system in Victoria. While the evidence base is not yet sufficient to support centralised investment, the department believes it is in the interests of the public health system to support health services (via non-financial means) who may wish to self-fund a RAS platform through donations or cash reserves.

### 2. Guidance

RAS is not appropriate in every circumstance. To ensure that informed RAS investment decisions are made, health services must consider:

* **whether there is an identified need for a RAS platform,**
* **that the RAS service placement supports equity of access, procedures, and patient outcomes,**
* whether the RAS platform is financially viable and that its cost effectiveness can be maximised (e.g. at high-volume locations, public in private agreements),
* that the RAS platform will have a positive effect on patient throughput,
* that infrastructure requirements and other dependencies are assessed before an investment is made; and
* that appropriate training, workforce, and governance arrangements are in place.

Health services are responsible for the costs of maintaining RAS platforms. The department expects the above considerations will be satisfied before any RAS investment is made.

### 3. Data and evidence

To improve the evidence base for RAS, robust and systematic data collection of RAS activity by health services is essential. Monitoring and evaluation of RAS for each of the surgical disciplines is also necessary to assess and inform its benefits compared to traditional surgical techniques.

To inform future policy direction, the department will maintain a RAS register that details all public sector RAS platforms in Victoria. Health services are expected to submit any requested information to the department, and must keep the department informed of any new or decommissioned RAS platforms.

Where feasible, the department encourages research partnerships between academic institutions and service providers to further build the RAS evidence base and inform the quality, safety and cost effectiveness of RAS services.

### 4. Training and workforce

Standardised RAS training programs and established local governance frameworks are necessary for developing and maintaining excellence in the use of this technology. It is a requirement that all health services adopting RAS implement appropriate workforce development opportunities across their region.

# Shared risk arrangements

The department is unable to provide funding to support health services under loan-based shared risk arrangements with RAS platform providers. Health services under these arrangementsshould refer to the above guidance to determine if purchasing and maintaining their RAS platform is feasible.