

## **Inquiry into e-mobility safety and use in Queensland**

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**State Development, Infrastructure and Works Committee**  
Parliament House, George Street, Brisbane QLD 4000

**Inquiry into e-mobility safety and use in Queensland**

As the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal level. This submission is from the RACS Trauma Committee.

The RACS Trauma Committee advocates for better trauma care in hospital systems in Australia and Aotearoa New Zealand in addition to sensible regulation of activities that can lead to a reduction in trauma related injuries and death. Its key advocacy areas at present are Road Safety, Domestic and Family Violence and Gun Safety.

As people are increasingly using these devices for daily travel, such as commuting to work or university, they can no longer be solely viewed as being for occasional recreation use. Instead, they need to be viewed as a significant component of an overall Road Safety strategy. Electric mobility devices have grown in use by the public in both private personal mobility and hire devices, which has resulted in a corresponding increase in deaths and injuries. Whilst the usage of these devices has increased, we are not aware of a corresponding reduction in the use of bicycles and motorcycles. Therefore, the overall burden of cost to the health and hospital services has increased over the past five to ten years as a result of the introduction of electric mobility devices.

This increase was highlighted by the Hon. BA Mickleburgh (Buderim—LNP) (Minister for Transport and Main Roads) (11.09 am – 1 May 2025): “Between 2021 and 2024, there was a 112 per cent increase in injuries to personal mobility device riders, passengers and pedestrians, and, tragically, we have seen eight fatalities in the past year.” Our members and those of other Colleges are seeing this daily in emergency departments, theatres and general practice across the state.

Whilst RACS appreciates the broad remit of this Committee in dealing with the impact of these devices such as the movement of people across the state, ownership of devices, illegal devices, lithium battery caused fires, regulatory and enforcement processes. RACS will restrict its current submission to the health impact on the Queensland public and the impact on Health and Hospital services.



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### **Impacted Presentations on Hospital Services**

Despite the introduction of some safety initiatives for e-mobility devices by the previous government, the trauma they cause continues to be a significant public health and societal issue. This issue places a significant burden on the healthcare system, particularly in trauma care and rehabilitation and causes immeasurable emotional distress to families and communities affected by these preventable tragedies. This burden on the health care system has a direct impact on the ability to provide timely (within recommended guidelines) non-trauma and non-emergency related services due to the finite availability of health care resources.

RACS members in their daily work support improved trauma care, quality trauma data collection and trauma research. RACS acknowledges that prevention regulation and prevention education are key to achieving a reduction in deaths and injuries. Any improvements and changes recommended in as these areas should be supported by evidence and data provided by many agencies working together.

The issue for Fellows of RACS is the competition, on a daily basis, between satisfying elective surgery demand, within recommended guidelines, against the immediate need of rectifying significant injuries. The resources required to address emergency cases are generally twice that of a planned elective surgery operation. Anecdotally, length of stay also becomes a factor with emergency cases requiring longer a recovery time and bed days increasing from three or four days to seven or eight days instead. It is crucial to provide high-quality care for victims of these devices. RACS emphasises the importance of:

- **Trauma Systems and Emergency Response:** A well-coordinated trauma care system that ensures rapid response to accidents and optimal care for trauma patients. RACS encourages all hospitals significantly involved in trauma care in Australia and Aotearoa New Zealand to seek accreditation through its Trauma Care Verification program.
- **Injury Care and Rehabilitation:** Access to rehabilitation services that can help survivors regain independence and quality of life. This includes physical, psychological, and social support services to aid in the recovery process.
- **Psychosocial Support:** Addressing the psychological toll of road trauma on survivors and their families, including counselling services and mental health support.

All of these create a cost burden and challenge for the health sector.

### **Research and Data Collection**

Ongoing research is essential to understanding the root causes of factors impacting on the severity and outcomes of trauma suffered on these devices as it is for all road related trauma. RACS supports:

- **Investing in Research:** Funding research into understanding what are the primary causes for crashing on these devices and research into trauma care innovations to maximise optimal recovery.
- **Enhanced Data Collection:** A more comprehensive approach to data collection at a national level, including routine linkage of data from the emergency response and prehospital retrieval, through acute and rehabilitation care and including long-term monitoring of outcomes for trauma survivors.

### **Recommendations**

Firstly, to keep our Queenslanders safe, RACS implores the Committee to enact a range of legislative measures which lead to better control and quality of e-devices and their usage. In addition, this includes increased law enforcement, clear road and pathway engineering, as well as data-informed education and communication strategies.

Secondly, to address the steadily increasing burden to health services, RACS advocates formal recognition of these increasing health resources within health services to treat the injuries sustained as a result of these vehicle crashes. Moreover, adequate funding needs to be distributed across the health sector to cover the indirect effects of costs to maintain areas of non-emergency and planned care.

In conclusion, RACS recommends the Committee to refer to the established position paper, [Electric Mobility in Australia \(2022\) | RACS](#), and compels governments, policymakers and the community to prioritise safety and work together to reduce trauma.



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