



# ANZCA

FPM

25 June 2024

Mr Matthew Williams  
First Assistant Secretary, Health Workforce  
Department of Health and Aged Care

Via email: [matthew.williams@health.gov.au](mailto:matthew.williams@health.gov.au)

CEO

Australian and New Zealand  
College of Anaesthetists

Dear Matthew,

I am writing following a meeting with the Minister for Health and Aged Care's Primary Care and Workforce Adviser on 26 April 2024, precipitated by a letter from the Australian and New Zealand College of Anaesthetists (ANZCA) president on "Creating a sustainable anaesthetist workforce" (dated 18 March 2024).

It was discussed in the meeting that I would write to you as a first step to working together to implement practical solutions that build on some of the work that ANZCA has in place or has identified as key priority areas.

## 1. Workforce numbers

ANZCA is not directly involved in the selection of trainees in Australia, nor does the college have any direct influence over trainee numbers. Anaesthesia trainee selection is a local training site process undertaken by hospital employers, with these processes varying in each jurisdiction. As such, training numbers for specialist anaesthetists in Australia are limited by the state and territory health service allocation of registrar positions within anaesthesia training departments.

As you would appreciate, the supply of services, both under and/or over, is contentious. The *Independent Review of Overseas Health Practitioner Regulatory Settings* ("the Kruk report") notes an undersupply of anaesthesia services in four of Australia's largest states – New South Wales, Victoria, Queensland and South Australia.

Individual health services have limited incentive to increase funding for junior medical staff training positions beyond what is necessary for service provision which is primarily to cover in-hospital attendance after hours where that is required. Day-time training in anaesthesia is sometimes viewed as slowing the turnover of lists which may be a further disincentive to increase training numbers by health services.

To address this problem, funding would need to be made available from governments for this specific purpose. We consider that strategies to continue to grow our domestic workforce over time is essential to the sustainability of the anaesthesia workforce.

Further to this, meaningful and consistently agreed national data to provide advice on matters such as current and projected medical workforce requirements for anaesthesia should be a priority. We understand such modelling is under way and due for completion by the end of 2024 as part of the *National Medical Workforce Data Strategy*.

## 2. Specialist international medical graduates (SIMGs)

ANZCA acknowledges that internationally qualified health practitioners play a vital role in our health system and are needed to supplement and fill critical vacancies in the short term. However, of utmost importance is that this approach continues to be a short-term

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strategy and not considered a longer-term or large-scale strategy for specialist staffing recruitment.

ANZCA is working closely with the Australian government to modify and/or establish processes to ensure an appropriate SIMG pathway is in place, noting that our SIMG assessment process conforms to the Medical Board of Australia's good practice guidelines and is regularly reviewed for consistency with regulatory changes. This collaborative approach to working with government is to ultimately ensure that ANZCA's proven experience relating to SIMG assessment is harnessed and the high standards of safety and quality of anaesthesia care continue in the community.

We consider that initiatives such as increasing SIMG numbers as a relatively rapid approach may be a suitable option in the short-term, however, we would also like to work with you to increase local trainee numbers to build a sustainable health system.

### **3. Inequitable areas – regional and rural**

Addressing the geographic maldistribution of anaesthetists and specialist pain medicine physicians is a key goal of the college's current strategic plan. ANZCA is continuing to focus on reducing barriers and improving incentives for doctors to work and train in rural and remote communities.

Our *Regional and Rural Workforce Strategy* reflects our commitment to improving both health outcomes for rural, regional and remote communities and the health and wellbeing of fellows, trainees and SIMGs living and working in these areas.

In 2023 we introduced a rural generalist anaesthesia training pathway in collaboration with Australia's two general practice colleges that is training more than 50 rural generalist anaesthetists this year.

In addition, the development of the ANZCA and College of Intensive Care Medicine (CICM) Dual Training Pathway aims to address and be highly advantageous to rural and regional centres, if the same person could work in both scopes of practice and will help address one of the unmet needs in our communities. The pathway is anticipated for 2026 implementation to culminate in trainees achieving both Fellowships in less time than consecutive training (7.5 years compared to 10.5 years).

With support from the Commonwealth Specialist Training Program (STP) and other state and territory initiatives, we are developing dedicated rural training pathways and increased training outside of metropolitan teaching hospitals.

### **4. Access to specialist pain medicine services**

Chronic pain has a profound impact on the health and welfare of Australians, together with the associated economic burden. Around one in five people in Australia live with chronic pain with this prevalence increases with age.

A 2019 Deloitte Access Economics report, *The Cost of Pain in Australia* found that the social and financial burden to individuals affected by pain and to their family cost the Australian economy an estimated \$73.2 billion due to lost productivity and health and welfare expenditure. The report also found multidisciplinary pain management interventions were superior to standard treatment of pharmaceutical and invasive care for chronic pain management.

Many Australians living with chronic pain are unable to receive appropriate treatment that could improve their health and quality of life due to a shortage of pain services and qualified health professionals. The benefits of investing in pain medicine services (including additional training positions) and the need to improve access and utilisation rates of these services to Australians is clear.

ANZCA's Faculty of Pain Medicine played a critical role in developing the *National Strategic Action Plan for Pain Management*, which recognises that:

- More specialist pain medicine training positions are urgently needed to address the ageing pain medicine workforce.
- More needs to be done for highly disadvantaged regional pain patients who have far less access to appropriate pain management centres than those in metropolitan areas.
- Innovative methods to upskill other healthcare professionals such as GPs with evidence-based safe and high-quality pain management approaches are needed.

We would like to work with you to improve the availability and accessibility of specialist pain medicine services, especially in regional areas and communities that experience inequities such as First Nations and culturally and linguistically diverse populations.

## 5. Innovative models of care

Perioperative medicine is an emerging area of patient care that encompasses the practice of healthcare before, during, and after surgery. It involves a wide range of healthcare professionals (including GPs as well as non-hospital, nursing and allied health staff), working together to improve the patient experience, reduce postoperative complications, reduce inpatient hospital days and reduce early re-admissions following surgery.

The adoption and utilisation of perioperative medicine has experienced significant growth over the past 10 years. As the population ages and prevalence of multimorbidity increases, the profile of those accessing surgical services has changed, with people at higher risk of perioperative complications being considered for surgical procedures. Multidisciplinary elements of perioperative care already exist in some jurisdictions, hospitals and procedures, however there is not yet a consistent, national model in place.

Anaesthetists are crucial to surgical interventions and play an important role in the delivery of perioperative care. ANZCA (and Australia) is seen as an international leader in this space, leading a multi-disciplinary collaboration which developed an integrated ANZCA Perioperative Care Framework in December 2021 (updated in December 2023).

Associated with this, ANZCA has developed and implemented a formal perioperative medicine qualification launched in 2023 to enhance specialists' skills and knowledge in perioperative medicine (for anaesthetists and other medical specialists).

ANZCA is currently developing a case for change for government to implement multi-disciplinary perioperative approaches in Australia's healthcare system as a standard operating approach. This is something we would like to discuss further with you.

## 6. Medical Workforce Advisory Collaboration

ANZCA was thrilled to learn that we were selected as one of the five specialist medical college positions on MWAC, following an assessment of all nominations received. We look forward to working with your government on this important collaboration to ensure Australia maintains a sustainable medical workforce.

ANZCA would like to organise a meeting with you and your team in the coming months to discuss how we can work together to address workforce challenges in the health sector, in particular the specialist anaesthesia and pain medicine physician workforce.

If you have any queries in relation to this letter please contact Ms Nilusha Moses, Government Relations Manager, [nmoses@anzca.edu.au](mailto:nmoses@anzca.edu.au).

Yours sincerely



**Mr Nigel Fidgeon**  
Chief Executive Officer