

ANZCA Advocacy Plan 2025-2027

About ANZCA

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine.

As one of the largest medical colleges in the region, ANZCA is responsible for the postgraduate training programs and continuing education of anaesthetists and specialist pain medicine physicians. As well as setting standards and promoting best practice, research and ongoing continuous improvement that contributes to a high-quality health system.



Representing over **9,300** fellows, trainees and specialist international medical graduates across Australia and New Zealand

\$A41.5 million total revenue from operating activities



\$A1.5 million dedicated to anaesthesia and pain medicine research annually

47 professional documents providing a highly regarded source of professional guidance for trainees and fellows





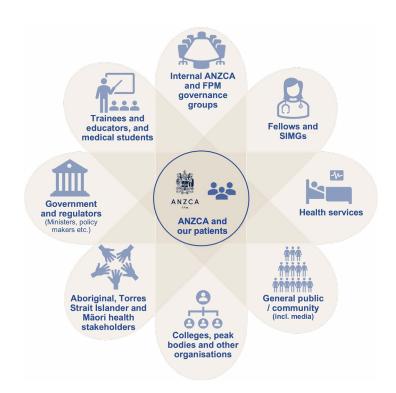
Over 150 people employed with diverse roles including education, training and assessment, membership services, policy, safety and quality, advocacy, communications, events management, knowledge resources and corporate support services

ANZCA's vision is "to be a recognised world leader in training, education, research, and in setting standards for anaesthesia and pain medicine", and FPM's vision is "to reduce the burden of pain on society through education, advocacy, training and research" ¹

Advocacy plan

This plan sets out the strategic advocacy planning for the college for the 2025-2027 period. It aims to bring together a plan of work to strengthen organisational coherence of our efforts to enhance the college's identity among governments, clinicians, the public and peer agencies as an evidence-based agent of change in pursuit of our purpose and key advocacy goals.

Advocating to all levels of government and a broad range of organisations (as illustrated below) and working in partnership with them to inform policy, is an essential role of ANZCA as the voice of our anaesthesia and specialist pain medicine community.



¹ https://www.anzca.edu.au/about-us/our-culture/strategic-plan

Focus areas

There are four priority advocacy focus areas for the college:

1.

Enhancing awareness and understanding of what we do (anaesthetists, pain medicine specialists, perioperative medicine and the college in general) and our essential role in the health system



Improving access to specialist pain medicine services



Embedding perioperative medicine



Ensuring workforce sustainability, diversity and welfare, and seeking to address rural and regional workforce issues



Focus area 1: Enhancing awareness and understanding of what we do and our essential role in the health system

Each year, more than four million Australians and New Zealanders will have an anaesthetic. In fact, most people will need the care of an anaesthetist at some stage in their lives – for pain relief during

the birth of a baby, for a routine day-stay procedure or for a major operation requiring complex, split-second decisions that keep patients alive.

The perception of anaesthesia as a 'behind-the-scenes' skill has persisted over time, with some society narrative limited to "the people that put you to sleep". Medically we know it to be a carefully controlled state of unconsciousness. Despite improvements in anaesthesia practice, the role of an anaesthetist being crucial to any surgical procedure and anaesthetists being involved in all or most medical department work, there is still a lack of public (and even some health sector professional) awareness of the field, the range of an anaesthetist's duties and the crucial role they play in the healthcare delivery system. Some members of the community may also be unaware that anaesthetists are doctors.

In addition, the coverage and conditions of specialist pain medicine physicians is not widely known across both the medical and lay community. Pain medicine is a multi-disciplinary specialty with specialist pain medicine physicians coming from a variety of backgrounds (anaesthesia, psychiatry, surgery, rehabilitation medicine or general practice) and who work at multidisciplinary pain clinics or centres. These clinics or centres use the expertise of a range of medical and allied health professionals to assess the multidimensional aspects of pain and formulate appropriate programs of treatment.

Medical colleges are the professional organisations that train and support medical practitioners. They have formed and evolved at the interface between the profession, the public and the government over many years.

Key advocacy goal

Improve awareness of the specialist anaesthesia and pain medicine workforce and the vital role and value that ANZCA provides in the health sector.





Focus area 2: Improving access to specialist pain medicine services

Chronic pain has a profound impact on the health and welfare of Australian and New Zealanders and an associated economic burden. Around one in five people in Australia and New Zealand live with chronic pain and this prevalence doubles

among people aged over 65 years, with many Australians waiting two to four years to see a specialist pain medicine physician.

A 2019 Deloitte Access Economics report into 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 Faculty of Pain Medicine (FPM) played a critical role in developing the Australian National Strategic Action Plan for Pain Management (NSAPPM) which was initiated by Painaustralia and launched in June 2019. The NSAPPM 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.

A similar co-designed 'National Pain Strategy' for New Zealand is required and supported by FPM. This will see an increase of awareness in the implementation of the multi-disciplinary Mamaenga Roa Model of Care for chronic pain in New Zealand. The Mamaenga Roa Model of Care Framework has the potential, when appropriately resourced within clinical networks, to improve equity of access to specialist pain services and to deliver best practice patient care delivery and integration of efficiencies.

There is also an urgent need to create a pathway for emerging medical graduates to become pain specialists, including the recognition in New Zealand (as in Australia) of 'pain specialist' being a protected title. Due to the small number of accredited pain clinics, particular gaps in the availability of suitable training places exist in New Zealand, and this should be addressed.

Key advocacy goal

Improve the availability and accessibility of specialist pain medicine services, especially in regional areas and other communities that experience inequities such as Indigenous and culturally and linguistically diverse populations. This may be provided via new, innovative models of care.



Focus area 3: Embedding perioperative medicine

Perioperative medicine is an emerging area of patient care that involves a wide range of healthcare professionals 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 the 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.

Concurrently, some surgical procedures have become more technically complex and resource intensive, raising issues of sensible stewardship, while other surgical procedures have become less invasive and can be offered to a broader group of at-risk patients. These less invasive procedures are performed by surgeons but also by other specialities (for example, interventional cardiologists, radiologists and endoscopic proceduralists).

Multidisciplinary elements of perioperative care already exist in some jurisdictions, hospitals and procedures, however there is not

a consistent, national model currently in place across Australia and New Zealand, with varied features of perioperative care models in place highlighting the wide variation in approach. Ongoing research indicates that a perioperative approach leads to better overall health outcomes.

The college is playing a prominent international leadership role in perioperative medicine for optimal patient journeys. ANZCA has led a multi-disciplinary collaboration which developed an integrated perioperative care framework in December 2021 (updated in December 2023). Associated with this, is the development and operation of a formal perioperative medicine qualification launched in 2023.

Key advocacy goal

Build on the development of the ANZCA Course in Perioperative Medicine and the ANZCA Perioperative Care Framework to focus on advocating the continued reform of perioperative medicine and resulting benefits to patients and cost efficiencies by further embedding perioperative medicine in the health sector.

Focus area 4: Ensuring workforce sustainability, diversity and welfare

Workforce continues to be a priority issue for governments and a significant priority for the college.

The end-to-end anaesthesia and pain medicine workforce pathway for training and education is dependent on multiple stakeholders – universities for education, medical colleges for training and accreditation, hospital management for recruitment, and governments for funding associated with staffing which is commensurate with patient demand and bed/budget availability.

To address health workforce issues exacerbated by the recent COVID-19 pandemic, governments are looking at how to rapidly increase and stabilise the health sector workforce, by potentially:

- Conducting various reviews, inquiries, independent reports, taskforces and strategy documents.
- Training more specialists locally (albeit this is a medium- to longer-term strategy).
- Streamlining processes, particularly relating to college accreditation of training sites and the assessment of specialist international medical graduates (SIMGs).
- Increasing SIMG numbers.
- Broadening or ensuring full scope of practice across all health sector professions.

As part of our role to continue to advocate for fellows, trainees and SIMGs, we need to continue to ensure consensus on what these workforce changes entail, establishing methods to ensure safe practice standards, ensuring wider sector career progression opportunities, and the impact on our fellows, trainees and SIMGs.

Of utmost importance is that any workforce reform does not come at the expense of patient safety or the wellbeing of our members. Healthy doctors ensure a sustainable workforce that provides best patient care. We are committed to supporting the health and wellbeing of our fellows, trainees and SIMGs throughout all stages

In addition to ensuring a sustainable workforce, the college is also focused on increasing the diversity of the workforce to better reflect the community we serve. Initiatives to improve workforce diversity and inclusion have focused on gender equity, growing the number of Aboriginal, Torres Strait Islander and Māori specialists, and improving the geographic maldistribution of the workforce (rural, regional and remote areas).

Key advocacy goal:

Advocate to stakeholders to enable collaborative and required workforce changes to occur across the health sector.

Working constructively with government, regulators and other stakeholders towards impactful changes to address workforce shortages, gaps and issues while ensuring patient safety and quality is at the forefront and is never compromised.

