New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 57

Name: Australian and New Zealand College of Anaesthetists

Date Received: 30/10/2023

ANZCA
FPM

27 October 2023

Richard Beasley SC
Commissioner
Special Commission of Inquiry into Healthcare Funding
Level 5, 121 Macquarie St
Sydney NSW 2000

Via submissions.hfi@specialcommission.nsw.gov.au

Dear Commissioner

Special Commission of inquiry into healthcare funding in New South Wales

The Australian and New Zealand College of Anaesthetists (ANZCA) 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 Australia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system.

Most people will need the care of an anaesthetist at some stage in their lives, including pain relief during the birth of a baby, for routine day-stay procedures or for major operations requiring complex, split-second decisions that keep patients alive.

Pain is the most common reason that people seek medical help, yet it is one of the most neglected areas of healthcare. One in five Australians live with chronic pain including adolescents and children, and this increases to one in three people aged over 65.

ANZCA appreciates the opportunity to provide feedback on this special commission of inquiry into healthcare funding in New South Wales. The college's purpose is to serve our communities by leading high quality care in anaesthesia, perioperative and pain medicine, optimising health and reducing the burden of pain.

In the pages following, the college provides feedback on some of the inquiry's terms of reference that align with our purpose.

The college has held concerns for some time about the impact of workforce trends in New South Wales on patient safety and quality, continuity of care and the psychological and physical wellbeing of our trainees, fellows and specialist international medical graduates.

Many of these issues are long-standing, however they have been exacerbated by the COVID-19 pandemic in the past three years and ANZCA has written to the previous and current health ministers about our concerns.

New South Wales Regional Committee
117 Alexander Street
Crows Nest NSW 2065

+61 2 9966 9085
nsw@anzca.edu.au
anzca.edu.au

Australian and New Zealand
College of Anaesthetists
ABN 82 055 042 852

ANZCA
FPM

Should you require any further information in relation to this submission, please contact me at nsw@anzca.edu.au. We would welcome the opportunity to speak to our submission at any future public hearings of this inquiry.

Yours sincerely

Dr Michelle Moyle
Chair, New South Wales Regional Committee

Terms of reference D

Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency.

Information technology and electronic medical records

ANZCA believes there are significant efficiency savings relating to greater investment in information communications technology, especially relating to electronic medical records for anaesthesia, which is an important patient safety issue.

New South Wales' system remains inconsistent with some hospitals having no issues whereas others are still using paper or hybrid paper systems.

Our response to Term of Reference H below also addresses strategies to addressing costs, wastage and overservicing.

Wastage due to central oversight and conflicting key performance indicators

NSW Health appears to have some control over local hospital districts with key performance indictors (KPIs) linked to financial budgets.

This can create unworkable situations at the coalface when there are conflicting high priority KPIs.

Ward bed allocations will influence the priorities of certain activities across the hospital – is the priority to accommodate emergency patients regardless of type of illness (reducing National Emergency Access Targets), or to prioritise same-day surgical patient admissions (reducing waitlist targets), or to prioritise patients requiring ICU facilities which may be either internal patient transfers or external transfers requiring specialist services from another district?

Bed blocks are a constant source of concern for all clinical areas.

In some hospitals, it is not unusual for the recovery ward to be closed because it is full of patients that are waiting for ward beds to become available.

This means that the entire theatre must stop as anaesthetists are occupied caring for patients in their recovery phase within the operating theatre which then results in delays and potential cancellations of other patients on that operating list.

Major cases who will need greater than an overnight stay will have their admission for surgery cancelled at the last minute due to a lack of postoperative beds.

These patients will then need an alternative date for surgery and therefore may take priority over other patients who will, in turn, have their planned surgery delayed.

Keeping waitlist targets at "zero, zero, zero" becomes more and more difficult over time.

Every hospital is strapped for beds, so these KPIs (transfer of care from the Emergency Department and reducing waiting lists) are always in conflict.

The increased presentation of patients following the COVID-19 pandemic has exacerbated the pressure on bed availability.

Any proposed solutions will need to consider the impact of the increasing need for aged care services and the availability of public health facilities.

Perioperative medicine input and shared decision making will better prepare patients for surgery and reduce length of stay with enhanced recovery programs and better postoperative outcomes (please see response to Terms of Reference H for more information about perioperative medicine).

Terms of reference F

The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:

i. the distribution of health workers in NSW;

ii. an examination of existing skills shortages;

iii. evaluating financial and non-financial factors impacting on the retention and attraction of staff;

iv. existing employment standards;

v. the role and scope of workforce accreditation and registration;

vi. the skill mix, distribution and scope of practice of the health workforce;

vii. the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;

viii. the relationship between NSW Health agencies and medical practitioners;

ix. opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;

x. the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;

xi. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;

Current anaesthesia workforce capacity

Following the COVID-19 pandemic, workforce capacity is at the forefront for health authorities grappling with the international phenomenon of shortages in the medical workforce.

In Australia, a significant driver is an increasing elective and planned workload, coupled with supply-side issues including reduced skilled migration during the pandemic.

The pandemic highlighted, and accelerated, many workforce changes that were already occurring, such as a trend for our fellows, trainees and specialist international medical graduates to have a more balanced lifestyle.

There have been a significant number of retirements of senior staff in both public and private anaesthesia sectors.

Since 2020, over 100 anaesthetists have retired in New South Wales (out of a total of around 1580).

Medical training pathways are long and complex, and determining specific workforce requirements is hampered by poor and conflicting data.

The National Medical Workforce Strategy 2021-2031 cites anaesthesia as a specialty in a growing oversupply, but this is not supported by the experience of many anaesthesia departments in New South Wales and other jurisdictions.

We are hopeful that many of these difficulties in medical workforce planning will be addressed in the future as stakeholders, including ANZCA, work together with the Commonwealth Department of Health and Aged Care to implement the National Medical Workforce data strategy

While there are no easy or quick solutions to these issues, any potential solutions must strike an appropriate balance between maintaining our world-leading safety and quality standards for patients and workforce demands.

Trainee selection and recruitment

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 regional and local training site process undertaken by employers, with these processes varying in each jurisdiction.

In New South Wales, training positions are administered through the NSW Ministry of Health and limits on the number of registrar positions at individual hospitals are placed by the employer, NSW Health.

Anaesthetic registrars at ANZCA accredited hospitals are eligible to become a trainee of ANZCA.

There are twelve hospital networks in New South Wales that provide a four-year contract and access to all subspeciality units required for training to its trainees.

All ANZCA trainees receive a well-rounded training experience and possess a wide scope of practice upon fellowship.

To provide this, all trainees must complete a number of specialised study units.

The specialised terms in most demand are paediatric anaesthesia, cardiac anaesthesia and, to a lesser extent, neuroanaesthesia.

These subspeciality areas need additional funded positions to accommodate an increased number of trainees.

The criteria for becoming an ANZCA trainee are a position in an ANZCA-accredited training site and completion of at least 104 FTE weeks of prevocational medical education and training that includes at least 52 weeks of broad experience other than clinical anaesthesia, intensive care medicine and pain medicine.

Hospital accreditation

As noted, ANZCA accredits training sites (hospital anaesthesia departments) rather than individual training posts.

The college's Training Accreditation Committee is responsible for implementing college policy in relation to the accreditation of approved training sites which ensures all specialist anaesthetists meet our high standards of patient care.

Accreditation teams assess anaesthesia departments on their ability to provide training and supervision to the required high standards and in a safe environment by ensuring appropriate workspaces and equipment and an environment free of bullying and harassment.

ANZCA rarely withdraws accreditation and indeed, works very hard with health services to remedy any deficiencies rather than withdraw accreditation, which is a last resort.

The college has not withdrawn accreditation from a New South Wales anaesthesia department in over 15 years.

Financial and non-financial factors impacting on the retention and attraction of staff

While workforce capacity is currently an issue around Australia, the issue of attracting and retaining anaesthesia staff in New South Wales hospitals, including metropolitan hospitals, was of concern prior to the COVID-19 pandemic and has further deteriorated over the past three years.

Key factors impacting on this are both insufficient funding of trainee and staff specialist positions commensurate to the workload, and lower levels of remuneration for staff specialists compared with other jurisdictions.

While current funding and remuneration settings may save money in the short term, we are already seeing that this has led to longer term unintended consequences, particularly difficulty filling staff specialist vacancies as more anaesthetists choose to work in private practice and/ or as Visiting Medical Officers (VMOs), which can offer higher rates of pay, more flexible working hours and fewer clinical support duties.

The college values the VMO workforce which provides flexibility in staffing hospitals at times of surges and leave coverage, and is an important part of the workforce mix, essential to many anaesthesia departments both in Sydney and regional and rural New South Wales.

Further, it is acknowledged that flexibility in choice for employers and employees is vital to achieve fit for purpose job contracts.

Senior anaesthesia staff shortages at all hospitals have resulted in increasing difficulties in providing essential clinical support duties such as:

- Teaching and training activities.
- Supervision of more junior registrars.
- Critical support to regional and rural medical centres through rotations, shared education meetings and face-to-face outreach education.
- Patient safety and quality initiatives, such as airway leads,[1] and quality and assurance activities such as audits and timely review of clinical incidents.

[1] An airway lead is an unpaid role responsible for activities such as overseeing airway training in the hospital, ensuring appropriate difficult airway equipment is readily available, ensuring local policies for predictable airway emergencies exist and are available, providing airway management education to healthcare workers, liaising with the intensive care unit and emergency department, especially in rural and remote areas and investigating adverse outcomes and supporting colleagues involved in them.

As the reduced staff specialist workforce attempts to maintain clinical support duties, in addition to an increased clinical workload in the post-pandemic environment, the risk of burnout and other mental health concerns in these high-stress, lifesaving, environments increases.

This contributes to the poor retention rates and the problem becomes worse as staff specialists choose to reduce their hours, change careers or their employment model in response.

Staff specialists have requested reclassification to VMOs at several metropolitan hospitals including St Vincent's Hospital, Children's Hospital Westmead, Prince of Wales Hospital and Royal Prince Alfred Hospital.

The heads of departments for anaesthesia in all New South Wales hospitals meet biannually and report that many senior trainees have little interest in pursuing staff specialist positions in New South Wales.

VMO recruitment however continues to generate large numbers of applicants.

Overall, the college is concerned about the impact of these trends on patient safety and quality, continuity of care and the psychological and physical wellbeing of our trainees, fellows and specialist international medical graduates in New South Wales.

The short-terms financial savings must be considered alongside the longer term financial and non-financial costs resulting from the unintended consequences of these policies.

As stated, many of these issues are long-standing, however they have been exacerbated by the COVID-19 pandemic in the past three years and ANZCA has written to the previous and current health ministers about our concerns.

NSW Health urgently requires recruitment and retention strategies that make staff specialist roles attractive and rewarding careers.

This would involve taking a broader perspective of the components of this role, incentivising health services to develop and utilise employments models that place appropriate emphasis on both clinical (direct patient care) and clinical support duties.

Distribution of health workers

Our response to Term of Reference F details our concerns regarding the current capacity of the specialist anaesthetist workforce in New South Wales and the impact this is having on the ability of services to continue to provide safe and high-quality anaesthesia, as well as on the wellbeing of staff.

It was also noted that these capacity issues are also impacting the ability to provide support to regional and rural medical centres through rotations, shared education meetings and face-to-face outreach education.

In 2021, the college made two submissions into the parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. These submissions expand upon the issues of workforce maldistribution and equitable and effective health services in New South Wales and provide a number of recommendations in relation to:

- Anaesthesia services.
- Pain services.

Terms of reference H

New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation.

Suggestions for improving health outcomes in relation pain services in New South Wales are contained in our submission to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales (link at Terms of Reference F above).

This includes continuing to provide funding and support for the electronic Persistent Pain Outcomes Collaboration ("ePPOC"), which aims to provide enhanced support for those suffering from persistent pain, and better communication between practitioners in this field.

Perioperative Medicine

Perioperative medicine refers to the practice of healthcare before, during, and after surgery, including non-hospital and allied-health consultations.

It allows for better coordination and communication between those in health care, including doctors, nurses, and allied health practitioners.

Perioperative medicine saves money for the healthcare system, improves patient outcomes (including avoiding unnecessary or futile surgery, reducing re-admissions, complications and lengths of stay), and improves patient satisfaction (see below ‘Research in perioperative medicine’ for further information).

Better training and practice in perioperative medicine promotes better collaboration and information-sharing between healthcare practitioners.

Better outcomes for patients result from pre-optimisation of patients before major surgery, shared decision making, identifying goals of care, having skilled postoperative care and better pain management.

Futile surgery can be reduced and better alignment of patient values can be achieved by appropriate review and skilled discussion with patients and their families prior to surgery.

Patients are motivated to improve their general health and wellbeing when they present for surgery and this is an ideal time to make public health improvements as they are a receptive audience.

The New South Wales Agency for Clinical Innovation (ACI) and the Anaesthesia Perioperative Care Network are leading efforts to design and promote better services in New South Wales.

ANZCA looks forward to the release of the new edition of the ACI’s Perioperative Toolkit, which will benefit healthcare professionals, institutions, and most importantly, patients who will receive the highest quality of care.

The Perioperative Toolkit will include our Perioperative Care Framework, which aims to equip medical staff for their role within the perioperative medicine team and for the interactions with surgeon’s and primary care doctors.

It provides a high-level resource for those creating, leading and improving perioperative medical teams.

The framework is an ANZCA initiative that was developed in collaboration with representatives of other specialist colleges and perioperative medicine special interest groups.

ANZCA's post-fellowship qualification in perioperative medicine

Anaesthetists are essential to perioperative care clinics and are ideal leaders in this emerging space.

ANZCA is leading the development of a new post-fellowship qualification in perioperative medicine, a multi-disciplinary course open to anaesthetists, physicians, surgeons, general practitioners, and intensivists.

Upon completion of the qualification, clinicians will have the knowledge and skills to effectively identify complex patient needs, that may or may not require intervention, before, during or after surgery, and can appropriately collaborate in a multidisciplinary team to coordinate and optimise patient care and surgical outcomes.

The qualification, which commenced in September 2023, supports our vision for perioperative medicine, which is to progress service delivery during the perioperative period to a more seamless, coordinated, multidisciplinary and interdisciplinary model.

The aim is to equip participants with the knowledge and practical skills to establish and deliver excellence in perioperative care that align with the principles outlined in the ANZCA Perioperative Care Framework, thereby contributing to:

- The improvement of patient outcomes during the perioperative period.
- Patient safety by identifying perioperative risks and instituting risk reduction strategies.
- The reduction of financial and socioeconomic impacts of surgical interventions on patients, healthcare systems and government.

Research in perioperative medicine

Through the ANZCA Foundation and ANZCA Clinical Trials Network, we fund and raise the profile of research in perioperative medicine.

Much of this research is part of multi-centre clinical trials that improve evidence-based clinical practice in perioperative medicine and helps people to optimise their health.

There is emerging evidence that changes in healthcare delivery before, during and after surgery can generate high value care, with improved patient outcomes and greater sustainability of services through reduced costs.

Our current Vice President and Head of the Department of Critical Care at the University of Melbourne, Professor David Story, led a study that highlighted the need for change in the way elderly patients are cared for in Australian and New Zealand hospitals.

More than 4100 patients aged 70 years or older undergoing surgery at 23 metropolitan and regional hospitals throughout Australia and New Zealand were included in the REASON study, which was conducted by the ANZCA Clinical Trials Network.[2]

The researchers found that at least half the patients had co-existing illnesses that played a big role in 20 per cent of them developing a major complication and 5 per cent dying within a month of surgery.

For patients with complex medical problems, the degree of illness is a major concern for postoperative care and so it is very important to individualise treatment under a highly specialised care regime before, during and after surgery.

A member of our Safety and Quality Committee, Adelaide anaesthetist and perioperative medicine leader, Professor Guy Ludbrook, has convened two summits (in 2020 and 2023) to address issues related to the inexorable increase in the risk of complications after surgery as a result of an ageing population with more frequent chronic diseases.

It has been estimated this will result in an increase in complications and cost of more than 10 per cent annually out to at least 2034.

This will rapidly make surgical care inaccessible to more and more of our population unless addressed urgently.

Professor Ludbrook's research has demonstrated the feasibility of enhanced postoperative care in the recovery room to reduce in-hospital complications in moderate- and high-risk surgical patients.[3]

For medium-risk patients, brief high-acuity care with a highly structured advanced recovery room care model allowed enhanced detection and management of complications, which was followed by a decreased incidence of complications after discharge to the ward and by increased days at home at 30 days.

[2] Story DA, Leslie K, Myles PS, Fink M, Poustie SJ, Forbes A, Yap S, Beavis V, Kerridge R; REASON Investigators, Australian and New Zealand College of Anaesthetists Trials Group. Complications and mortality in older surgical patients in Australia and New Zealand (the REASON study): a multicentre, prospective, observational study. Anaesthesia. 2010 Oct;65(10):1022-30. doi: 10.1111/j.1365-2044.2010.06478.x. PMID: 20731639.

[3] Ludbrook G, Grocott MPW, Heyman K, Clarke-Errey S, Royse C, Sleigh J, Solomon LB. Outcomes of Postoperative Overnight High-Acuity Care in Medium-Risk Patients Undergoing Elective and Unplanned Noncardiac Surgery. JAMA Surg. 2023 Jul 1;158(7):701-708. doi: 10.1001/jamasurg.2023.1035. PMID: 37133876; PMCID: PMC10157507.