

**Submission  
No 474**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Organisation:** Australian and New Zealand College of Anaesthetists (ANZCA)

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**ANZCA**  
FPM

14 January 2021

Portfolio Committee 2 – Health  
Parliament of New South Wales  
Macquarie Street  
Sydney NSW 2000

Via submission portal: [parliament.nsw.gov.au](http://parliament.nsw.gov.au)

Dear Committee members

**Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales**

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is one of the largest medical colleges in Australia. It is responsible for the training, examination and specialist accreditation of anaesthetists and specialist pain medicine physicians and for setting the best standards of clinical practice that contribute 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 health outcomes and access to health and hospital services in non-metropolitan New South Wales. The college's mission is to serve the community by fostering safe and high quality patient care in anaesthesia, perioperative medicine and pain medicine. Underpinning this mission is the premise that all people have a right to access high quality healthcare, regardless of where they live. Thus, our intention with this submission is to highlight the college's position in relation to the provision of specialist anaesthesia and pain medicine services in rural, regional and remote areas.

ANZCA wishes to make the following comments in relation to a number of the inquiry's terms of reference relating to:

- The health outcomes for people living rural, regional and remote areas and how they compare to those living in metropolitan areas.
- Access to health and hospital services in rural, regional and remote areas and the provision of specialist anaesthesia and pain medicine services in these areas.
- The role of general practitioners with advanced training in anaesthesia in rural, regional and remote areas.

Please note that the Faculty of Pain Medicine has made a separate submission to this inquiry which addresses the terms of reference in relation to pain services in greater detail.

### **Rural, regional and remote health outcomes**

It is well recognised that people living in rural, regional and remote areas generally have poorer outcomes than other Australians on a range of health status measures. Rural Australians have lower life expectancy, higher rates of disease and injury, including dental and mental health, than their metropolitan counterparts. In Australia for example:

- Life expectancy is up to 7 years less in rural and remote areas than in cities.
- Survival rates of Australians diagnosed with cancer decrease with increased rurality.
- Suicide rates in rural and remote areas are significantly higher than in cities.
- The potentially preventable hospitalisation rate for people living in remote areas is up to 2.5 times greater than the rate for those living in major cities.
- Rates for emergency hospital admissions involving surgery are highest for people living in very remote areas (22 per 1000) and falls with decreasing remoteness to be lowest among people living in cities (12 per 1000).

The reasons for this 'rural health deficit' are various and include issues such as poorer access to fresh food and fluoridated water and greater exposure to dangerous occupations such as mining and farming. Poorer healthcare infrastructure and access to quality healthcare providers has been cited as one of the primary causes of health inequity and poorer health outcomes for people living in rural, regional and remote areas.

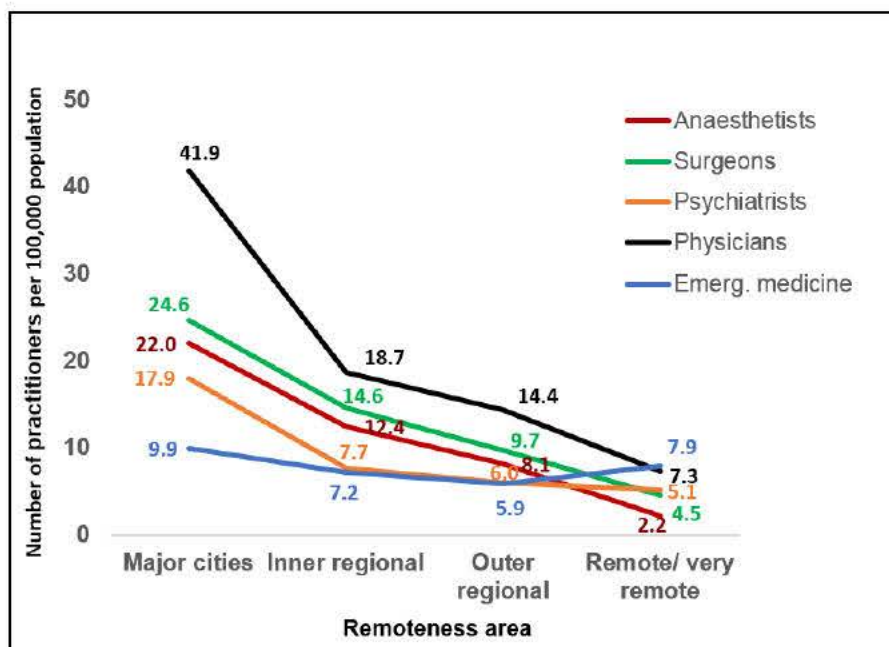
### **Access to health services in rural, regional and remote areas**

The 2007 Australian Parliament Standing Committee on Community Affairs inquiry *Highway to health: better access for rural, regional and remote patients* found that limited access to health services is a significant issue for people living in rural and remote Australia. An inadequate supply of hospital and other health services and workforce shortages in these areas were identified as key factors.

Despite significant investments in programs targeting rural access and some progress over the past two decades, geographic maldistribution of the health workforce continues to be an issue. There is a maldistribution of many health care professionals in Australia, particularly non-general practitioner medical specialists and dentists. With the exception of emergency medicine physicians, the number of most medical specialists per capita rapidly drops with increasing remoteness, as shown in the figure below.

In 2019, 85 per cent of anaesthetists and 88 per cent of specialist pain medicine physicians were located in major cities (compared with around 72 per cent of the population living in major cities).

Selected medical practitioners (head count) per 100,000 population by Australian geographic remoteness area, 2019



Source: Department of Health 2020. National Health Workforce Dataset. Australian Bureau of Statistics 2020.

Figures comparing the geographic distribution of anaesthetists in New South Wales and Australia overall are shown in the table below.

	New South Wales		Australia	
	Head count	Per 100 000 population	Head count	Per 100 000 population
<b>Major Cities</b>	1228	20.1	4036	22.0
<b>Inner Regional</b>	187	12.5	556	12.4
<b>Outer Regional</b>	8	1.8	167	8.1
<b>Remote</b>	0	0	11	2.2
<b>Total</b>	<b>1423</b>	<b>17.6</b>	<b>4770</b>	<b>18.8</b>

Source: Department of Health 2020. National Health Workforce Dataset. Australian Bureau of Statistics 2020.

While it would be unrealistic, and an inefficient allocation of resources, for the distribution of the specialist medical workforce to mirror that of the general population, there are opportunities to improve access to specialist services through initiatives such as expanding training opportunities in regional areas and outreach models of care.

The college is committed to addressing the geographic distribution of anaesthetists and specialist pain medicine physicians in order to improve health outcomes and access to health services for Australian and New Zealand communities outside metropolitan areas.

In New South Wales, the college has accredited anaesthesia training sites at health services in Albury Wodonga, Coffs Harbour, Dubbo, Lismore, Orange, Port Macquarie, Shoalhaven, Tamworth and Wagga Wagga. Recently, Commonwealth Specialist Training Program-Integrated Rural Training Pipeline rotations have been established through Albury, Wagga Wagga and Lismore which for the first time, establishes holistic multi-year rural training posts for anaesthesia

in New South Wales. Under this program, trainees undertake the majority of their fellowship training in regional, rural or remote health services.

The requirement to complete a broad training curriculum that includes a number of specialised study units means that anaesthesia trainees must undertake some training at large metropolitan hospitals. For example, adequate exposure to paediatric anaesthesia cases can only be completed within satisfactory timeframes at large tertiary teaching hospitals and therefore most anaesthesia registrars in New South Wales will be required to undertake a rotation of a minimum of four months at one of the three children's hospitals in the state to complete their paediatric anaesthesia specialised skills unit.

The college is in the final stages of developing a comprehensive regional and rural workforce strategy that documents our commitment to improving both the health outcomes for people living in rural, regional and remote areas and the health and wellbeing of fellows, trainees and specialist international medical graduates living and working in these areas. Objectives of the strategy include:

1. Accessing relevant population and health workforce data to inform workforce planning.
2. Engaging appropriately and strategically with government to secure support via funding and placements and advocate for equitable access to healthcare.
3. Developing and implementing a rural general practice anaesthesia training and continuing professional development program.
4. Promoting the benefits and rewards of working in regional and rural areas to anaesthetists and specialist pain medicine physicians.
5. Developing holistic support and development, leadership and research opportunities for anaesthetists, specialist pain medicine physicians and specialist international medical graduates in regional and rural areas.
6. Supporting the college's commitment to gender equity and implementation of the gender equity action plan in regional and rural areas.
7. Supporting the wellbeing of anaesthetists, specialist pain medicine physicians and specialist international medical graduates in regional and rural areas.

### **General practitioner anaesthetists**

While ANZCA is committed to increasing the number of both trainees and fellows in rural, regional and remote areas, it is acknowledged that in some regions of Australia circumstances preclude the referral of certain types of surgery and there are no specialist anaesthesia services. The college recognises the vital role general practitioners with advanced training in anaesthesia ('GP anaesthetists') can play in these communities and is committed to continuing to provide supervision, training and continuing professional development (CPD) opportunities to support them to provide safe and high quality care.

ANZCA is a member of the tripartite Joint Consultative Committee on Anaesthesia (JCCA), in partnership with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. With our JCCA partners, the college is focused on ensuring that the care provided by GP anaesthetists is safe, meets contemporary high standards of clinical practice and is practical and responsive to the needs of rural practitioners and the communities they serve. This work includes ensuring that the training curriculum for GP anaesthetists clearly articulates the competencies that all trainees are expected to achieve and that trainees are able to accurately assess the resources available to them in any given geographic environment.

The college is also committed to ensuring that GP anaesthetists continue to receive appropriate support, supervision and the opportunity to maintain their anaesthesia skills and knowledge by undertaking an ongoing case-load and participation in CPD in the field of anaesthesia in accordance with a JCCA-endorsed CPD program. While there has been continuous improvement of the existing GP anaesthesia program, there is recognition that several issues need to be

addressed, including access to established educational resources to supplement the clinical-based training program and a standardised examination process. Consequently, in collaboration with other specialist medical colleges, ANZCA is currently developing a Diploma of Rural Generalist Anaesthesia.

There are estimated to be well over 500 GP anaesthetists in Australia with the vast majority of these (96 per cent) working outside of metropolitan areas. In 2018 there were an estimated 83 GP anaesthetists working in New South Wales.

As noted, there are some rural and regional areas of Australia where there may be no specialist anaesthesia services and the college supports GP anaesthetists to provide some anaesthesia services within their scope in these areas. It is the college position however that the highest level of expertise in delivering safe and high quality clinical care is provided by specialist anaesthetists and in the interests of delivering best patient outcomes, this expertise should be utilised wherever practicable. Specialist anaesthetists also contribute in an expert capacity to clinical support activities, such as education and training, research, quality assurance and quality improvement processes.

In conclusion, the main points ANZCA wishes to convey to the committee are:

- The college acknowledges that people living in rural, regional and remote areas have poorer health outcomes across a wide range of measures and that access to safe and high quality health care services is one of the causes of this.
- The college recognises the geographic maldistribution of anaesthetists and specialist pain medicine physicians in New South Wales and Australia more broadly and has been working with government and non-government stakeholders to address this.
- The college is in the final stages of developing a regional and rural workforce strategy that takes a holistic approach to improving access to specialist anaesthesia and pain medicine services for people living in rural, regional and remote areas.
- There are some areas that cannot support specialist anaesthesia services and in these areas the college supports general practitioners with advanced training to perform some anaesthesia services within their scope of practice.
- The highest level of expertise in delivering safe and high quality clinical care is provided by specialist anaesthetists. In the interests of delivering best patient outcomes, this expertise should be utilised wherever practicable. This also needs to be balanced with the need for equity of access to quality patient care where specialist care may not be accessible.
- It also needs to be recognised that while a GP with advanced training can, at times provide a safe level of care, this should not be the default option for rural, regional or remote areas.

The college recognises that improving access to specialist health services in rural, regional and remote areas is imperative to lifting health outcomes in these communities. This is a multifaceted challenge with an array of stakeholders required to work together. As such, we would like to take this opportunity to assure the Committee that the college is committed to continuing its work to address these issues.

Yours sincerely

**Associate Professor Nicole Phillips**  
Chair, New South Wales Regional Committee  
Australian and New Zealand College of Anaesthetists

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