

Impeding the supply of expertise in Australian health care: actions of the Australian and New Zealand College of Anaesthetists

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TO THE EDITOR: Thank you for the opportunity to reply to Sondergaard's article.¹

The Australian health care system is highly complex, involving both federal and state jurisdictions. The Council of Australian Governments, consisting of representatives of national, state and territory governments, makes decisions that have an impact on the respective health ministers and their health departments, state/territory medical boards, and the Australian Medical Council (AMC). The Australian and New Zealand College of Anaesthetists (ANZCA), one of 12 medical colleges accredited by the AMC, is acknowledged by all of these entities as the body responsible for education, training, and standard-setting in anaesthesia.

ANZCA's policies and processes relating to overseas-trained specialists (OTs) have been scrutinised by the AMC, which requires annual reports from the College; by the Australian Health Workforce Officials Committee (AHWOC); and by the Australian Competition and Consumer Commission (ACCC), in their review of all colleges. ANZCA is progressively altering its OTS processes, as agreed with these authorities.

In accordance with AMC guidelines, OTs are assessed against published criteria, based on their training, qualifications, skills and experience. Anaesthetists from Scandinavia, like those from many other developed countries, are usually assessed as being "partially comparable" to Australian-trained

anaesthetists and require 12–24 months' supervised practice and a performance assessment under Australian conditions before being eligible for Fellowship of ANZCA.

It is possible for applicants to be considered "substantially comparable", providing they are judged to have similar qualifications by training and examination (suitable applicants from the United Kingdom would come under this category). It is worth noting that there are no reciprocal arrangements in the field of anaesthesia between Australia and any other countries. All applicants must be assessed under the same agreed processes as governed by the AMC and the federal government.

In relation to Sondergaard's article, there are some errors that need to be corrected.

The AMC is not responsible for "full registration" of doctors — that is the prerogative of the state and territory medical boards, each of which has its own legislative requirements. It is worth noting that, in South Australia, only Fellows of ANZCA can practise as specialist anaesthetists.

"Physician assistants", who in any event are fully supervised by specialists, are currently performing pilot roles in some hospitals to determine the feasibility of assistant anaesthetist roles. This does not have anything to do with "circumventing" the College's regulations.

The quotes in Sondergaard's Box 1 are extracts from the AMC's 2002 accreditation report on ANZCA and relate to more flexible methods of recognising the qualifications and training of OTs. ANZCA has reported annually to the AMC on progress in this matter. With guidance from the AMC and regulatory authorities, changes are continu-

ally being made to bring all medical colleges into line with each other. The quote in Box 2 is an extract from the 2005 ACCC/AHWOC review of Australian specialist medical colleges. It refers to all the colleges, and all are working with federal, state and territory regulatory authorities and the AMC to address the issues raised.

As the registering authorities, state and territory medical boards act independently (as in the Bundaberg Hospital case²) and do not necessarily accept the advice of any college.

The Editor of the *Medical Journal of Australia* has published a number of editorials that have dealt very fairly with a range of relevant difficult issues, including OTs,³ task transfer⁴ and the need for change.⁵

In conclusion, Sondergaard requested and was granted an interview with ANZCA's OTS Interview Panel, and his application was dealt with according to the College's usual processes, following guidelines laid down by the AMC and medical boards. He has lodged an appeal with ANZCA.

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1 Sondergaard S. Impeding the supply of expertise in Australian health care: actions of the Australian and New Zealand College of Anaesthetists. *Med J Aust* 2008; 189: 460-462.

2 Van Der Weyden MB. The Bundaberg Hospital scandal: the need for reform in Queensland and beyond [editorial]. *Med J Aust* 2005; 183: 284-285.

3 Van Der Weyden MB, Chew M. Arriving in Australia: overseas-trained doctors. *Med J Aust* 2004; 181: 633-634.

4 Van Der Weyden MB. Task transfer: another pressure for evolution of the medical profession. *Med J Aust* 2006; 185: 29-31.

5 Van Der Weyden MB. It's time for change and resolve [editorial]. *Med J Aust* 2007; 187: 607-608. □