



**ANZCA**  
FPM

CEO

Australian and New Zealand  
College of Anaesthetists

30 January 2024

Ms Robyn Kruk AO, Chair  
Professor Catherine Bennett, Member  
Dr Angela Jackson, Member

Via email: <https://www.pmc.gov.au/covid-19-response-inquiry/consultation>

Dear Ms Kruk

Commonwealth Government COVID-19 response inquiry

Thank you for the opportunity to provide feedback on the above inquiry. The Australian and New Zealand College of Anaesthetists (ANZCA) is one of the largest specialist medical colleges in Australia and New Zealand, and the region's foremost authority on anaesthesia, pain medicine and perioperative medicine. ANZCA is responsible for training, assessing and setting standards for all specialist anaesthetists and specialist pain medicine physicians in Australia and New Zealand. Servicing around 6800 specialist anaesthetists, 1800 anaesthetists in training, 500 specialist pain medicine physicians and 100 pain medicine trainees.

### **COVID-19 pandemic and specialist anaesthetists and pain medicine physicians**

The contribution of our specialist anaesthetists and pain medicine physicians following major events and disasters is well recognised. Throughout the COVID-19 pandemic anaesthetists were integral to the medical care of those affected and to keeping other patients (including those requiring planned or emergency surgery) and staff safe. Being experts in airway management and resuscitation, anaesthetists were at the forefront of the COVID-19 pandemic from the beginning.

Medical colleges, ANZCA included, provided vital clinical leadership through participation in expert advisory and working groups, and the timely production of internationally informed, updated clinical guidance and local, specific, research.

### **Key health response measures undertaken by ANZCA through the COVID-19 pandemic**

#### *Cancellation of non-urgent elective surgery*

ANZCA recognised the importance of collaborating with other key medical stakeholders, particularly colleagues in intensive care medicine, healthcare providers across the public and private healthcare sectors, Australian and New Zealand governments, health departments and health administrators to collectively prepare for, and coordinate, the enormous challenges to our healthcare system. This included supporting decisions around limiting or adjusting the timing and volume of non-emergency elective surgery to focus only on the patients in greatest need.

It was vital that the integrity of the clinical workforce was preserved, as the forefront of the response to this crisis. This included allowing time to prepare anaesthetists for the specific issues relating to COVID-19, to allow their deployment to other areas of the hospital, including intensive care, ensuring the preservation of vital reserves of medicines, shortages of critical equipment such as ventilators and single use airway management apparatus and other important hospital resources and bed capacity, and avoiding unnecessarily putting patients and staff at risk of infection all created considerable difficulties. ANZCA made multiple media releases on this issue!



### *Working closely with the government*

President at the time of the outbreak Dr Rod Mitchell established direct lines of communication with Australian government officials, in particular the Deputy Chief Medical Officer, Dr Nick Coatsworth and Chair of the Infection Control Expert Group, Professor Lyn Gilbert.

ANZCA also negotiated the introduction of temporary COVID-19 MBS telehealth item numbers with Medicare. Initially anaesthetists were excluded and while this was rectified fairly quickly, sorting out appropriate item numbers of specialist pain medicine physicians went on for months with many practice managers from pain clinics querying which number they were to use.

The college sought to engage constructively with governments at all levels to inform and contribute to the development of information and actions to address the spread and treatment of the pandemic. This was evidenced by ANZCA fellows' involvement in national expert advisory groups, such as the National COVID-19 Clinical Evidence Taskforce Steering Committee, National Clinical Taskforce, Co-chair of the Australian Infection Prevention and Control Panel, and the COVID 19 Victorian Perioperative Consultative group and COVID-19 Critical Care Coordination Collaborative.

### *Supply chain impacts*

The college responded quickly to concerns about supply chains and drug shortages. For example, it expedited amending the clinical advice in the *PS51 Guidelines for the Safe Management and Use of Medications in Anaesthesia*<sup>ii</sup> to allow for safe ampoule splitting in certain circumstances. The college also moved speedily to develop and approve a COVID-19 airway management emergency response standard.<sup>iii</sup>

### *College exams and training*

Relevant education and training groups were formed to consider all implications associated with ANZCA training and exams. Some of these included:

- Examination Contingency Planning Group to ensure that standards must not lapse.
- Tech-Assisted Examinations Working Group to safely hold relevant exams online.
- Establishing COVID-19 webpages for trainees and supervisors – including a series of exam FAQs. ANZCA introduced exemptions and rules recognising that trainees may not be able to adequately prepare for, and attend, exams (due to redeployment within hospitals, effects on volume of practice and the cancellation of key courses).
- ANZCA Council recognised training time for trainees whose progression had been interrupted by exam delays, not penalising those who withdrew from exams, and allowing additional exam attempts for those who withdrew or failed.
- The college developed multiple webinars on exam support and information.

### *Dynamic shifts to college governance and processes (sample only)*

- A COVID-19 Clinical Expert Advisory Group (CEAG) was formed to provide urgent guidance on how to safely manage patients while protecting anaesthetists and other members of the team. CEAG comprised clinical expertise relating to the pandemic, each jurisdiction, Australian Society of Anaesthetists and New Zealand Society of Anaesthetists.

The result was the *ANZCA Statement on Personal Protective Equipment*<sup>iv</sup> and its accompanying flowchart. CEAG also established an *ANZCA Library Guide*<sup>v</sup> containing curated evidence-based information for time-poor anaesthetists. Over time this evolved into a fully-fledged resource guide which, in addition to providing key clinical information, also provided a conduit for newly published research, information on the numerous knowledge hubs created by research journal publishers and links to local, country-specific and global metrics.

- The ANZCA Safety and Quality Committee provided guidance on the college's strategic response to the pandemic and associated hazardous threats to members, with a view to embedding lessons learned into professional documents and operating procedures.

- A Governance Executive Advisory Group closely monitored the college's financial position, with scrutiny of investments due to the volatility of the global market.
- Clear, credible communication was a vital component of the management of the response. Sources of trusted and empathetic information were essential. At a time of uncertainty, fear, conflicting advice and an international media storm that affected everyone, having the college leadership provide the support and resources required to guide fellows and trainees was seen as critical. When combined with the communications from political leadership and various government departments who scrambled to implement their pandemic plans, having access to anaesthesia-specific advice and support was much needed. This included:
  - The Executive Leadership Team holding daily video conferences to address all college and faculty operational requirements, with the president and vice-president joining when possible. These meetings worked to meet the immediate operational requirements of the college and to support fellows, trainees and specialist international medical graduates (SIMGs).
  - Establishing a college COVID-19 email inbox for fellows/trainee queries. In the first few months of the pandemic the group considered over 200 queries from fellows and trainees.
  - Up to date and regular communications via a) ANZCA website content – news, trainee info and clinical resources, b) weekly/monthly president's college-wide emails to keep fellows, trainees and SIMGs updated, and c) daily/weekly/monthly COVID-19 summary to ANZCA Council and the Executive Leadership Team.
  - *ANZCA Bulletin*<sup>vi</sup> feature spreads and updates in monthly *ANZCA E-Newsletters*.

#### Planning for a pandemic – lessons learnt

- Medical colleges enjoy a high level of trust from their medical communities and members and so can assist with communication and controlling misinformation.
- Clinically, there was a real need for more effective liaison between official sources of information and other stakeholders. ANZCA became a key representative voice that communicated with other colleges, government (including chief medical officers across Australia), media and practitioners. We needed to minimise the number of "representatives", and ANZCA established itself as the primary source of communication. This allowed for clearer and cleaner messaging.
- A coordinated approach through formal critical care liaison with the relevant colleges and societies involving anaesthesia/ICU was crucial. This allowed for a unified and standardised approach to issues such as airway management and resuscitation.
- ANZCA (and other colleges) have substantial international and national networks of experts and leaders in every field and should be regarded as a vital resource to quickly tap into in the future.
- The need for different sizing and fit testing for PPE - fit-testing as part of employee onboarding, and regular re-checks. In addition, expiry date review of PPE supplies and sufficiency of just-in-time ordering, especially during a time of global shortages, reduced importation capacity and logistics difficulties.
- Investment in remote patient consults/telehealth in preassessment clinics.
- Use of simulation to train for disaster scenarios.
- Improved craft-group collaboration (anaesthesia/intensive care unit/emergency department).
- Re-design of hospital intensive care and operation room facilities to accommodate hazardous patients in isolation.
- Enhanced wellbeing and mentor networks that are interdisciplinary.

Overall, the pandemic highlighted the need for the health and medical community, including ANZCA and other specialist medical colleges, to continue to work collaboratively with each other and government and its agencies to make evidence-based yet timely decisions for the overall health, wellbeing and safety of the public.

Thank you again for the opportunity to contribute to the inquiry. If you require further information about any of the issues raised in this submission, please contact me at [REDACTED]

Yours sincerely

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**Mr Nigel Fidgeon**  
Chief Executive Officer

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<sup>i</sup> <https://www.anzca.edu.au/resources/media-releases/2020-media-releases/elective-surgery-should-focus-only-on-patients-in.pdf>

<https://www.anzca.edu.au/resources/media-releases/2020-media-releases/joint-statement-from-medical-colleges.pdf>

<https://www.anzca.edu.au/resources/media-releases/2020-media-releases/joint-statement-from-medical-colleges-260320.pdf>

<https://www.anzca.edu.au/resources/media-releases/2020-media-releases/1704-joint-anzca-racs-elective-surgery.pdf>

<sup>ii</sup> <https://www.anzca.edu.au/resources/professional-documents/guideiines/ps51bp-guideline-for-the-safe-management-and-use-o>

<sup>iii</sup> <https://www.anzca.edu.au/getattachment/2103e2ab-ab39-4595-85c1-59c57a40dff1/Appendix-23-COVID-19-airway-management>

<sup>iv</sup> <https://www.anzca.edu.au/resources/professional-documents/statements/anzca-covid-ppe-statement.pdf>

<sup>v</sup> <https://libguides.anzca.edu.au/home>

<sup>vi</sup> <https://www.anzca.edu.au/safety-advocacy/advocacy/college-publications>