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Dear Dr Beavis,

Standards for Perioperative Medicine

Thank you for inviting the Royal Australian College of General Practitioners (RACGP) to provide feedback on the Australian and New Zealand College of Anaesthetists (ANZCA) *Standards for Perioperative Medicine* (the standards)

The RACGP is Australia's largest professional general practice organisation, representing over 45,000 members working in or toward a career in general practice, including four out of five general practitioners (GPs) in rural Australia. The RACGP has a 31-year history in the development of profession-led standards for primary healthcare settings, which form a foundational benchmark for quality and safety in Australian general practice.

ANZCA's intention to deliver safe patient care and to develop a culture of quality improvement is clear throughout the standards, as is the intention to include patient-centred outcomes for each of the relevant standards, ensuring the standards address their first goal to place the patient at the centre of care.

The scope of the standards could be deeper with more definite and meaningful activities that could be mandated to meet each of the indicators. The intent of the standards appears to be a definition of broad standards to be adhered to in perioperative care; however, examples of how to meet such concepts – how compliance to the indicators is measured – would make the standards more practical for users.

Areas for consideration in the *Standards for Perioperative Medicine*

The role of multidisciplinary teams

The standards briefly address the role of multidisciplinary teams at Standard 1 and recognise the importance of input from General Practitioners (GPs) and allied health professionals. Detail on multidisciplinary teams can be further explored and less hospital centric. Many of the factors leading to failure to be fit for operation depend on the work done in the months of pre op in the community.

Recommendation:

- Expand detail on multidisciplinary teams to be less hospital centric.
- PG07(A) Pre-anaesthesia consultation 2017 and PG07(A) Guideline on pre-anaesthesia consultation and patient preparation 2017 could benefit from further review.

Quality improvement

The standards currently ask, at 5.2 Safety metrics, for active participation in registry and quality improvement programs advocated by national professional bodies or relevant regulators or Departments/Ministry of Health. Quality improvement should be embedded in the work of perioperative medicine teams and not a check-box exercise to accommodate regulatory requirements.

The collaborative effort of the entire perioperative medicine team is crucial if improvements to the quality and safety of patient care is to be achieved.

Recommendation:

- Include a requirement for at least one member of the team to lead quality improvement activities and follow up. This will establish clear lines of accountability within the team.
- Set expectations for participation in quality improvement activities by broadening and embedding these activities into the perioperative medicine team. Some of these activities can include:

    - quality improvement as a standing agenda item at team meetings
    - providing notice boards or suggestion boxes for the team to contribute their ideas
    - quality improvement audits
    - creating short surveys to get the team's thoughts on initiatives.

    Teams can also develop and maintain a quality improvement plan or register. The use of a plan or register allows team members to track their quality improvement efforts, reduce duplication and evaluate the effectiveness of their plan.

Methodology for handover

Recommendation:

- The methodology for handover, especially to the Primary Care Sector, can be further defined. The link to the *PS53(A) Position statement on the handover responsibilities of the anaesthetist*, appears to be limited to intrahospital handover.

Supporting resources

The links throughout the standards need to be reviewed for relevance (how well they support the indicators). For example, the link for shared decision making goes to a document review guideline. The standards also refer to various resources that require revision. For example, 4.3 addresses processes to ensure optimisation of primary referrer/care and follow up. It includes several resources needing revision (as noted in the standards).

Recommendation:

- Include examples of current tools to support timely and accurate handover to primary care teams (including details and examples on when, what, and how to best provide patient information) at indicator 4.3.
- Where supporting documents are flagged for revision in the standards, include the expected revision date to inform users.
- Consider publishing the standards in a web format that allows resources to be easily updated/linked to as they are revised.

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The RACGP commends ANZCA on the development of this framework for perioperative medicine. If you wish to discuss, or if you have any questions, please contact Mr Liam Tracey, Acting Program Manager – Standards via email liam.tracey@racgp.org.au or 03 8699 0436.

Yours sincerely

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