

1 April 2019

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Dear Dr Mitchell,

Re: Guidelines for the provision of anaesthesia care to children

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the Australian and New Zealand College of Anaesthetists' *Guidelines for the provision of anaesthesia care to children* (Guidelines).

The RACGP commends the Australian and New Zealand College of Anaesthetists for publishing the Guidelines, and considers the sections relevant to general practice are reasonable. The importance of allowing children to have surgery close to home in a culturally and socially acceptable environment cannot be overemphasised.

The RACGP's response covers the following:

1. Setting a minimum practice volume
2. Education and training
3. Needs of the patient population and location when implementing age restrictions under the Joint Consultative Committee on Anaesthesia
4. Broadening definitions

1. Setting a minimum practice volume

Any attempt to set a minimum volume of practice would be detrimental to many rural and remote communities, especially in jurisdictions such as Western Australia where there is a scarcity of anaesthetists. While the Guidelines do not make any specific recommendation, it does quote literature that notes conducting between 200–300 paediatric anaesthetics per year are required to maintain skills.

If this level of minimum practice volume was implemented across Australia and endorsed by credentialing committees, it would most certainly restrict the provision of paediatric anaesthetics to tertiary centres only. This is clearly an untenable situation for the vast majority of rural and remote communities in Australia.

Rural and remote communities in Australia are already experiencing very few regular lists from the other medical specialities. To suggest that well experienced and skilled GPs do not perform any elective work, but only continue to do emergencies (including younger/smaller/sicker patients), is fraught with danger, and not supported by the RACGP.

2. Education and training

The RACGP is supportive of Point 7.5 that 'regional centres should support ...'; however, we note that the success of this goal would be dependent on Australian and New Zealand College of Anaesthetists facilitating this and making it an easy and regular attachment, with both theatre time plus other education.

The RACGP is also concerned that the current Continuing Professional Development (CPD) requirements of GP anaesthetists are nearly identical to a Fellow of the Australian and New Zealand College of Anaesthetists. The requirements fail to consider the role of GPs in other aspects of the patient's medical care. If further CPD requirements were made overly onerous, many GPs will have difficulty maintaining these.

3. Needs of the patient population and location when implementing age restrictions under the Joint Consultative Committee on Anaesthesia

The reference for paediatric practice being automatically restricted to 5 years of age, and potentially to 3 years of age, in the Joint Consultative Committee on Anaesthesia curriculum requirements for endorsement (Item 6.2 page 3 of Background paper to the draft guidelines) is not an accurate reflection of the training some of the trainees receive. It should be the aim of Joint Consultative Committee on Anaesthesia to support candidates to achieve this goal; however, a case-by-case review should be considered. Consideration should be given to the needs of the patient population and location. As noted in Point 5.3.5, restrictions on age is a significant barrier to quality care.

4. Broadening definitions

The RACGP highlights that the Guidelines' definitions of 'anaesthesia' and 'anaesthetist' are significantly broad. These definitions would encompass GPs who use local anaesthetic, which includes:

- administration of topical or injected agents for suturing lacerations
- application of anaesthetic cream (eg EMLA) prior to IV access
- instillation of eye drops
- digital nerve blocks.

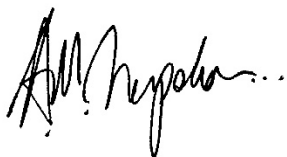
It is not reasonable for GPs who use local anaesthetic to be required to be up-to-date with:

- Point 6.3 – Advanced paediatric life support
- Point 7.7 – Mandated QI&CPD in this field
- Point 9.2 – Carry the extensive amount of equipment specified.

A practical approach would be to specify that the provision of local anaesthesia for procedures commonly performed in general practice are not included in the definition of anaesthesia for the purposes of this document.

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about this consultation's progress and outcomes. If you have any further queries, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely,



Dr Harry Nespolon

President