9 August 2017

Warren Sloan
Ministry of Business, Innovation and Employment
PO Box 1473
Wellington 6140
Email: Warren.Sloan@mbie.govt.nz

Dear Mr Sloan

Re: Review of Essential Skills in Demand Lists – Anaesthetists

We welcome the opportunity to provide feedback on the above consultation.

About the NZSA
The NZSA is a professional medical education society, which represents over 550 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate on behalf of our members, representing and championing their professional interests and the safety of their patients. As an advocacy organisation, we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a Member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

Overview
The NZSA strongly endorses the submission of the Australian and New Zealand College of Anaesthetists (ANZCA), and agrees that the occupation of anaesthetists should remain on the skills shortage list at this stage. Removing ‘anaesthetist’ would present significant workforce challenges, especially for non-metropolitan hospitals. Maldistribution tends to be a problem for the anaesthesia workforce, with difficulty staffing smaller, more rural departments. This was highlighted in a joint ANZCA-NZSA survey of clinical directors of anaesthesia departments in 2015-16 which found that there is a high reliance on international medical graduates. Some smaller departments also reported using locums because they could not attract permanent staff. More than two-thirds of departments considered that their FTE was inadequate to meet their caseload, which suggests that departments would have limited ability to cope with any future increases in workload at their current staffing level. ANZCA also recently sought feedback from the anaesthesia clinical directors about how they would be affected if ‘anaesthetist’ was to be removed from MBIE’s long-term skills shortage list. The concerns expressed in the 2015-16 survey were reiterated, especially by the more rurally-based clinical directors.

Key points
The rationale for retaining the status quo is comprehensively outlined in ANZCA’s submission, looking at issues of both supply and demand. We would like to reiterate some of the key points made:
The time it takes to train anaesthetists is long (13 years from medical school entry), and demand for anaesthetists can change rapidly. This means there is almost no ability to respond to short-term shortages by increasing numbers of local trainees. Ability to recruit internationally is the most effective way to respond to rapid changes in demand. We would point out that the length and quality of training for anaesthetists delivers a highly skilled group of specialists who deliver perioperative care and that these skills are not transferable to another health profession. Given the ageing population and increased complexity of care required, the demand for anaesthetists will grow.

The anaesthesia workforce is still heavily reliant on international medical graduates, with about 48 per cent of anaesthetists having obtained their primary medical degree overseas. Smaller, provincial hospitals rely heavily on international recruitment to adequately staff their anaesthesia departments.

Demand for anaesthesia services has increased in the short-term, due to government health targets, such as improving access to elective surgery and faster cancer treatment. Both targets increase the numbers of elective and cancer operations required, and have increased demand for surgical services, and therefore anaesthetists.

Previous feedback ANZCA has received from anaesthesia departments suggests that departments would have limited ability to cope with any future increases in workload at their current staffing levels.

We cannot yet say with confidence that New Zealand has sufficient numbers of trained anaesthetists to meet demand, and retaining anaesthetists on the list provides the flexibility to respond to unexpected shortages to help meet this demand. This approach should not disadvantage New Zealand trained specialists, as departments suggest that local recruitment is attempted first, where possible.

If you have any questions regarding this submission please email me on president@anaesthesia.nz

Yours sincerely

David Kibblewhite
President