



ANZCA
FPM

President and CEO

Australian and New Zealand
College of Anaesthetists

13 March 2025

The Hon Ryan John Park MP
NSW Minister for Health
MOH-Minister@health.nsw.gov.au

Ms Susan Pearce AM
Secretary, NSW Health
MOH-HWTSecretariat@health.nsw.gov.au

Dear Minister Park and Ms Pearce

Continued significant pressures facing NSW anaesthetic workforce

We wrote to you both in August last year to highlight the significant and growing workforce concerns faced by our NSW anaesthetists. These issues remain and in fact have heightened and are expected to intensify further in 2025 if no action is taken.

In mid-February 2025, ANZCA met in Sydney with many NSW Anaesthesia Heads of Department to discuss concerns and experiences facing the anaesthesia community in NSW. Some of the key pressures identified, and potential actions and solutions are highlighted below. We ask that you consider and make decisions on the sustainability of the NSW workforce. As always, ANZCA's principal concerns are quality of patient care and workforce wellbeing.

Public hospital career options in Victoria and Queensland are more attractive than NSW

As a national organisation, it is apparent to ANZCA that the NSW workforce is under significantly greater pressures than most other Australian jurisdictions.

The ANZCA NSW Regional Committee strongly believes that over the last few years there has been a severe workforce shortage across the state. Legacy impacts of the COVID-19 pandemic, a build-up of surgical activity and shifting ways of working post the pandemic, with factors such as increased part-time work and early retirements impacting staffing levels. Inadequate working conditions and non-competitive award conditions, compared to other jurisdictions, have exacerbated the shortage, by driving staff specialists out of the public system, into contract and locum work, or out of NSW. This makes recruiting and retaining public hospital anaesthetists extremely difficult.

From our regional committee, we understand that a draft Staff Specialist Award has been filed as part of the legal proceedings in the Industrial Relations Commission (IRC), with no change to the initial wage offer of 10.5 per cent increase over three years. Our NSW anaesthetists indicate this is a wage increase that is still below inflation and is effectively, a wage cut.

Cost effective rural and regional workforce

Whilst we recognise the need to increase the rural and regional workforce, our NSW colleagues are convinced that ongoing reliance on locums is less than ideal for a cost-effective approach to a sustainable rural and regional workforce and reliable community orientated patient care.

The recent NSW Agency for Clinical Innovation (ACI) 2024 Anaesthetic Workforce Survey identifies 80 per cent of respondents have funded vacant senior medical officer (SMO) positions and 24 services reported funded, vacant staff specialist positions totalling almost 60 FTE (one third of positions were vacant for over one year). This calls for better utilisation of salary costs for salaried positions rather than locum and casual staff, and targeted recruitment and retention strategies that make staff specialist roles attractive and rewarding careers.

However, requests for solutions to replace and fill staffing vacancies are often rejected by health service leadership and NSW Health executives on the grounds of “excessive expenditure”, and presumably commitment of longer-term expenditure. Solutions based on a more permanent anaesthesia workforce would redirect the excessive funds being used on locums and help support public hospitals to provide longer-term system-wide benefit to NSW. These strategies would also support the training pipeline by ensuring there is a sufficient number of supervisors of training (SOT) in NSW, as locums cannot provide this role.

Supporting training and accreditation

We are concerned that the declining number of staff specialists is resulting in a shortage of SOTs. This is likely to undermine ongoing training site accreditation of ANZCA hospital training sites in NSW, with the worst-case scenario being a withdrawal of site accreditation due to insufficient staffing. This in turn would undermine the workforce pipeline of locally trained anaesthetists, particularly in rural/regional areas.

Given the new Australian Medical Council approved agreement on notifying jurisdictions, the NSW Government will be notified of accreditation concerns as they arise. ANZCA proactively considers where there are risks and pressures on training and accreditation with the aim of having strategies in place, such as moving trainees from training sites where accreditation is/needs to be removed. Of course, this is something we would certainly like to avoid. We will discuss this with both hospitals and the NSW Government as required.

Improving NSW specialist morale and wellbeing

We are sure that you and the health leadership of NSW are concerned about the wellbeing of the medical workforce, however we are very concerned about severe fatigue and poor morale, undermining wellbeing. Research has clearly demonstrated that undermined wellbeing of clinical staff in turn undermines the quality of patient care. The college offers a broad range of opportunities for professional development, however, for anaesthetists to take up these opportunities in public hospitals requires allocated clinical support time.

We would very much welcome the opportunity to work with you to implement sustainable strategies that support our NSW anaesthetists to address these concerns.

Yours sincerely



Professor Dave Story
President



Mr Nigel Fidgeon
Chief Executive Officer