



ANZCA
FPM

13 March 2026

Professor Michael Cusack
Chair
Planned Surgery Reform Clinical Oversight Committee
South Australia Health

Dear Michael,

Thank you for including the Australian and New Zealand College of Anaesthetists (ANZCA) on SA Health's Planned Surgery Reform Clinical Oversight Committee. The college recognises planned or elective surgery reform is critical for the state to reduce surgical waitlists, enhancing patient safety, and ensuring equitable, timely access to care.

Anaesthetist representatives on the Committee

As you would know, a critical component of planned (elective) surgery is the careful anaesthetic preparation to ensure safety and comfort, involving preoperative assessments, fasting, and medication adjustments. This is usually conducted via a specialist anaesthetist to discuss options - general, regional, or sedation, based on the patient's health, type of surgery, and preferences.

With this in mind, we note that there are two anaesthetists on the committee – one representing ANZCA and the other who is employed at the Southern Adelaide Local Health Network (SALHN), as well as actually representing the Australian Society of Anaesthetists. We consider that additional anaesthetist representatives, including a rural generalist anaesthetist, should be considered for the committee, via direct or proxy membership. This may be via the two Surgical and Perioperative Care Statewide Clinical Network representatives that are still to be confirmed.

Safe anaesthesia is critical to improving access to surgery, achieving acceptable outcomes for the spectrum of surgical interventions, and mitigating foreseeable risk factors. This perspective is critical to identifying innovative reform models.

Inclusion of perioperative medicine in scope

A key component of planned surgery is that it is scheduled in advance of a patient presenting to hospital. Perioperative medicine is a critical element of this by providing an opportunity for identification of perioperative risk factors, optimisation of health status, and integrating and personalising the care patients receive before, during, and after any surgical procedure involving anaesthesia. This may comprise non-surgical pathways to improve patient outcomes or a decision to not go ahead with surgery, or to postpone.

Perioperative medicine should be considered and included in the terms of reference of this committee; in terms of scope of coverage and perhaps relevant representation from ANZCA's Graduates of the Chapter of Perioperative Medicine. Graduates cover multidisciplinary clinicians such as surgeons, anaesthetists, physicians and other medical practitioners. Since commencement in 2023, there are nearly 800 graduates across Australia and New Zealand (comprising those that were 'grandparented' and those who have completed the ANZCA course). ANZCA is able to nominate a South Australian perioperative medicine clinician representative to the committee.

Yours sincerely

Dr Scott Ma
Acting Chair
ANZCA SA/NT Regional Committee