



**AUSTRALIAN  
AND  
NEW ZEALAND  
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OF  
ANAESTHETISTS**  
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Hospital Performance Study  
Productivity Commission  
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***ANZCA Submission – Productivity Commission research study into public and private hospitals***

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a submission in relation to the above research study. ANZCA is committed to safe, accessible and high quality public and private health services that deliver improved health outcomes for the Australian community. High quality health services are dependent on health system quality and safety, the development and maintenance of clinical standards, adequate resources, including appropriate medical, nursing, and allied health workforce training plus the supervision of those trainees.

There is a continuum of medical education from undergraduate level (delivered by the universities) through pre-vocational training (co-ordinated by the state/territory postgraduate medical councils) through to postgraduate medical/vocational training and then continuing professional education provided by the medical colleges. Clinical placement learning is an essential component at each level of training.

Our interest in the study stems from our primary objective of the education, training and continuing professional development of anaesthetists, intensive care and pain medicine specialists. We would like to draw your attention to the importance of clinical education and training, which typically occurs in many public sector hospitals and increasingly in some private hospitals, and the need to consider this as part of the study.

ANZCA operates a bi-national scheme with coordination at a state and national level, and regional coordination at a local level into rotational training programs. Jurisdictions select and employ our trainees (which also have a service load) and thus determine their numbers. We set the training requirements and have input into placement arrangements. The training occurs in both public and private sectors and those units are accredited.

Medical colleges make effective use of a highly dispersed workplace-based network of clinical teachers. ANZCA currently relies heavily on its membership, the Fellows, as well

as the public hospital system in each state, and some private hospitals, to provide the basic infrastructure necessary to enable the training of specialists in anaesthesia, intensive care, and pain medicine. The supervision and monitoring of trainees is critical to their development as professional specialists.

When comparing the relative performance of the public and hospital systems the costs of teaching in relation to the education and training of medical practitioners (as described above) need careful consideration. Those costs will make the "teaching hospitals" (either public or private) more expensive - costs of disposables such as gloves, soap, wasted equipment because of failed attempts, etc.; longer times to process patients because the explanation/practice takes longer.

The public teaching hospitals have traditionally borne the cost of training undergraduate and postgraduate doctors and these costs should be factored into the study and be counted as a "health" cost. These teaching costs will impact on the differences obtained between hospitals with students of both medical "undergraduate" type and the specialist postgraduate trainees. Further, the definition of "teaching" time is problematic, in terms of disentangling it from service requirements, and it is therefore difficult to provide accurate estimates.

In summary, we recommend that the issue of clinical education and training be considered as part of the study and that teaching be factored in as a health system cost.

We would be pleased to further elaborate on the issues raised and trust the above information assists the Commission in its work.

Yours sincerely

Professor A B Baker  
Executive Director of Professional Affairs