

# ANZCA Strategic Plan 2018-2022

Note: All references to ANZCA imply inclusion of the Faculty of Pain Medicine (FPM) with a number of key strategies supported through a collaborative approach between ANZCA and FPM. Please refer to the Faculty of Pain Medicine Strategic Plan 2018-2022 for more detailed pain medicine specific goals, measures and key strategies.



**MISSION:** To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

**VISION:** ANZCA will be a recognised world leader in training, education, research, and in setting standards for anaesthesia, perioperative medicine and pain medicine.

## GOAL

### 1. LEADING professional identity and perioperative medicine.

ANZCA will LEAD the promotion of the professional identity of anaesthesia and pain medicine specialties and, the development of an effective, integrated and collaborative perioperative care model.

### 2. GROWING lifelong education, training and professional support.

ANZCA will GROW education, training and professional support for fellows, SIMGs and trainees by investment in resources and technology and key collaborations.

### 3. DRIVING research and quality improvement.

ANZCA will DRIVE a culture of research and quality improvement through funding and supporting research, academic anaesthesia and researchers across Australia and New Zealand and sustaining ANZCA's global leadership in high quality research.

### 4. SUPPORTING workforce and wellbeing.

The college will SUPPORT the sustainable growth of a diverse, high quality and healthy anaesthesia and pain medicine and staff workforce so all communities in Australia and New Zealand have access to high quality anaesthesia, pain medicine and perioperative services, provided by clinicians who are supported both personally and professionally.

## KEY STRATEGIES

**Leading 1** Build and implement a collaborative and integrated model of perioperative medicine with associated funding model.

**1.1.1** Engage and partner with a broad range of stakeholders to scope and develop model and associated qualification and to source funding.

**1.1.2** Undertake cost benefit analysis.

**1.1.3** Develop and test a pilot model.

**1.1.4** Ratify qualification in perioperative medicine.

**1.1.5** Commence rollout.

**Growing 1** Promote an ongoing contemporary lifelong education and training strategy, recognising technology requirements.

**2.1.1** Scope and map current education, learning and support resources.

**2.1.2** Develop an education, learning and support framework.

**2.1.3** Engage with fellows, trainees, SIMGs and staff to test framework.

**2.1.4** Implement an evidence informed education, training, learning and support strategy.

**2.1.5** Support lifelong education pathways and opportunities e.g. medical perfusion.

**Driving 1** Implement and promote ANZCA research strategy.

**3.1.1** Promote ongoing broad understanding and knowledge of ANZCA research strategy.

**3.1.2** Identify common barriers to research and quality improvement activities, and develop mitigation strategies.

**3.1.3** Refine the funding model to support sustainable expansion of research inclusive of pain medicine.

**3.1.4** Promote transparency in ANZCA funding of research.

**3.1.5** Strengthen understanding of the importance of translational research in patient safety and quality health outcomes.

**Supporting 1** Develop a rural, regional and remote workforce strategy.

**4.1.1** Access current and predicted population health data to inform workforce planning.

**4.1.2** Engage appropriately and strategically with government to secure support via funding and placements and advocate for equitable access to health care.

**4.1.3** Develop and implement a Rural GP anaesthesia training and CPD program.

**4.1.4** Promote benefits and rewards of working in regional and remote areas to anaesthetists and specialist pain medicine physicians.

**4.1.5** Support pre and post vocational learning and professional development for anaesthetists and specialist pain medicine physicians in regional and remote areas

**Leading 2** Promote benefits of perioperative model of care to the community including the integral and valuable role of anaesthetists.

**1.2.1** Develop a patient centred education and awareness strategy for perioperative medicine.

**1.2.2** Develop and implement a community focused communication strategy.

**Growing 2** Select and implement a training and professional development management platform that is integrated, personalised, flexible, scalable and value for money.

**2.2.1** Evaluate fit for purpose technology.

**2.2.2** Agree and commence implementation of new technology and migration of existing applications.

**2.2.3** Successfully migrate all applications to new platform and retire old systems.

**Driving 2** Evaluate the benefits of a research support unit to enable high quality research and quality improvement activities.

**3.2.1** Develop business case for research support unit.

**3.2.2** Initiate a support network to strengthen support for emerging researchers including access to experienced mentors and researchers inclusive of pain medicine.

**3.2.3** Consolidate a suite of online research support resources.

**3.2.4** Create and support international research opportunities for the College, its fellows, trainees, SIMGs and staff beyond Australia and New Zealand.

**3.2.5** Develop support for audit and registry projects which have a quality improvement capacity.

**Supporting 2** Promote the wellbeing of a diverse anaesthesia and pain medicine workforce and college staff.

**4.2.1** Develop fellow and trainee health and well being strategy taking into account gender, background and Indigenous heritage/culture.

**4.2.2** Advocate to government on medical workforce health and wellbeing.

**4.2.3** Partner with other specialist colleges and societies and health service providers to support medical workforce health and wellbeing.

**4.2.4** Monitor the health and wellbeing of staff and volunteers and provide ongoing professional development and support.

**4.2.5** Increase the number of successful Indigenous trainees in anaesthesia.

**Leading 3** Demonstrate the value of the perioperative medicine model to other clinical specialists, ANZCA fellows and trainees.

**1.3.1** Advocate across government and healthcare the benefits and role of anaesthetists in perioperative care.

**1.3.2** Partner with relevant organisations to rollout perioperative care model including support and funding.

**1.3.3** Develop a stakeholder engagement and awareness strategy for perioperative medicine.

**Growing 3** Develop governance processes for ensuring data integrity (protected, accurate, trusted, useable).

**2.3.1** Develop and implement an ICT strategy including risk analysis and mitigation strategies.

**2.3.2** Develop data governance framework.

**2.3.3** Undertake risk assessment.

**2.3.4** Analyse ANZCA data integrity e.g. iMIS.

**Driving 3** Recognise and reward inspiring experiences in research and quality improvement throughout training and professional life.

**3.3.1** Share and celebrate ANZCA research success and outcomes as an ongoing priority.

**3.3.2** Integrate and reinforce role of ANZCA CTN.

**3.3.3** Explore new ways to encourage fellows and trainees to apply for ANZCA research prizes and awards.

**3.3.4** Formalise research as an activity within ANZCA CPD, learning development and professional training.

**Supporting 3** Foster an enduring professional relationship of anaesthetists and pain medicine specialists with the college

**4.3.1** Promote the value and importance of trainees and SIMGs in the future of the college.

**4.3.2** Develop and deliver a trainee engagement strategy.

**4.3.3** Expand opportunities for fellows, SIMGs and trainees to be active within the college at any stage of their careers.

**4.3.4** Increase opportunities for productive collaboration between staff and fellows, SIMGs and trainees including feedback into the work of the college.

**4.3.5** Implement revised indigenous health strategy.

**Leading 4** Investigate a change in name for the specialty (anaesthesia) and implement if endorsed.

**1.4.1** Evaluate the benefits and costs associated with a name change for the specialty to anaesthesiology and anaesthesiologist.

**1.4.2** Seek feedback from fellows, trainees, SIMGs and relevant external stakeholders.

**1.4.3** Communicate decisions to stakeholders as above.

**1.4.4** Implement change if required.

**Growing 4** Further ANZCA's international relationships and extend and enhance ANZCA's identity, reputation and collaborations internationally.

**2.4.1** Develop and promulgate an international strategy including key education goals.

**2.4.2** Create and support education opportunities for the college, its fellows, trainees, SIMGs and staff beyond Australia and New Zealand.

**2.4.3** Partner with other colleges, societies and organisations to broaden ANZCA's profile internationally and its overseas engagement.

## HOW WE WILL MEASURE SUCCESS

- Approved and viable model of perioperative care adopted within health system.
- Number of anaesthetists/clinicians enrolled in post graduate course in perioperative medicine.
- Increased recognition and funding for model of perioperative medicine from government, health bodies and philanthropy.
- Decision made and implemented (if needed) regarding potential name change to specialty.
- Increase in number of media stories, articles, journal articles profiling perioperative care and role of anaesthetists.

- A viable education and training strategy implemented.
- Online education and training resources actively used and evaluated by fellows and trainees.
- Training and professional development management systems implemented on-time and on-budget.
- Rural and remote anaesthetists and specialist pain medicine physicians routinely access online supports.
- At least two high level meetings per year with our international partners, with evidence of developed and maintained relationships.

- 50% more fellows/trainees/staff actively involved in research projects.
- Number of fellows applying for research grants is proportionate to location, practice, gender and ethnicity of the membership.
- Business case for research support unit adopted.
- Ongoing availability of research funding (aim: increase ANZCA Foundation corpus by 100%).
- 100 fellows/trainees/staff apply for ANZCA research awards and prizes annually.

- Increased applications for and placements in rural and remote settings.
- Approved and viable Rural GP anaesthesia curriculum and CPD standard adopted and implemented.
- Double the number of successful Indigenous trainees in anaesthesia.
- 25% increase of fellows and trainees active in college work.
- Recommendations of BDSH working group report fully actioned.
- Staff retention benchmarked, monitored and reported via staff satisfaction survey.