

Australian and New Zealand College of Anaesthetists (ANZCA)

Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia

1. INTRODUCTION

There are areas of Australia where geographical circumstances preclude referral of certain types of surgery, and where there are no specialist anaesthesia services. Such areas require general practitioners (GPs) to be administering anaesthesia. Where possible, general practitioner anaesthetists (GPAs) should work in co-operation with resident and visiting specialist anaesthetists.

The College acknowledges the role of rural GPs by its membership of the tripartite Joint Consultative Committee of Anaesthesia (JCCA), in partnership with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

The JCCA oversees the training, examination, and ongoing accreditation of rural GP anaesthetists. These practitioners must have appropriate training and must be administering anaesthesia safely. This training is fully outlined in the Rural Training Curriculum, endorsed by the JCCA.

It should be clearly understood that this College professional document is not intended in any way to endorse, reflect on, or prejudge the issue of surgery being undertaken in rural and remote areas. Furthermore, the question of hospital facilities and infrastructure is crucial to this matter, and anaesthesia is only one of a number of considerations which must influence any management decisions to be made in the best interests of the patient.

2. OBJECTIVES OF TRAINING

The objectives of the training of rural general practitioners proposing to administer anaesthesia are as follows:

- 2.1 To provide general knowledge, experience, skills and competence in the management of common anaesthesia procedures (especially anaesthesia for obstetrics), in resuscitation, in pain management, and in the early management of severe trauma.
- 2.2 To provide specific knowledge and practical skills as they relate to rural GPAs, including relevant aspects of general medicine, surgery, paediatrics, obstetrics, intensive care and pain management.



- 2.3 To provide understanding and insight for decision-making about local management, further consultation and referral for anaesthesia and related procedures.
- 2.4 To develop skills to act appropriately as a member or leader of a therapeutic team, to contribute to the education of nursing, paramedical and medical staff, and to conduct clinical audits, research and quality assurance activities in their anaesthesia practices.
- 2.5 To ensure a commitment to self-directed learning and other forms of continuing education in anaesthesia, to adaptability to changes in anaesthesia practice relevant to safer management of patients, and to act according to ANZCA recommendations on rural general practitioner anaesthesia practice.
- 2.6 To foster a commitment to rural general practice anaesthesia where sufficient specialist anaesthesia services are unavailable.

3. TRAINEE SELECTION CRITERIA

The following criteria are recommended for selection of GPA registrars:

- 3.1 Completion of two years' postgraduate experience in a recognised Australian general practice training program.
- 3.2 Successful completion of the Early Management of Severe Trauma Course (EMST), the Effective Management of Anaesthesia Crises (EMAC) course, or a secure position within a future course.
- 3.3 Demonstration of relevant anaesthetic knowledge, skills and experience including, or similar to, a resident medical officer at the end of a term in anaesthesia.
- 3.4 Demonstration of a commitment to rural general practice, including experience of at least one term in rural general practice.

4. TRAINING

A minimum period (12 months full time equivalent [FTE]) of supervised training is required.

This training should preferably be part of the General Practitioner Training Program of the RACGP, or the Vocational Training pathway for Fellowship of ACRRM.

This training should be:

- 4.1 In accordance with current JCCA regulations
- 4.2 In the Department of Anaesthesia of a hospital accredited by ANZCA or by the JCCA. (If training has been undertaken overseas, there are certain conditions to be met by the trainee on his or her return to Australia before commencing practice in anaesthesia.)
- 4.3 In accordance with the Advanced Rural Skills in Anaesthesia Curriculum of the JCCA

The curriculum allows for two periods of attachment:

- 4.3.1 attachment to a Department of Anaesthesia in a hospital as in 4.2 above (nine months minimum)
- 4.3.2 three months of the twelve months may be an attachment to accident and emergency, intensive care, or a rural anaesthesia practice working with a JCCA-accredited anaesthetist.

5. ASSESSMENT

An examination is conducted following the training period. This consists of confirming a satisfactory log book and supervisor report, and a viva voce examination.

6. ACCREDITATION AND MAINTENANCE OF KNOWLEDGE AND SKILLS

General practitioners should maintain their anaesthesia skills and knowledge by undertaking an ongoing case-load, and by participating in continuing professional development (CPD) in the field of anaesthesia. This should be in accordance with a CPD program endorsed by the JCCA.

Practising general practitioner anaesthetists who have not completed JCCA training may apply to the JCCA for assessment of equivalence.

Relevant documents:

- Advanced Rural Skills Curriculum Statement in Anaesthesia
- Curriculum Statement for Anaesthesia. Australian College Rural and Remote Medicine
- Joint Consultative Committee on Anaesthesia: Maintenance of Professional Standards Program
- Joint Consultative Committee Anaesthesia: Training Regulations

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated: 1981
Reviewed: 1986, 1991, 1997, 2002, 2010
Date of current document: Aug 2010
Republished: Jan 2020

© Copyright 2010 – Australian and New Zealand College of Anaesthetists. All rights reserved.

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from ANZCA. Requests and inquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. Website: www.anzca.edu.au email: ceoanzca@anzca.edu.au