ANZCA
FPM

President and CEO
Australian and New Zealand
College of Anaesthetists

30 October 2026

Hon Ryan John Park MP
Chair, Health Ministers' Meeting (HMM)
NSW Minister for Health

Via email: NationalHealthSecretariat@health.nsw.gov.au

Dear Minister Park

**Anaesthesia workforce planning pilot under NHRA Schedule G (Workforce)**

We are writing on behalf of the Australian and New Zealand College of Anaesthetists (ANZCA) to propose anaesthesia as an early specialty workforce planning pilot under Schedule G (Workforce) of the 2026–31 National Health Reform Agreement (NHRA). We note that Clause G.11 requires governments to agree and commence planning for a nationally coordinated health workforce approach, with an expectation of a plan by February 2027.

Anaesthesia is a critical enabling workforce across elective and emergency surgery, obstetrics, trauma, cancer care and perioperative medicine. Effective planning requires close alignment between governments, health services and the specialist medical college across service demand, workforce supply and distribution, training capacity and future population need.

ANZCA believes anaesthesia provides a practical opportunity to demonstrate how the workforce planning ambitions of Schedule G can be translated into specialty-level action. We propose working in partnership with governments to develop a shared workforce evidence base, identify current and future workforce pressures, and inform coordinated approaches to training, distribution and service planning, particularly for regional and rural communities. We already have excellent relationships with staff in many jurisdictional health departments and believe there is opportunity to build on this goodwill to undertake shared planning and action.

We request that Health Ministers endorse anaesthesia, working in partnership with ANZCA and jurisdictional health departments, as an early specialty pilot for implementation of the workforce planning commitments under Schedule G of the NHRA, and task relevant officials with working with ANZCA to develop the scope, governance, data requirements and deliverables for the pilot. Included in this letter is a brief proposal for your consideration.

This would provide a practical model for collaborative specialist workforce planning that, if successful, could inform approaches for other medical specialties.

Thank you for considering this request

Yours sincerely

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ANZCA President

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# PROPOSAL: ANAESTHESIA WORKFORCE PLANNING PILOT UNDER NHRA SCHEDULE G (WORKFORCE)

## Proposal purpose

ANZCA proposes partnering with HMM to pilot a collaborative anaesthesia workforce planning model that demonstrates how the workforce planning principles outlined in Schedule G can be translated into practical, specialty-level workforce planning and decision-making.

The pilot would focus specifically on the anaesthesia workforce, bringing together service demand, workforce, training and population need data to provide a clearer understanding of current and future anaesthesia workforce requirements across each jurisdiction. This would provide a practical example of the national strategic workforce planning approach envisaged under Schedule G.

## Proposal ask

We request that Health Ministers endorse anaesthesia, working in partnership with ANZCA and jurisdictional health departments, as an early specialty pilot for implementation of the workforce planning commitments under Schedule G of the NHRA.

This would comprise tasking relevant officials with working with ANZCA to develop the scope, governance, data requirements and deliverables for the time-limited pilot.

## Value to governments

This initiative would create a scalable model that could be applied across other specialist workforces. It would provide governments and ANZCA with a shared evidence base for better joint decisions about training capacity, workforce distribution, future anaesthesia services and workforce investment decisions.

## Why Anaesthesia?

From a government perspective, there are several reasons why commencing this work with ANZCA offers a low risk, high value starting point:

> Anaesthesia is a critical enabling workforce for elective surgery, emergency surgery, obstetrics, trauma, cancer care, intensive care support and expanding perioperative medicine services. Workforce shortages or maldistribution can have direct impacts on surgical capacity, waiting times and patient access to care.
>
> ANZCA does not control workforce supply levers such as training numbers or employment caps. Training positions and service demand are set by jurisdictions and health services, which means collaboration must focus on alignment, transparency and system optimisation rather than negotiating vested interests.

## Proposed pilot

ANZCA and jurisdictional governments would collaboratively:

### 1. Develop a shared evidence base

- Combine government activity and service demand data with ANZCA workforce and training data.

  Assess current anaesthesia workforce supply, distribution and training capacity. State/territory data together with the Commonwealth Government's recent demand and supply workforce modelling work would contribute to this.

**2. Model future anaesthesia workforce needs**

Forecast future anaesthesia workforce requirements based on population growth, ageing, surgical demand and service delivery needs.
Identify regional, rural and metropolitan workforce gaps.

**3. Identify workforce pressures and opportunities**

- Retirement and attrition risks.
- Training pipeline requirements.
- Rural and regional workforce sustainability.
- Emerging service requirements, including perioperative medicine.

Workforce needs in key subspecialty areas such as cardiac, neuro and paediatric anaesthesia.

**4. Develop targeted workforce actions**

Align trainee numbers with projected service need.
Identify opportunities to expand training and supervision capacity.

- Support improved workforce distribution to underserved communities.
- Inform future workforce and service planning decisions.

### Deliverables

The pilot would produce:

An jurisdictional Anaesthesia Workforce Profile.
A 5-10 year anaesthesia workforce forecast.
Identification of workforce risks, gaps and priority regions.
Recommended actions for workforce supply, training and distribution.
A scalable methodology that could be applied to other specialist workforces.

### Alignment with Schedule G

The pilot directly supports Schedule G's focus on:

- Data-informed national strategic workforce planning.

Collaboration between governments, health services and specialist medical colleges.

- Development of a shared workforce evidence base and data sharing arrangements.
- Better workforce distribution, particularly in regional and rural areas.
- Translating national workforce planning into local, place-based solutions.