

The Victorian  
Consultative Council on  
Anaesthetic Mortality and Morbidity

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30 January 2006

Dr Robert Hall  
Director Public Health and Chief Health Officer  
GPO Box 1670N  
MELBOURNE VIC 3001

**RE: Review of Health Act 1958 – Draft Policy Paper, November 2005**

Dear Dr. Hall,

Thank you for your letter of 20 December 2005 seeking a response from the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM) to the Draft Policy Paper November 2005 on the Review of the Health Act 1958. I would also like to express my appreciation for the opportunity to be able to meet in person with Anna Beesley on Wednesday, 25 January 2005. This was a very useful opportunity to gain additional insight into the review as well as a chance to provide information about VCCAMM's history and current perspective.

The definitive feedback from us in relation to the review is attached in our formal comments to each of the recommendations 41-54 under the section pertaining to the Consultative Councils. However, I also include here some additional comments.

Firstly, we are strongly of the view that the retention of the separate specialty based consultative councils is essential, and therefore the preservation of the independence and craft group integrity is paramount. Both VCCAMM and CCOPMM have long and strong histories in this regard and it is anticipated that the ability also of the newer SCC to improve outcomes will result from the changes proposed in the review. We are also very supportive of the initiatives to improve sharing of information between councils. Currently, there is appropriate consultative council activity across anaesthesia, surgery, obstetrics and paediatrics, but it is apparent that the clinical domain of medicine is not represented. This gap could and should be addressed by the establishment of a medical consultative council (with similar provisions) that would need representation from emergency, general and specialist medicine. Intensive care medicine is partially addressed through VCCAMM but it would be logical as well to include intensive care medicine in a medical consultative council. We are also of the view that consultative councils should be reserved for analysis of clinical activities and should not be established in broader public health areas.

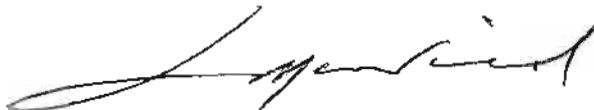
Secondly, VCCAMM has a unique track record in the analysis of morbidity as well as mortality. It is recognised that the structured analysis of both morbid adverse events and mortality is a substantially more useful tool than reviewing mortality alone. This is impressively demonstrated by analysis of cases reviewed by this Council in 2005. Of the total number of morbidity cases reported to the Council, we identified 69% as 'anaesthesia-related', compared to 16% of the total number of reported mortalities. We are therefore very supportive of the broader deployment of morbidity reporting.

Thirdly, voluntary reporting of adverse events has been part of the culture of anaesthetists in Victoria for 30 years. The enthusiasm for open and frank reporting has been retained by virtue of the trust that has existed between anaesthetists and the Council, particularly through the efforts of the previous Chair, Dr Patricia Mackay. The retention of reasonable levels of reporting is dependent on both the preservation of confidentiality and the recognition by the reporting anaesthetist that such reporting leads to direct feedback from the expert deliberations of the Council, (confidentially conveyed exclusively by the Chairman). In addition, through the website and published reports, the broader anaesthesia community obtains important information to facilitate improvement in the practice of anaesthesia. Nevertheless, it is recognised that sustainable and more accurate reporting can be achieved by mandatory notification and we support its introduction. However, as outlined in the response to the recommendations, we are committed to the preservation of appropriate confidentiality and disclosure provisions.

Finally, and most importantly, there is a major concern that the inclusion of the word 'Secretary' (presumably of the Department of Human Services) in recommendation 46 (d) has the potential to undermine the independence of the council. Currently, the VCCAMM's terms of reference state that the council is to respond to specific matters referred to it by the Minister. This has always been interpreted as the council being directly accountable to the Minister, and not through any other agency or person. The inclusion of 'Secretary' in this context could place the council in a position as an instrument of the Department, and this is unacceptable. It is also implicit that the retention of such a direct link between the Minister and the council is essential for the preservation of the independence of the Minister in relation to these matters.

Thank you again for this opportunity and clearly the VCCAMM remains very interested in participating further as required. Also, we eagerly look forward to the outcomes of the review.

Yours sincerely



**A/PROF. LARRY McNICOL**  
**Chairman**  
**Victorian Consultative Council on Anaesthetic Mortality and Morbidity**

cc: Mr Stephen Lodge, Manager, Legislation Review  
Ms Anna Beesley, A/Manager Legislation Review  
A/Prof. James King, Chairman, CCOPMM  
Mr Jonathan Rush, Chairman, SCC