

Position statement

The Provision of 'Out of Hours' Anaesthetic Services

Preamble

Anaesthetists have a long tradition of providing anaesthesia and emergency services outside normal working hours. This is an onerous commitment which may affect the health of the anaesthetist, their clinical performance and their ability to perform regular in-hours duties.

Sleep deprivation, interruption of the circadian rhythm and fatigue are associated with 'out of hours' work. Fatigue may have a detrimental effect on work performance and safety¹. This issue is compounded by participation in multiple rosters.

Anaesthetists and hospitals should be cognisant of the need to arrange their 'on call' such that they are not putting themselves or their patients at risk through unsafe work practices².

Legal issues

The ACCC advise that a medical roster does not raise concerns under the Competition and Consumer Act 2010 if it meets the following criteria:

- A key purpose of the roster is to facilitate patient access to medical services,
- Doctors on the roster are able to practice even when not rostered on, and
- Doctors on the roster are able to see any patients they choose³.

Within these guidelines and those of the Australian Medical Association (AMA) and the Australian and New Zealand College of Anaesthetists (ANZCA) regarding safe practice and fatigue, the ASA offers general advice for anaesthetists in their individual negotiations with their rostering hospitals or practices to achieve more equitable and safer conditions for roster participation^{2,4}.

Expectation of service

Patients are entitled to expect the provision of an appropriate 'out of hours' anaesthesia service.

Out of Hours Services

'Out of hours' anaesthetic services include the on-going postoperative care of patients as well as anaesthesia and care for unplanned or emergency patients.

The professional responsibilities of an anaesthetist include the provision of care in the peri-operative period as outlined in ANZCA Professional Standards, PS53 (2013), and PS57 (2014)^{5,6}.

A healthcare facility has a duty of care to ensure that there is an appropriate 'out of hours' anaesthetic service for patients admitted to that healthcare facility, particularly for unplanned or emergency care. There are multiple models for provision of 'out of hours' care. A health care facility needs to consider the clinical needs of patients in conjunction with the available anaesthetists and resources to optimise the delivery of anaesthesia services.

When an anaesthetist is unable to fulfil an agreed rostered 'on call' commitment, the anaesthetist should work with the hospital to organise suitable cover.

The ASA, ANZCA and Royal College of Surgeons (RACS) considers it best practice for an anaesthetist to

receive direct referral from the surgeon or proceduralist requesting anaesthesia services. This enables an appropriate clinical context to be communicated to ensure the optimal match of clinical skills^{7,8}.

Safe practices

'On call' commitments should take into account safe working practices and the effects of fatigue. It is the responsibility of an anaesthetist participating in an 'on call' roster or rosters to be cognisant of ANZCA Professional Standard PS 43 (2007). An anaesthetist must ensure that at no time, as a result of his or her 'on call' roster commitment, do they undertake clinical duties if physical or mental fatigue, stress or ill health, alone or in combination, might interfere with safe patient care².

The ASA and ANZCA recognises the increasing subspecialisation within anaesthesia. Anaesthetists may have limited current experience in some subspecialties⁹.

Providing out of hours emergency anaesthesia services for procedures appropriate for one's skills and clinical privileges may be considered part of one's clinical practice.

An anaesthetist who has no current experience in cardiac or neonatal anaesthesia for example, should not be required to provide out of hours services for those procedures as part of their roster commitment to the hospital. There may be other areas of specialisation that are similarly not suitable for all anaesthetists to be covering for out of hours emergency services.

An anaesthetist regularly undertaking particular anaesthesia services after hours, such as obstetric anaesthesia, must maintain adequate skills even if these services are not normally provided in hours.

Considerations for the undertaking and timing of emergency cases include an anaesthetist's:

- Clinical ability and scope of practice.
- The clinical situation and urgency.
- The availability of an alternative anaesthetist.
- The ability and safety of transferring patients to another appropriate health care facility.
- The level of services available for care of the patient in the perioperative period.

Compensation for being 'on call'

'On call' remuneration should be available where the anaesthetist is exclusively 'on call' for a healthcare facility, or where on call commitments are likely to impact on the anaesthetist's practice the next morning.

'Out of hours' work requires the roster of individual anaesthetists. Anti-competition laws prohibit collusion on remuneration; however, they do not prevent the communication and collaboration necessary to establish such rosters³.

Where the anaesthetist is not an employee, it is the responsibility of the anaesthetist to individually negotiate remuneration for their 'on call' services³.

The rostering hospital should negotiate adequate remuneration for the rostered anaesthetist for each period 'on call' in order to:

- Provide an appropriate level of compensation for the skill, knowledge, experience and clinical expertise of the anaesthetist.
- Enable the anaesthetist to relinquish clinical duties on the day following on call responsibilities if an adequate rest period has not occurred.

- Make the participation of an anaesthetist in an on-call roster or rosters a manageable component of normal clinical anaesthetic practice.
- Compensate the anaesthetist for the disruption of their rest, personal and family life.

Participation in rosters

Declining to participate in an 'out of hours' roster should not preclude an anaesthetist's ability to provide routine 'in hours' anaesthetic services.

Frequency of 'on call' commitments

An anaesthetist should not be required to be 'on call' in any one hospital more frequently than they are safely able to manage.

Equitable roster allocation

Rostering hospitals must consider principles of fairness, social justice, equity and transparency when allocating roster responsibilities.

Rosters should not be used for anti-competitive purposes and should be non-discriminatory.

Recognition of long-service, or a decreased responsibility for older anaesthetists through a reduced 'on call' commitment should not be regarded as discriminatory. A suggested schedule might include a decrease in on-call duties from age 60¹⁰.

References

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Promulgated 11/03/2006

Reviewed 14/06/2017

Latest Revision 13/09/2019

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