# Position statement

Anaesthesia Services and Governance in Private Healthcare Facilities

## Preamble

This document has been developed by the Australian Society of Anaesthetists (ASA) to advise private healthcare facilities and anaesthetists in relation to anaesthesia services and governance in private healthcare facilities.

Private healthcare facilities may differ from public facilities with anaesthesia provided by specialist anaesthetists who practice independently or in groups, usually on a 'fee for service' model, as opposed to employed anaesthetists.

There are increasing complexities in relation to corporate governance and professional accountability in private healthcare facilities against an increasing and broadening caseload. The caseload balance between public and private practice may vary depending on geographical location, availability of services, depth and level of private health insurance coverage and degree of support via State and Federal government subsidisation.

Emerging issues include:

- The accreditation of anaesthetists and the maintenance of accreditation,
- The subspecialisation of anaesthesia and the need for institutional recognition of this evolution,
- The need for medical input into the development of policies and procedures,
- The increasing need to provide anaesthesia in non-traditional areas of practice (e.g. radiology, gastroenterology, radiotherapy and angiography suites, etc).
- The teaching and training of medical students, anaesthesia and other specialty trainees, and
- The requirement for independent, transparent and fair processes which provides peer input into issues involving professional performance.

The ASA, the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian Medical Association (AMA) have developed Position Statements and other documents that are relevant to the provision of services and governance. In the context of this document, ANZCA and the AMA are regarded as relevant professional organisations. Copies of the relevant Position Statements and documents can be accessed online.

## The determination of clinical privileges in private healthcare facilities

The ASA recognises that accreditation processes for anaesthetists vary widely across Australia. While private healthcare facilities are ultimately responsible for the determination of accreditation, the following principles should be considered:

- Anaesthesia in private healthcare facilities should be provided where possible by those registered as specialist anaesthetists by the Medical Board of Australia, or by non-specialists such as General Practitioners who have undertaken the training programme for 'Rural General Practitioners proposing to administer anaesthesia' when specialists are not available[1].
- A special relationship frequently develops between surgeons (or proceduralists) and anaesthetists who work together regularly. This promotes safe and efficient patient outcomes, and should be considered by private healthcare facilities in the credentialing process.

- Accreditation should underwrite the provision of a robust anaesthesia workforce that is able to provide sustained elective, emergency and non-traditional anaesthesia services. This requires a medium to long-term view beyond the short-term business plan.
- Anaesthetists can also contribute to an extended range of clinical services in the healthcare facility including acute and chronic pain services, preadmission clinics, perioperative medicine, medical emergency response and resuscitation teams, policy development and implementation.
- Facilities need to recognise increasing subspecialisation within the practice of anaesthesia. There needs to be accommodation for cardiac, obstetric, neonatal and other emergent subspecialty areas.
- The principles outlined in the ASA PS07 on 'Credentialing and Clinical Privileges' and ANZCA PS02 'Statement on credentialing and defining the scope of clinical practice in anaesthesia', be followed[2,3].
- That the process of natural justice is followed for accreditation and de-credentialing.

## The provision of anaesthesia services in private healthcare facilities

Anaesthetists in private healthcare facilities are usually self-employed utilizing a 'fee for service' model that is flexible and efficient.

The responsibility for providing clinical services, including elective and emergency anaesthesia services, lies with the healthcare facility. Any rostering arrangements negotiated must consider 'safe hours' and sub-specialisation issues.

The delivery of safe anaesthesia requires appropriately trained and credentialed staff, well-maintained equipment, pharmaceuticals and disposables. Credentialed anaesthetists have a role to assist the healthcare facility to maintain standards in these areas[4].

Teaching and training of medical students, anaesthesia and other specialty trainees in private healthcare facilities has numerous professional, industrial and organisational implications. Credentialed anaesthetists must be consulted on how this will impact on the delivery of anaesthesia care.

Private healthcare facilities, when entering into arrangements with the public health system, should negotiate with all healthcare providers before signing agreements. Consideration should be afforded to the anaesthesia complexities, procedural durations, patient comorbidities, emergency call back and medical indemnity.

## The provision of anaesthesia governance in private healthcare facilities

Private healthcare facilities are increasingly served by 'Anaesthesia Advisory Committees' or 'Anaesthesia Craft Groups', who represent anaesthetists and provide advice in relation to clinical and non-clinical matters.

The requirements for corporate governance and professional accountability, along with an increasing caseload in private healthcare facilities, may require the provision of 'clinical support' time for anaesthesia service administration (including audit, policy and guideline development, teaching of students and trainees). This non-clinical commitment may require consideration of remuneration and appropriate office accommodation and secretarial support. A model job description and an appropriate selection process, acceptable to both facility and its accredited practitioners, are necessary when a Director of Anaesthesia or equivalent is to be appointed.

Medical input into the development of policies and procedures relating to anaesthesia services is necessary, and specified in various documents of relevant professional organisations.

## Implications of the Competition and Consumer Act (2010) in relation to anaesthesia services in private healthcare facilities

Independent medical practitioners in private practice are subject to the CCA (2010). The ACCC provides some advice in relation to the following areas[5]:

- Fair business practice. Collaboration and cooperation amongst anaesthetists to improve patient care is encouraged but price-fixing, restricting market share or behaviours that are considered anti-competitive are not.
- Fees. Anaesthetists must not collude on setting of fees but may, independently and separately, provide informed financial consent.
- Rosters between competitors (i.e. individual anaesthetists) do not breach the act if the key purpose of the roster is to facilitate patient access to medical services, anaesthetists are able to practice even when not on the roster, and able to see any patients as appropriate.
- Consumer protection. Anaesthetists must provide informed consent including risks, side effects, alternative treatment options including no treatment, long-term consequences, charges, and a forum for answering questions. Anaesthetists must not mislead patients or conduct themselves unconscionably.
- Treating patients fairly.

Please contact the ACCC directly for more specific information.

## References

1. ANZCA PS01 Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia (2010), accessed September 13th, 2019, www.anzca.edu.au/documents/ps01-2010-recommendations-on-essential-training-fo.pdf
2. ASA PS07 Accreditation of Anaesthetists by Healthcare Facilities (2017), accessed September 13th, 2019, https://asa.org.au/asa-position-statements/
3. ANZCA PS02 Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia (2018), accessed September 13th, 2019, http://www.anzca.edu.au/documents/ps02-2006-statement-on-credentialling-and-defining.pdf
4. The Australian Commission on Safety and Quality in Health Care, NSQHS Standards (2015), 'Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners' *Sydney*: ACSQHC.
5. Australian Competition and Consumer Commission, 'Medical Professionals', *Australian Government* (2017), accessed September 13th, 2019, www.accc.gov.au/business/professional-services/medical-professionals

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