

## **POSITION STATEMENT**

### **Anaesthesia Providers in Rural Areas**

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#### **Preamble**

In Australia anaesthesia should only be provided by specially trained medical doctors that usually will have completed a recognised speciality training program in anaesthesia.

For demographic reasons, rural hospitals in Australia will often not generate a sufficient caseload to support a wholly specialist anaesthesia service.

In rural areas, anaesthesia is provided by specialists (medical doctors who have completed a recognised speciality training program in anaesthesia) and/or resident General Practitioner (GP) anaesthetists, as determined by local needs.

Where a specialist is unavailable to administer anaesthesia, anaesthesia can be provided by a medical doctor who has undertaken specific training and whose maintenance of knowledge and skills complies with the requirements of the Joint Consultative Committee on Anaesthesia (JCCA) or its equivalent.

In some rural areas, some anaesthesia for “in hours” surgery is provided by visiting specialist anaesthetists, with the remainder of the anaesthesia and “after hours” cover provided by resident GP anaesthetists.

It is recognised that deskilling of resident GP anaesthetists can occur when elective “in hours” lists are allocated to a visiting specialist anaesthetist, resulting in resident GP anaesthetists having inadequate “in hours” caseload to maintain expertise.

#### **ASA Position**

The ASA advocates:

- That GP anaesthetists maintain an anaesthesia workload consistent with the maintenance of clinical skills and casemix required for their practice.
- That there be cooperation between visiting specialist and resident GP anaesthetists where rural anaesthetic services are supplied by a combination of visiting specialists and resident GP anaesthetists.
- The elective “in hours” lists allocated to a visiting specialist anaesthetist should include all lists which have been deemed unsuitable for the resident GP anaesthetists after discussion between the surgeons/procedural specialists and specialist and GP anaesthetists concerned.
- That visiting specialist anaesthetists contribute to the affairs of the rural Anaesthetic Department—for example, through involvement with the hospital’s Anaesthetic Committee, through the ongoing education of resident GP anaesthetists, and through the assistance in the provision of “after hours” cover being provided by resident GP anaesthetists.
- Where “after hours” cover is provided by resident GP anaesthetists, these resident GP anaesthetists be provided with an appropriate “in hours” caseload to maintain required skills and expertise.

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