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## POSITION STATEMENT

### The Provision of “Out of Hours” Anaesthetic Services

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#### Preamble

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

Sleep deprivation, the interruption of the circadian rhythm and fatigue associated with “out of hours” work, has a detrimental effect on work performance and safety<sup>1,2</sup>. This is compounded by the number of rosters in which any individual takes part.

Anaesthetists 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 practices.

#### Legal issues

The ACCC advise that a medical roster does not raise concerns under the *Trade Practices Act* if it meets the following criteria<sup>3</sup>:

- 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 choose.

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 is prepared to offer general advice for anaesthetists in their individual negotiations with their rostering hospitals or practices in order to achieve more equitable and safer conditions for roster participation.

#### Expectation of service

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

An anaesthetist has a duty of care to provide any reasonable out of hours anaesthesia service to their patients, or to ensure that adequate provision is made for any reasonable episode of anaesthetic or post-anaesthetic care.

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.

When an anaesthetist is unable to respond to an on call commitment, they should attempt to organise suitable cover.

#### 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 always be cognisant of ANZCA Policy Statement PS 43 (2001)<sup>2</sup>. 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 care.

Anaesthetists have a duty of care, wherever possible, to not provide out of hours emergency services for procedures that they do not routinely perform, do not feel clinically competent to perform or do not have clinical privileges to perform. For example, an anaesthetist who has no current experience in cardiac or neonatal anaesthesia, should not be required to provide out of hours services for those procedures as part of their roster commitment to the hospital. If however an anaesthetist regularly undertakes particular anaesthesia services after hours, such as obstetric anaesthesia, then this will of itself maintain adequate skills even if these services are not normally provided in hours.

#### Compensation for being on call

On call remuneration should be available where the anaesthetist is exclusively on call for a healthcare facility, or on call commitments are such that it is considered unsafe for the anaesthetist to 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 rosters.

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

After working out of hours with significant disturbance to normal rest and sleep, arrangements must be available within the rostering hospital anaesthetic department to enable the anaesthetist (whether Staff Specialist or Visiting Medical Officer), to divest clinical commitments on the subsequent day until there has been the opportunity for an adequate rest period.

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

- a. Provide an appropriate level of compensation for the skill, knowledge, experience and clinical expertise of the anaesthetist.
- b. Enable the anaesthetist to relinquish clinical duties on the day following on call responsibilities if an adequate rest period has not occurred.
- c. Make participation for an anaesthetist in an on call roster or rosters an acceptable and less onerous component of normal clinical anaesthetic practice.
- d. Compensate the anaesthetist for the disruption of their rest, personal and family life.

## **Participation in rosters**

Failure to participate in an out of hours roster should not preclude an anaesthetist's ability to provide routine 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 in accordance with this Statement. No anaesthetist should accept an on call commitment after hours in any hospital, which involves them being on duty on consecutive days without a break.

## **Equitable roster allocation**

Rostering hospitals must apply a formula (based on sessions worked in the hospital or some other appropriate formula) to allocate roster responsibilities fairly and equitably amongst all members of the anaesthetic department, to the satisfaction of all department members.

Rosters should not be used for anti-competitive purposes, nor should they discriminate on the basis of age. Recognition of long-service should not be regarded as discriminatory.

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## **References**

1. AAGBI, Fatigue and Anaesthetists, London, July 2004
2. ANZCA, Position Statement 43, Statement on Fatigue and the Anaesthetists, Melbourne, 2001
3. ACCC, Operating Under the Law, [www.accc.gov.au](http://www.accc.gov.au), July 2004

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