



Duties of an Anaesthesiologist in hospitals with approved training posts

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1. INTRODUCTION

All anaesthesiologists must have sufficient exposure to clinical duties to maintain their skills. However sufficient time must also be set aside for managerial/administrative, quality assurance and educational activities to ensure a high standard of practice both at a department and an individual level.

The duties of anaesthesiologists are outlined in this document. These duties can be divided between clinical, administrative/managerial and educational.

2. CLINICAL DUTIES

- 2.1. Pre-anaesthetic assessment and management of patients for surgery
- 2.2. Provision of clinical anaesthesia services
- 2.3. Provision of post-anaesthetic care, including supervision of the Post-anaesthetic care unit.
- 2.4. Supervision of trainee anaesthesiologists and other staff as required
- 2.5. Provision of acute pain service including obstetric analgesia (please refer to the HKCA “Guidelines on the Safe Practice of Acute Pain Management” [P11]).
- 2.6. Supervision of clinical anaesthesia services in the role of daily duty coordinator.
- 2.7. Acute resuscitation services for the hospital as members of a resuscitation team
- 2.8. Management of patients in the intensive care unit
- 2.9. Management of anaesthesia in remote locations
- 2.10. Such other clinical services as necessary and appropriate to the specialty

3. ADMINISTRATIVE AND MANAGERIAL DUTIES

- 3.1. Managerial duties related to the normal function of the department. Sufficient time must be allocated to these activities, which include, but not limited to :
 - 3.1.1. Provision of a department staff roster
 - 3.1.2. Management of leave (annual, academic, sick, maternity etc.) within the department
 - 3.1.3. Staff development review processes



- 3.1.4. Provision of regular department meetings for dissemination of news
- 3.1.5. Management of anaesthetic drugs, consumables and equipment
- 3.1.6. Maintenance of environment for safe anaesthetic practice
- 3.2. Participation in hospital/ organization meetings, intra and inter departmental meetings
- 3.3. Provision of advisory services in relation to the quality of care required for the safe practice of anaesthesia (including staffing considerations, facilities and staff training) to:
 - 3.3.1. Hospital Authority or other Healthcare Organizations
 - 3.3.2. Hospital departments
 - 3.3.3. Hospital clinical management groups
 - 3.3.4. Individual hospital staff groups or individuals
 - 3.3.5. Other organizations as required
- 3.4. Contribution to the activities of professional associations and colleges.
- 3.5. Undertaking review/ audit, research in anaesthesia in an organized manner where appropriate.

4. EDUCATIONAL DUTIES

These include continuing medical education and teaching activities of anaesthesiologists.

- 4.1. The anaesthesiologist has a responsibility to organize and participate in appropriate educational activities for:
 - 4.1.1. Specialist anaesthesiologists
 - 4.1.2. Anaesthesiologists in training
 - 4.1.3. Students and post graduate nursing staff
 - 4.1.4. Operating and anaesthetic assistants
 - 4.1.5. Medical colleagues in other clinical departments
 - 4.1.6. Medical students
 - 4.1.7. Other health professionals



4.1.8. Interested community groups - including antenatal obstetric analgesia education

4.2. Continuing medical education (CME)

To ensure quality patient care, an Anaesthesiologist has a duty to keep his/her knowledge and skills up to date. These may be maintained by:

4.2.1. Performing regular clinical anaesthetic duties for a minimum of 20-30% of average working time per week

4.2.2. Participation in CME activities, including but not limited to, journal reading, department/interdepartment CME-CPD, recognised educational meetings, commissioned training, conferences, special interest groups etc.

4.2.3. Learning and practicing anaesthetic skills and techniques

4.2.4. Participating in peer review and quality improvement processes. (Please refer to HKCA “*Guidelines on Quality assurance*”[P7])

4.2.5. Local and overseas attachment to anaesthetic institutes of excellence.

4.2.6. To ensure that departmental standards are maintained, one half day per week should be allowed for continuous education for all departmental members

5. THE APPORTIONMENT OF TIME BETWEEN THESE DUTIES

All anaesthesiologists should have a commitment to their own and their colleagues’ continuing medical education.

5.1. Chief of Anaesthesiology department or academic anaesthesiologist

5.1.1. The Chief of an Anaesthesiology department has a responsibility to ensure that the department functions safely and efficiently whilst the academic anaesthesiologist’s responsibility is to participate in research and teaching undergraduates. Therefore, for these groups of anaesthesiologists, a significant part of their workload will be nonclinical. A minimum regular clinical involvement to maintain clinical skills is necessary. (See 4.2.1)

5.2. Specialist anaesthesiologists

These staff members must have a commitment to all the aforementioned duties. For sufficient time to be allocated to nonclinical duties, clinical duties should not occupy more than 90% of their time on average per week.



5.3. Trainee anaesthesiologists

The trainee is a doctor in specialist training. Provision of clinical anaesthesia under adequate supervision is an essential part of training. Trainees should also be assigned educational and administrative responsibilities appropriate to their level of training. In general the proportion of time spent in clinical anaesthesia should not be less than 70%.

6. REFERENCES

- ANZCA PS57(2014) Statement on Duties of Specialist Anaesthetists
AAGBI (Feb 2010) Good Anaesthetist - Standards of Practice for Career Grade Anaesthetists