



Duties of an Anaesthesiologist in Hospitals with Approved Training Posts

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1. INTRODUCTION

All staff 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 departmental level and an individual level.

The Hong Kong College of Anaesthesiologists believes the following to be the duties of an anaesthesiologist in those hospitals with approved training posts. These duties could be divided between clinical, administrative/managerial and educational duties.

2. CLINICAL DUTIES

2.1. These include:

- 2.1.1. Pre-anaesthetic assessment and management of patients
- 2.1.2. Provision of clinical anaesthesia services
- 2.1.3. Provision of post-anaesthetic care, including supervision of the Post-anaesthetic care unit.
- 2.1.4. Consultative service for pre-anaesthetic assessment and management
- 2.1.5. Supervision of trainee anaesthesiologists
- 2.1.6. Provision of a pain management service including obstetric analgesia (please refer to the HKCA “*Guidelines on the Safe Practice of Acute Pain Management*” [P11]).

2.2. The Anaesthesiologist may also be responsible for providing:

- 2.2.1. Acute resuscitation services for the hospital as members of a resuscitation team
- 2.2.2. Supervision and/or management of patients in the intensive care unit
- 2.2.3. Such other clinical services as necessary and appropriate to the specialty

2.3. Consultative Services

The Anaesthesiologist will provide advisory services in relation to the



quality of care required for the safe practice of anaesthesia (including staffing considerations, facilities and staff training) to:

- 2.3.1. Hospital Authority or other Healthcare Organizations
- 2.3.2. Hospital departments
- 2.3.3. Hospital clinical management groups
- 2.3.4. Individual hospital staff groups or individuals
- 2.3.5. Other organizations as required

3. ADMINISTRATIVE AND MANAGERIAL DUTIES

Sufficient time must be allocated to ensure that duties relating to the proper functioning of the department are carried out. These include, but not limited to:

- 3.1. Provision of a departmental staff roster
- 3.2. Management of leave arrangements within the department
- 3.3. Staff development review processes
- 3.4. Provision of regular departmental meetings for news dissemination
- 3.5. Participation in hospital/ organization meetings, intra and inter departmental meetings

4. EDUCATIONAL DUTIES

These include continuing medical education of the anaesthesiologist, and teaching activities.

4.1. Teaching

The anaesthesiologist has a responsibility in teaching, and time must be allocated for supervision and preparation of material to be used for teaching the following:

- 4.1.1. Anaesthesiologists in training
- 4.1.2. Students and post graduate nursing staff
- 4.1.3. Operating and anaesthetic assistants
- 4.1.4. Medical colleagues in other clinical departments



- 4.1.5. Medical students when they are allocated to the departments
- 4.1.6. Members of the allied health professions when requested to do so
- 4.1.7. Interested community groups - including antenatal obstetric analgesia education

4.2. Continuing medical education (CME)

The Anaesthesiologist has a duty to maintain personal knowledge and skills. 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, departmental/interdepartmental CME-CPD, recognised educational meetings, commissioned training, conferences, special interest group etc
- 4.2.3. Local and overseas attachment to anaesthetic institutes of excellence.

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

5. CONTINUOUS QUALITY IMPROVEMENT PROCESSES

The anaesthesiologist has a duty to ensure and to review quality of patient care by participating in peer review and quality improvement processes. (Please refer to HKCA “*Guidelines on Quality assurance*” [P7]). At least one hour per week should be allowed for this activity.

6. OTHER DUTIES

- 6.1. Maintenance of environment for safe anaesthetic practice.
- 6.2. Contribution to the activities of professional associations and colleges.
- 6.3. Undertaking research in anaesthesia in an organized manner where appropriate.



7. THE APPORTIONMENT OF TIME BETWEEN THESE DUTIES

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

7.1. Chief of Anaesthesiology or academic anaesthesiologist

7.1.1 The Chief of Anaesthesiology has a responsibility to ensure that the department functions safely and efficiently whilst the academic anaesthesiologist's responsibility is to research and teach 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 desirable. (See 4.2.1)

7.2. Specialist anaesthesiologists

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

7.3. Trainee anaesthesiologists

The trainee is a doctor in training towards specialist status. Adequate supervision of the trainee is an essential part of training. Trainees should be assigned educational & administrative responsibilities appropriate to their level of training. In general the proportion of time spent in clinical anaesthesia should be at least 70%.

7.4. In view of the many duties performed by the anaesthesiologist, the hospital management must be advised that for any accepted minimum standard of anaesthesia to be maintained, time must be made available for these duties to be performed during normal duty hours. For this to be achieved, an adequate staffing level must be present.

7.5. For excessively long hours of continuous clinical anaesthesia, adequate rest must be taken before resuming duty.