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## WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

### THE ISOLATED ANAESTHETIST

#### BACKGROUND

The geographical and population constraints of Australia and New Zealand result in many anaesthetists (specialists and non-specialists) practising in areas where there is very little close or immediate support from colleagues.

Some anaesthetists in towns and cities may also be in solo practice.

When the isolated anaesthetist is an International Medical Graduate (IMG), extra and different challenges may arise.

Living in a smaller centre can be very fulfilling, especially in the domains of leisure, family, and community involvement, if the challenges of isolated practice can be met.

#### REGULAR LEAVE

It is important to obtain time away from the job, for **recreation leave**, sick leave and Continuing Professional Development (CPD).

Planned time off away from the centre in which you work is important for personal and professional reasons.

Endeavour to arrange **leave from the workplace location on a regular basis** – every three months if possible.

#### LOCUMS

##### Employing a locum

To enable time off, most isolated anaesthetists will need to obtain the services of a locum. This may require the services of a locum agency, and will require forward planning, often several months in advance, to engage a suitable locum.

Locums must be provided with appropriate orientation at the time of handover of responsibilities. It is advisable to arrange a written contract with locums, which outlines their duties and responsibilities, and includes financial agreements.

## **Acting as a Locum**

When acting as a locum, it is your professional responsibility to ensure that a contract is in place.

When working as a locum, it is important to recognise and deal with potential stressors (eg unfamiliar workplaces, equipment, and personnel).

To minimise these stresses, it is important to allow sufficient time for appropriate orientation at the start of the locum period. Orientation should include local sources of advice and support, eg availability of clinical support and advice from nearby practitioners.

## **CONTINUING PROFESSIONAL DEVELOPMENT**

Attending **regional meetings** helps foster peer support, as do **bi-national and international meetings**. Both the educational component and the networking opportunities are valuable.

Regular local **continuing medical education (CME) meetings** are opportunities to teach, and learn from others; they encourage cooperation among local health care professionals, both specialist and non-specialist. Local clinical and logistic issues can also be discussed at these meetings. Consideration may be given to a fixed-term appointment of a facilitator (the “Clinical Leader” or “Champion”) to coordinate arrangements for CME meetings within the district.

A **peer support group** may also be useful. Although face to face is the preferred format for these meetings, they may also occur with distance communication technology such as internet-based audio- or video-conferencing. Suggested areas for discussion include professional matters, clinical issues, boundary issues and morbidity and mortality discussions.

## **PROFESSIONAL ORGANISATIONS**

Consider joining professional organisations which may support your on-going professional development, as well as representing your interests, such as the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

You should also consider joining the Rural Special Interest Group (SIG), which is a tripartite body of the Australia and New Zealand College of Anaesthetists (ANZCA), the Australian Society of Anaesthetists (ASA) and the New Zealand Society of Anaesthetists (NZSA).

Being a member of the College and a Society will promote contact with colleagues with similar interests and challenges, as well as providing access to online educational resources.

## **INTERNATIONAL MEDICAL GRADUATES (IMGS)**

IMG specialist or non-specialist anaesthetists should note the comments above under “Locums”.

Even with good orientation, cultural and communication issues may be difficult to recognise until an issue arises.

There are support services available specifically for international medical graduates. For help with the ANZCA examination, and other issues, contact the Overseas Trained Specialist Anaesthetists Network OTSAN (info@otsan.org).

For IMG Specialists, becoming a Fellow of ANZCA will also facilitate further contacts with colleagues.

## COLLEAGUES

**Local:** Working in a group, where practical, may be preferable to isolated or solo private practice.

**Rosters** are more feasible with a “critical mass” of resident anaesthetists. Recruitment of such practitioners can be challenging. It may be enhanced by advertising excellent commencing and working conditions for prospective colleagues. The success of recruitment in some groups has been that new members join with an immediate income (sharing income and other benefits equally with all members of the group) and/or designated time off (e.g. the leave period rotates on a regular basis between group members).

It may also be advantageous to advertise particular aspects of the area that are unique and/or attractive, (for example leisure activities, access to good schools or job opportunities for spouses).

**Mentoring** a colleague and/or having a mentor can be a very strong bond between anaesthetists of differing experience, and may be worth formalizing.

**Liaison** with specialist and non-specialist anaesthetists in the area is important and may facilitate leave cover arrangements. It may be an advantage to involve non-specialist colleagues in regular lists at the local hospital, as this facilitates collaboration in after-hours and leave rosters.

**Continuing Medical Education (CME) Meetings** (see above) will encourage cooperation with colleagues.

### **Regional referral centre**

It is important to forge links with the nearest tertiary or referral centre. This is particularly important for IMG Specialists, or those doctors originating from outside the region. Making such a link will afford professional and clinical support, mentoring, and contacts with those at the receiving end of retrieval services.

**Intensive Care** may be one of your responsibilities in a geographically isolated area. Establishing a link with the intensivists in your nearest regional centre, to discuss patient management issues, and facilitate referral and transfer, will be vitally important.

## PRIVACY

In a small centre there is less personal privacy than in a large town or city. It is important to be mindful of this, and be prepared to accept the limitations that the small town lack of privacy involves.

Avoid giving medical advice outside the workplace and set personal and professional limits by insisting on formal consultations instead.

## HEALTH & FAMILY

Obtaining a **general practitioner (GP)** with whom you feel comfortable as a patient is essential. This may require attending a GP in another centre.

Technical advances such as Voice Over Internet Provider (VOIP) now enable distant video consultations with specialists. (There is a financial incentive, through Medicare, for specialists to undertake Tele-health consultations in some areas, for both patients and geographically isolated doctors).

Recognition of the need for help and moral support, recognition of feelings that indicate “burn out”, and seeking appropriate help, are vitally important to personal well-being.

It is important to establish which resources are available in the area, preferably prior to the need for such help. Overwork and lack of sleep will make you more irritable and more likely to make an error.

The opportunity of a satisfying local job for your spouse may be a significant factor in choosing to work in a regional centre.

Schools: most centres have excellent primary schools. Some rural doctors choose boarding schools in a capital or regional city for their children’s secondary education.

## POTENTIAL SOURCES OF SUPPORT

- Trusted colleague and/or peer
- Mentor (s)
- General Practitioner
- International Medical Graduate Specialist Supervisor
- Hospital Employee Assistance Program (EAP)
- Doctors’ Health Advisory Services (DHAS), Australia and New Zealand
- Departmental or divisional support person
  - eg a welfare officer or liaison psychologist or psychiatrist.
- Psychologist
- Psychiatrist
- Welfare of Anaesthetists Special Interest Group (WOA SIG) member
- Medical Board or Council
- Lifeline (Samaritans UK)

## References

Anaesthesia Continuing Education Coordinating Committee (ACECC): [www.acecc.org.au](http://www.acecc.org.au)

Australia and New Zealand College of Anaesthetists (ANZCA) Professional Documents [www.anzca.edu.au/professional-documents](http://www.anzca.edu.au/professional-documents)

Australian Medical Association (AMA): local regional branch: [www.ama.com.au](http://www.ama.com.au)

Australian Society of Anaesthetists (ASA): [www.asa.org.au](http://www.asa.org.au)

Joint Consultative Committee for Anaesthesia (JCCA): Ms Pam Garrard, Royal Australian College of General Practitioners (RACGP)

New Zealand Society of Anaesthetists (NZSA): [www.anaesthesiasociety.org.nz](http://www.anaesthesiasociety.org.nz)

Overseas Trained Specialist Anaesthetists Network (OTSAN): [www.otsan.org](http://www.otsan.org) info@otsan.org

Welfare of Anaesthetists' Special Interest Group (WOA SIG)  
Secretariat at ANZCA. (03) 9510 6299 <http://www.anzca.edu.au/fellows/special-interest-groups>

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