



## **Code of Professional Conduct**





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## FOREWORD

Professor Michael Cousins established a number of Taskforces during his Presidency of the Australian and New Zealand College of Anaesthetists (ANZCA); one was devoted to Professionalism and was asked to develop a Draft Code of Professional Conduct. This final version of the Code is based on the extensive document produced by the Taskforce. In writing the Code, Council of ANZCA has tried to keep it as short as possible, and has also taken into account the College Curriculum Modules, Regulations and Professional Documents which express College Policy; Resource Documents of the Welfare of Anaesthetist's Special Interest Group (of ANZCA and the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists), the Codes of Professional Conduct and other relevant external publications of other Colleges, Societies, Associations and Organisations (notably the Code of Professional Conduct of the Royal Australasian College of Surgeons) and a number of other sources.

As with all College Documents, it is intended that this Code of Professional Conduct will be revised from time to time.

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# INTRODUCTION

## The College's Key Direction Statement and Values

The Australian and New Zealand College of Anaesthetists (ANZCA) and its Faculties of Intensive Care Medicine and Pain Medicine (The College) is a fellowship-based organisation which promotes the highest standard of safety and quality in comprehensive anaesthesia care to the community through excellence in the education, training, professional development and support of anaesthetists and through research. Such excellence in the care of patients by anaesthetists depends on the infrastructure of the anaesthesia environment, on the expertise and skill of anaesthetists, and on the possession by anaesthetists of appropriate attributes or virtues (such as those listed in Table 1), including a commitment to widely accepted principles of biomedical ethics (such as those listed in Table 2).

Table 1. General virtues or attributes explicitly held by this code to be desirable in Fellows of the College (other virtues may also be desirable); a commitment to the principles of biomedical ethics (Table 2) is also desirable.

Honesty	Patience
Integrity	Diligence
Respectfulness	Professionalism
Compassion	Collaborativity
Tolerance	Humility

## Objective and Scope of the Code

This Code of Professional Conduct (The Code) provides guidelines for the professional behaviour expected of Fellows of the College (Fellows). The Code adds to the College's guidelines and professional documents (Appendix B). The Code begins with the assumption that Fellows have a responsibility to be familiar with these, to honour them, and to contribute to their ongoing development and revision. Matters dealt with in these guidelines and documents have therefore not been revisited in detail in the Code. Furthermore, it is assumed that commitment to the principles such as those listed in Table 2 and the possession of virtues such as those listed in Table 1 will ensure certain behaviours (for example, that a Fellow will not defraud his patients). The Code does not purport to be comprehensive: the fact that behaviour is not explicitly mentioned in the Code does not imply that it is acceptable.

Table 2. The four principles of biomedical ethics described by Beauchamp and Childress (Beauchamp, T.L. and Childress, J.F. (2001), Principles of Biomedical Ethics, 5th edition. New York: Oxford University Press).

Respect for autonomy
Non-maleficence
Beneficence
Justice

## **General and Legal Responsibilities of Anaesthetists**

Anaesthesia is an independent medical specialty in its own right. As well as the provision of clinical anaesthesia, the scope of practice of anaesthesia includes professional responsibility in a wide range of areas (see TE6, Appendix B); therefore anaesthetists are independent, fully qualified, medical practitioners who possess the professional attributes of the medical profession as a whole, and whose primary responsibility is to their patients.

Society grants medical professionals considerable social privilege, significant authority over the use of medical knowledge, considerable autonomy in practice, and the right to self-regulation. Responsibility for a considerable degree of professional self-regulation is vested by the community in the College and its Fellows. In order to continue to earn this privilege, the community expects the College to ensure that its Fellows maintain a high standard of professional practice and behaviour.

Fellows should be familiar with and respect the particular legal obligations and responsibilities, codes of conduct, guidelines and other regulations applicable to medical practice in general that apply within their jurisdiction. The Code is a supplement to these, in which the focus is on anaesthetists in particular.

Codes, laws and regulations are usually stated in general terms and are not invariably appropriate. They require judgement in their application and it is important for Fellows to recognise the values protected by such provisions, but also to see that they cannot be applied in a purely 'mechanical' manner. It is also important for Fellows to recognise a responsibility to engage in appropriate processes to ensure that the laws, codes, guidelines and regulations in force in their jurisdictions work in the best interests of their patients.

## **Obligations to Patients, the Profession of Anaesthesia and the College**

The welfare of their patients must be the primary focus of Fellows.

Fellows have extensive specialist knowledge and skill, certified by the College (see **The Training of a Fellow** below). Fellows should use their knowledge and skill primarily in the interests of their patients and in accordance with the highest ethical principles.

Fellows should strive for optimal clinical outcomes for their patients, and to this end should pursue high professional standards, patient safety, education and the advancement of science to the benefit of the practice of anaesthesia, peri-operative medicine, intensive care medicine and pain medicine.

Fellows should support and honour the College and its processes and activities, and engage actively in ensuring that these are always directed at promoting the interests of their patients.

## **The Training of a Fellow**

Training of a Fellow is an extended and carefully constructed educational process based on a curriculum aligned to the updated CanMEDS principles, as required by the Australian Medical Council. It should enable Fellows to undertake comprehensive practice within a range of specialty and subspecialty areas of anaesthesia. It begins after medical graduation and two years of general postgraduate medical experience, extends over at least another five years, and includes preparation for an exhaustive two-part examination designed and conducted by the College. Completion of the training program and success at these examinations determines the trainee's eligibility to become a Fellow with the associated rights, privileges and responsibilities of this position.

After completion of training, Continuing Professional Development is essential to ensure Fellows maintain their professional standards and competence.

# SECTIONS

## SECTION 1 - ANAESTHETISTS & PATIENTS

Good patient care requires a range of clinical, interpersonal and management skills. The nature of the anaesthetist-patient relationship is critical to quality of care and to the outcome of anaesthesia. Anaesthetists should pay attention to all aspects of this relationship.

Anaesthetists should treat all patients according to priority of clinical need, without discrimination on any other grounds (such as age, gender, personal relationships, ethnicity, disability, nature or cause of illness, religion, lifestyle, beliefs, culture, social-economic or health insurance status).

### **Standards of Clinical Practice (see also PS 16)**

Anaesthetists should:

- provide a high standard of clinical care, in a timely fashion, consistent with the prevailing standards of the specialty, within the constraints of systems and resources
- when providing anaesthesia, also provide or ensure adequate pre-anaesthesia and post-anaesthesia care and arrange for and facilitate good and appropriate post-discharge care (see PS 7)
- ensure collectively that reasonable arrangements are made to cover the requirements for anaesthesia and related clinical services at all hours of day and night
- take all reasonable steps to manage pain and suffering as promptly and effectively as possible (see also PS 41 and PS 45)
- except in emergencies, independently manage only those patients whose clinical conditions are within the scope of their competence having regard to training, experience and current practice profile
- conscientiously seek to reduce the risk of infection to their patients (see PS28)
- check their equipment before administering anaesthesia (see PS 31)
- care for patients in accordance with the best available evidence and, where appropriate, the expertise of specialist units, colleagues and other health professionals
- facilitate a second opinion for patients when appropriate or requested
- provide an honest and frank second opinion when it is sought
- ensure appropriate hand-over when care of a patient is transferred (see also PS 10)
- be available to attend within an appropriate time for an emergency when on call, and accept ongoing responsibility for the care of patients to whom they are called until the immediate need for that care has passed and/or arrangements for ongoing care have been made

In situations involving actual or potential emergencies, anaesthetists should respond if possible to any request for help in relation to any patient (including those of other anaesthetists who may not be available at the time), and particularly to requests for help from other anaesthetists in relation to anaesthetised patients, provided this action does not compromise the care and safety of any patient under their own care at the time.

### **Record Keeping (see also PS 6)**

Anaesthetists should maintain legible and contemporaneous records (signed and dated). It is advisable to make notes of discussions with patients and relatives/carers/legal guardians. Appropriate transfer, storage or destruction of patient records should occur at an appropriate time after cessation of practice.

## **Communication, Cultural Sensitivity**

Communication with a wide range of people (for example, patients, surgeons, other health professionals support staff, administrators) is a fundamental skill in anaesthesia. Communication begins with listening to and respecting the views of others. Communication involves empathy, honesty and respect.

Anaesthetists should be sensitive to and respect the cultural differences of all. They should recognise the specific rights and unique position of indigenous minority populations. Trained interpreters and/or cultural liaison officers should be used (if available) if there are barriers related to language or culture. Cultural awareness training may be helpful for those working regularly in a cross-cultural context.

## **Informed Consent**

Informed consent, including informed financial consent where relevant, is required for any anaesthetic procedure (see also PS26). In general, anaesthetists should respect the right of competent patients to make decisions that may be perceived as contrary to best medical practice (for example, the right of patients of the Jehovah's Witness faith to refuse blood or blood component transfusion). The situation in relation to those patients who are not competent to make important decisions (including children whose interests or wishes appear to be in conflict with those of their parents, and patients who are anaesthetised, sedated or unconscious and have not given prior directions in relation to the particular decision) is often very complex. Each such case needs to be dealt with on its individual merits, having regard to all the circumstances, the views of family members and others closely involved with the patient, and in consultation with appropriate colleagues and (where appropriate) legal and ethical advisors.

Patient confidentiality should be maintained, except where legal requirements direct otherwise.

## **Relationships with Patients**

Anaesthetists should be aware of the social disruptions and consequences of anaesthesia, recognise the particular vulnerability of an anaesthetised person, and have regard for each person's physical and psychological safety, comfort and dignity. They should refrain from engaging in sexual relationships with patients.

Medical care of family members and those with whom doctors have a close personal relationship is generally unwise and, except in emergencies, should be restricted to those areas explicitly permitted by local guidelines and laws. The provision of general and regional anaesthesia is clearly outside the boundaries of acceptable practice in this context, except in emergencies.

## **Working with Children (see PS29)**

Children present particular challenges to anaesthetists, and anaesthetising children requires appropriate training and experience (except in an emergency). Anaesthetists should communicate with each child at the level of his or her understanding, and endeavour to involve each child and his or her parents/caregivers/legal guardians in communication and in the process of obtaining consent.

## **End-of-life Care (see PS38)**

Any critically ill patient may die, and good end-of-life care should be considered in such patients at the same time as potentially life-saving therapies. Anaesthetists are not obliged to provide treatment which in their professional judgement would be of no benefit, or would harm the patient, or would be unethical. Withholding or withdrawing life-prolonging treatment where such treatment makes no contribution to cure or improvement of quality of life does not imply the withdrawal of care.

## **Organ Donation**

Anaesthetists involved in caring for organ donors or recipients must satisfy themselves that there is compliance with relevant nationally accepted standards. They must be particularly aware of the need for sensitivity of communication with all involved.

## **SECTION 2 - ANAESTHETISTS & THE WORKPLACE**

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The anaesthesia workplace includes the geographical, physical, operational and organisational contexts in which anaesthesia is practised. Patients should be cared for in institutions capable of providing the appropriate level of care. Except in emergencies, anaesthetists should ensure that the minimum standards of anaesthetic practice are met (see also T1, T3, TE1), and should arrange for appropriate transfer of patients to a suitable facility in circumstances where appropriate resources are not available locally (see PS39).

Unfamiliarity and unusual workplaces may result in increased risks and potential for error.

Anaesthetists should recognise and seek to reduce risks of error which arise from factors such as poor design or ergonomic management of equipment, unsuitable space and ambient conditions, excessive workloads, fatigue and distraction.

## **SECTION 3 - ANAESTHETISTS & THE MAINTENANCE OF PROFESSIONAL STANDARDS**

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The quality of healthcare is multidimensional, and includes safety, timeliness, efficacy, efficiency, access, appropriateness (including cultural appropriateness) and the underpinning principle that care should be patient focussed. Anaesthetists should pursue the highest possible quality of healthcare, and should actively contribute to processes promoting such quality, particularly those specifically related to anaesthesia.

Anaesthetists should be aware of the importance of wise stewardship of resources; they should avoid unnecessary procedures and wasteful practices, and should work with colleagues, institutions, government and the community to promote cost-effective care, and to develop policies regarding priorities of care.

Anaesthetists should apply the principles of evidence-based practice and engage in planning, undertaking and measuring practice improvement activities.

Where appropriate, anaesthetists should audit their own practices. When a major discrepancy between their own practices or results and those of their peers is identified, anaesthetists should seek the advice of colleagues in considering the most appropriate response to this information.

## **Adverse Events**

Adverse events are a major problem in healthcare and anaesthetists should engage actively in all reasonable attempts to reduce their occurrence. When an adverse event or critical incident occurs to a patient under the care of an anaesthetist, an appropriate response, focused on the needs of that patient, must be the priority of that anaesthetist.

This may include:

- medical care to manage the incident in its acute phase
- sensitive, compassionate, open and constructive disclosure of the incident to the patient and/or his or her family
- an expression of regret or apology
- appropriate reports, for example to an incident reporting program, or to a mortality and morbidity review committee
- a root cause analysis and the institution of measures to prevent a recurrence of the event or incident
- seeking the opinion and assistance of a peer or senior anaesthetist when performing any further procedure(s) on a patient in whom a significant adverse event has occurred

## **SECTION 4 - ANAESTHETISTS' HEALTH**

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The physical, psychological and emotional health of a practitioner, are important in the delivery of patient care (see also PS43 and PS49). Anaesthetists should

- not practise while impaired by alcohol or drugs or when compromised by physical or mental disability, fatigue, or stress (except in emergencies)
- recognise that the aging process may affect performance and seek and comply with appropriate advice from colleagues
- take appropriate remedial steps to bring their performance to an acceptable standard if impairment is recognised
- take appropriate action when they recognise impaired health in their colleagues, including the provision of support and consideration of whether to report such ill-health to the appropriate authorities
- volunteer to be tested if they may be infected with a serious infectious agent that could be transferred to their patients

### **Leave and Retirement from Practice; Incapacity or Death**

When taking leave, anaesthetists should ensure that appropriate arrangements are in place to provide cover for their patients (see also PS50, in relation to re-entry to practice after longer periods away).

On retiring from practice, anaesthetists should make appropriate arrangements for the hand-over of patients under their care, and the management of medical records according to requirements of the local jurisdiction.

Anaesthetists ideally should provide advance directives on how they would like their practice wound up should they die or become permanently incapacitated.

## **SECTION 5 - ANAESTHETISTS & PROFESSIONAL RELATIONSHIPS**

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The provision of safe, high quality medical care is increasingly dependent on complex and multilayered teams, centred on the patient. Anaesthetists should act collaboratively and cooperatively with integrity, honesty, respect, and without prejudice, in a spirit of co-operation with all those involved in the provision of optimal patient care (for example, colleagues, allied health professionals, administrators, support staff).

Anaesthetists should respect other anaesthetists' training, knowledge, experience and culture.

## **SECTION 6 - ANAESTHETISTS & EDUCATION, TRAINING & SUPERVISION**

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The College expects its Fellows to take an active role in teaching other anaesthetists, trainees and undergraduates; also non-anaesthesia and non-medical staff (see also TE2, TE3, TE4, TE5, TE10, TE11, TE13, TE 14, TE17, TE18). In particular, Fellows should recognise their individual responsibility in this area by being role models, demonstrating a high standard of behaviour at all times.

Learning to provide anaesthesia involves a balance between the need for acquisition of skills and competencies on the one hand, and the patients' interests on the other. Patients' interests must be adequately safeguarded. The overall responsibility for anaesthesia care must always lie with an identified individual, who (except in emergencies) should be a specialist anaesthetist. Anaesthetists should delegate patient care to trainees only when assured of their competence.

The honest, objective and conscientious assessment of trainees' performance and the early identification of trainees' weaknesses and institution of appropriate remediation in accordance with College Guidelines is particularly important (see TE18).

## **SECTION 7 - ANAESTHETISTS AND RESEARCH**

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Research is a component of some anaesthetists' practice. Research is complex and challenging, and requires substantial and specific expertise and experience, which may well exceed that typically gained in anaesthesia training. Furthermore the regulatory environment in relation to clinical and animal research has become more complex and demanding over recent years. Amongst other things the ethical conduct of research includes:

- compliance with all relevant legislation and regulations
- sound design and conduct of the research
- safeguarding the interests of patients who participate in research and of animals used in research
- unrestricted and unbiased dissemination of the results of the research, after appropriate peer review
- acknowledgement of all sources of financial or other support in any publication or presentation of research results and declaration of any potential conflicts of interest (see also PS40)

Anaesthetists who conduct research should obtain appropriate advice and oversight for any aspect of research about which they are not experienced and/or knowledgeable.

The assessment of innovative techniques, procedures or devices is an important part of advancing the standard of anaesthetic care, but this should usually be done in the context of properly constituted research, or at least with the approval of an appropriate ethics committee.

## **SECTION 8 - ANAESTHETISTS & BUSINESS & COMMERCIAL INTERESTS**

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Many anaesthetic practices operate as businesses. In the pursuit of business success, it must be borne in mind that optimal patient care is more than a market commodity. It must be remembered that patients are especially vulnerable to health professionals and will often be unable to make the sorts of simply commercial decisions and assessments which mark most business relationships. Typically, they will rely upon professionals to protect their welfare. Trust is therefore an essential component of the anaesthetist-patient relationship – trust that anaesthetists will regard patients' welfare to be their primary concern.

A conflict of interest exists when an anaesthetist's professional judgement concerning a patient's welfare might be, or might be seen to be, influenced by a secondary interest, such as financial gain. The secondary interest itself may be legitimate, but its relative weight in professional decisions must always be subsidiary to the interests of patients (see PS40). It is particularly important to consider and declare any possible conflicts of interest in relation to making referrals or decisions about patient care that might be influenced by involvement in medical goods companies, imaging centres, private health care facilities, or in relation to gifts, inducements, royalties, honoraria or grants, or part payments of fees to other doctors.

Anaesthetists should avoid inducements (including gifts or hospitality) which may affect or be seen to affect their judgement, and be cautious when giving personal endorsement of new techniques or therapeutic goods.

It is highly recommended that information is provided in advance about fees and charges wherever possible.

## **SECTION 9 - ANAESTHETISTS AND THE COMMUNITY**

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As medical practitioners, anaesthetists have a collective responsibility to become involved in political, educative and legislative matters relating to the health and safety of the public. Fellows are therefore encouraged to contribute to the public advocacy roles of the College and other relevant professional bodies.

Anaesthetists may be called upon to give expert evidence or advice to assist courts, tribunals and other bodies. In doing this, they should strive to reflect the generally held opinions of the profession in a form that is readily understood, or, if presenting any personal opinion that is contrary to the generally held opinion of the profession, they should indicate that this is the case.

Anaesthetists should not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim is suspected, accused or convicted.

# APPENDICES

## APPENDIX A: REFERENCES

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The following references provide useful background information in the areas indicated by their titles.

- Beauchamp, T.L. and Childress, J.F. 2001, *Principles of Biomedical Ethics, 5th edition* (New York: Oxford University Press). <http://www.oup.com/us>
- Frank JR (ED) 2005. *The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care.* Ottawa. The Royal College of Physicians and Surgeons of Canada's Canadian Medical Education Directions for Specialists 2000 Project. [http://rcpsc.medical.org/main\\_e.php](http://rcpsc.medical.org/main_e.php)
- WHO 2005. *Preparing a health care workforce for the 21st century. The challenge of Chronic Conditions.* <http://www.who.int/en>
- *Medical Professionalism Project. Medical Professionalism in the new millennium: a physician charter.* J Am Coll Surg 2003; 196:115 – 118. <http://www.facs.org/jacs/index.html>
- *Good Medical Practice. General Medical Council, London 2001. The duties of a doctor registered with the General Medical Council.* <http://www.gmc-uk.org>
- *Guidelines for Patient Care in Anesthesiology.* American Society of Anesthesiologists, October 17, 2001. <http://www.asahq.org/index.htm>
- *Good Medical Practice. A guide for doctors.* The Medical Council of New Zealand, 2002. <http://www.mcnz.org.nz>
- *Guidelines for the Ethical Practice of Anesthesiology.* American Society of Anesthesiologists, October 15, 2003. <http://www.asahq.org/index.htm>
- *Code of Ethics.* Royal Australasian College of Surgeons, 1993. <http://www.surgeons.org//AM/Template.cfm?Section=Home>
- *Code of Ethics.* Australian Medical Association, 2003. <http://www.ama.com.au>
- *Code of Conduct.* Royal Australasian College of Surgeons, 2006. <http://www.surgeons.org//AM/Template.cfm?Section=Home>
- *Code of Professional Behaviour.* Royal Australasian College of Physicians, 2006. <http://www.racp.edu.au/>
- *United Nations Agreement on Human Rights – Geneva Convention.* <http://www.hrweb.org>

- *Infection Control in the Health Care Setting*. National Health & Medical Research Council/Australian National Council on AIDS. <http://www.nhmrc.gov.au>  
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- *Guidelines for Fellows participating in the RANZCOG expert witness register*. Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2003. <http://www.ranzcog.edu.au>
- *Guidelines for Expert Witness Qualifications and Testimony*. American Society of Anesthesiologists October 15, 2003. <http://www.asahq.org/index.htm>
- *Ethical Guidelines for relationships involving Medical practitioners, Researchers and Industry*. RACP Third Edition 2005. <http://www.racp.edu.au>
- ANZCA Curriculum Modules. <http://www.anzca.edu.au>
- ANZCA Continuing Professional Development Program. <http://www.anzca.edu.au>

**NOTE:** See also State and Territory (Australia) and Medical Council (New Zealand) resource documents.

The Australian and New Zealand College of Anaesthetists publish a large number of Professional Documents classified as Policies (matters within the authority of ANZCA), Recommendations, Guidelines and Statements. They are listed at Appendix B and are available at [www.anzca.edu.au](http://www.anzca.edu.au).

The New Zealand Society of Anaesthetists ([www.anaesthesia.org.nz](http://www.anaesthesia.org.nz)), and the Australian Society of Anaesthetists ([www.asa.org.au](http://www.asa.org.au)) provide advice to their members on a range of issues.

The Welfare of Anaesthetists Special Interest Group of ANZCA, the ASA and the NZSA provides a series of Resource Documents for Fellows and Members listed at Appendix C. They are not available to the public except by written request. They are listed at Appendix C.

## APPENDIX B: ANZCA PROFESSIONAL DOCUMENTS

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Please note: These documents are periodically updated. Please refer to the ANZCA website at <http://www.anzca.edu.au>

- TE1 – *Recommendations for Hospitals Seeking College Approval for Vocational Training in Anaesthesia*
- TE2 – *Policy on Vocational Training Modules and Module Supervision*
- TE3 – *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*
- TE4 – *Policy on Duties of Regional Education Officers in Anaesthesia*
- TE5 – *Policy for Supervisors of Training in Anaesthesia*
- TE6 – *Guidelines on the Duties of an Anaesthetist*
- TE10 – *Recommendations for Vocational Training Programs*
- TE11 – *Formal Project Guidelines*
- TE13 – *Guidelines for the Provisional Fellowship Program*
- TE14 – *Policy for the In-training Assessment of Trainees in Anaesthesia*
- TE17 – *Policy on Advisors of Candidates for Anaesthesia Training*
- TE18 – *Guidelines for Assisting Trainees with Difficulties*
- T1 – *Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations*
- T3 – *Minimum Safety Requirements for Anaesthetic Machines for Clinical Practice*
- EX1 – *Policy on Examination Candidates Suffering from Illness, Accident or Disability*
- PS2 – *Statement on Credentialling in Anaesthesia*
- PS6 – *The Anaesthesia Record – Recommendations on the Recording of an Episode of Anaesthesia Care*
- PS7 – *Recommendations on the Pre-Anaesthesia Consultation*
- PS10 – *Guidelines on the Handover of Responsibility during an Anaesthetic*
- PS16 – *Statement on the Standards of Practice of a Specialist Anaesthetist*
- PS20 – *Recommendations for the Responsibilities of the Anaesthetist in the Post-Operative Period*
- PS26 – *Guidelines on Consent for Anaesthesia or Sedation*
- PS28 – *Guidelines on Infection Control in Anaesthesia*
- PS29 – *Statement on Anaesthesia Care of Children in Healthcare Facilities Without Dedicated Paediatric Facilities*
- PS31 – *Recommendations on Checking Anaesthesia Delivery Systems*
- PS38 – *Statement Relating to the Relief of Pain and Suffering and End of Life Decisions*
- PS39 – *Minimum Standards for Intrahospital Transport of Critically Ill Patients*
- PS40 – *Guidelines for the Relationship Between Fellows and the Healthcare Industry*
- PS41 – *Guidelines on Acute Pain Management*
- PS43 – *Statement on Fatigue and the Anaesthetist*
- PS45 – *Statement on Patients' Rights to Pain Management*
- PS49 – *Guidelines on the Health of Specialists and Trainees*
- PS50 – *Recommendations on Practice Re-Entry for a Specialist Anaesthetist*

## **APPENDIX C: THE WELFARE OF ANAESTHETISTS JOINT SPECIAL INTEREST GROUP RESOURCE DOCUMENTS**

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- RD.01 – *Personal Health Issues and Strategies*
- RD.02 – *Financial Issues*
- RD.03 – *Recognising Depression and Anxiety (in yourself or a colleague)*
- RD.04 – *Late Career Options and Retirement*
- RD.06 – *Advice to Trainees: Training and Examinations*
- RD.07 – *Sexual Misconduct (NSW Medical Board)*
- RD.08 – *Mentoring and Peer Support systems*
- RD.09 – *Why don't you have your own GP?*
- RD.10 – *Breaking Bad News*
- RD.11 – *After a Major Mishap*
- RD.12 – *Suspected or Proven Substance Abuse*
- RD.13 – *Impairment in a Colleague*
- RD.14 – *Medico-Legal Issues*
- RD.15 – *Training and Family Responsibilities*
- RD.16 – *Welfare Issues in the Anaesthetic Department*
- RD.17 – *Infectious Diseases*
- RD.18 – *Latex Allergy*
- RD.19 – *Manual Handling Injuries*
- RD.20 – *Substance Abuse Protocol*





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