

Short title: Anaesthetist duties BP

1. Purpose of review

To clarify the breadth of duties undertaken by specialist anaesthetists.

2. Scope

This professional document applies to all specialist anaesthetists, recognising that the breadth of duties for this group of practitioners is wide and varied, and extends to roles beyond the operating theatre.

3. Background

In April 2012 ANZCA Council established a document development group to explore the potential amalgamation of the professional documents *PS16 Statement on the standards of practice of a specialist anaesthetist* (most recently reviewed in 2008) and *TE06 Guidelines on the duties of an anaesthetist* (interim review in 2010; re-badged as *PS57* in 2012 and *PS57(A)* in 2021). It thus was decided to withdraw *PS16 Statement on the standards of practice of a specialist anaesthetist*.

In 2015, ANZCA council withdrew the *ANZCA Code of Professional Conduct*, recognising that the overarching authorities for this code had become the appropriate regulatory bodies (ie. MBA and MCNZ). In the context of anaesthesia, pain medicine, and perioperative medicine, ANZCA has developed a resource, the *Supporting Professionalism and Performance* guide to provide, by means of clear examples, a framework for understanding professionalism and performance as it applies to the practice of anaesthesia and pain medicine. These examples and principles can also be applied to perioperative medicine.

The 2026 internal review of *PS57 Position statement on duties of specialist anaesthetists* largely reflect changes to the curriculum, clinical practice environment and contemporary expectations. The introduction to the document reflects the growing recognition that the duties of specialist anaesthetists extend beyond the operating theatre, and importantly include roles in perioperative medicine, management, audit, research and education. Expected duties also include collaboration and support of doctors with patient care in other specialties including intensive care medicine and emergency medicine.

Acute pain management is an expected duty of a specialist anaesthetist, while noting that this does not replace specialist pain medicine physicians in assessment, diagnosis, prescribing oversight, interventional pain management, or multidisciplinary pain-service treatment planning where these are indicated, especially for chronic and complex pain conditions.

Clinical support duties have also been expanded or clarified to include leadership and other contemporary expectations. Clinical support duties may form a part of everyday practice in addition to activities which are conducted during dedicated allocated time.

The identifier has been changed from *PS57(A)* to *PS57* in line with revised professional document labelling practice.

Process of document review

The 2026 Internal Review Group comprised:

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Promulgated: 2013
Reviewed: 2014, 2026
Current document: Sep 2026

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