ANZCA
FPM

PS42(A) Position statement on staffing of accredited departments of anaesthesia 2017

Short title: Anaesthesia department staffing

1. Purpose and scope

The Australian and New Zealand College of Anaesthetists (ANZCA) recognises the important role of anaesthesia departments providing training within the ANZCA training program. This document is intended to apply to anaesthesia departments accredited to provide such training, and its purpose is to ensure that departments are staffed adequately to provide a safe high quality clinical service, to supervise trainees and to effectively manage the service. The document provides guidance on appropriate department staffing required for optimal training conditions, but is not meant to specify employment or other working conditions that are best determined in an industrial negotiation.

2. Definitions

2.1 Staffing

Staffing is the process of acquiring, deploying, and retaining a workforce of sufficient quantity and quality to perform effectively. The workforce includes sufficient numbers of medical, nursing, technical and administrative staff.

2.2 Clinical Time

Clinical time is the time spent in the direct provision of patient care.

2.3 Clinical support time

Clinical support time is the time spent performing duties or fulfilling roles other than the provision of individual patient care, aimed at improving quality of patient care and ensuring compliance with training requirements.

Time for clinical support duties by anaesthetists must be set aside by the department. It is recommended that approximately 30 per cent of the department's workload should be devoted to clinical support activities.

Duties during clinical support time are numerous and include teaching, quality assurance, research, lecture preparation, committee work, development of training programs, continuing professional development activities, trainee assessment and management tasks, report preparation, service improvement and design, and complaint management. Clinical support time does NOT include general administrative tasks, such as financial management and rostering.

2.4 Specialist anaesthetists in accredited departments

All specialist anaesthetists are involved in trainee education and welfare, regardless of the particular terms of their employment. A core of staff who spend all or most of their professional time in the institution is often important for continuity of training programs, cohesion and corporate memory.

(See college professional document *PS57(A) Position statement on duties of specialist anaesthetists).*

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3. Specific staff

3.1 Medical staff

Clinical support time should be allocated to staff by the department director in such a way as to ensure that all the departmental goals are achieved and individuals' expertise is best utilised, while still guaranteeing that all staff have adequate allocated time for professional development. Anaesthetists who contribute more heavily to teaching, training, research and administration will require more sessions for clinical support activities.

3.1.1 Director of anaesthesia

The director has a primary managerial responsibility to ensure that the department functions safely and efficiently. The director of anaesthesia must be a registered medical practitioner who holds the fellowship of ANZCA, or suitable anaesthesia qualification as deemed by the college. Strategic planning, recruitment, staff performance appraisal and development, financial responsibilities and management of the clinical service comprise a significant part of the workload. Sufficient rostered time free of clinical duties must be available to the director for the important managerial duties, irrespective of whether the director is a full-time or part-time employee. This is addition to base clinical support time.

3.1.2 Deputy director of anaesthesia

In large departments, a deputy director should be appointed to assist the director with administrative tasks, and/or to be responsible for specific delegated areas. The deputy director of anaesthesia must be a registered medical practitioner with a scope of practice in anaesthesia. Sufficient clinical support time must be available to the deputy director for the important managerial duties, irrespective of whether the deputy director is a full-time or a part-time employee.

3.1.3 Supervisor of training

Supervisors of training are the college's on-site representatives for management of training in accredited departments. They provide liaison between trainees and hospital administrators on matters related to training, and communicate with education officers and the college generally. At least one session per week, in addition to base clinical support time, should be allocated to accomplish the necessary tasks (see the relevant ANZCA training and accreditation handbook). More sessions may also be required at the beginning and end of terms for mandated assessments and during episodes of recruitment.

3.1.4 Other supervisors

There will be a variable number of other supervisors in the department, depending on the range of clinical experience available to trainees. These supervisors have a broad understanding of, and experience in, the contents of the study unit they supervise, and work directly with trainees and the supervisor(s) of training.

3.1.5 Specialist anaesthetists

3.1.5.1 Specialist anaesthetists provide the clinical supervision that is essential for training. There must be sufficient rostered clinical time for specialist anaesthetist supervisory roles.

3.1.5.2 In addition to clinical activities, specialist anaesthesia staff must receive

sufficient rostered clinical support time. The amount of such time available to each anaesthetist will be determined by their roles, responsibilities and individual involvement in clinical support activities.

3.1.5.3 Anaesthetists involved in teaching, college supervisory roles, trainee management, research and/or specific department administration duties (for example, rostering) will require more time than those who are not as heavily involved in such activities. Nevertheless, a minimum of two sessions per week is required for a full-time employee for academic and management activities.

3.1.5.4 It is recommended that the department keep a logbook of the activities undertaken during clinical support time. Those activities pertaining to training, research and quality assurance will be of interest to accreditation visitors.

3.1.5.5 Clinical support time that is available as blocks of time away from the department (excluding leave entitlements such as conference leave and study leave) should be included in calculations of the total clinical support time available to the department, but such time is not to be counted towards the minimum of two sessions of clinical support time per week indicated in item 3.1.5.3.

3.1.5.6 Allocation of clinical support time need not be a fixed amount of rostered time for each individual in each week but may be averaged across a longer time period. This may occur because a longer period of time for a certain activity may be required in one week (for example, lecturing at a course, attending a training session) or because of variations in clinical activity (for example, more clinical support time available during a reduced activity period, or less available when trying to meet end of year surgery targets).

3.1.5.7 Anaesthetists may require more clinical support time in departments where there is insufficient secretarial and administrative support.

3.1.6 Trainee

An ANZCA vocational trainee is a specialist-in-training who requires clinical supervision as an essential component of the training process. A trainee can contribute to the clinical service of the department to a limited degree after an initial period of level 1 supervision. The extent of such service will be dictated by the educational needs of the trainee, the experience of the trainee, the mix of surgical specialties, subspecialty training requirements and the roster pattern, and may therefore vary significantly between institutions. The supervision of trainees must comply with the requirements outlined in the relevant ANZCA training and accreditation handbook.

Trainees should be assigned educational, quality assurance and administrative responsibilities appropriate to their level of training. Time must be allocated for these duties.

3.2 Non-medical staff

3.2.1 Assistant for the anaesthetist

The presence of a trained assistant for the anaesthetist during the conduct of anaesthesia is an important factor contributing to safe patient management. The assistant may be a nurse or a technician. Staff numbers must be sufficient to provide a dedicated assistant available for every patient who is being anaesthetised (see college

professional document *PS08(A) Position statement on the assistant for the anaesthetist).*

3.2.2 Nurses

Nurses may fill the role of the assistant for the anaesthetist and/or provide staffing for the recovery room. For staffing of the recovery room, the ratio of nurses to patients needs to be flexible so as to provide no less than one nurse to three patients, and one nurse to each patient who has not recovered protective respiratory reflexes or consciousness (see college professional document *PS04(A) Position statement on the post-anaesthesia care unit).*

3.2.3 Technical staff

Technicians may fill the role of the assistant for the anaesthetist and/or provide technical support for equipment maintenance and repair. The required number will vary with each particular hospital and be dependent on the relative involvement of other groups (for example, biomedical engineering department) and external service contractors.

3.2.4 Secretarial and support staff

Secretarial staff provide support for individual anaesthetists, for departmental administration and for educational and quality assurance activities. The number of staff required will depend on the size and activity of the department. Refer to the relevant ANZCA training and accreditation handbook.

4. Staffing numbers

4.1 Minimum staff requirements

The minimum staff requirements for accredited departments of anaesthesia are specified in the relevant ANZCA training and accreditation handbook. In particular, there must be:

4.1.1 A minimum of one specialist anaesthetist who is a fellow of ANZCA.

4.1.2 A minimum of two full time equivalent (FTE) specialist anaesthetists with qualifications acceptable to ANZCA Council

4.1.3 At least one FTE specialist anaesthetist for each trainee

4.1.4 No more than two non-specialist anaesthetists (including trainees) for each FTE specialist anaesthetist employed.

4.2 Staffing workload calculations

Calculating the number of specialist anaesthetists required to provide all the required anaesthesia services is complex. Important matters include the number of hours of clinical work required per week from each staff member, the extent of the weekly clinical services to be staffed, the extent of out-of-hours clinical cover to be staffed, the amount of leave of all types taken by clinical staff in weeks per year, changing work practices and enterprise agreements, the need to ensure that staff are not expected to work when fatigued, and factors specific to the individual hospital.

4.3 Guidelines for workload calculations

4.3.1 The primary aim is to ensure sufficient staffing for the required supervision of trainees.

4.3.2 Because of different industrial awards, employment contracts and various local issues, it is generally not possible to determine an exact figure for the number of FTE anaesthetists required by a department. Nevertheless, a fairly reliable ballpark figure can be determined in most circumstances.

4.3.3 The unit of measure for calculations of workload requirements and for workforce availability is a "session" (a half-day of a typical work week).

4.3.4 The clinical workload of the director (and deputy director) will be less than that of a specialist anaesthetist and will be dependent on the administration workload of the director. More time should be allowed for administration in a large department.

4.3.5 Sufficient clinical support time should be allowed for specialist anaesthetists so this needs to be considered when determining the amount of clinical time for a specialist. Typically seven clinical sessions per week per full-time equivalent should be the maximum used in the calculations, and two clinical support sessions per week should be the minimum. Within these bounds, the actual values used in the calculation should be based on the department reality. In a large or busy department with a large teaching, research, tutorial or other training commitment, the amount of clinical support time may be significantly more than the minimum. Time spent on a clinical list, or not involved in appropriate clinical support activities, cannot be counted as clinical support time.

4.3.6 Supervisors of training should have at least one session per week available to fulfil their responsibilities.

4.3.7 Trainees in introductory training and basic training should have no sessions counted as contributing to the department's staffing of in-hours clinical work.

4.3.8 Trainees in advanced training may have three sessions per week per FTE as contributing to the department's staffing of in-hours clinical work, providing this represents an actual and regular contribution of in-hours work, and is supervised at level 2 or 3.

4.3.9 The contribution of provisional fellows to the department's staffing of clinical work must take into account the nature of the clinical work and the actual contribution of the fellow. For example, during a cardiac or paediatric fellowship where the Fellow lacks much experience in the sub-speciality, the Fellow may be fully supervised and so that individual's contribution as considered in the calculation would be very low. As a guideline for a general department, about six sessions per week per FTE provisional Fellow would be counted as contributing to the department's staffing of clinical work.

4.3.10 The number of weeks per year that staff are available should be calculated, taking into account the duration of all types of leave including annual, sick, study, educational, and other.

4.3.11 The number of weeks per year that the department is working at full capacity should be calculated.

This document is accompanied by a background paper (PS42(A)BP) which provides more detailed information regarding the rationale and interpretation of the Position Statement.

Related ANZCA documents

PS04(A) Position statement on the post-anaesthesia care unit

PS08(A) Position statement on the assistant for the anaesthetist

PS57(A) Position statement on duties of specialist anaesthetists

PG58(A) Guideline on quality assurance and quality improvement in anaesthesia

ANZCA Handbook for training 2021

ANZCA Handbook for accreditation 2020

ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the college's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the college website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

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