ANZCA
FPM

Promoting good practice and managing performance challenges in anaesthesia and pain medicine

2026

Acknowledgements

The college acknowledges the Traditional Custodians of Country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present and emerging.

The college acknowledges and respects Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Te Tiriti o Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.

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This resource offers guidance to managers, leaders, mentors, and colleagues on fostering an environment that upholds high professional standards while assisting in identifying and managing practitioners working below expected professional levels.

This resource is supported by the ANZCA Professionalism and Performance Guide 2024.

There are many different practice settings in anaesthesia and pain medicine in Australia and New Zealand. This information applies to specialist anaesthetists, rural generalist anaesthetists and specialist pain medicine physicians in both public and private practice. It does not cover trainees, who are supported by other specific processes. The managerial roles are more clearly defined in public practice. In both settings, but more often in private practice, it may be a colleague that finds themselves in the role of manager, adviser or mentor.

This resource is not intended to guide administrative management of practitioners with performance challenges associated with the possibility of a substance use disorder. Please refer to ANZCA professional document *PG48 Administrative management of substance use disorder 2025*.

While experienced clinical directors will already understand and practice the principles contained in this resource, it aims to support practitioners who may find themselves in a position to improve local support mechanisms or have been asked to assist a colleague where there are concerns about professional or technical performance.

There are many factors that may impact professionalism and skills over time. Supportive environments can minimise negative influences such as isolated practice or lack of learning opportunities. Feedback on performance can assist practitioners to make sensible choices about further study, skill development, coaching or retirement.

It is also well recognised that cognitive skills decline with age and that engagement in continuing professional development (CPD) is essential.

The investigation and management of concerns about poor performance is a sensitive issue and there is considerable scope for the problem to be mishandled. While this resource provides many opportunities to support clinicians by acknowledging the principles of natural justice and through the provision of remediation, patient safety is an absolute priority.

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Maintaining excellence in professional practice

Acceptable standards of practice are outlined in a number of ANZCA professional documents, Australian Society of Anaesthetists (ASA) position statements, the ANZCA Code of Professional Conduct, the Medical Board of Australia (MBA) code of conduct "Good Medical Practice" and the Medical Council of New Zealand (MCNZ) "Good Medical Practice".

Examples of good and poor behaviour, modelled on the CANMEDS framework, can be found in the booklet entitled *Supporting Anaesthetists' Professionalism and Performance: A guide for anaesthetists and pain medicine physicians 2024*.

Excellence in professional practice should be modelled on the roles in practice defined by ANZCA, which encompasses both clinical and non-clinical performance.

There should be a positive culture of maintaining high standards. The clear expectations are:

- The individual anaesthetist and specialist pain medicine physician's personal responsibility for maintaining professional standards.
- Departmental responsibility for providing a high-quality service.
- Managerial responsibility for providing the necessary staff and facilities matching national standards to achieve this.

Where little attention is paid to individual professionalism, efficient running of the department, record keeping, agreement on clinical guidelines, audit, and local or central programs of continuing professional development (CPD), standards are likely to fall.

Anaesthetists and specialist pain medicine physicians should concentrate on maintaining overall standards within their department or group practice and take appropriate steps to prevent any individual's performance from becoming seriously deficient. In the context of isolated practice, all clinicians need to understand the procedures to be followed if seriously deficient performance in a colleague is suspected.

Established departments of anaesthesia and/or pain medicine should be prepared to support colleagues in isolated clinical practice through CPD activities, practice review and mentor programs.

The role of practice evaluation

Practice evaluation is now considered a cornerstone of CPD and revalidation. All fellows should engage in activities that review their own practice in order to experience and adapt to peer feedback, and develop reflective skills.

Examples of activities within groups that foster high quality professional practice:

- Support for CPD; including audit, multi-source feedback, patient feedback, peer review and case discussion.
- Focus on high quality teaching, learning and research.
- A strong mentor program.

- Collaboration with other anaesthesia, pain and general medical and non-medical professional groups.
- Actively promote transition planning, for example, trainee to consultant, development of senior skills, planning for retirement.
- Visible support mechanisms for colleagues in difficulty.
- Leadership and management styles that are transformational, participative and open.
- Positive group culture with good communication skills.
- High group expectations of documentation, communication, clinical skills, knowledge, behaviour and participation in national and international community activities.

Personal activities to maintain excellence in professional practice

Much can be done on an individual level to support the maintenance of excellence in professional practice by developing structures and seeking out activities that reduce the impact of isolation and ageing on performance.

Suggestions include:

- Maintain good health – have a general practitioner.
- Participating in CPD.
- Engage in practice review. Ask for open, honest and frank evaluation.
- Have a mentor or trustworthy colleague to discuss clinical and life challenges.
- Coaching.
- Have a retirement plan that includes more than financial security.
- Be involved in teaching.
- Maintain an association with a department of anaesthesia or pain medicine.
- Attending conferences and workshops is part of maintaining CPD.

Figure 1: Focus areas for risk reduction of isolation and ageing on professional performance.

How to identify poor performance

All doctors are expected to remain up to date and competent in the work they do.

Identifying poor performance is often difficult as clinical practice routines vary, communication styles can cloud non-expert evaluation and the performance of expert skills can vary day-to-day and with life events. In practice, repeated patterns of poor performance rather than a single episode are more likely to lead to concern.

Fitness to practise may be impaired by reason of misconduct, criminal conviction or caution, determination by another regulatory body, deficient performance or ill-health.

When dealing with performance or health issues, it is important to identify areas where remedial action such as retraining or medical treatment is possible, while protecting patients and practitioners from harm.

Concerns about a doctor's conduct or capability can come to light in a wide variety of ways, for example:

- Concerns expressed by other clinical or non-clinical staff.
- Review of performance against previous plans.
- Concerns raised at appraisal or disengagement with the appraisal process.
- Clinical audit.
- Clinical governance (including reports of significant events/critical incidents).
- Lack of participation in, or inadequate, CPD.
- Information from regulatory bodies, such as Australian Health Practitioner Regulation Agency (Ahpra) or Medical Council of New Zealand (MCNZ) or specialist colleges.
- Litigation following allegations of negligence.
- Information from the police or coroner.

Principles in managing allegations of poor performance

Identifying and managing a poorly performing colleague is always difficult. This section provides some benchmarks to guide your actions.

The person concerned will be a colleague and often a friend, sometimes of long standing. It isn't easy to view the situation objectively and it helps, therefore, to benchmark your actions to the following four fundamental principles:

1. Protect patients from harm. This is the primary objective that must always be foremost.
2. Ensure that the colleague is treated justly. Procedures should be fair and open.
3. Provide opportunities for the colleague to improve their performance.
4. Identify appropriate standards and milestones against which improvement can be assessed, and criteria for success or failure of remediation.

In any investigation into a colleague's performance, it is important:

- To keep records of everything: conversations, telephone calls, meetings and interviews. These may be needed at a later stage.
- That you do not jump to conclusions about the outcome. A thorough and persistent process to establish the facts and openness with the colleague concerned is the only way to protect patients, maintain standards and act righteously. All parties should strive to maintain confidentiality although at times rumors may spread during an examination of a colleague's performance. It is important, therefore, to keep other colleagues informed in general terms only, but at the same time respect confidentiality.
- To avoid looking into a colleague's performance via a quality assurance activity protected by qualified privilege in Australia, or protected quality assurance in New Zealand. Information that arises from a qualified privilege or protected quality assurance activity is confidential and cannot be used in disciplinary or other proceedings against a person participating in that activity.

Principles of fairness and openness

Doctors who are the subject of procedures dealing with poor performance concerns should always be given the opportunity to have an advocate or supporter with them at formal or informal meetings.

All discussions should be documented (even if the concern is low) and the doctor should be allowed to verify what has been recorded.

Seeking advice and further guidance

In managing concerns about poor performance, numerous individuals and organisations can (and in some cases should) be involved, sometimes making the process a complex one.

The local and external procedures detailed below for managing performance concerns are an attempt to provide clarity. Professional bodies representing anaesthesia and pain medicine can also act as a first point of contact for advice about managing a performance concern.

If it is suspected that performance challenges are associated with the possibility of a substance use disorder then guidance may be found in ANZCA professional document PG48 Administrative management of substance use disorder 2025.

If inadequate performance is suspected or has been detected it should first be dealt with locally using procedures established in the hospital, institution or group associated with the practitioner. These procedures must comply with the principles of natural justice above. Involving an external agency should be considered if the concern is a serious one or has been repeated despite previous assistance. Involvement of an external agency or referral to the Australian Health Practitioner Regulation Agency (Ahpra) or the Medical Council of New Zealand (MCNZ) does not necessarily bring local procedures to an end.

In a hospital, local management is the responsibility of the medical director, who is required to work in partnership with the director of human resources. In situations where a suitable human resource infrastructure does not exist, help may be sought from a local or associated institution.

In some cases, both local procedures and involvement of an external agency, at the same time, will be necessary. In cases where local procedures have been activated first, but the colleague has failed to respond to any actions, or there are concerns about conflicts of interest or fairness of the

process, involvement of an external agency should be considered. The preferred outcome is for the concern to be resolved early.

ANZCA

ANZCA's regulation 26 Standards of professional practice provides a mechanism for the investigation of a complaint or an allegation of poor professional conduct through a standards committee.

After considering a complaint or matter, the committee may recommend to ANZCA Council that it: take no action; dismiss the matter or complaint and exonerate the fellow; counsel the fellow and/or require the fellow to participate in any relevant college program or activity; censure the fellow; refer the matter or complaint to the council for consideration (including suspension or termination of fellowship); or refer the matter or complaint to an appropriate authority. Assessment of a fellow's performance can be undertaken according to regulation 27.

Activation of regulation 26 or regulation 27 requires a written request to the CEO of ANZCA. The CEO can be contacted by email.

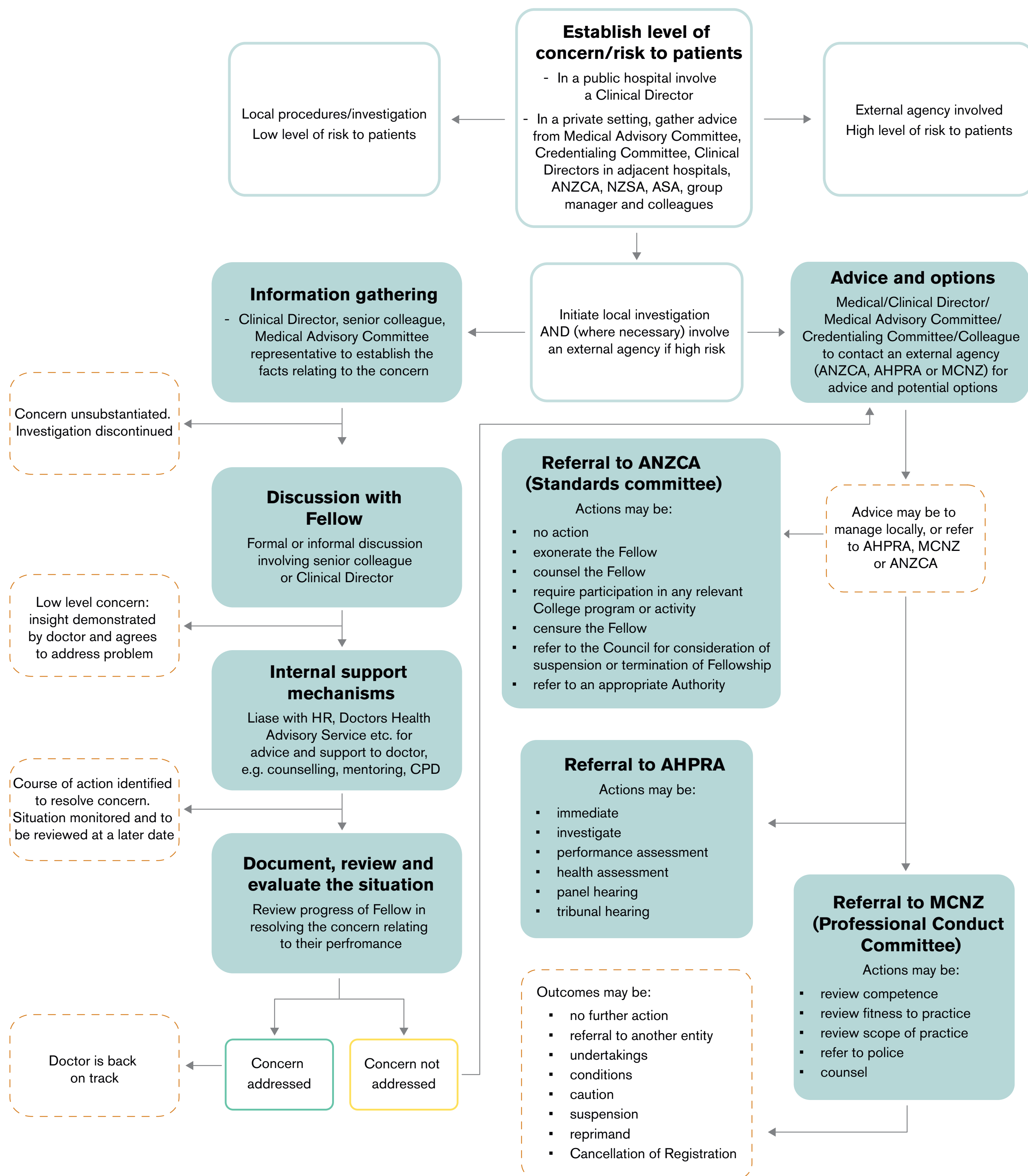
The Australian Society of Anaesthetists (ASA) is another source for position statements that may be of value when advising a colleague on professional standards.

The Welfare of Anaesthetists Special Interest Group (SIG) have contributed to many specific resource documents that may assist in many circumstances. Resources may be found on the *Wellbeing: Overview + SIG resources library guide.*

Ahpra and the MCNZ provide mechanisms via notification for managing matters of a serious nature.

Criminal actions should be reported to the police.

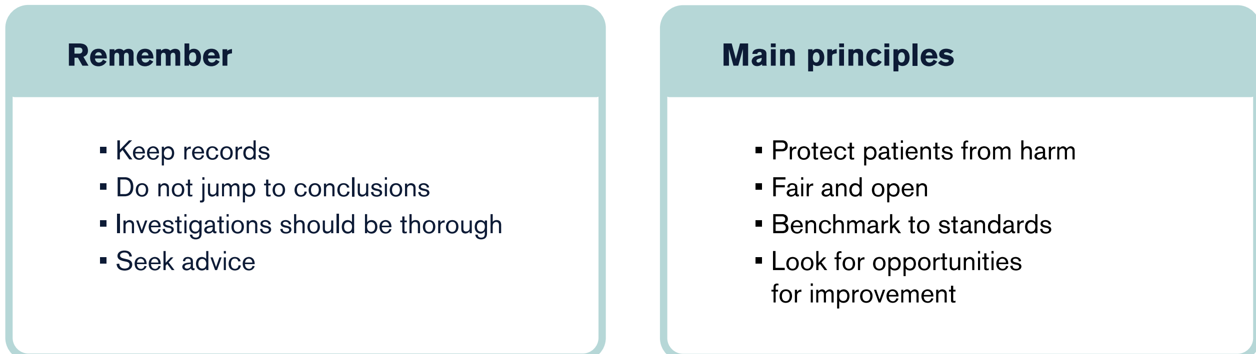
Figure 2: Allegations of poor performance flowchart.



*Adapted from RCcA UK (2013) Managing the poorly performing anaethetist.

Managing poor performance

Figure 3: Principles of fairness and natural justice in addressing poor performance.



Local procedures

This avenue is appropriate for concerns which are initially non-specific and where patients may or may not be immediately at risk.

Discreetly gather as much information as possible. Ignore hearsay evidence and try to establish the facts. Anyone making an allegation against a colleague must be prepared to support it in writing.

It is usually helpful to consult trusted, senior colleagues before deciding how to proceed. If a concern appears to be well-founded but not serious, it may be sufficient for one or two colleagues to bring it informally to the colleague's attention, together with appropriate advice.

All concerns associated with a hospital environment, including those regarded as low level, should also be reported to the clinical director (and in some organisations, the medical director, medical advisory committee or credentialing committee), so that they have an overview of these informal conversations.

Repeated low level concerns about an individual practitioner over a period of time may represent a pattern of behaviour which needs addressing more formally and raising such concerns with the clinical or medical director (in a hospital setting) may help to reduce the risk of them escalating to a high level performance concern.

There may be circumstances in private, isolated or group practice when informal networks with a public hospital can provide experienced assistance and advice from a clinical or hospital director.

- Treat all concerns seriously.
- Any allegations must be in writing.
- Gather objective truth with discretion.
- Consider a welfare check with clinician in questions.
- Maintain contemporaneous notes on your discussions and outcomes.
- Persistent issues (even low-level concerns) may warrant escalation to more senior hospital leadership – they can provide support to you and should be aware.
- Failure to engage in attempts to improve performance may necessitate formal proceedings – eg involving HR, medical directors/CMO, credentialling committee.

Possible remediation activities

Where concerns about professionalism or technical performance have been identified and there is a low level of risk to patients, it may be appropriate to recommend suitable remediation activities. Depending on the concern, these may include:

- Attendance at courses such as Effective Management of Anaesthetic Crises (EMAC), Early Management of Severe Trauma (EMST) and emergency responses.
- Attendance at workshops reviewing continuing professional development (CPD). A listing of events can be found here.
- Communication workshops, such as with the Cognitive Institute.
- Counselling with a psychologist or psychiatrist.
- Review by the Doctors' Health Advisory Service.
- Supervised sessions at a public hospital.
- Read the Supporting Anaesthetists' Professionalism and Performance: A guide for clinicians.
- Coaching i.e. professional coaches who aren't necessarily anaesthetists.

When the colleague has no insight into the problem

In this situation the practitioner should be informed that the clinical director (in a hospital setting), or similar local authority (in a private setting) must be involved at an early stage.

This enables a senior experienced manager to view the issues in perspective and to consider a range of options for how best to proceed. It may also be helpful later should the clinical director or experienced manager be criticised by the practitioner concerned or by other colleagues.

If the concerns are serious or patients are clearly being put at risk, or informal discussions failed to resolve the issue, in a hospital setting, the clinical director and medical director should be contacted urgently.

In a private setting, this may be the medical director of the local hospital, group manager or experienced colleague. The medical director, group manager or colleague may wish to seek help from ANZCA or the ASA in providing impartial advice.

In a public hospital setting, the clinical director may be asked to be the investigating officer. This is most appropriate as the clinical director is familiar with accepted standards of practice and the day-to-day running of the department of anaesthesia or pain medicine and understands how the specialty is practised locally.

Exclusion from work

Excluding doctors from work for long periods is a cause for concern. In the context of this guide, the phrase "exclusion from work" is used to avoid confusion with "suspension" of the right to practise which may be imposed by Ahpra or MCNZ.

Work exclusion can be isolated to an area of concern (eg a particular list type or procedure) or universal. The exclusion of the practitioner from all clinical work has many far-reaching implications for maintenance of skills, and financial and psychological welfare.

It should be noted that restricting a doctor's practice for long periods can create isolation and loss of skill. Exclusions should therefore be considered as a last resort.

Situations that may require early notification

Referral to Ahpra or MCNZ should be considered if the practitioner fails to display appropriate insight into the problems, has left the area but may have taken those problems to another area of the country or has moved exclusively into private practice.

In particular Ahpra or MCNZ may be the only body able to take effective action where serious problems arise in relation to a doctor working as a transient locum or working solely in private practice.

Performance and health issues are unlikely to require immediate referral to Ahpra or MCNZ as long as the practitioner has insight into the problem and is willing to co-operate with local initiatives to help resolve the concerns.

Health practitioners in Australia and New Zealand are subject to some mandatory reporting requirements.

In Australia, health practitioners must inform Ahpra if they have a reasonable belief that a registered health practitioner's behaviour constitutes notifiable behaviour, defined as:

- Practising while intoxicated by alcohol or drugs.
- Sexual misconduct in the practice of the profession.
- Placing the public at risk of substantial harm because of an impairment (health issue).
- Placing the public at risk because of a significant departure from accepted professional standards.

In New Zealand, health practitioners must advise the registrar of the responsible authority if they have reason to believe another health practitioner is unable to perform the functions required for the practice of their profession because of a mental or physical condition (section 45, Health Practitioners Competence Assurance Act 2003).

References

Supporting Anaesthetists' Professionalism and Performance: A guide for anaesthetists and pain medicine physicians 2024.

ANZCA Regulation 26 Standards of professional practice.

ANZCA Regulation 27 Performance assessment of anaesthetists and pain medicine physicians.

MBA Good medical practice: a code of conduct for doctors in Australia

Medical Council of New Zealand Good Medical Practice 2021.

Medical Council of New Zealand (2016) Recertification and continuing professional development booklet.

Royal College of Anaesthetists Supporting and managing anaesthetists with performance concerns 2024.

ANZCA professional documents regarding professional and clinical standards:

- ANZCA (2014) PG03(A) Guidelines for the management of major regional analgesia
- ANZCA (2024) PG07 Guideline on pre-anaesthesia consultation and patient preparation
- ANZCA (2023) PG09 Guideline on procedural sedation.
- ANZCA (2018) PG15 Guideline for the perioperative care of patients selected for day stay procedures.
- ANZCA (2025) PG18 Guideline on monitoring during anaesthesia.
- ANZCA (2025) PS19 Position statement on monitored care by an anaesthetist.
- ANZCA (2021) PS26 Position statement on informed consent for anaesthesia or sedation.
- ANZCA (2025) PG28 Guideline on infection prevention and control in anaesthesia.
- ANZCA (2023) PS41 Position statement on acute pain management.
- ANZCA (2017) PS42 Position statement on staffing of accredited departments of anaesthesia.
- ANZCA (2020) PG43 Guideline on fatigue risk management in anaesthesia practice.
- ANZCA (2025) PG48 Administrative management of substance use disorder.
- ANZCA (2022) PG49 Guideline on the health of specialists, specialist international medical graduates and trainees.
- ANZCA (2021) PG51 Guideline for the safe management and use of medications in anaesthesia.

- ANZCA (2014) PS57 Position statement on duties of specialist anaesthetists.
- ANZCA (2018) PG58 Guideline on quality assurance and quality improvement in anaesthesia.
- ANZCA (2024) PS62 Position statement on cultural competence and cultural safety.

Content development group

This guide has been updated in 2026 by: Dr Benn Lancman, Dr Simon Collins, Dr Shireen Edmends and Dr Bindu Vasu with further review by Professor David A Scott.

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