The Good Anaesthetist
Standards of Practice for Career Grade Anaesthetists

February 2010
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Prepared by the Joint Committee on Good Practice
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Notes on terminology</td>
<td>6</td>
</tr>
<tr>
<td>Related guidelines and sources of information</td>
<td>7</td>
</tr>
<tr>
<td><strong>Domain A: knowledge, skills and performance</strong></td>
<td></td>
</tr>
<tr>
<td>Attribute 1: maintain your professional performance</td>
<td>8</td>
</tr>
<tr>
<td>Attribute 2: apply knowledge and experience to practice</td>
<td>10</td>
</tr>
<tr>
<td>Attribute 3: keep clear, accurate and legible records</td>
<td>12</td>
</tr>
<tr>
<td><strong>Domain B: safety and quality</strong></td>
<td></td>
</tr>
<tr>
<td>Attribute 4: put into effect systems to protect patients and improve care</td>
<td>14</td>
</tr>
<tr>
<td>Attribute 5: respond to risks to safety</td>
<td>16</td>
</tr>
<tr>
<td>Attribute 6: protect patients and colleagues from any risk posed by your health</td>
<td>18</td>
</tr>
<tr>
<td><strong>Domain C: communication, partnership and teamwork</strong></td>
<td></td>
</tr>
<tr>
<td>Attribute 7: communicate effectively</td>
<td>20</td>
</tr>
<tr>
<td>Attribute 8: work constructively with colleagues and delegate effectively</td>
<td>22</td>
</tr>
<tr>
<td>Attribute 9: establish and maintain partnerships with patients</td>
<td>24</td>
</tr>
<tr>
<td><strong>Domain D: maintaining trust</strong></td>
<td></td>
</tr>
<tr>
<td>Attribute 10: show respect for patients</td>
<td>26</td>
</tr>
<tr>
<td>Attribute 11: treat patients and colleagues fairly and without discrimination</td>
<td>28</td>
</tr>
<tr>
<td>Attribute 12: act with honesty and integrity</td>
<td>30</td>
</tr>
</tbody>
</table>
Foreword

This document represents the distillation of many previous publications related to the standards of practice expected of clinicians delivering anaesthesia. These standards have been mapped to the generic standards in the Framework for Appraisal and Assessment published by the General Medical Council (GMC) in 2008. In this document they defined four domains and three attributes in each domain. There are then standards within each attribute, 75 in all, which every doctor with a licence to practise must meet.

Our specialty standards must, and indeed do, map to all of these 75 generic standards but also include those that effectively define the current practice of anaesthesia. They have been ratified by the Joint Committee on Good Practice (JCGP) of the Royal College of Anaesthetists (RCoA) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) and will be regularly reviewed and updated as necessary.

It is these specialty specific standards that we have submitted to the GMC and which will underpin all aspects of revalidation for anaesthetists. At first glance they appear daunting, but in practice they simply describe activities we all do, and which are usually reviewed in annual appraisal. It is worth taking some time to compare what information we each have to support our claim to meet these standards (usually in our appraisal documents) and therefore identify where we might be sensible to gather more supporting information (or ‘evidence’) before our next appraisal.

Acknowledgements

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Professor C Dodds

RCoA Revalidation Lead

February 2010
The Good Anaesthetist has been compiled to set standards for career grade anaesthetists working in hospital settings within and/or outside of the NHS. It provides a structured framework detailing the minimum standards that anaesthetists are expected to meet. In particular, the framework can be used to reflect on practice and identify knowledge areas, skills and attitudes for professional development. The Good Anaesthetist also underpins the revalidation process for the specialty. It maps a number of generic and specialty standards to the 12 attributes, as set out in the GMC Framework for Appraisal and Assessment (2008), which anaesthetists are required to demonstrate they are continuing to meet through supporting information and during annual appraisal.

The Good Anaesthetist is also intended for use by patients, to provide an informed understanding of the standards that can be reasonably expected from a competent career grade anaesthetist.

The list of standards is not intended to be exhaustive, but to indicate the range of knowledge, skills and attitudes in the pattern of practice expected of a career grade anaesthetist. The standards that are generic to all doctors are drawn principally from Good Medical Practice (2006) and can be found in the GMC Framework for Appraisal and Assessment. These generic standards have been incorporated into The Good Anaesthetist and have been supplemented by standards agreed by the JCGP of the Royal College of Anaesthetists (RCoA) and Association of Anaesthetists of Great Britain and Ireland (AAGBI). The vast majority listed have been defined as the essential minimum standards. Anaesthetists who repeatedly fail to conform to the minimum standards without good and sufficient reason may place their licence to practise at risk during the revalidation process.

Within each attribute we have grouped the standards according to a shared identifiable characteristic, i.e. a knowledge, skill, attitude or function area. No one individual standard should be given a greater degree of importance, including the standard at the beginning of each group. The groups are a practical way to help anaesthetists approach revalidation in an organised and focused manner. Anaesthetists will be required to collect supporting information in each attribute and consideration of standards, when grouped together according to a shared characteristic, will provide focus for this activity.

Good practice in anaesthesia is dependent not only on the knowledge levels, skills and attitudes of the individual but also on co-operation from organisations – in particular, in the provision of adequate resources and time. All anaesthetists should bring to the attention of their employing organisations any deficiency in resources which impacts on meeting the standards listed in The Good Anaesthetist and which subsequently influence the quality of medical care and patient safety.
The standards listed in *The Good Anaesthetist* are derived from *Good Medical Practice* (2006) and from the work carried out by the JCGP. In *Good Medical Practice* the terms ‘you must’ and ‘you should’ are used and the same convention is applied throughout *The Good Anaesthetist*.

- ‘An anaesthetist must’ – is used for an overriding duty or principle.
- ‘An anaesthetist should’ – is used when providing an explanation of how that overriding duty is to be met.
- ‘An anaesthetist should’ – is also used where a duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether you can comply with the guidance.

‘Ensure’ is used where anaesthetists must do all that is within their control to make sure that the event takes place.
We have provided references to other guidance to illustrate how the standards in *The Good Anaesthetist* can be interpreted and applied in practice. References are placed within the appropriate attribute, although many of the guidelines cited cover a number of issues and are applicable to several attributes.

For the sake of brevity we have not cited the following high level good practice guidelines because they are applicable to all 12 attributes. It is therefore worth referring to the following:

**The General Medical Council**
› Good medical practice, 2006.

**The Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland**

**The Royal College of Anaesthetists**
› Guidelines for the provision of anaesthetic services (3rd edition), 2009.

**The Royal College of Anaesthetists and The Pain Society**

The guidelines referenced in *The Good Anaesthetist* have been developed by the GMC, RCoA or AAGBI. We have only listed those which are currently active. There are a number of other guidance documents produced by professional bodies including the specialist societies, which may be relevant to your job plan and professional practice. These guidelines should be referred to as they may also illustrate how the standards in *The Good Anaesthetist* can be applied. *The Good Anaesthetist* will be made available online as a web based resource. As we develop this area of work we will include links to the full text of all relevant guidance documents as they are published.
Standards

➤ An anaesthetist must maintain knowledge of the law and other regulation relevant to their practice.
   ❑ An anaesthetist must adhere to the laws and codes of practice relevant to their work.

➤ An anaesthetist must keep knowledge and skills up to date.
   ❑ An anaesthetist should regularly update relevant knowledge and skills in relation to clinical practice to comply with core, higher and advanced level requirements of continuing professional development (CPD).
   ❑ An anaesthetist should regularly update relevant knowledge and skills in relation to wider clinical practice.
   ❑ An anaesthetist should learn and practise new improved techniques for patient wellbeing and safety.

➤ An anaesthetist must participate in professional development and educational activities.
   ❑ An anaesthetist should formulate a personal development plan.
   ❑ An anaesthetist should attend hospital and departmental educational meetings.
   ❑ An anaesthetist should seek opportunities to learn from colleagues locally and elsewhere.
   ❑ An anaesthetist should retain records of CPD activities to support the revalidation process.
   ❑ An anaesthetist must be truthful in recording CPD activities.

➤ An anaesthetist must take part in regular and systematic audit.
   ❑ An anaesthetist should participate actively in departmental or hospital audit meetings on a regular basis.
   ❑ An anaesthetist should reflect upon and evaluate personal practice at regular intervals.
Domain A: knowledge, skills and performance

Attribute 1: maintain your professional performance

Explanatory notes

Maintaining professional performance is both a necessary and continuous process due to medical, scientific and technological advances and changes in patient expectations. Realisation of these advances and meeting of those expectations by the profession as a whole, in the day to day practice of anaesthesia, pain medicine and intensive care, are dependent on individual doctors keeping up to date with new knowledge and skills and applying them locally and nationally. Individual commitment to this process requires planned and regular participation in the core, higher and advanced level areas of continuing professional development (CPD), and also regular review of clinical practice against current best practice and defined evaluation criteria.

An important aspect of keeping up to date is knowledge of current legal, regulatory and professional codes which influence clinical and professional practice, e.g. controlled drug provision.

Related guidelines and sources of information

The General Medical Council

The Royal College of Anaesthetists
Standards of Practice for Career Grade Anaesthetists

Domain A: knowledge, skills and performance

Attribute 2: apply knowledge and experience to practice

Standards

➢ In providing care an anaesthetist must recognise and work within the limits of their competence.
  ❑ When a problem arises outside their area of competence an anaesthetist must seek help from a suitable colleague.
  ❑ An anaesthetist must act promptly and appropriately when anaesthetic complications arise and be familiar with the operation of resuscitation equipment and current resuscitation guidelines.
  ❑ An anaesthetist must take urgent appropriate action if a patient has suffered harm through misadventure or for any other reason.
  ❑ An anaesthetist must use safe, regularly maintained equipment which has been checked before use, and use equipment and techniques with which he or she is familiar.

➢ An anaesthetist must adequately assess the patient’s condition.
  ❑ An anaesthetist must assess the patient before anaesthesia and devise an appropriate plan of anaesthetic management.

➢ An anaesthetist must provide or arrange advice, investigations or treatment where necessary.
  ❑ An anaesthetist must prescribe drugs or treatment, including repeat prescriptions, safely and appropriately.
  ❑ An anaesthetist must take steps to alleviate pain and distress whether or not a cure may be possible.
  ❑ An anaesthetist must provide effective treatments based on the best available evidence.
  ❑ An anaesthetist should consider appropriate local or nationally agreed guidelines when planning an anaesthetic.
  ❑ An anaesthetist must consult colleagues, or refer patients to colleagues, when this is in the patient’s best interest.

➢ If they are involved in teaching, an anaesthetist must apply the skills, attitudes and practice of a competent teacher/trainer.
  ❑ An anaesthetist should support the College Tutor in the teaching and clinical supervision of anaesthetic trainees.
  ❑ An anaesthetist should participate actively in the professional development of trainees.
  ❑ An anaesthetist should participate in the assessment of trainees, having undertaken the necessary training.
  ❑ An anaesthetist should contribute to the teaching of medical and other students.
  ❑ An anaesthetist should adopt a multidisciplinary approach to learning and teaching.
  ❑ An anaesthetist should help to foster a culture of lifelong learning.
Domain A: knowledge, skills and performance

Attribute 2: apply knowledge and experience to practice

Explanatory notes

Patients rely on anaesthetists to utilise and apply their expert knowledge and experience when making professional judgements, dealing with complex situations and solving clinical problems. However, on the other hand, given the rate of scientific and technological advances in medicine the majority of patients do not expect anaesthetists to be the fountain of all knowledge. In return for this recognition, anaesthetists must work within the limits of their competence; and where appropriate consult or seek advice from other sources or refer patients to colleagues, including those from other specialities, who do have the necessary experience and expertise.

An environment where patient care prospers is one where all members of the healthcare team can learn from one another. Anaesthetists must therefore share their knowledge, skills and expertise by engaging in the education, training and professional development of colleagues. This educational role also includes undertaking reliable and honest formative assessment of students and trainees; providing constructive feedback to them as appropriate.

Related guidelines and sources of information

The General Medical Council

The Royal College of Anaesthetists
- Good practice in the management of continuous epidural analgesia in the hospital setting, 2004.

The Association of Anaesthetists of Great Britain and Ireland
- Do not attempt resuscitation (DNAR) decisions in the peri-operative period, 2009.
- Peri-operative management of the morbidly obese patient, 2007.
- Pre-hospital anaesthesia. AAGBI safety guideline, 2009.
- Safe management of anaesthetic related equipment, 2009.
Domain A: knowledge, skills and performance

Attribute 3: keep clear, accurate and legible records

Standards

➢ In providing care an anaesthetist must keep clear, accurate and legible records.
   - An anaesthetist should enter their name and GMC number on the anaesthetic record sheet, in addition to the name of the patient and their details; non-consultants should record the name of their consultant supervisor.
   - An anaesthetist should only use recognised abbreviations in keeping clear and legible records.

➢ In providing care an anaesthetist must make records at the same time as the events they are recording or as soon as possible afterwards.
   - An anaesthetist should ensure that the anaesthetic record sheet or hospital notes are up to date as soon as practicable after the management of complications which have arisen unexpectedly.
   - An anaesthetist should make an accurate, legible, contemporaneous record of the timing and doses of drugs and fluids administered such that a colleague could take over the administration of the anaesthetic if necessary.
   - An anaesthetist should ensure that the results of physiological monitoring of the patient are recorded at appropriate intervals.

➢ An anaesthetist must record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment.
   - An anaesthetist should make a written record of the pre-operative assessment and discussion, including any specific consent for regional anaesthesia or other procedures when necessary.
   - An anaesthetist should complete an entry in the hospital incident reporting system following a critical incident.
Attribute 3: keep clear, accurate and legible records

Explanatory notes

The basic premise for keeping good quality medical records in anaesthesia, pain medicine and intensive care is to facilitate communication amongst colleagues, and ensure the effective and safe continuation of care of patients at different times and by different team members. It is therefore particularly important that critical incidents, complications and unexpected events are accurately documented. A secondary, but important, premise is that records (provided patients have been informed and they do not object) are an important resource when it comes to auditing areas of anaesthesia care and reviewing cases for educational purposes.

Related guidelines and sources of information

The Association of Anaesthetists of Great Britain and Ireland
Standards

➤ An anaesthetist must respond constructively to the outcome of audit, appraisals and performance reviews or assessments.
   ❑ An anaesthetist must participate in the annual appraisal process.

➤ An anaesthetist must take part in systems of quality assurance and quality improvement.
   ❑ An anaesthetist should co-operate with internal and external reviews.

➤ An anaesthetist must comply with risk management and clinical governance procedures.
   ❑ An anaesthetist should participate in relevant national reporting schemes.
   ❑ An anaesthetist must cooperate with legitimate requests for information from organisations monitoring public health.

➤ An anaesthetist must provide information for confidential enquiries and significant event reporting.
   ❑ An anaesthetist must report suspected adverse drug reactions.

➤ An anaesthetist must ensure arrangements are made for the continuing care of the patient where necessary.
   ❑ An anaesthetist should ensure that on-call teams have a range of skills sufficient to manage any reasonable predictable clinical eventuality.
   ❑ An anaesthetist must write clear instructions for post-operative care including pain relief, oxygen therapy and fluid management as necessary.
   ❑ An anaesthetist must ensure that there is continuous supervision of a patient receiving anaesthesia. If in exceptional circumstances you are required to leave the theatre, you must ensure that the patient is supervised by another anaesthetist or appropriately trained assistant following a handover in accordance with AAGBI guidelines.*
   ❑ An anaesthetist must ensure that recovering patients are observed on a one-to-one basis by an anaesthetist, recovery nurse or other properly trained member of staff in accordance with AAGBI guidelines** until they have regained airway control and cardiovascular stability and are able to communicate.
Explanatory notes

Anaesthetists have a duty of care in ensuring patient safety at all times. This duty applies at both systems and individual patient care levels. Taking part in data collection exercises and reporting significant events and complications are vital in developing an organisational culture whereby issues that could potentially affect patient safety can be systematically identified. The duty of care extends, whether you are on or off duty, to making sure that competent members of staff are involved in the provision of safe and continuous care of patients. Patient safety, including measures to foresee and prevent any adverse incidents that may arise, should be given due consideration in any service or performance review, including the annual appraisal.

Related guidelines and sources of information

The General Medical Council
› Raising concerns about patient safety, 2008.

The Royal College of Anaesthetists

The Association of Anaesthetists of Great Britain and Ireland
› Controlled drugs in perioperative care, 2006.
› Immediate postanaesthetic recovery, 2002.**
› Interhospital transfer. AAGBI safety guideline, 2009.
› Provision of anaesthetic services in magnetic resonance units, 2002.
› Recommendations for the safe transfer of patients with brain injury, 2006.
Attribute 5: respond to risks to safety

Standards

➢ An anaesthetist must report risks in the healthcare environment to their employing or contracting bodies.
  - An anaesthetist should respond promptly to risks posed by patients.
  - An anaesthetist must follow infection control procedures and regulations.
  - An anaesthetist must safeguard and protect the health and well being of vulnerable people, including children and the elderly and those with learning disabilities.

➢ An anaesthetist must take action where there is evidence that a colleague’s conduct, performance or health may be putting patients at risk.
  - An anaesthetist should be able to recognise when a colleague may be putting patients at risk because of poor performance, misconduct or health reasons.
  - An anaesthetist should listen impartially to medical, nursing and other colleagues when they express concerns about a fellow anaesthetist, and discuss such concerns only in an appropriate forum.
  - An anaesthetist must take action and inform the clinical director or other responsible person if necessary when a colleague may be putting patients at risk, and keep a written record of the action taken.
Attribute 5: respond to risks to safety

Explanatory notes

Risks to patient safety can come from several, sometimes unexpected, sources. Responsibilities in regard to occupational health and safety laws apply to all employees in an organisation. However, there are some risks that only a doctor, with their expertise and experience, will be able to recognise. Risk to patient safety may stem from a poorly performing doctor in your team. If this risk could potentially or does already affect patient safety, depending on seriousness, appropriate action must be taken in line with local Trust and national procedures. The poorly performing doctor may be a close colleague or a senior member of the clinical team, but your overriding duty is to take appropriate steps if there is a risk to patient safety. Poor performance may be due to ill health; another reason to take appropriate action, in helping a fellow colleague.

Related guidelines and sources of information

**The General Medical Council**
- 0–18 years: guidance for all doctors, 2007.
- Raising concerns about patient safety, 2008.

**The Royal College of Anaesthetists**

**The Association of Anaesthetists of Great Britain and Ireland**
Standards of Practice for Career Grade Anaesthetists

Domain B: safety and quality

Attribute 6: protect patients and colleagues from any risk posed by your health

Standards

➢ An anaesthetist should make arrangements for accessing independent medical advice when necessary.
  • An anaesthetist must seek advice and help from a suitably qualified professional in accordance with GMC guidance if you know that you may have a serious condition which either could affect your performance or is transmissible to patients.
  • An anaesthetist should access professional counselling, advice, support and help services if they are suffering from any mental health problem, including addiction, which could potentially affect their professional judgement or performance.

➢ An anaesthetist must make arrangements to protect patients and colleagues from their own health or other problem.
  • An anaesthetist should be immunised against common serious communicable diseases where vaccines are available.
  • An anaesthetist should hand over duties to a colleague if judgement or ability is temporarily impaired due to stress, tiredness or illness.
  • An anaesthetist must not work under the influence of alcohol or drugs.
  • An anaesthetist should take reasonable steps to stay healthy.
Domain B: safety and quality

Attribute 6: protect patients and colleagues from any risk posed by your health

Explanatory notes

Looking after patients should not distract an anaesthetist from looking after their own physical and mental health. A healthy anaesthetist is one who can contribute fully to a team and, in turn, the effective provision of medical care. Patients have a right to expect safe treatment. This expectation extends to doctors whose health poses no risk in their professional relationships with patients. You must seek formal advice if you think your own health is putting patients at risk or you feel it is limiting your ability as a doctor to function effectively. Dependence on alcohol or drugs falls into this category, as do stress and fatigue.

Related guidelines and sources of information

The Association of Anaesthetists of Great Britain and Ireland
Standards

➤ An anaesthetist must communicate clearly and effectively with colleagues within and outside the team.

- An anaesthetist must pass on information to colleagues involved in, or taking over, the care of your patient.
- An anaesthetist should communicate directly with senior and specialist medical colleagues when appropriate.
- An anaesthetist should communicate effectively with all members of the team to ensure resources are used to best effect for the delivery of patient care.
- An anaesthetist should explain to assistants and other staff what your requirements are likely to be in advance of inducing anaesthesia.

➤ An anaesthetist must visit and explain to patients and/or involved parties after surgery when something has gone wrong.

- An anaesthetist should meet with close relatives by appointment when asked to do so to discuss when things have gone wrong.
- An anaesthetist must be considerate to those close to the patient.
- An anaesthetist should ensure that a witness is present when explaining what went wrong with a patient and/or involved parties, and that the incident and patient visit are both adequately documented in the clinical records.

➤ An anaesthetist must keep patients informed about the progress of their care.

- An anaesthetist must listen to patients and respect their views about their health.
- An anaesthetist must give patients the information they need in order to make decisions about their care in a way they can understand.
- An anaesthetist should encourage questions when possible and allow time to listen to the concerns of patients, guardians or parents before and, where possible, after an anaesthetic or therapeutic procedure.
- An anaesthetist must respond to patients' questions.
- An anaesthetist must answer questions openly and honestly.
Effective provision of care in anaesthesia, pain medicine and intensive care requires anaesthetists to utilise a number of communication skills. Listening, questioning and providing instructions to colleagues are just some of the skills that are necessary within a functioning multidisciplinary setting. Non-verbal forms of communication are just as important as verbal ones.

Patients are very much seen as partners and contributors in the provision of their own healthcare. Whether they can effectively contribute to this partnership is dependent on information provided by their doctor in ways that can be easily understood. Again, this is very much dependent on a doctor’s communication skills. Mistakes, as in any other area of life, can occur in medical practice. When a mistake has been made, whether a complaint has followed or not, an informed and appropriate explanation must be given to the patient or a close family member.

**Related guidelines and sources of information**

**The Association of Anaesthetists of Great Britain and Ireland**
- Catastrophes in anaesthetic practice: dealing with the aftermath, 2005.
Standards

➢ An anaesthetist must treat colleagues fairly and with respect.
   ❑ An anaesthetist should respect the skills and contributions of other members of the anaesthetic, medical and nursing team.
   ❑ An anaesthetist should encourage multidisciplinary team working.
   ❑ An anaesthetist should ensure that the work content of job plans and on-call rotas is fairly distributed among colleagues.

➢ An anaesthetist must support colleagues who have problems with their performance, conduct or health.
   ❑ An anaesthetist should always be willing to advise and help colleagues.
   ❑ An anaesthetist should support colleagues undergoing rehabilitation after their illness or returning to work after a period of absence for any reason.

➢ An anaesthetist should act as a positive role model for colleagues.
   ❑ An anaesthetist should provide appropriate professional support and encouragement for trainees, staff and associate specialist grade (SAS) doctors and other anaesthetists under their supervision.
   ❑ An anaesthetist should attend hospital promptly when requested and only leave when appropriate to do so.
   ❑ An anaesthetist should be prepared to work flexibly within the department.
   ❑ An anaesthetist should ensure that they are aware of being placed on a roster to cover emergency operating lists and on-call duties.
   ❑ An anaesthetist must make sure that when on-call they can easily be contacted.
   ❑ An anaesthetist should arrange annual, professional and study leave in advance in accordance with local departmental policy.

➢ An anaesthetist must ensure that colleagues to whom they delegate have appropriate qualifications and experience.
   ❑ An anaesthetist with a management role should confirm that the on-call staff work within their competencies.
Domain C: communication, partnership and teamwork

Attribute 8: work constructively with colleagues and delegate effectively

Explanatory notes

Anaesthetists usually function as members of departments and multidisciplinary teams in order to provide safe and effective care to patients. Developing good relationships with colleagues is important, as well as understanding and respecting their professionalism, roles and views. Anaesthetists are commonly leaders of clinical teams and should therefore ensure that ineffective team working does not compromise patient care. Displaying the behaviours and attitudes of a positive role model is often the first step in achieving this.

Related guidelines and sources of information

The General Medical Council
› Management for doctors, 2006.

The Association of Anaesthetists of Great Britain and Ireland
› The anaesthesia team (2nd edition), 2005.
Attribute 9: establish and maintain partnerships with patients

Standards

➢ An anaesthetist should encourage patients to take an interest in their health and take action to improve and maintain it.
   - An anaesthetist must support patients in caring for themselves.
   - An anaesthetist should engage in the education of patients and the wider public.
   - An anaesthetist should promote the specialty of anaesthesia in the wider public interest.

➢ An anaesthetist must be satisfied that they have consent or other valid authority before they undertake any examination or investigation, provide treatment or involve patients in teaching or research.
   - An anaesthetist should ensure that patients have understood the nature and purpose of any proposed treatment or investigation and any significant risk or side effects associated with it, enabling them to make an informed choice of anaesthetic technique by giving clear explanation of the advantages and disadvantages of the options available, using terms that a patient can understand and relate to when giving consent.
   - An anaesthetist must abide with local research ethics committee and multicentre research ethics committee guidelines when carrying out research.
Explanatory notes

It has been recognised that good professional relationships with patients is fundamental to the practice of medicine. Establishing a partnership, which is built on trust, will allow an anaesthetist to influence the patient’s approach and attitude to their treatment and care over time. Trust is gained through an anaesthetist’s professionalism, which covers not only their knowledge and clinical skills but also their ability to empathise with, understand and respect the views and feelings of patients. This is a process and the same consideration must also be given when obtaining patient consent. It is not just a signing of an appropriate consent form but involves listening to a patient’s concerns and anxieties, answering their questions and providing information in a way they can understand. Having an anaesthetic, an admission to critical care or the requirement for pain medicine are often parts of medical care about which patients are most anxious.

Related guidelines and sources of information

The General Medical Council
› Consent: patients and doctors making decisions together, 2008.
› Making and using visual and audio recordings of patients: guidance for doctors, 2002.
› Research: the role and responsibility of doctors, 2002.

The Association of Anaesthetists of Great Britain and Ireland
Domain D: maintaining trust

Attribute 10: show respect for patients

Standards

➤ An anaesthetist must implement and comply with systems to protect patient confidentiality.
   • An anaesthetist must maintain patient confidentiality at all times.

➤ An anaesthetist must be polite, considerate and honest and respect patients’ dignity and privacy.
   • An anaesthetist should promote trust with patients through courteous behaviour, honest discussions and respect for their right to privacy and dignity, whether conscious or unconscious.
   • An anaesthetist must treat each patient fairly and as an individual.
Attribute 10: show respect for patients

Explanatory notes

Politeness, consideration, honesty and respect are recognised social norms in any professional working environment. Showing respect to patients includes respecting their privacy. Without assurances about privacy, patients may be reluctant to seek help from doctors or part with the necessary information so that doctors can provide safe and effective care. Patient confidentiality is therefore a duty for all doctors but it is not an absolute. Information can or should be disclosed in certain circumstances, e.g. to satisfy a legal requirement, and under certain conditions, as stipulated by the latest GMC guidance on confidentiality.

Related guidelines and sources of information

The General Medical Council

› Confidentiality, 2009.
› Personal beliefs and medical practice: supplementary guidance, 2008.
Standards

➢ An anaesthetist must be honest and objective when appraising or assessing colleagues and when writing references.
   ❑ An anaesthetist must not exaggerate competence or fail to mention significant weaknesses in a reference.
   ❑ An anaesthetist should be honest and open in relations with colleagues.
   ❑ An anaesthetist should provide references, reports or signed documents within a reasonable time.
   ❑ An anaesthetist should ensure that an applicant is aware that a reservation would be expressed when writing a reference for him or her.

➢ An anaesthetist must respond promptly and fully to complaints.
   ❑ An anaesthetist should, if appropriate, give an apology to the patient and their relatives and explain in understandable terms what occurred when an untoward incident took place.
   ❑ An anaesthetist should respond constructively to any complaints received and cooperate with any relevant complaints procedures or formal inquiry into the treatment of a patient.

➢ An anaesthetist must provide care on the basis of the patient’s needs and the likely effect of treatment.
   ❑ An anaesthetist must act in the patient’s interest at all times.
   ❑ An anaesthetist must not allow their personal prejudice to affect the treatment or management of a patient under their care.
   ❑ An anaesthetist should consider the clinical needs of the patient and the professional needs of colleagues when planning a clinical session.
Explanatory notes

Engaging with your colleagues fairly and without discrimination, irrespective of their gender, age, race, sexuality, economic status, lifestyle, culture and religious or political belief, is essential when working as part of a team. The reverse of this is your right to work without being subject to discrimination. Consideration of a colleague's competence and performance must be based on honest and objective decisions and judgements. Honesty and objectivity must also be applied in your professional relationships with patients. Best practice involves the recognition and acknowledgement of different needs in helping patients access medical care on an equal basis.

Complaints must also be managed fairly and without discrimination. Not all complaints by patients are a result of a mistake; but complaints have risen in recent years due in part to general expectations increasing and tolerances decreasing. If justified, an anaesthetist should respond promptly and appropriately to any complaint.

Related guidelines and sources of information

The General Medical Council
› Personal beliefs and medical practice: supplementary guidance, 2008.

The Association of Anaesthetists of Great Britain and Ireland
Domain D: maintaining trust

Attribute 12: act with honesty and integrity

Standards

➢ An anaesthetist must ensure that they have adequate indemnity or insurance cover for their practice.

➢ An anaesthetist must be honest in financial and commercial dealings.
  □ An anaesthetist must inform patients about any fees and charges before starting treatment.
  □ An anaesthetist must ensure any published information about their services is factual and verifiable.
  □ An anaesthetist should not undertake private practice or any other commitment which would prevent them from fulfilling rostered clinical NHS duties.

➢ An anaesthetist must be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence.
Attribute 12: act with honesty and integrity

Explanatory notes

Honesty and integrity form the cornerstone of medical professionalism. Divergence away from these virtues, regardless of where an anaesthetist may be working (e.g. the NHS or private healthcare sector), risks diminishing the trust placed in anaesthetists and the profession by patients, colleagues and the public. In providing information about yourself, your services and others, honesty is reflected by the accuracy and verifiability of that information. Fulfilling contractual and professional obligations to their employer and patients will demonstrate the integrity of an anaesthetist.

Related guidelines and sources of information

The General Medical Council
› Acting as an expert witness: supplementary guidance, 2008.
› Conflicts of interest: supplementary guidance, 2008.
› Reporting criminal and regulatory proceedings within and outside the UK: supplementary guidance, 2008.
› Taking up and ending appointments: supplementary guidance for doctors, 2008.

The Association of Anaesthetists of Great Britain and Ireland
› Voluntary code of practice for billing private patients, 2008.