Worcestershire Acute Hospitals NHS Trust

Responsibility of the Consultant Anaesthetist On Call

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline has been developed to remind staff of the role of the consultant when providing on–call cover to ensure that patients continue to receive high quality and safe care and that junior medical staff are supported at all times

This guideline is for use by the following staff groups:

Anaesthetic medical staff, delivery suite staff, anaesthetic assistants and theatre nursing staff working at all sites within Worcestershire Acute Hospitals Trust

Lead Clinician(s)

Dr Jo Marriott	Clinical Director, Anaesthesia
Approved by Anaesthetics Governance Committee on:	23rd November 2022
Approved by SCSD Governance meeting on:	25th January 2023
Review Date This is the most current document and is to be used until a revised version is available:	25th January 2026

Key amendments to this guideline

Date	Amendment	Approved by:
24th March 2017	Document extended for 12 months as per TMC paper approved 22nd July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
November 2022	Expectations amended to clarify roles of first and second on call anaesthetic consultant, including Alex and KTC cover	Anaesthetic Governance Committee

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Responsibility of the Consultant Anaesthetist On Call

1. Purpose

This guideline has been developed to remind staff of the role of the consultant when providing on–call cover to ensure that patients continue to receive high quality and safe care and that junior medical staff are supported at all times

2. Introduction

All doctors should be aware of their responsibilities as laid out in the terms and conditions of service and in the GMC guidance entitled 'Good Medical Practice'. Consultants are not expected to be personally responsible for their own patients 7 days a week, and therefore must delegate responsibility through the on-call system.

GMC good medical practice paragraph 54 states
"*Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care and treatment involved. You must always pass on enough information about the patient and the treatment they need."*

Paragraph 48 of Good Medical Practice states
"*You must be satisfied that, when you are off duty, suitable arrangements have been made for your patients' medical care. These arrangements should include effective hand-over procedures, involving clear communication with healthcare colleagues."*

3. Expectations

- The consultant anaesthetist's duty period is from 18:00 to 08:00 for nights. The weekend day duty period is 08:00-18:00.
- At present the department is running a first and second on call rota. The first on call consultant is primarily responsible for the care of patients on the WRH site. The second on call consultant is primarily responsible for CEPOD cases at the Alexandra hospital, but where clinical priority or workload requires it they should also provide assistance at the WRH site whenever they are available.
- In addition, the second on call consultant will provide anaesthetic cover for patients at KTC; where KTC patients need transfer to WRH/Alexandra Hospital this decision should ideally be made during normal working hours and be organised by the surgical team and/or KTC starred anaesthetic consultant. If a patient deteriorates overnight or the WAMS is unable to provide transfer in a timely fashion, then the second on call anaesthetic consultant may be required to attend in support of the admitting/on call surgical team responsible for the patient's admission.

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- When not in the hospital the on call consultant must be immediately available for telephone advice. They must be able to attend the WRH site within 30 minutes when their presence is needed, and the KTC/Alexandra sites within 45 minutes.
- "Needed" in this context applies to the trainees and patients' needs, not the consultants.
- Trainees must feel able to discuss cases with the consultant and encouraged to ask the consultant to come in if needed.
- The trainee should be encouraged to state whether they require advice from, or the presence of, the consultant.

4. Ensuring appropriate consultant input

Doctors at every level have a duty to call for help if they feel a clinical situation requires the direct input of a consultant.

A trainee's request to a consultant to attend should be clear and explicit to avoid misinterpretation.

There are clinical situations where the consultant anaesthetist should attend:

- Ruptured aortic aneurysm
- Potential difficult airway
- Any child under 5 years old
- Major on-going haemorrhage >1500 ml including obstetrics
- Laparotomy in ASA4 patient guided by the NELA risk score
- Any ASA4/5 patient undergoing surgery

This is not an exhaustive list. The consultant on call must be prepared to attend whenever requested to do so by a member of their team out of hours

References

RCOG Good Practice guideline No.8 Responsibility of Consultant On-Call, March 2009

GMC Good Medical Practice 2013

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Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Dr Jo Marriott, Clinical Director for Theatres and Anaesthesia
Dr Rob Glasson, Clinical Governance Lead for Theatres and Anaesthetics
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This key document has been circulated to the chair(s) of the following committees/ groups for comments

Committee
Anaesthetic Directorate Governance-Quality Committee

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