Position Statement

ASA PS23

Anaesthetists and Public-in-Private Surgery (PIP)

The Australian Society of Anaesthetists (ASA) is a not-for-profit membership organisation representing Australian Anaesthetists. Our members are proud of the fact that Australia is one of the safest countries in the world to undergo surgery. Through education and advocacy, the ASA supports the Profession to ensure these high standards are maintained.

Preamble:
There has recently been an increasing trend to perform surgery and other procedures on public patients in private hospitals. In this context, "public patients" can be taken to mean patients who would normally be treated at no cost in public hospitals by public hospital anaesthetists. 'Public in Private' (PIP) refers to the treatment of public patients in private hospitals by private anaesthetists.
The 'perioperative journey' of the patient incorporates preoperative, intraoperative, and post-operative care. Whether treatment is 'public' or 'private', seamless coordination of these three phases underwrites care which is safe and of high quality.

The Australian Society of Anaesthetists (ASA) advises that the PIP model can be associated with suboptimal coordination of the three phases of perioperative care. This is because several safeguards in the usual peri-operative process are absent for this group of patients, posing a greater risk of complications than traditional public or private practice.

Perioperative care in private hospitals:
Perioperative care in private hospitals incorporates

1. **Patient selection, preparation, and referral**. In private practice it is usually the surgeon who is responsible for the entire peri-operative journey of the patient. This would typically include co-ordination of the timing of surgery, patient preparation and referral for extra pre-operative assessment if required as well as referral to the anaesthetist.

2. **Access to medical records.** In addition to the treating surgeon's own notes and letters, the results of routine tests and special investigations are generally available in the patient's hospital record. The treating surgeon may be able to facilitate access to these records for anaesthetists and other practitioners or refer the patient in a timely manner so that this information can be sought well in advance of surgery.

3. **Peri-operative teamwork.** Under the standard model of private surgical care, patients are treated by anaesthetists, nurses and allied health personnel who work together frequently. This familiarity promotes not only efficiency but safety.

4. **Post-operative follow-up.** The benefits of a stable team and inter-disciplinary teamwork extend to care on the ward post-operatively. The importance of this is even greater in the case of patients with multiple medical conditions, and those recovering from major surgery.

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“Public in Private” (PIP) care:

In acknowledging the likely persistence of this model of care for the medium term, the ASA recommends the following measures to support safe and high-quality care, to avoid preventable harm to patients and reduce the associated medico-legal risk to hospitals and healthcare providers.

Recommendations:

1. **Surgeons should operate on their own public patients.** This simple requirement would ensure that the treating surgeon had an established relationship with the patient. Surgeons would not only be comfortable with the proposed surgical plan, but they would also be empowered to lead the peri-operative team, having a good knowledge of the patient’s general health.

2. **Patients must not be treated without adequate records.** It is obvious that good therapeutic decisions cannot be based on poor information.

3. **Ideally, PIP patients should be cared for by a perioperative team, (surgeons, anaesthetists, nurses, peri-operative physicians, and allied health staff), who are familiar with each other and the surgical specialty.** This model of care is known to reduce adverse events and provide a safer patient journey.

4. **PIP activity needs to be clearly delineated,** through the creation of stand-alone public lists, or a predetermined clinical pathway appropriate for public patients. Consideration must be given to special requirements including interpreters.

5. **Strict clinical governance.** Because of the differences between PIP and routine private practice, hospitals must have policies in place to ensure safe processes are followed. As a minimum, policies should address patient selection, access to clinical notes well in advance of the date of surgery and post-operative care including escalation of care. The possibility of emergency attendances by medical practitioners, or retrieval to a public facility, need to be considered in advance. Great care and attention are required to ensure the safety of public patients offered surgery in private hospitals. As outlined above, the safeguards inherent in routine private care are lacking.

Remuneration of anaesthetists:

Remuneration must be commensurate with the challenging nature of the PIP model of care and should be based on the ASA’s Relative Value Guide. An appropriate relative value unit should reflect the complexity, duration, and relative isolation of delivering anaesthesia care in the private sector compared to the public hospital environment. There are important industrial benefits available to anaesthetists in public hospital practice such as indemnity, Workcover and leave provisions. Remuneration for the care of public patients in private hospitals must recognise these benefits.

The ASA has developed this Position Statement based on current evidence and may be subject to change as more information becomes available. It is intended for anaesthetists in Australia and is version 2, current as of 16/9/2021 (promulgated 15/4/2021). For the latest version, please visit https://asa.org.au/position-statements/

Governance:
The request for a health professional to accept responsibility for caring for a PIP patient should occur well in advance of the episode of care and a refusal to be involved not met with any ongoing consequence for the professional. Respectful and realistic negotiation between practitioners and hospitals will facilitate an acceptable outcome and ensure that there is an appetite for PIP work.

The ASA can provide further information and assistance on request and welcomes feedback or discussion on these guidance terms.

Please contact the ASA Policy Manager via policy@asa.org.au or (02) 8556 9720.

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