The design of clinical service within the Program will be the responsibility of the Medical Director, in consultation with the Associate Head – Clinical Operations and the Site Medical Managers.

**Clinical Fractions**

Many anesthesiologists have protected time for administration, research or other academic responsibilities. Other anesthesiologists are otherwise unavailable to work full-time due to other circumstances (personal/family reasons, non-WRHA/private work, etc.)

**Clinical obligations for daytime work**

a. Full-time clinician (approximately 220 clinical days)
   i. The full time clinician will work their share of the days of the week.
   ii. The full time clinician will negotiate their non-clinical time with the department. The underlying assumption is that non-clinical time is balanced quarterly.

b. Part-time clinician (fractional FTE)
   i. The part time clinician will work an equitable share of the days of the week throughout the year.
   ii. The part time clinician will negotiate their non-clinical time with the Program via the Site Medical Manager and Medical Director if necessary. Unless exceptional arrangements have been made, non-clinical time is balanced quarterly.
   iii. The part time clinician can make arrangements with other part time members to mutually ensure that their daytime responsibilities are covered and change days (i.e. job share)
Non-Clinical Time

The negotiation of non-clinical time is a request of the clinician for time away from clinical duties. Non-clinical time requests will be accommodated only as the ability of the Program to meet clinical requirements allow. Non-clinical time will be equitably distributed across days of the week as manpower allows. Special consideration for fixed schedule of non-clinical days will be accommodated for Faculty with significant leadership roles that would benefit from this type of predictable scheduling. Assignment of non-clinical time will rest with the Site Medical Manager(s) and the Medical Director.

Non-WRHA Fractions

Faculty members employed/contracted to work outside of the WRHA, but within the public system of the Province are providing a valuable resource to Manitobans, elevating care to under-serviced areas within the province.

Faculty that work within the WRHA on a part-time basis and have a significant out-of-province (or private clinic) commitment that mitigates them fulfilling the clinical obligation principles, may have to change their designation to locum status, and will be accommodated as sites are able.

Call

Call is an obligation for those practicing Anesthesiology in the WRHA. For the purposes of call allocation, remunerated administrative/academic time within the WRHA will be considered equivalent to clinical time and equal responsibility for call will rest with administration.
### CLINICAL OBLIGATIONS

The principles for call allocation are as follows:

- a. Call obligations will be at least in proportion to daytime work.
- b. The clinician can arrange or sub-contract the responsibility for Call coverage to other clinicians in good standing with the Program/Site.
- c. Any site arrangements to “excuse” faculty from call are not regional policies and represent an accommodation by the Site Medical Manager and the other physicians at that site. This accommodation may vary from year to year, may not be possible in some years, may require the courtesy to be rescinded at times, and may not be possible in smaller sites where a small group of physicians provide clinical manpower.

All alterations to the schedule by the individual clinician will be communicated to the Scheduling office by e-mail. Clinical responsibilities have been assigned on the schedule and will remain in place until the office is notified otherwise.

**Transfer of Care**

In the interest of patient safety and medical professionalism, the primary anesthesiologist is NOT obligated to transfer care to the incoming call anesthesiologist unless there is mutual and congenial discussion and agreement. This applies to ALL situations where transfer of care may occur (e.g. to incoming on call anesthesiologist).

If transfer of care is agreed upon, it is imperative that a detailed and appropriate handover is completed to maintain patient safety and appropriate anesthetic and perioperative care.

**Approved by:**

Anesthesia Program Committee - October 13, 2010  
Revised - May 16, 2011  
Revised – March 6, 2017