Anaesthesia and The Hospital At Night

by Simon Whyte

The impending implementation of the European Working Time Directive (EWTD), coupled with the Government's steadfast refusal to contemplate reconfiguration of hospital services, has created the dilemma of how to sustain provision of out-of-hours medical cover from August 2004. The proposed solution, the Hospital At Night (HAN) project, is currently being piloted in four hospitals. The principles underpinning this concept are that, if the competencies required to deliver out-of-hours care are identified, a multidisciplinary team of personnel that collectively possesses those competencies can be employed to provide them, irrespective of their professional training background. Clearly junior doctors will be a significant part of any team.

Who should be on this Out-of-Hours Medical Team (OoHMT) and who should lead it? The areas for which expertise is required out of hours can be categorised as anaesthetic, trauma, broadly medical and broadly surgical. The HAN Working Party is in the process of identifying the competencies required in each of these categories, but from an anaesthetic trainee perspective, two issues are immediately identifiable:

1. Only anaesthetists are competent to provide emergency anaesthetic service cover. These competencies are clearly prescribed in the College's CCST documents and, at a minimum, include the need for an on-call anaesthetist to have passed a basic test, usually at 3 months of training.

2. Anaesthetists will possess some of the required competencies likely to be identified in the other categories, such as the pre-, peri- and postoperative management of surgical patients, the stabilisation of acutely sick medical and surgical patients, and advanced life support skills.

By virtue of point two, there is some pressure for anaesthetists to be a part of the OoHMT [1]. However, it seems inevitable that anaesthetic on-call cover will have to continue to be provided independently of the OoHMT. Some might argue that the routine provision of daytime NCEPOD and trauma theatres in most acute hospitals has now substantially reduced the out of hours workload for many anaesthetists to true "life or limb saving" surgery only. NCEPOD data and that collected by the College's audit of anaesthetic department activity supports this claim to some extent, the need for anaesthesia out of hours remains unpredictable. Moreover, when it is required, it is often needed urgently and for hours at a time. Obstetric and critical care workloads are no respecters of the time of day, and the demands on anaesthetists for these services do not diminish out of hours.

Of further concern, the Royal College of Physicians correctly identifies the need for an OoHMT operational team leader to oversee the team members' deployment, according to clinical priority. They presume that this will be a physician. However, with the fragmentation of higher specialist training in medicine into its various subspecialties, many medical SpRs now provide non-resident on call cover for their particular subspecialty. It was evident at a recent meeting of the Trainees Group of the Academy of Medical Royal Colleges that these SpRs do not expect to have to contribute to the OoHMT. There appears to be no willingness by consultant physicians to consider leading the team after 22:00, which raises the unacceptable prospect of relatively junior medical SpRs running the team. It is essential that OoHMT members be exposed to ***relevant*** experience. With the reduction in junior doctors' hours, it is not reasonable for anaesthetic trainees to be deployed in service provision that does not contribute to their training i.e. the delivery of emergency anaesthesia, pain management and peri-operative care. In my opinion, to ensure that workload is distributed appropriately and to maximise training opportunities, the OoHMT must be consultant-led. The specialty of the team leader is less important than his or her ability to manage the team fairly and in accordance with team members' training needs.

In conclusion, the development of the HAN project represents an opportunity to restructure the delivery of out-of-hours care by many specialties in acute hospitals. There is compelling evidence that clinical activity is low overnight, that scheduled evening work (between 17:00 and 22:00) could further reduce the night time workload (whilst providing training opportunities) and that non-medical staff could undertake a significant proportion of out-of-hours

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work. A shift from specialty- and grade-based cover to competency-based cover could help achieve working time directive compliance. However, our specialty should consider carefully whether it can commit its trainees and consultants to the OoHMT, (which is unlikely to repay with training, the rewards it would reap from anaesthetic expertise) when the skills required to provide out of hours anaesthetic cover for theatres, maternity and critical care cannot be cross-covered. It seems to me that there are simply not enough of us to reliably contribute to the OoHMT, in addition to providing an on call anaesthetic service.

References

1. The development of the Out of Hours Medical Team (OoHMT). Academy of Medical Royal Colleges, September 2003. http://www.rcplondon.ac.uk/news/ewtd.asp

What's going on?

Hospitals at night / Out of hours multidisciplinary teams. A working party will commence later this month looking at this issue. The aim will be to produce a statement containing the views of the AAGBI, to be released later in the summer.

Foundation year training. The government plans for foundation year training are expected to be submitted this month. There will no doubt be discussions as to whether foundation anaesthetic training should count towards training in anaesthesia.

Named consultant supervision. Discussions continue as the AAGBI prepares to produce a statement on named consultant trainee supervision.

GAT committee members sit on all these working parties, having a voice and reporting back to the group at GAT meetings. Reports can be accessed on the AAGBI website. Keep up to date by logging on. Be as involved as you can be.

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