Introduction

This issue of Anaesthesia News is devoted to print publication of ‘Age and the Anaesthetist’. Why has the AAGBI taken this unusual step? It is simply this: the single biggest challenge facing the NHS is to respond to the vastly increased demands of an ageing population, not just for our patients but also for the staff on whom they depend. Quick fixes balance the books; but recent ‘bailouts’ mixed cash with efficiencies so this is not sustainable long term.

As more patients live even longer, real term funding per person must increase to maintain current service provision. Lifestyle changes and new drugs may both extend life further; one costs little, one (inevitably) costs lots.

Commissioned and approved by the Board of the AAGBI, endorsed by Council of the RCoA, ‘Age and the Anaesthetist’ has a distinguished authorship led by former RCoA President Peter Hutton, whose original idea it was. What began as a lecture has evolved through being an AAGBI ‘glossy’ to the comprehensive analysis of the impact of age on the individual anaesthetist, their clinical practice, patients, retirement and the wider NHS. What has emerged is unlike anything produced previously by either the AAGBI or the RCoA; devoted to a single topic like a guideline, closer in size to one of the GAT or SAS Handbooks.

This publication could not be better timed. English trainees will soon have a new contract, although we now know it isn’t one they have agreed. Negotiations on a new English consultant contract are advanced, but a final offer has yet to be made. Pension changes have already been introduced, with the ageing population as one of the major drivers. More people living longer with more comorbidities will undoubtedly put more strain on the affordability of healthcare and healthcare workers are not immune to these pressures.

The implications for anaesthetists of these demographic changes are not just theoretical. We will all face clinical, personal, financial, ethical and many other challenges. Contract and pension changes mean all consultants starting in post today will have to work until they are at least 68 to receive their pension in full. That extra eight years of service compared to the status quo may be crucial in meeting the NHS’s challenges. Contract and pension changes mean all consultants starting in post today will have to work until they are at least 68 to receive their pension in full. That extra eight years of service compared to the status quo may be crucial in meeting the NHS’s challenges.

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Executive Summary

- The effects of ageing are inevitable, but the rates of physical and psychological change are highly variable from person to person. A one-size retirement strategy cannot fit all and necessarily be compatible with patient safety. Although the volume of data is small, there is evidence emerging that the anaesthetist’s age per se, could be a risk factor for anaesthetic safety.

- There are considerable benefits to be obtained from reviewing how other safety-critical industries, such as airline, nuclear power, transport, fire-fighting, and oil extraction, have managed the problems of the ageing employee. These have involved considerations of hours of work, optimisation of the workplace and competence testing.

- The NHS, as the major employer of anaesthetists, has an onus upon it to anticipate the demographic workforce changes that will parallel the planned increases in retirement age and to make appropriate adjustments to the working environment, working practices and the job plans of older workers.

- As the public ages, the proportion of patients with significant comorbidities who require anaesthesia will increase. Older anaesthetists will need to remain capable of managing this population. Given the current nature of annual appraisal and revalidation, the possibility of introducing processes to confirm workplace competency needs to be considered.

- The public has a reasonable expectation that professional groups will manage their practitioners to ensure they are capable of undertaking the duties for which they are employed. It is important that anaesthesia acts now to anticipate the problems of the future. Leaving things to natural evolution and chance is a too high-risk strategy to be compatible with both patient safety and the best interests of individual anaesthetists.

- The implications of increased life expectancy and economic projections have resulted in unprecedented pressures on the long-term payment of state and salary-related pensions.

- There are demonstrable positive returns in wellbeing and income from remaining in employment, but the effects of removing a mandatory retirement age on safety-critical jobs, such as that of an anaesthetist, have not been evaluated.

- Current retirement patterns in medicine may well reflect ‘self-selection’ in terms of an individual being able to carry out the demands of a consultant post safely. From the best available data, > 40% of consultants expressed an intention to retire between 56 and 60, with a similar percentage intending to go before 65 years. Only 3% intended to continue beyond 65 and at present the over-65s on the UK’s General Medical Council (GMC) register represent <3% of doctors. The effects of a gradual blanket increase in the pensionable age up to 69 years superimposed on this demographic landscape are highly unpredictable and may adversely affect patient safety and clinical outcomes.

- The UK Government’s response to this problem has been to increase the age at which public sector pensions can be paid without actuarial decrement and to change from final salary to average contribution schemes. By doing this, it has precipitated an open-ended, uncontrolled experiment in the safe delivery of medical care in general, and in anaesthesia in particular.

Note: All references in this document can be found with the online version of this issue from 25th July 2016 www.aagbi.org/AgeandtheAnaesthetist

*It is likely that the future will see divergence of the taxation, funding and political models of the NHS in England, Scotland, Wales and Northern Ireland.