The Anaesthesia Workforce in the Republic of Ireland

A commentary by the Irish Standing Committee (ISC) of the Association of Anaesthetists of Great Britain and Ireland (AAGBI)

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The role of the ISC is to advise the Council of the AAGBI on the development and publication of standards for all aspects of anaesthesia practice in Ireland. The ongoing national workforce crisis has highlighted the need for a clear statement on the appropriate standards of staffing by which anaesthesia is to be delivered safely in the Republic of Ireland. The purpose of this document is to support and advise anaesthetists at local, regional and national level in ensuring an adequate supply of appropriately trained doctors to provide safe anaesthetic services. These recommendations are particularly important at a time of national economic difficulties, limited resources and the reconfiguration of hospital services. The comments in this document have the support of the AAGBI but are specific to practice in the Republic of Ireland.

Who should provide anaesthetic care?

The Irish Standing Committee agrees that:

- Comprehensive peri-operative care can only be provided by an anaesthesia team led by consultant anaesthetists.
- All members of the team must be trained to nationally agreed standards, where such exist.
- All anaesthetics should be administered by or under the supervision of a consultant anaesthetist.
- Regional and general anaesthesia in the Republic of Ireland should only be administered by a registered medical practitioner.
- Workforce planning should have as a goal a situation in which anaesthesia is only delivered by consultants, those on the Specialist Register of Anaesthesia of the Irish Medical Council, and trainee doctors on College of Anaesthetists of Ireland (CAI) training programmes or schemes.
- There is a current need for a significant proportion of anaesthetic care to be delivered by non-consultant hospital doctors (NCHDs); it must be recognised that this need will continue for a number of years, and may be necessary in the longer term if adequate resources are not committed to the training, recruitment and retention of consultant anaesthetists.
- If the Irish Government proceeds with significant hospital reconfiguration, the HSE should ensure safe levels of anaesthetic staffing during the process.
- NCHDs should be offered support such that their training and CPD needs are both recognised and met, and they are given the opportunity to develop their careers such that those meeting appropriate targets set by the CAI become appointable to consultant posts.
- NCHDs’ job security and tenure should be managed in accordance with European Union regulations, and their terms and conditions of service should be both fair and appropriate for their qualifications, training and experience.
- There is no role for an independently practising, non-consultant specialist grade in anaesthesia.
- There is no role for non-physician anaesthetists in the Republic of Ireland.

The ISC does not support any situation in which the current financial challenges facing the health service are used to provide alternative cost-cutting measures that will impair the excellent safety and patient care record that Irish Anaesthesia has enjoyed for over 80 years.
Workforce and staffing levels

The Irish Standing Committee agrees that:

- In accordance with the 2003 Hanly Report, to meet the requirements of the Working Time Regulations (WTR), and to match levels achieved in comparable countries served by the UK’s NHS, the number of consultant anaesthetists in the Republic of Ireland must increase from its current level of 8 per 100,000 population. The ISC recommends a level of at least 12 per 100,000 for the safe provision of anaesthetic care.

- Current Irish Government and HSE policies are having a significant negative impact on the attraction, recruitment and retention of consultant anaesthetists that risks the safe delivery of anaesthetic care.

- The staffing of hospitals and the number of anaesthetists resident on call should be determined on an individual hospital basis. However, those hospitals with a 24/7 emergency theatre, a maternity unit or an Intensive Care Unit (ICU) staffed by anaesthetists should have access to resident on call anaesthetic cover. The clinical demands made by these services may mean that each of these three areas may need a separate resident on call rota. Anaesthetic staffing must provide adequate numbers of resident anaesthetists to fulfill these service demands with WTR-compliant rotas.

- The grade or job title of anaesthetists providing resident on call rotas is less important than the need for them to be adequately trained and experienced to provide safe anaesthetic care. Although the growth in trainee numbers and reconfiguration of hospitals may eventually ensure that all rotas are staffed by trainees, there will be a considerable period during which appropriately experienced NCHDs will be needed to staff these rotas.

- In addition to the provision of resident on call rotas, hospitals must provide access to the support and advice of consultant anaesthetists, the number of which available out of hours being determined by the demands of local clinical services.

- For elective work, a consultant anaesthetist, supported by an appropriately trained anaesthetic assistant, should be allocated to supervise each operating theatre.

- On occasion, and if the nature of the clinical caseload is appropriate, a consultant anaesthetist may supervise two operating theatres provided there is an appropriately trained and experienced NCHD or trainee in each, that both are supported by trained anaesthetic assistants, and the theatres are in close proximity.

Assistance for the anaesthetist

The Irish Standing Committee agrees that:

- The delivery of anaesthesia must be supported by fully trained anaesthetic assistants. This is a key safety issue that should be addressed as a priority.

- The current situation in which the substantial majority of anaesthetic assistants have no formal training or certification in anaesthesia assistance is unsupportable, unsustainable and unsafe.

- A nationally recognised post of anaesthetic assistant must be created, with training criteria and competencies set and supervised by the CAI and Bord Altranais (if nurses are to be recruited). Significant discussion between the relevant stakeholders needs to take place soon.