Irish Standing Committee,
Association of Anaesthetists of Great Britain and Ireland.

Title:
Recommendations on staffing for safe anaesthesia provision in Ireland.

Working Group Members:
Dr. Geraldine Maloney, Convenor ISC.
Dr. James Shannon.
Dr. Stephen Mannion.
Dr. Michael Carey.
Introduction:

The role of the Irish Standing Committee (ISC) of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) includes the development and publication of standards for all aspects of anaesthesia practice in Ireland.

The ongoing national manpower crisis has highlighted the need for a clear position of the standards by which anaesthesia, through appropriate staffing is to be delivered safely in Ireland.

The purpose of these recommendations is to support and advise anaesthetists at local, regional and national level in ensuring the safe provision of anaesthesia with regard to appropriate staffing. These recommendations are particularly important at a time of national economic difficulties, limited resources and reconfiguration of hospital services.
**Who delivers anaesthesia?**

The ISC supports a consultant delivered anaesthesia service that includes the provision of anaesthesia by non-consultant hospital doctors (NCHDs) with consultant supervision.

Anaesthesia (General or Regional) in Ireland must only be provided by a doctor. The doctor providing anaesthesia must be either a Consultant Anaesthetist or under the supervision of a Consultant Anaesthetist.

The ISC only recognises the following grades of doctor to provide anaesthesia:

1. Consultant Anaesthetist
2. Doctor on the Specialist Register of Anaesthesia
3. Trainee doctors on College of Anaesthetists of Ireland (COAI) training programmes or schemes.
4. Doctors employed as anaesthesia NCHDs.

The ISC does not support any form of specialist grade other than Consultant.

The ISC does not support non-physician provided anaesthesia.

The ISC does not support any situation whereby the current financial challenges facing the health service are used to provide alternative cost cutting measures that will reduce the excellent safety and patient care record that Irish Anaesthesia has held for over 80 years.
Manpower:

It has been recognized by numerous bodies including the COAI, that Ireland still requires more Consultant Anaesthetists just to meet current demands and standards. This is independent of any reconfiguration of hospitals. The number of consultant anaesthetists per 100,000 population is 8 for the Republic of Ireland, 11.7 for Northern Ireland and 12.4 for Scotland (COAI manpower report June 2013 and Royal College of Anaesthetists Census 2010. Population figures from Northern Ireland Statistics and Research Agency and National Records of Scotland). Therefore the ISC supports increasing the number of Consultant Anaesthetists to match international norms.

Current Government and HSE policies are impacting in a significantly negative way on the attraction, recruitment and retention of Consultant Anaesthetists.

The proposed full implementation of the European Working Time Directive (EWTD) by the end of 2014 must be taken into account when planning service delivery and staffing levels. The Hanly Report (2003) has recommended a significant expansion in consultant numbers to facilitate the implementation of the provisions of the EWTD. In hospitals where the necessary increase has not been achieved, consideration should be given as to how EWTD implementation may affect delivery of existing services.
Staffing levels:

Any hospital with (1) a 24/7 emergency theatre or (2) maternity unit or (3) intensive care unit must have 24/7 on-site NCHD anaesthesia cover. These can either be COAI trainees or anaesthesia NCHDs. Each of these sites within the hospital requires a separate on-site NCHD anaesthesia rota. There must be a minimum of 2 Consultant Anaesthetist on-call for hospitals with all 3 sites active and a minimum of 1 Consultant Anaesthetist on-call for each individual site in hospitals that do not operate all 3 sites.

Hospitals that do not fulfill these criteria may still need 24/7 on site NCHD anaesthesia cover unless other suitably trained doctors are employed to manage cardiac arrests, epidural and neural catheters, patient controlled analgesia and other postoperative anaesthesia management. There must still be at least 1 Consultant Anaesthetist available for advice for these hospitals. This should be provided by a linked on-call larger hospital. Attendance by Consultant Anaesthetists at these smaller hospitals will therefore not be possible and must be borne in mind in deciding to remove 24/7 on site NCHD anaesthesia cover and therefore Consultant Anaesthetist on call cover.

A minimum staffing level of 1 Consultant Anaesthetist with an appropriately trained anaesthetic assistant per theatre is recommended. A Consultant Anaesthetist may cover up to 2 separate sites if required as long as there are 2 NCHD anaesthetists of appropriate ability for the patient casemix, appropriately trained anaesthetic assistants are available to them and the sites are in close proximity within the hospital complex.
Assistance for the Anaesthetist:

The provision of anaesthesia must be supported by fully trained anaesthetic assistants. This area of need has already been highlighted in the ISC AAGBI document – Assistance for the Anaesthetist 2007 - and confirmed by a 2013 national survey of anaesthesia departments by the ISC.

The ISC does not support the current situation whereby the vast majority of anaesthetic assistants have no formal training or certification in anaesthesia assistance.

The ISC recommends that a nationally recognized post of anaesthetic assistant be created and training done under the auspices of the College of Anaesthetists and Bord Altranais if nurses are to be recruited. Significant discussion between the relevant stakeholders needs to take place.
Permanent non-consultant positions:

A significant proportion of NCHD work is done by junior anaesthetists, who are registered with the Irish Medical Council but who are not COAI trainees.

The ISC supports the consideration of individual hospitals or hospital groups to offer a permanent Registrar contract to NCHDs who are currently at or who are appointable at Registrar level. This process must be supported and approved by the local Department of Anaesthesia.

These posts will remain supervised posts as per current Registrar terms and conditions of employment. The ISC states that these posts are only to be used in the provision of anaesthesia if there are sufficient Consultant Anaesthetists to supervise.

The ISC re-iterates its position that only a Consultant Anaesthetist or a doctor under the supervision of a Consultant Anaesthetist can provide anaesthesia.
Promotion of Anaesthesia as a Career:

A career in Anaesthesia should be actively and enthusiastically promoted by National bodies to medical students, interns and NCHDs in other specialties. This promotion should include teaching and training of medical students and opportunities for interns and other NCHDs to work with anaesthetists, e.g. in the operating theatre or the ICU.

Contractual Issues:

These ISC recommendations are based on current contractual obligations for Consultants and NCHDs. The representative bodies (IHCA/IMO) are responsible for contractual issues. The ISC does not involve itself in these matters. The ISC will, however continue to appraise these bodies of any matters relevant to anaesthesia.