



Association of Anaesthetists

Parliamentary Briefing – Health and Care (Staffing) (Scotland) Bill

The Association of Anaesthetists (the Association) represents the medical and political views of over 11,000 anaesthetists in the United Kingdom and the Republic of Ireland. We have a broad remit including education, safety and research in anaesthesia, as well as supporting the professional aspects of the specialty and the welfare of individual anaesthetists.

Two thirds of patients staying in an acute hospital setting have contact with anaesthetists, the specialist doctors who make up the largest group of hospital doctors (16% of NHS consultants).

Anaesthesia services have impact in:

- adult inpatient provision (scheduled and unscheduled)
- pre and post op care,
- intensive care,
- pre-assessment clinics,
- perioperative provision (theatres and recovery),
- maternity provision (theatre, emergency care and epidural service)
- small ward provision (outpatient and short-stay units).

In these settings, anaesthetists work in an anaesthesia team alongside surgeons, registered nurses, operating department practitioners (ODP), physicians' assistants – anaesthesia (PA-A) and health care support workers. **We believe it is important that this wider workforce is recognised by the Bill.**

As highlighted in the proposed Bill, the Association agrees that there is a relationship between safe and sustainable staffing and the quality of care delivered.

Although historically all non-physician members of the anaesthesia team were line managed and accountable to the lead registered nurse, this is not necessarily the case in all settings today:

- Several health boards employ PA-As who may have a background qualification in nursing or ODP training but are supervised and accountable to clinicians (anaesthetists).
- In addition, much of the assistance for the anaesthetist is provided by registered nurses trained according to National Education for Scotland standards or equivalent. These individuals are line-managed by nurses but are supervised / accountable for their clinical duty to the anaesthetist.

In section Bill 12IC (2) and (3) of the Health and Care (Staffing) (Scotland) Bill it appears that ODPs and PA-As will be included in the staffing provision review irrespective of whether they are supervised by or accountable to a medical practitioner. **The Association would welcome confirmation of exactly which roles the Bill intends to cover. We are keen that the Bill reflects the multi disciplinary nature of healthcare teams and does not focus too strongly on one role to the possible detriment of others.**

Given the threat to a sustainable cohort of trained ODPs with the recent withdrawal of the only BSc course in Scotland, the Association believes there is a pressing need to consider how the anaesthesia team will continue to deliver quality care. **In order to have the right workforce to meet future demand, it is essential that an adequate number of high quality training places are available for anaesthesia assistants.**

We believe that the safe delivery of anaesthesia requires an appropriately trained physician supported by an assistant trained to national standards.

The Association believes that departments of anaesthesia should participate in the local processes underpinned by the Health and Care (Staffing) (Scotland) Bill, which will ensure safe and sustainable staffing of the anaesthesia team. We see our role set out in section 12IB (d) (iii) of the Bill.

For more information, please contact Jenny Gowen, Advocacy and Campaigns Manager (jennygowen@aagbi.org)