



**THE ASSOCIATION OF ANAESTHETISTS**

*of Great Britain & Ireland*

# Service Pressures in Emergency Care

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AAGBI POSITION STATEMENT

January 2017



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## Service Pressures in Emergency Care

The AAGBI is aware that at present there are increasing, and at times unprecedented, demands for emergency care at acute hospitals. Extraordinary times may require extraordinary measures, and AAGBI members have been requested to assist in areas outside their normal practice. A joint statement from the RCoA and AAGBI on the impact of such requests on trainees has been published recently [1].

The AAGBI offers the following advice for consultants and other non-trainee members:

- Patient safety is paramount.
- Requests for anaesthetists to undertake exceptional duties (in emergency departments (ED), wards and critical care), for example during major incidents, are rare and based upon the need to deliver safe and timely care.
- There are other occasions when local resources are struggling to cope – most commonly when the number of patients arriving at ED is significantly in excess of the planned service, leading to waits for triage, assessment, management and admission. Hospitals may manage such situations by curtailing elective activity and asking non-ED clinical staff to assist in the ED. The mechanisms to manage such crises should be discussed and agreed in advance, via the LNC and other staff forums. Not only do the contractual matters need to be agreed, but effective and resilient governance arrangements should be put in place.
- Medical and other clinical staff working outside their normal areas of practice need appropriate support (personal and professional) to ensure they work within their competencies. The GMC is clear on this point [2], and managers and other clinicians must not allow (or try to persuade) clinicians to act otherwise.
- Anaesthetists working in ED should be placed in a team with nursing and other medical colleagues to: ensure the appropriate environment and working practices, maintain patient safety, facilitate good patient care, reduce staff anxiety, and maintain public confidence in the healthcare system.
- Anaesthetists, with their knowledge and experience of managing acutely unwell patients have many skills useful in an ED environment, but are not trained to provide all the facets of emergency care provided there. If you are asked to work in the ED or other acute areas, it is important that you make clear the limits of your knowledge and do not take on duties that lie outside your knowledge and skills.
- The AAGBI recommends that instances of anaesthetists assisting in ED (and elsewhere) are recorded and reviewed. Such requests should be fairly distributed amongst all staff in a department. Hours and place of work, except under the most unusual circumstances, should not vary from those agreed within the job plan.
- Finally, hospital managers should be aware that during a time of increased emergency workload, emergency theatres and critical care areas are also likely to be under pressure from increasing demands, and anaesthetists may be best utilised in dealing with the pressures in these areas.
- We would welcome hearing from members about their experiences of such pressures and how their hospitals have dealt with them. Please contact us at [servicepressures@aagbi.org](mailto:servicepressures@aagbi.org)

## References

1. <http://www.aagbi.org/news/servicepressures-and-role-anaesthetists-training-joint-statement-royal-college-anaesthetists-a>  
<http://www.aagbi.org/news/servicepressures-and-role-anaesthetists-training-joint-statement-royal-college-anaesthetists-a>
2. Good Medical Practice GMC, 2013 ([http://www.gmc-uk.org/Good\\_medical\\_practice\\_English\\_1215.pdf](http://www.gmc-uk.org/Good_medical_practice_English_1215.pdf) 51527435.pdf)