HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM: The Association of Anaesthetists (the Association)
www.aagbi.org

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. The Association has a broad remit including education, safety and research in anaesthesia, as well as the professional aspects of the specialty and the welfare of individual anaesthetists.

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.

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) and in small ward provision (outpatient and short-stay units).

In these settings, anaesthetists work in an anaesthesia team alongside registered nurses, operating department practitioners (ODP), physicians’ assistants – anaesthesia (PA-A) and health care support workers.

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 NES standards. These individuals are line-managed by nurses but are supervised / accountable for their clinical duty to the anaesthetist.

Given the threat to a sustainable cohort of trained ODPs with the recent withdrawal of the only BSc course in Scotland, there is a pressing need to consider how the anaesthesia team will continue to deliver quality care. The Association believes that the safe delivery of anaesthesia requires an appropriately trained physician supported by an assistant trained to national standards. This is stated as a standard of care in The Anaesthesia Team [1].

From the Bill (sections 12IC (2) and (3)), it seems 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 is looking for assurance on this matter.

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 that Bill.

[1] https://www.aagbi.org/sites/default/files/anaesthesia_team_2010_0.pdf