

Views from the frontline of anaesthesia – supporting the development of the People Plan

About the Royal College of Anaesthetists



With a combined membership of nearly **23,000** fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, the Royal College of Anaesthetists is the third largest medical Royal College by UK membership.



Two in three of all hospital inpatients patients will receive care from an anaesthetist and **99%** of these patients would recommend their hospital's anaesthesia service to family and friends.



Anaesthesia is the single largest hospital specialty in the NHS. Around **one in six** of all hospital consultants working in the NHS are anaesthetists.

Introduction

The Royal College of Anaesthetists welcomed the themes and ambitions set out in the Interim NHS People Plan [in its response](#) in Spring 2019 and we look forward to seeing how the final plan will crystallise this vision into detailed proposals to make the NHS a great place to work.

We are delighted to submit this additional document, which presents the views of our members on what they feel should be the priorities for the RCoA workforce strategy, in alignment with the key themes identified in the Interim People Plan.

We want our strategy to be closely aligned with the People Plan and we want to work collaboratively with NHS England and NHS Improvement and Health Education England to deliver the plan's aims and provide solutions to existing problems.

Between August and September 2019, the RCoA surveyed the views of a number of stakeholders, including frontline anaesthetists, Clinical Directors, Training Programme Directors and Heads of Schools. This paper captures their perspectives.

Making the NHS our best place to work

We welcome the interim plan's strong focus on improving the working lives of NHS staff and wholeheartedly support the proposals to tackle the low morale affecting the workforce, such as reviewing the pension scheme, developing a new offer for NHS staff and a move towards a more compassionate and fairer culture.

There is real urgency to turn these proposals into reality and provide more supportive working environments. Our members identify retention as one of the most urgent issues for the People Plan to address.

“The priority is retention. This is an emergency.”

One specific theme that emerged from our survey was the need to offer more **flexible working conditions** for all grades, but in particular **for ageing consultants**. Being able to retain experienced doctors and staff will help to alleviate workforce pressures. We welcome the Government's commitment to increasing the numbers of training placements, however recruitment and training of these new doctors will take a number of years.

“Enabling flexible working and support for older anaesthetists as otherwise staff will leave the profession earlier than retirement age, putting additional pressure on the remaining workforce, and contributing to the loss of corporate wisdom and experience.”

“Appropriate planning for retention of current staff with variable, flexible working patterns, reduced ‘on calls’ for older anaesthetists, and acceptable work intensity patterns.”

The ageing workforce is a recurring theme emerging from our members and one that should be further explored and considered. The RCoA would be keen for guidance to be developed on how this cohort of experienced healthcare professionals can be supported and retained.

There has been an increase in the consultant workforce gap in UK anaesthetic departments in recent years. It has risen from **4.4%** in 2015 to **5.2%** in 2017 and then **6.9%** in 2018.



In addition, between 2010 and 2015 there has been a **28%** increase in the number of consultant anaesthetists aged between 50 and 59 years, indicating an ageing of the consultant population. Overall, **95%** of anaesthetists retire by the age of 60.



Improving the leadership culture

In our response to the Interim People Plan we highlighted the RCoA's commitment to the development of future professional medical leaders. Anaesthetists account for the largest secondary care membership of the Faculty of Medical Leadership and Management (FMLM). We therefore welcome the Interim Plan's proposals to 'develop an agreed set of competencies for senior leadership roles'.

Senior clinical leadership, adequately supported and skilled, have the ability to lead change in deeply entrenched ways of working towards a more collaborative approach to solving workforce problems. We are keen to support NHS Improvement and in addressing the creation, recruitment and retention of these leaders, and how to make the roles they fulfil as attractive as possible.

As the King's Fund outline, by creating positive, supportive environments for staff, those staff then create caring, supportive environments for patients, delivering higher quality care. In turn, where there is a culture of collective leadership, all staff members are more likely to intervene and take responsibility for solving problems, ensuring quality of care and to promoting responsible, safe innovation. Where relationships between leaders are well developed, trusts will benefit from direction, alignment and commitment (<https://bit.ly/2rxMju>).

The RCoA actively seeks to involve our members and to put them at the heart of our work in a number of ways, including (but not exclusively) through membership surveys (general membership, trainee morale and well-being and the SAS surveys) that are helping the College not merely understand the needs of the various tiers of the membership, but also take the necessary/meaningful steps to address those needs.

Tackling workforce shortages

The Interim People Plan makes a wide-ranging number of proposals to tackle workforce shortages, with some innovative and creative solutions. We particularly welcome the focus on reinvigorating the SAS workforce and the development of Medical Associate Professions, including Anaesthesia Associates.

When asked what they thought is a priority for the Government in tackling workforce shortages, our members stressed the importance of **matching supply against demand** through **good quality data to make accurate predictions on future workforce needs** and to inform recruitment, not just at national, but also at local level.

"Give a clear idea of projected demand on services and so on workforce requirements."

The College census 2020 data will be collated and published in May next year. The information from the latest census will help the specialty be even better informed about the workforce numbers across all tiers of training and service.

The RCoA is keen to continue to work with NHSI/NHSE and HEE and share its most accurate and robust data to inform decisions around workforce and recruitment for the specialty.



How many doctors do we have working in anaesthetics?

The RCoA published its most recent census in 2015 which remains the most comprehensive record of the number of consultant and staff and associate specialist grade (SAS) anaesthetists working across the UK. Based on information provided by 100% of UK anaesthetic departments the census recorded that in 2015;

There were

2,033

anaesthetic SAS and trust grade doctors in the UK.

There were

7,422

anaesthetic consultants in the UK.



Where are the gaps in staffing of anaesthetic services?

Data collected in 2018 from clinical directors across 86% of anaesthetic departments in the UK found that;



1 Overall, **75%** of anaesthetic departments across the UK have at least one unfilled consultant post.



4 There is a consultant anaesthetist gap of **7%** in England.



2 Around half (**48%**) of departments have advertised a consultant post that they have been unable to fill.



5 There is an SAS anaesthetist gap of **19.8%** in England.



3 The most common reasons for anaesthetic departments reporting that they could not fill consultant posts were a lack of applicants (**34%**) and a lack of qualified applicants (**35%**).

6 The percentage of consultant anaesthetists employed as locums is **4.5%** in England.

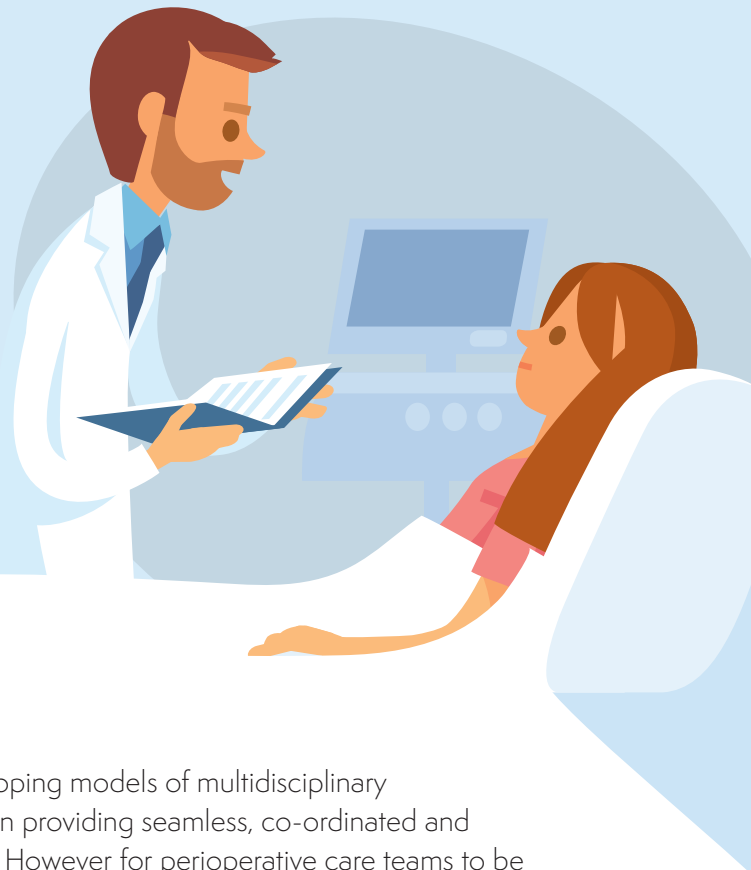
How many anaesthetists do we need to be trained to meet future demand in the UK?

Between 2012 and 2018 the number of doctors in training in the anaesthetic specialty programme has **declined by 6.5%** (from 2,844 to 2,660).

Based on assumed service demand, the College calculates that there will need to be a pipeline supply of

between **430 to 650 new anaesthetists** joining the workforce each year.

However, over the **last five years**, the numbers beginning specialty training (ST3) in anaesthetics has **averaged at 340**.



Delivering 21st century care

The Interim People Plan mentions, rightly, the need for developing models of multidisciplinary working. Perioperative care teams already play a critical role in providing seamless, co-ordinated and efficient care as the patient moves through clinical pathways. However for perioperative care teams to be effective the right number of staff with the right skills need to be in place.

Our members identify the **development of the perioperative care workforce** as a priority for evolving the NHS workforce and make it fit for the 21st century, and fulfil the Long Term Plan's aspiration for integration between services and better co-ordination of care.

“Good leadership of the perioperative teams (which will include non-doctor members in some areas of practice). Sufficient numbers of staff to maintain safe practice.”

“Ensure safe anaesthesia, perioperative care and critical care can be provided throughout UK.”

A new operating model for workforce

As the focus of Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) shifts naturally to population health, it is right that ICSs should take on more responsibility in local workforce decisions.

Our members welcome strategies that will allow local organisations and Integrated Care Systems to make **decisions on workforce that support the development of perioperative care pathways in hospitals**, so that different teams in different healthcare settings can work collaboratively to meet the needs of local populations and contribute to long term improvements in their health.

“[We need] new ways of working - STP and ICS models, and the changing role of anaesthetists as perioperative physicians within ICS.”

Developing anaesthetists as ‘perioperative physicians’ to improve patient care and outcomes

Anaesthetists are involved in the care of two-thirds of all hospital inpatients and so are in a unique position to engage with patients to support long term, positive changes to their health and lifestyle. This can happen from the moment that surgery is contemplated, through to a full recovery. This is the concept of perioperative medicine that presents an opportunity for anaesthetists to play a transformational role as a hospital’s ‘perioperative physicians’.

Initiatives in perioperative medicine, established across the NHS, demonstrate the benefits that are already being realised by this approach.



The concept of perioperative medicine closely aligns with the integrated care systems evolving across the NHS in England and National Medical Director, Professor Stephen Powis, notes that:

“The most expensive, ineffective and inefficient care is poor care. An optimised perioperative approach is good for patients, good for the NHS and good for the wider economy as well.”

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