2 March 2015

**In-depth review of the anaesthetics and intensive care workforce**

The Royal College of Anaesthetists welcomes the final report of the Centre for Workforce Intelligence (CfWI) considering an In-depth review of the anaesthetics and intensive care medicine workforce.

We strongly agree with the report’s proposal that Health Education England (HEE) should continue to fill the current number of training posts for anaesthetists and intensivists in England to minimise the risk of short term supply and that the parallel organisations responsible for education and training in the rest of the UK take note of the report’s findings when considering their future workforce needs.

The report indicates that baseline demand for anaesthetic services, based on demographic changes alone, would increase by 25 percent by 2033. Beyond this baseline increase, demand forecasting based on variable scenarios, show that demand could outstrip workforce supply. There would be a risk of a shortage of anaesthetist and intensivist CCT holders with a significant impact on other specialties that rely on service input from anaesthetists and intensivists.

We are reassured that the CfWI proposals include due consideration of the factors that affect demand, beyond demographics, such as political and financial conditions and most especially rising average individual patient need(s) associated with an ageing population and lifestyle choices. Considering all of these factors, the modelled scenarios indicate higher demand than baseline of approximately 4.7 per cent annually. This would see the number of anaesthetists and intensivist CCT holders needed rising to 11,800 full time equivalents in 2033, from a current level of around 6,100.

The CfWI recommends a workforce stocktake of anaesthetics and ICM be undertaken in two to three years’ time due to the complex nature and flexibility of service delivery between the two specialities and in particular the potential impact of changes to training structures following implementation of the recommendations arising from the Shape of Training Report.

The College is shortly to begin a 2015 workforce census and one area for focus is the growing, proportionally, female consultant workforce and the gender differences in working patterns such as demand for less than full time working.

The report also highlights that the contributions to ICM by anaesthetists should be monitored. If the level of service contributed to ICM by anaesthetists decreases, it is likely that ICM will be undersupplied and require an increase in training numbers.
The National Confidential Enquiry into Patient Outcome and Death report Knowing the Risk: A review of the perioperative care of surgical patients (NCEPOD, 2011) highlighted issues in the care of high-risk surgical patients. The RCoA has recently published their Perioperative Medicine framework document which emphasises the need for a more integrated, multidisciplinary approach to the care of the more complex surgical patients, asserting the importance of a comprehensive preoperative assessment and involvement of anaesthetists throughout the immediate perioperative period and beyond.

We are therefore pleased to see that the report highlights the need for the developing role of anaesthetists to include more provision of preoperative assessment and increased involvement with postoperative care. The Delphi panel exercise, undertaken as part of the report’s development, found demand for anaesthetists would increase to accommodate this greater engagement in perioperative work.

The CfWI report references the College’s 2012 Audit Recipe Book that examines the transition from audit into quality improvement and highlights that the wide range of audit changes, designed to raise standards in anaesthetics, service delivery, consultant supervision of trainees, and intensive care could lead to improvements that impact on the increased demand for anaesthetists and intensive care specialists.

The College has already initiated joint working with HEE to look at ways in which changes to the clinical skills mix might help to manage the increasing perioperative role; a College curriculum review is currently underway in support of this progression. The potential training of increased numbers of Physicians’ Assistants (Anaesthesia) (PA(A)s) and working across the interface between primary, secondary and community care are also key considerations.