

TEST PAGE

Anaesthesia Associates - Why, When and How?

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Thank you!

NHS

Health Education England

Anaesthesia Associates - Why, When and How?



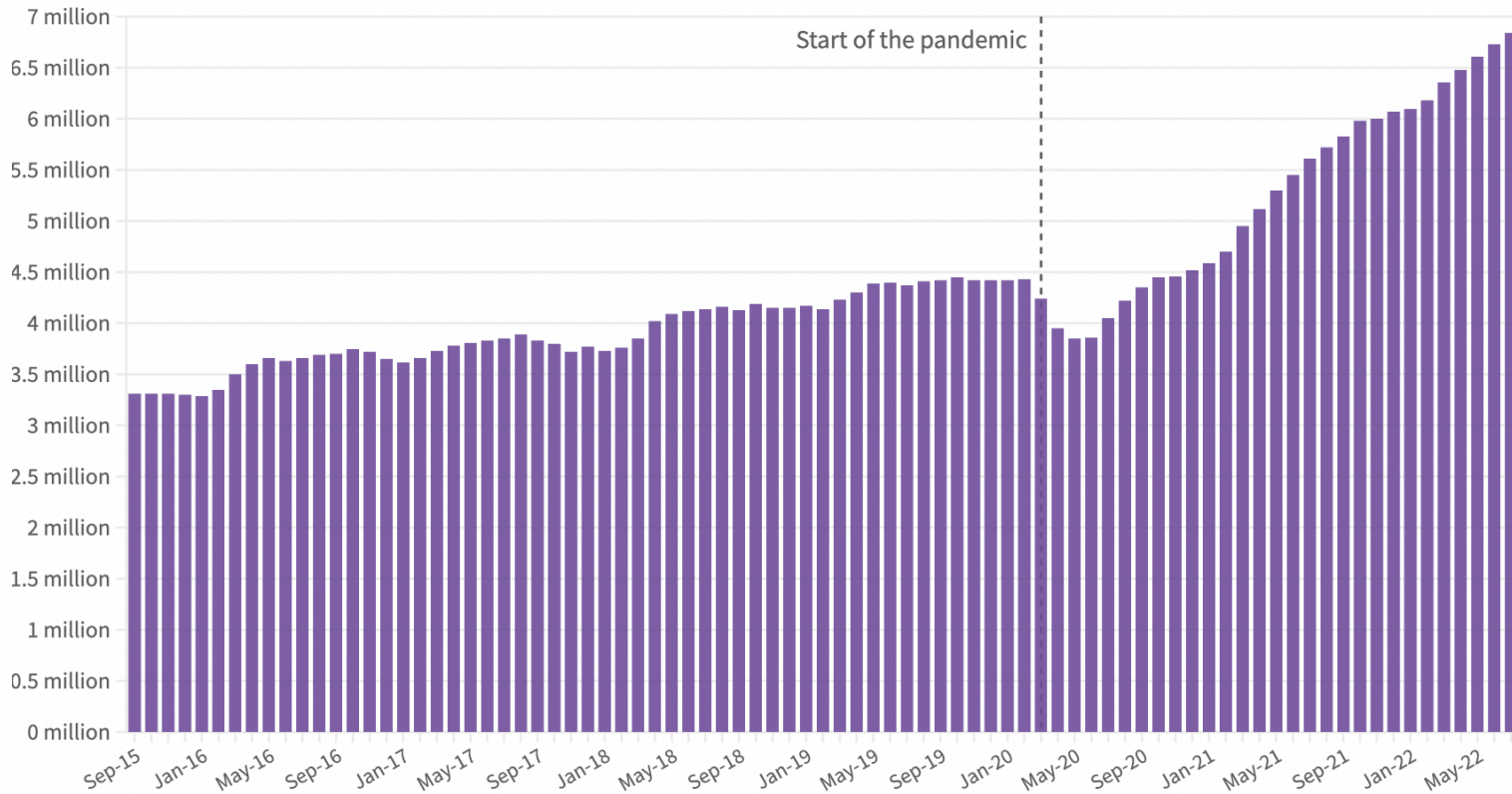
Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.



Why? There's a lot of work to do ...

Number of people on NHS waiting lists for consultant-led elective care

September 2015 to July 2022



Source: [BMA analysis of NHS England Consultant-led Referral to Treatment Waiting Times statistics](#)

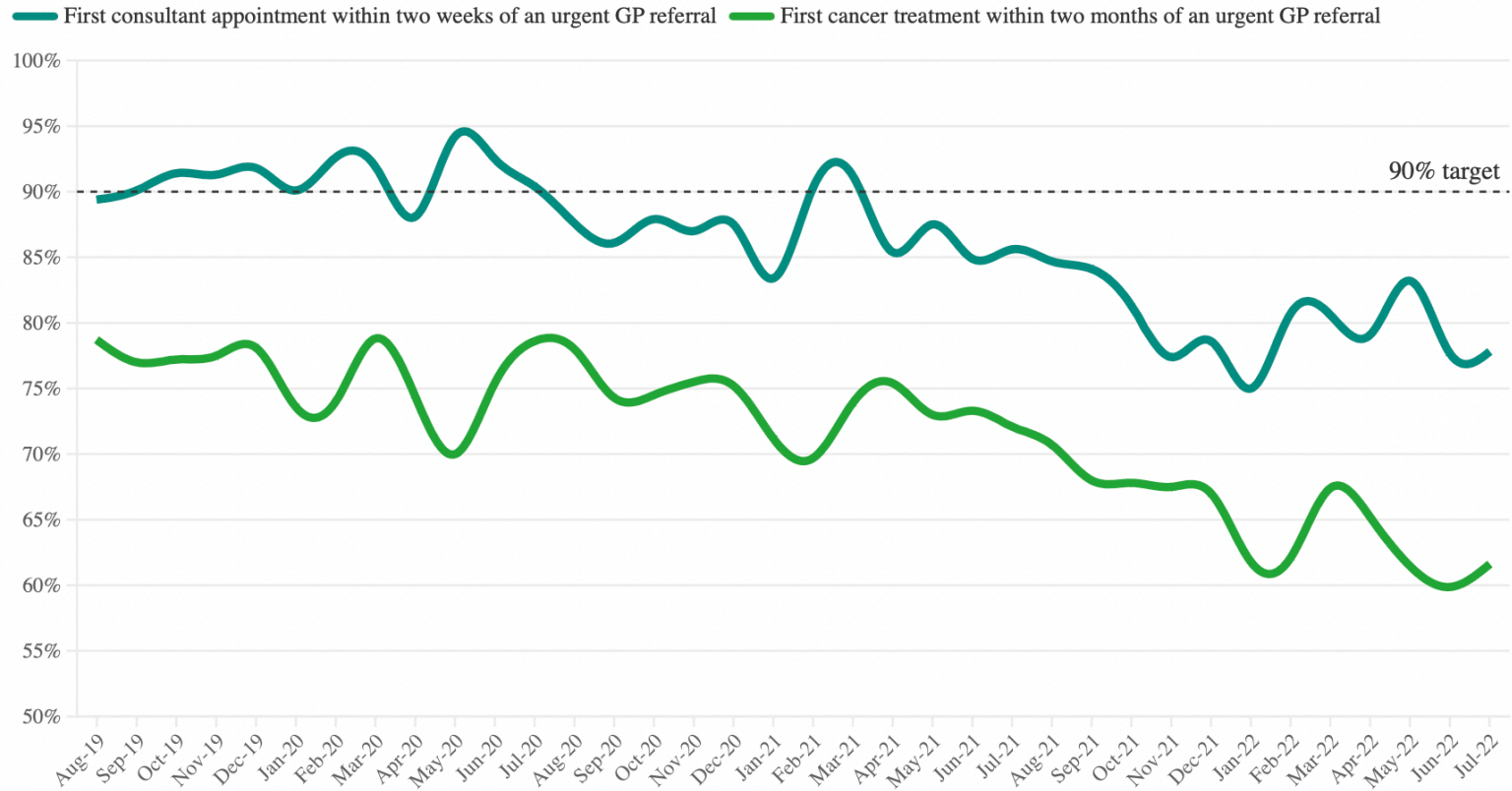


Health Education England

Why? There's a lot of work to do ...

Percentage of patients seen within target timescales following GP referral for cancer care

August 2019 to July 2022



Source: [BMA analysis of NHS England Cancer Waiting Times Statistics](#)



Why? Surely we just need more doctors ...

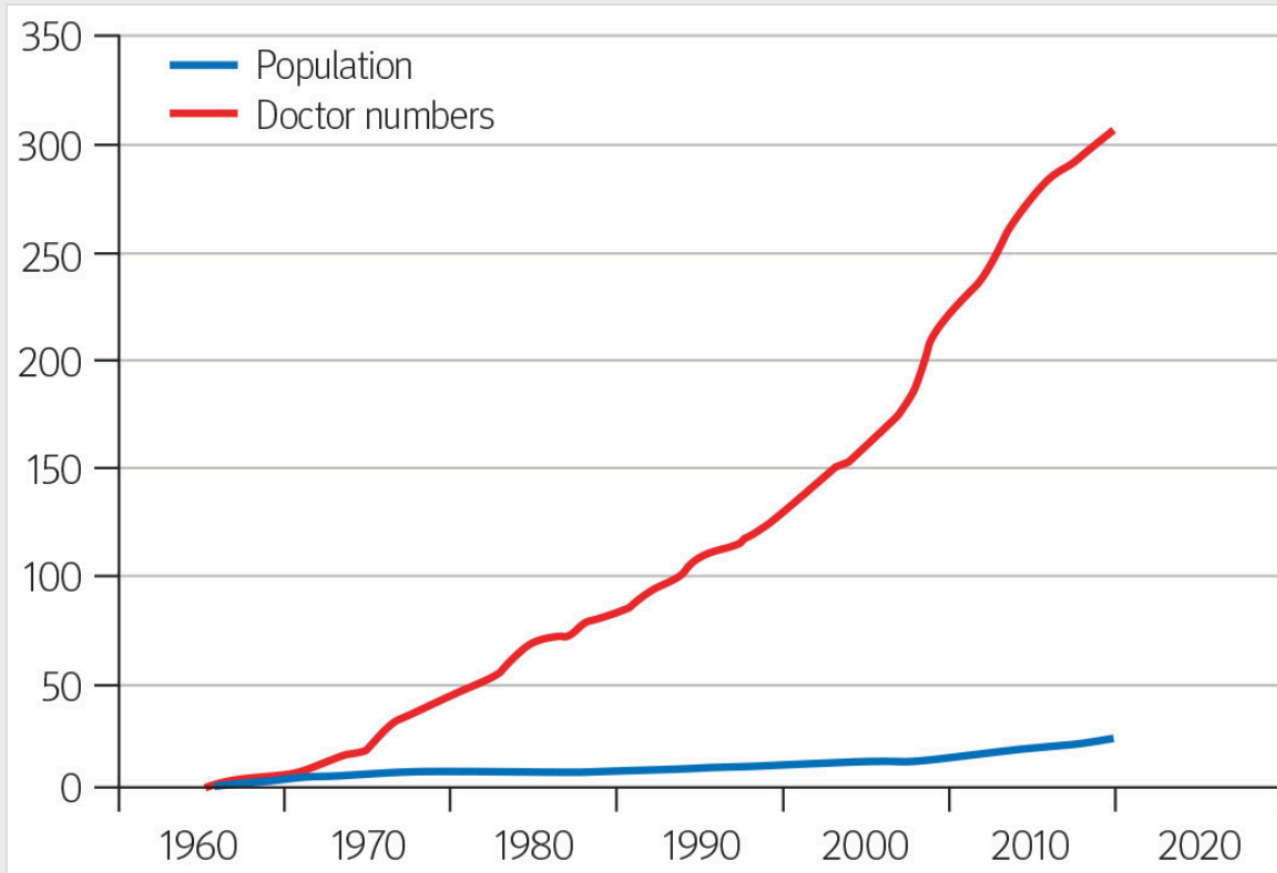


Fig 3 Cumulative % rise in UK population growth and doctor numbers since 1960

Why? Surely we just need more doctors ...

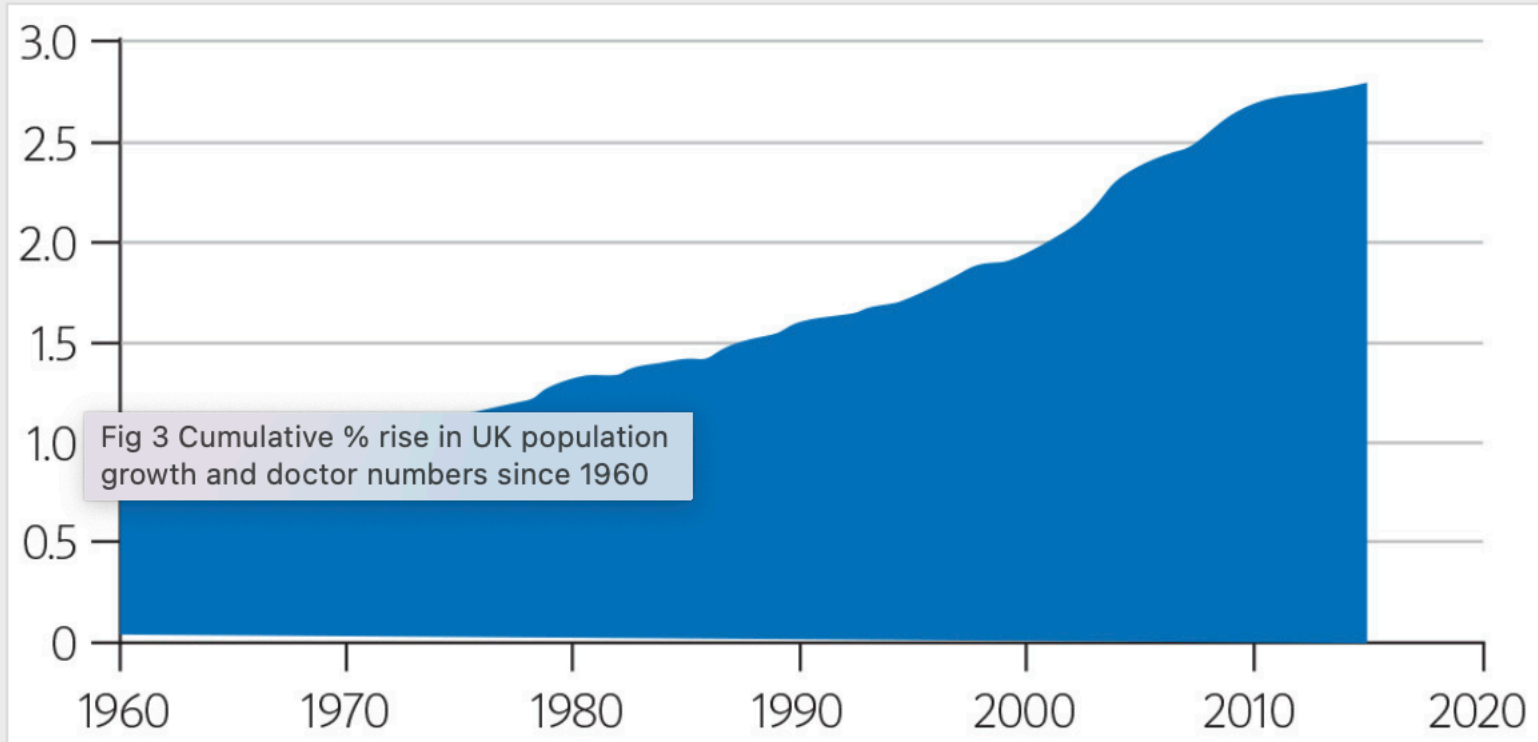


Fig 2 Doctors per 1000 people in the UK since 1960

Why? Surely we just need more doctors ...

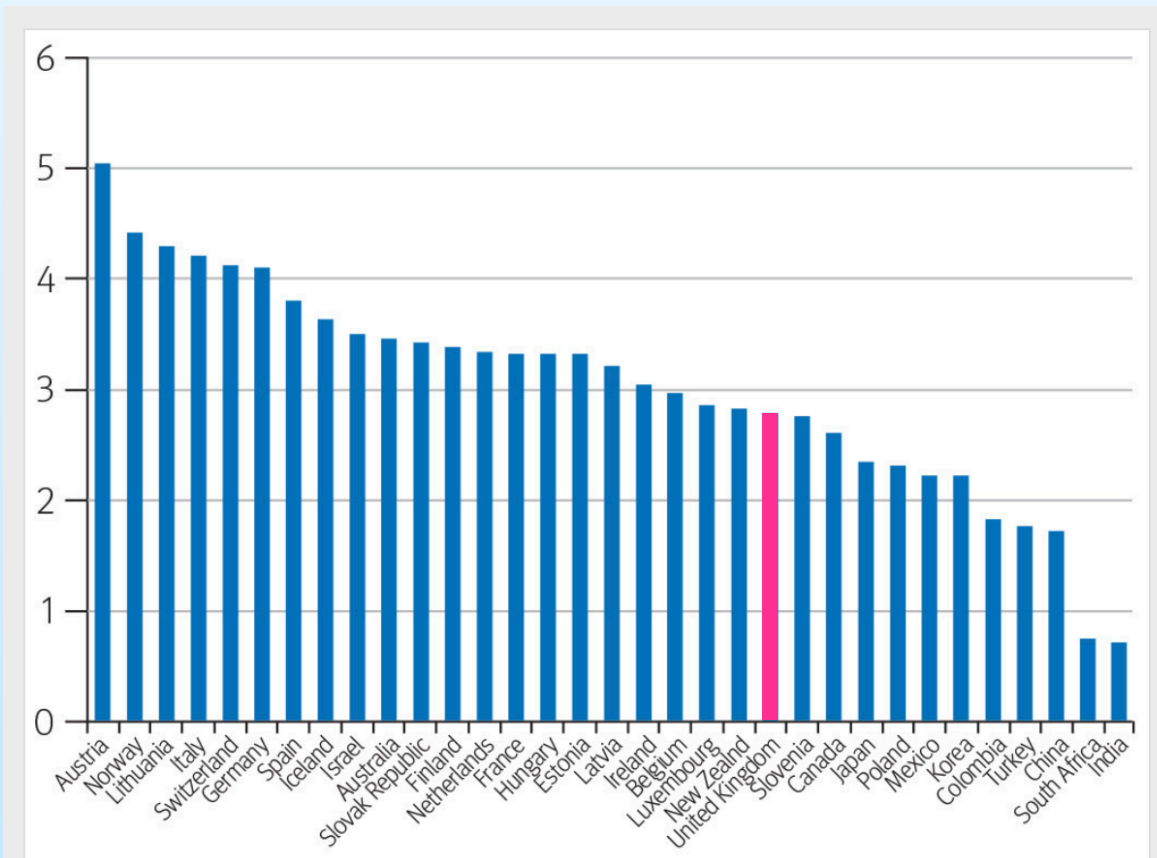


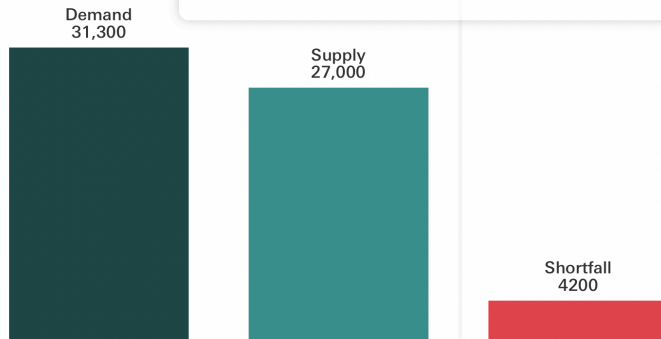
Fig 1 Doctors per head of population by country

Why? Surely we just need more doctors ...

But the real workforce crisis is in Primary Care

2021/22

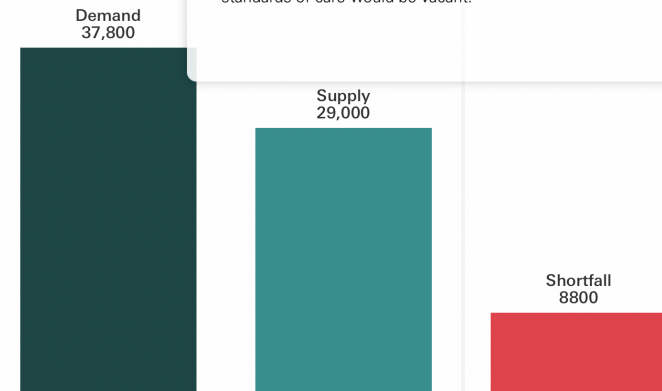
In 2021/2022 there was a shortage of around 4,200 full time equivalent (FTE) fully qualified, permanently employed GPs in England.



Source: Authors' analysis based on data from NHS Digital and Health Education England • Note: **The numbers in the chart are rounded** and refer to FTE qualified permanent GPs (ie all GPs excluding GPs in training and locum GPs); 2021/22 GP supply data are for March 2022 (source: NHS Digital). The shortfall is calculated as the difference between GP supply and demand. Due to rounding, the shortfall estimate presented in the chart does not align precisely with the difference between GP supply and demand.

2030/31

This means that without a change to current workforce trends and policies, more than 1 in 4 of the estimated 37,800 FTE GP posts needed to deliver pre-pandemic standards of care would be vacant.



Source: Authors' analysis based on data from NHS Digital and Health Education England • Note: **The numbers in the chart are rounded** and refer to FTE qualified permanent GPs (ie all GPs excluding GPs in training and locum GPs); 2021/22 GP supply data are for March 2022 (source: NHS Digital). The shortfall is calculated as the difference between GP supply and demand. Due to rounding, the shortfall estimate presented in the chart does not align precisely with the difference between GP supply and demand.

Why? Surely we just need more doctors ...

Exclusive: total number of doctors now about 1,500 less than in the year Jeremy Hunt promised a rise of 5,000 by 2020



📷 There were 29,364 full-time equivalent GPs in 2015 when Jeremy Hunt was health secretary. Figures suggest there are now about 27,900. Photograph: Neil Hall/PA

Why? Surely we just need more doctors ...



Key findings and recommendations

- The Medical Schools Council (MSC) recommends that the number of medical students should be increased by 5,000 making a total of 14,500 graduating doctors per year. This figure is based on current levels of doctors entering the NHS and it is acknowledged that the exact needs of the UK population and the NHS are difficult to predict.



While workforce planning is always an inexact science, the need for more doctors is clear. Even if the number of medical school places were increased today, it would take ten to twelve years for those students to become GPs, and even longer to become consultants. It is clear that an urgent and radical rethink of medical workforce planning is therefore required.

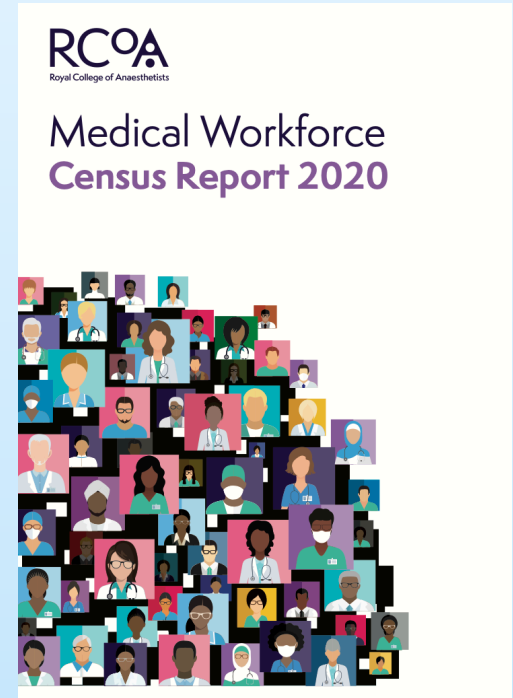
Why? Surely we just need more doctors ...

Funded Gap

- 2015 4.4%
- 2017 5.4%
- 2018 6.9%
- 2020 8%

2020 Report

- Cons workforce growth 2.1% pa since 2007
- 7959 Consultants
- SAS Drs no growth since 2015
- Aspirational Gap 11.8% (Cons) & 18.4% (SAS)



Why? Surely we just need more doctors ...

Table 16: Number of unfilled consultant posts, aspirational gap and real gap

	Number	Funded gap	Aspirational gap	Total	Funded and aspirational gap	Real gap (%)
England	6,471	543	283	7297	826	11.3
Northern Ireland	279	14	17	310	31	10
Scotland	776	65	38	879	103	11.7
Wales	433	58	36	527	94	17.8
Totals	7,959	680	374	9,013	1,054	11.8

Table 17: Number of unfilled SAS posts, aspirational gap and real gap

	Number	Funded gap	Aspirational gap	Total	Funded and aspirational gap	Real gap (%)
England	1,313	182	67	1,562	249	15.9
Northern Ireland	45	17	16	78	33	42.3
Scotland	88	12	8	108	20	18.5
Wales	133	32	22	187	54	28.9
Totals	1,579	243	113	1,935	356	18.4

Why? Surely we just need more doctors ...

CONCLUSIONS:

Estimating future requirements for anaesthetists is difficult (!)

Existing Funded gap (Cons / SAS) = $680 + 243 = 923$

Existing Aspirational gap (Cons / SAS) = $374 + 113 = 487$

The specialty has been growing at around 2% pa, so likely we also need a further increase of 2% of 8,000 for 2 years = 320

Retirements typically 300 per year, so replacement need = 600

To fully staff their departments over the next two years, the specialty of anaesthesia requires $2,330$ additional trained anaesthetists

RCOA estimates that over the next two years, around 700 anaesthetists will gain their CCT.

Why? Surely we just need more doctors ...

OTHER FACTORS DECREASING CAPACITY ...

Changes to Pension rules

Retirement / Early Retirement

LTFT - an increasing phenomenon?

Non-clinical roles (TPD, MD, DME etc)

TOIL / Rolled AL

Work / Life balance

Changing Attitudes

COVID

Why? Surely we just need more doctors ...

OTHER FACTORS INCREASING DEMAND ...

Theatre Efficiency (Touch time / Super Lists)

Long / Complex lists solo (no break, no respite)

Duty / Floor Anaesthetist

Surgery School / POACs / CPET

Daytime Emergency workload

SDM / Consent / MDT's

Remote Sites (Gastro, ED, Cardiology, IR etc)

Rib Fractures

HDU / PACU cover

COVID recovery



When? It depends on your Trusts strategy ...

Maximise Consultant recruitment

Maximise retention / Improve working lives

CESR Programmes

Specialty Drs & Trust Grades

Foreign recruitment

MTI Scheme

Fellow Posts

Locums

Anaesthesia Associates

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When? It depends on your Trusts strategy ...



OPINION

By Patrick Cockburn

Special Correspondent

Luring doctors from poorer nations is UK's quiet scandal

It is a foreign aid in reverse, flowing from the poor to the rich and works too much to the advantage of the latter for them to give it up

September 11, 2022 7:00 am

NHS

Health Education England

How? Today's speakers will tell you ...

My final thoughts;

This is not a “money-saving” project

This is an opportunity to build a stronger, more flexible professional workforce that can deliver what the NHS needs in the future

HOW?

**IF YOU ALWAYS DO WHAT YOU HAVE
ALWAYS DONE YOU WILL ALWAYS GET
WHAT YOU HAVE ALWAYS GOT**