Organisation of Anaesthetic and Critical Care services in the UK

JF Down
Consultant in both
UCLH
Teaching hospitals

- NHS
- Linked to universities and medical schools
- 29 med schools UK
District general hospitals

- NHS
- Have trainees
- Visiting med. students
Private Hospitals

- Carpets
- Single rooms
- Insured
- Self payers
- Consultant delivered
“The College is the professional body responsible for the specialty of anaesthesia throughout the UK, and to ensure the quality of patient care through the maintenance of standards in anaesthesia, critical care and pain management.”
The Association of Anaesthetists of Great Britain and Ireland

• to promote the development and study of anaesthesia
• to promote and ensure the maintenance of the highest standards and provision of safe anaesthesia
• to foster research into anaesthesia and allied subjects
• to encourage and support world wide co-operation amongst anaesthetists
• to represent and protect the interests of its members
• To help us come to the Ukraine
Both have trainee sections
Subspecialties

- Pain
- Critical care
- Paediatrics
- Obstetrics
- Difficult airway
- Cardiothoracics
- Orthopaedics

- Pain society
- Intensive care society
- APA
- OAA
- DAS
- ACTA
Stats

- Schools: 20 websites
- Departments: 300 ish
- Anaesthetists: >10 000
  - 4000 trainees
Departments

• Huge variation
  – 8-80 anaesthetists.
• In our trust
• 800 beds
  – Spread over 4 major sites,
    – General, Neuro, Cardiac, Obstetric
• 65 Consultant anaesthetists
• ? 65 trainees
• New Anaesthetic practitioners
Duties

• Theatres
  • Generalists/specialists

• Pain
  • Acute and chronic

• Critical care
• Obstetrics
• Pre-assessment
• Outreach
• Radiology
Day to day
Critical Care
Traditionally

• Run by anaesthetists
• Varied models – varied commitment
• Used to be divided
  – Intensive care
  – High dependency care
  – Surgical vs medical
• Mixture closed/semi-closed/open units
• Approx 250 in country
## Comprehensive Critical Care

**A REVIEW OF ADULT CRITICAL CARE SERVICES**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0</td>
<td>Patients whose needs can be met through normal ward care in an acute hospital.</td>
</tr>
<tr>
<td>Level 1</td>
<td>Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those ‘stepping down’ from higher levels of care.</td>
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<tr>
<td>Level 3</td>
<td>Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.</td>
</tr>
</tbody>
</table>
Now

- Intensivists from varied background but properly trained
- Consultant presence
- Closed
- Expansion of beds
• “We perform many functions for the intensive care community in the UK such as the production of guidelines and standards, stage national meetings, training courses and focus groups. We represent Intensive Care in wide ranging organisations from the Royal Colleges to the Department of Health and other organisations”
• **Basic training:** Three months’ ICM as an SHO/CT (which, if commenced from February 2002 onwards, must be in blocks of a minimum of one month duration).

• **Complementary specialty training:** Six months’ SHO/CT level acute general medicine for an anaesthetist, six months’ anaesthesia for a physician, both for a trainee surgeon.

• **Step 1/Intermediate training:** Six months’ general adult ICM as an SpR/StR, in blocks of no less than 3 months, in ICU's recognised for training purposes by the Intercollegiate Board.

• **Step 2/Advanced training:** Twelve further months of SpR/StR training in ICM, in blocks of no less than 3 months duration, in recognised units.
Exams

INTERCOLLEGIATE DIPLOMA IN INTENSIVE CARE MEDICINE

EDIC
Staffing

- All newly appointed consultants with >50% commitment to ICM should have acquired Step 2 competences, a CCT in ICM, or an equivalent.

- All units must have a minimum of 15 PAs of consultant time totally committed to ICM each week per eight Level 3 beds.

- All consultants providing an ‘on-call’ service to the ICU must have PAs committed to ICM.

- Consultants should not have any other clinical commitment when covering the ICU during daytime hours.

- During working hours the consultant in charge of the ICU should spend the majority of his or her time on the ICU and must always be immediately available on the ICU.

- There must be twenty-four hour cover of the ICU by a named consultant with appropriate experience and competences.

- A consultant in ICM must see all admissions to the ICU within twelve hours.
Our unit

• 27 beds
• Mixed level 2-3 patients
• Surgical and medical
  • Haematology, infectious diseases, Head and neck, HPB, vascular, colorectal, O and G, Urology, Orthopaedics, tropical diseases.
• 12 consultants (mix anaesthetic, medical, ED)
• 10 junior trainees, 7 senior trainees
• 1 nurse consultant
• 150 nurses
• Physiotherapists, pharmacist, dietician, speech and language
Our unit

• Computerised
• Follow up clinic
• Psychologists
• Research
  – Lab
  – Clinical
• Audit
• Meetings
Summary

• Variable anaesthetic practice across the UK
  • Standards from great and good
  • Largely physician delivered
  • APs beginning

• Critical care
  • State of change
  • Not just anaesthetists
  • Official training
  • Talk of a Faculty
Thank you