

# Physicians' assistants in anaesthesia: colleagues or competitors?

In the UK, anaesthesia has historically only been administered by qualified doctors. In recent years, a new non-medical role has been introduced successfully in many centres. Physicians' assistants in anaesthesia were introduced into the UK in 2004 as a response to the predicted workforce shortages expected following the implementation of the NHS Plan and the European Working Time Directive. Following an extensive review, the Department of Health and the Royal College of Anaesthetists concluded that overseas models of care based on collaboration between medical and non-medical anaesthesia providers were safe, and could potentially provide a solution for workforce planning issues (Royal College of Anaesthetists, 2002).

Opinion among doctors has been divided since the introduction of physicians' assistants in anaesthesia. The Association of Anaesthetists of Great Britain and Ireland acknowledges that many anaesthetists have opposed the introduction of these practitioners. While some of this scepticism is borne out of cynicism, some legitimate concerns exist.

## Physicians' assistants will be a threat to anaesthetists

In the UK, some medical anaesthetists have perceived the increase in numbers of physicians' assistants in anaesthesia as a threat to future job opportunities and training in anaesthesia, especially in the context of growing evidence of no difference between the safety and quality of care provided by medical or non-medical anaesthesia providers (Dulisse and Cromwell, 2010). Among some, this perceived threat has bred a feeling of animosity towards physicians' assistants compounded by further concerns about the brevity of their

27-month postgraduate training programme compared to the extended period of postgraduate training and examinations undertaken by medical anaesthetists.

Dr Jane Fitch, the immediate past president of the American Society of Anesthesiologists, had initially trained as a nurse anaesthetist. After becoming frustrated by the professional limitations on her practice she retrained as a medical anaesthesiologist and when describing the academic differences between the two professions, she is famously quoted as having said: 'I didn't know what I didn't know!' before training in medicine.

## Physicians' assistants will be beneficial for anaesthetists

Over the last decade, the predicted shortage of medically trained anaesthetists did not become a reality; however, physicians' assistants remain an attractive prospect for cash-strapped NHS trusts. Currently, medical anaesthetists are the most populous specialty in hospital medicine with many large trusts employing close to, or even more than a hundred consultant anaesthetists, at a considerable cost. This reflects a shift in recent years towards consultant-delivered services in the UK.

In the United States, however, there is growing evidence that non-medical anaesthetists represent a cost-effective alternative (Hogan et al, 2010) and in 2014, nurse anaesthetists outnumbered physician anaesthesiologists nationally for the first time.

In 2011 the Association of Anaesthetists of Great Britain and Ireland concluded that since the introduction of physicians' assistants into UK anaesthetic practice in 2004, there has been very little, or no evidence of adverse patient outcomes. They found that patient pre-assessment was better facilitated, and that theatre use was improved. Many trainee anaesthetists reported that the introduction of physicians' assistants in anaesthesia meant that consultants had more time in theatre for direct teaching and training. Taking this

into account, the role of the non-medical anaesthesia providers looks more and more enticing to employers who are striving to provide safe and cost-effective services in anaesthesia in times of austerity.

The Royal College of Anaesthetists (2015) has recently launched its perioperative medicine vision document, which envisages the evolution of anaesthetists from intraoperative technicians into perioperative physicians. It is possible that the adoption of physicians' assistants into anaesthesia may allow medical anaesthetists to focus their attention on their duty of care for higher-risk patients outside the theatre environment, in order to improve patient outcomes.

## Conclusions

Few specialties, if any, are more notable than anaesthesia for their history of improving patient safety, especially through early, enthusiastic adoption of innovative and pioneering practices. The introduction of physicians' assistants in anaesthesia could be considered to be a similarly progressive advance in anaesthetic practice, which could both catalyse and facilitate the evolution of anaesthetists into perioperative physicians. **BJHM**

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