

Staffing the Operating Room Suite: Perspectives from Europe and North America on the Role of Different Anesthesia Personnel

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KEYWORDS

- Anesthesia workforce • Anesthesiologist • Anesthesia resident
- Training in anesthesia • CRNA • Anesthesia nurse
- Anesthesia assistant • Professional roles
- Supply and demand • Salaries

A spectrum of anesthesia personnel is needed to staff operating rooms. The training, professional and technical roles, and workforce contribution of anesthesiologists, anesthetists, and various support personnel in Europe and the United States are described. Current and future factors influencing the relationship between provider availability, use, and demand differ across the Atlantic and within Europe.

CURRENT TYPES AND ROLES OF ANESTHESIA PROVIDERS

Who Practices Anesthesia?

Anesthesia providers can be subdivided into physicians and nonphysicians. Physician anesthesia providers are called “anesthesiologist” and “anaesthetist” in North America and the United Kingdom, respectively. The term “anesthesiologist” is used throughout this article.

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Anesthesiologist training in North America and Europe

In the United States, anesthesiologists are overwhelmingly trained in residency programs accredited by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME). A residency in anesthesiology requires 4 years of training with rotations in anesthesia; critical care; pain management; perioperative care; and selected areas of medicine, including internship. Upon completing training, anesthesiologists are certified by the American Board of Anesthesiology (ABA). Some anesthesiologists pursue advanced training in various anesthesia subspecialties, pain management, or critical care fellowships.

There are residency training programs other than those governed by ACGME and the ABA. The American Osteopathic Association (AOA), through its agency the Bureau of Osteopathic Specialists, accredits osteopathic anesthesiology residency training programs. Twenty osteopathic anesthesiology trainees were “projected” to complete residency in 2005.¹ Since 2002, the total number of approved osteopathic anesthesiology positions has increased 50% by 23 positions. The osteopathic output, however, remains at only less than 2% of the total annual training output of anesthesiologists. Aside from the ABA and the American Osteopathic Board of Anesthesiology there are a few other specialty boards that “board certify” for anesthesia: the American Dental Board of Anesthesiology through the American Dental Society of Anesthesiology and the National Board of Anesthesiology. Dental anesthesiology residency programs are generally 2-year programs that commence after graduation from dental school. Presently, there are seven active programs across the United States. Approximately 10 to 15 residents graduate from all dental programs each year. Dental anesthesiologists usually restrict their practice to dental surgical patients and do not contribute materially to the anesthesia workforce.

In Canada, anesthesiology is a physician-based service. Entry into anesthetic practice occurs by one of four routes: (1) graduates of the 16 Royal College of Physicians and Surgeons of Canada; (2) nonspecialist anesthesiologists, physicians having completed but not graduated from the anesthesia training; (3) internationally trained anesthesiologists; for this subpopulation, significant entry barriers exist, which are controlled by each provincial licensing authority; and (4) family physicians providing anesthesia services in 4% to 20% of cases, depending on the province.

In Europe, every major country offers a physician anesthesia postgraduate training program (residency). On average, these training programs do not match those in the United States, where residency programs are strictly regulated and monitored by a central agency. European physician postgraduate training is typically less structured. In many countries, to become board-certified, residents are required to work a certain number of years, to pass the national board-examination, and to achieve a required list of anesthetic procedures and mandatory courses. Each European country has its own laws regarding physician licensing.

Professional role of anesthesiologists in the United States

Anesthesiologists provide or participate in more than 90% of the estimated 40 million anesthetics that are administered annually in the United States.² United States anesthesiologists represented 4.5% of the total physician workforce in 2006.³ In the operating room, they are responsible for the medical management and anesthetic care of surgical patients. They also practice critical care medicine and pain medicine, but they are generally not involved in emergency room care. According to the Physician Masterfile of the American Medical Association (AMA), there were 41,193 anesthesiologists in 2006; of these 1904 designated themselves as pain specialists and 431 as critical care anesthesiologists.³

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