

HHR STATEMENT



Strategies to Address the Surgical Backlog and Health Human Resource (HHR) Issues in Anesthesia

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Canadians in every province and territory are facing significant challenges in accessing timely surgery. This chronic issue has intensified in recent years due to the COVID pandemic. One of the contributing factors limiting access to surgery is an insufficient number of anesthesia providers to meet the current demands. This shortage predates the pandemic but has been exacerbated by the challenging landscape for healthcare workers in recent years.^{1,2} Recent advancements in diagnostic and therapeutic interventions has resulted in the increased involvement of anesthesiologists in a wide variety of activities beyond the operating room.

Governments at all levels are facing considerable pressure to address the barriers to receiving surgical care within a reasonable timeframe. Proposed solutions have included replacing physician anesthesia providers with alternate, non-physician providers.³ The Canadian Anesthesiologists' Society (CAS) Guidelines to the Practice of Anesthesia asserts that the independent practice of anesthesiology is a field of Medicine and, as such, should be administered exclusively by physicians with appropriate training in anesthesia.⁴ The CAS strongly supports physician led anesthesia care teams (ACTs) which involve the supervision of, and appropriate delegation to trained, certified anesthesia assistants.^{5,6} However, as is clearly stated in the Guidelines: *"It is unacceptable for one anesthesiologist to simultaneously administer general anesthesia, major regional anesthesia, or deep procedural sedation for concurrent surgical, diagnostic, or therapeutic procedures on more than one patient."*⁴

This longstanding model of care is one that has resulted in optimal quality and safety for Canadians receiving anesthesia for surgical procedures. To maintain this standard of physician administered anesthesia during an anesthesiologist shortage, a multi-pronged approach is required. The CAS recommends that governments implement the following short and long-term strategies:

- **A significant increase in the number of anesthesia residency training positions**
- **Streamlining of the process to assess/license** foreign-trained physician anesthesia providers
- **Recognition of healthcare worker licensure and credentialing** between hospitals/regions/provinces to facilitate more agile movement of workers to areas of greatest need (variable bottlenecks result in some anesthesiologists being idle and available for work when there are operating room closures in their hospitals for other reasons)
- **An increase in the number and availability of trained anesthesia assistants** to better support physician anesthesia providers in the delivery of safe and efficient anesthesia care
- **Redirection of some surgical procedures**, where possible, to underutilized centres
- **Greater investment in expanding high efficiency day surgery units** to offload the demands on hospitals (this initiative must be carried out in collaboration with hospitals and must not result in reduction/depletion of hospital staff who are needed to manage more complex and emergency surgical care)
- **Enhancing supports to physician anesthesia providers** to reduce burnout/dropout (with particular attention to supports for rural and remote physicians, to enable delivery of care in patients' own communities, when appropriate)
- **Investment in operating room efficiency assessments**, to identify and effectively address key institution-specific bottlenecks to timely perioperative care

Pan-Canadian collaboration and interprovincial regulation is critically important to the future of health workforce development in Canada. **As such, the CAS believes in and is supportive of a national healthcare workforce strategy and commission**, aimed at more proactive workforce planning to avoid predictable and preventable workforce shortage crises in the future.

Physician anesthesiologists are the experts in the safe and efficient management of patients through the perioperative process. As such, they should be consulted and actively involved in any institution and provincial-level initiatives aimed at improving patients' timely access to surgical care. Anesthesiologists are fully committed to providing their valuable insight and to collaboratively engaging in finding solutions to these challenges.

References

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