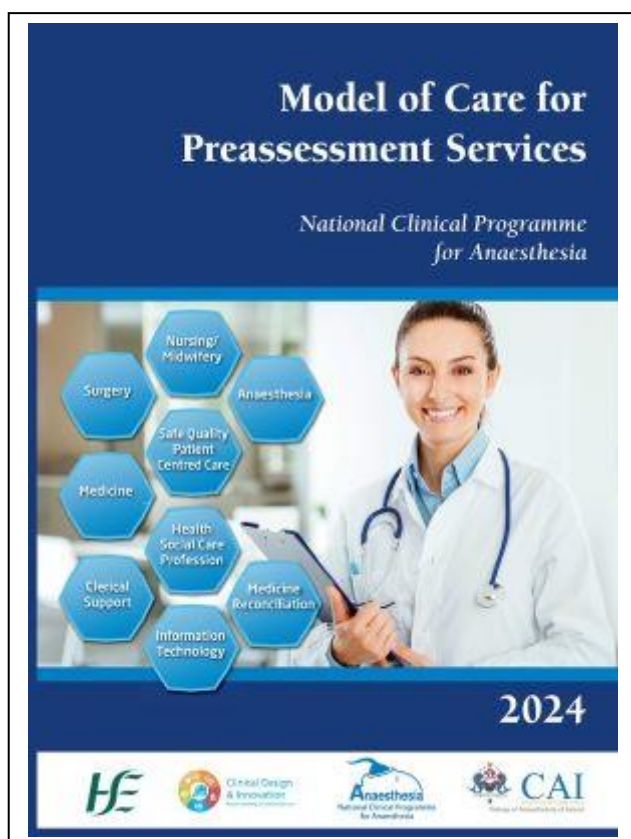


Model National Clinical Programme for Anaesthesia Newsletter 2025

Model of Care for Preassessment Services 2024

The Model of Care for Pre-admission Units was first published in 2014 and contributed greatly to providing guidance and setting standards for preassessment units. A working group was formed in the summer of 2022 with the intention of updating the original document. As part of this update the members of the working group have recognised the importance of the contribution of the multidisciplinary healthcare team in the preassessment and optimisation of patients attending for elective procedures. For this reason, we have changed the title of the document to the 'The Model of Care for Preassessment Services (PAS)'. This change of title will take account of the multi-faceted nature of the team providing the preassessment service including contributions from anaesthesiology, surgery, medicine, nursing, pharmacy, physiotherapy, occupational therapy, dietetics, psychology and administrative staff.



This updated Model of Care outlines the local governance structures that are required in each hospital to support the preassessment service. A lead anaesthesiologist is required in each hospital to chair the Preassessment Service Operational Group, which will consist of representatives from all the specialties contributing to the work of the preassessment service. A section on workforce planning allows the number of essential staff required for the service to be determined depending on the numbers of patients attending the hospital for elective surgery. The number of staff allocated to the preassessment service will be dependent on the size and resources of the hospital concerned. Appropriate resources and staffing for preassessment services will be required for the proposed new surgical hubs and new elective hospitals that are being planned by the HSE. It also provides templates for patient referral and patient questionnaire within the appendices. NCPA would like to thank the members of the working group who contributed to the development of this Model of Care.

The Model of Care was published in May 2024. It is available to download from NCPA webpage.

<https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-preassessment-services.pdf>

Model of Care for Anaesthesiology 2019

The *Model of Care for Anaesthesiology (2019)* recommended that there should be two consultants and two NCHDs on-call (2+2) in hospitals that have a co-located maternity unit so that the emergency anaesthesiology team can respond to two simultaneous emergencies requiring immediate anaesthesiology input. This would be consistent with the *National Maternity Strategy 2016-2026* and the *OAA/AAGBI Guidelines for Obstetric Anaesthetic Services 2013*.

According to the most recent *IMIS (Irish Maternity Indicator System) Report* there were 54,488 births in the Republic of Ireland in 2023. 40.9% of these births were in the three specialist maternity hospitals i.e. Rotunda, NMH and W&IUH Coombe. 39.6% of these births were in eight hospitals that have at a minimum a 2+2 rota in place, i.e. a second consultant and a second NCHD available on-call, which include Letterkenny UH, Sligo UH, MUH Castlebar, Galway UH, UMH Limerick, Cork UMH, UH Waterford and OLOLH Drogheda.

The eight Model 3 hospitals that do not have a 2+2 on-call rota in place account for 19.5% of total births according to *IMIS 2023*. The NCPA is working with the HSE to find an appropriate staffing solution for these hospitals. The advantage of a 2+2 on-call rota in Model 3 hospitals includes appropriate anaesthesiology cover for simultaneous emergencies not just in the maternity unit but also in ICU, theatre, the emergency department and the wards

Nurse/Midwife Education

New Anaesthesia and Post Anaesthesia Care Certificate Launches in Athlone National

A Level 8 Special Purpose Award Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care for Nurses and Midwives commenced on March 3rd at the Technological University of the Shannon (TUS), Athlone.

The programme received 89 applications for just 24 places, reflecting strong national demand for education and training in this specialised area of practice.

Accredited by the Nursing and Midwifery Board of Ireland (NMBI), the certificate is designed to equip registered nurses and midwives with the knowledge and skills required to safely and effectively deliver patient-centred anaesthesia and post-anaesthesia care within their scope of practice. This programme supports professional development for those working in operating theatres and post-anaesthesia recovery units across the country, contributing to enhanced patient care and improved clinical outcomes.

Key features of the programme include:

- Blended learning format, comprising 52 hours of study, including 16 hours of in-person attendance.
- Developed by the National Clinical Programme in Anaesthesia (NCPA)
- Fully funded for staff employed in HSE and HSE-funded hospitals by the Office of the Nursing and Midwifery Services Director (ONMSD)

Entry Requirements

For entry on to the Level 8 Special Purpose Award Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care all applicants must:

- Be registered as either R.G.N. or R.M. on the live register maintained by the Nursing and Midwifery Board of Ireland (N.M.B.I.).
- Be currently employed as a nurse or midwife in the specialised perioperative area in the anaesthesia/ recovery room of the H.S.E and H.S.E. funded hospitals.
- The Nurse/Midwife must have an up-to-date certificate in Basic Life Saving skills, administration of intravenous medication and intravenous cannulation and venepuncture.
- A signed site declaration form and a letter of support if you are a H.S.E. employee from the Director of Nursing and/ or Midwifery confirming their support for you to attend and the availability of a clinical mentor in practice.

This important initiative supports the ongoing development of specialist perioperative nursing and midwifery skills across the Irish healthcare system.

Applications via <https://tus.ie/courses/certificate-anaesthesia-and-post-anaesthesia-care/>

Advancing Preoperative Assessment: Supporting Specialist Training for Nurses and Midwives

Nurses and midwives play a vital role in preoperative assessment, drawing on advanced clinical judgment, critical thinking, and leadership to support patient education, risk evaluation, and coordination within multidisciplinary teams. Pre-assessment is an evolving nursing specialty that requires a holistic, patient-centred approach. It ensures patients are physiologically and psychologically prepared for surgery through informed decision-making and tailored care planning.

Modern pre-assessment services utilise a variety of methods to offer flexible and accessible care, including:

- Structured questionnaires
- Telephone screening
- Video consultations
- In-person assessments

To support this important work, the National Clinical Programme in Anaesthesia (NCPA) and the Office of the Nursing and Midwifery Services Director (ONMSD) are working in collaboration with Southeast Technological University (SETU) to progress NMBI approval for the continued delivery of the Level 8 Certificate in Clinical Pre-assessment for Nurses and Midwives.

About the Programme

This specialised programme is designed to develop the knowledge, skills, and competencies required for professional practice in Pre-assessment Services (PAS). The curriculum blends theoretical learning with real-world clinical application and is delivered over a 12-week period.

Key components include:

- Online Theoretical Instruction
Flexible and accessible modules that allow for convenient learning.
- Work-Based Experiential Learning
Hands-on practice in clinical settings ensures practical application of theory.
- Reflective Practice
Supports critical thinking, professional self-awareness, and continuous improvement.
- Self-Directed Learning
Promotes autonomy, problem-solving, and lifelong learning habits.

Looking Ahead

The NCPA is optimistic that this valuable programme will be offered again in January 2026, continuing to enhance the capacity and capability of nursing and midwifery staff working in preoperative care.

Review of Anaesthesiology Medical Workforce in Ireland 2023 to 2038 **Published January 2024**

Data from the NDTP's Doctors Integrated E Management System (DIME) ascertained that the number of consultants in Anaesthesiology that were employed in the public service in the Republic of Ireland, as of March 2023, was 462 which is equivalent to 443 WTE's (with a WTE rate of 96%). Data provided by the Medical Council indicated there were 58 consultants registered as working in full-time private practice in Ireland. This amounts to a total of 520 consultant anaesthesiologists working in Ireland, based on data available as of March 2023. The data relating to consultants indicated that 54% of the current consultants in Anaesthesiology working in the public sector are within 15 years of retirement, assuming the average age of retirement is 62 years. Therefore, 249 consultants (equivalent to 239 WTE posts) will be expected to retire over this period from publicly funded hospitals and these positions will require to be filled to support current service provision.

In addition to the replacement posts due to retirement, there will be a requirement for funding of new consultant posts due to several driving factors, one of which is an expected demographic change in the Republic of Ireland resulting in an increase of the population, from the current 5.1 million people, by at least 10% (more than 500,000 people) over the next fifteen years. By 2038 there will be an estimated 1.2 million people over the age of 65 years (50% increase from 2023), of whom 162,000 people will be over the age of 85 years, and this is a demographic which is known to make a greater use of the health services than the rest of the population. The requirement for less-than-full-time posts will also have to be taken into consideration to facilitate consultants for whom this may be a preference. The new 'Public Only Consultant Contract 2023' (POCC2023) also makes provision for a six-day working week (to include Saturdays) and additional consultant posts will be required to enable this development.

The total number of consultants working in Anaesthesiology in Ireland will be required to increase from a total headcount figure of 520 consultants (462 publicly funded consultants and 58 solely private posts) in 2023 to a total headcount of 1000 consultants by 2038.

	2023	2038
Public WTE	443 (WTE rate 96%)	855 (WTE rate 92%)
Public Headcount	462	930
Private Headcount	58	70
Total Headcount	520	1000
Headcount Per 100K Population	10.4	17.7

If a headcount of 1000 consultant anaesthesiologists (WTE rate 92% in publicly funded hospitals) is to be achieved by 2038, assuming an attrition rate of 20% (loss of trainees to emigration etc.) and that the training programme provides the requisite number of specialist anaesthesiology trainees (SATs) who have completed their training in this country, the number of SATs recruited to the CAI training scheme would be required to be increased to 90 trainees per annum (from the figure of 50 recruited in 2023) from 2026 to 2030.

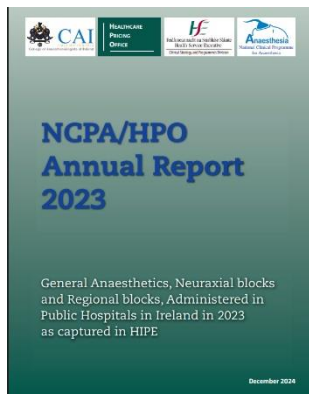
As of December 2022, there were 275 specialist anaesthetic trainees which represented 44% of the total number of NCHDs working in the specialty of Anaesthesiology.

One of the recommendations of this review is that most NCHDs working in the speciality should be enrolled on the training scheme. The feasibility of the development of a Specialist Grade Doctor should be considered for those doctors who wish to pursue a career in Anaesthesiology but for whom it is not practicable to achieve a certificate of satisfactory completion of specialist training (CSCST). This workforce review recommends that provision should be made for less-than-full-time (LTFT) for both training positions and the consultant workforce. Consideration should also be given to factors that will encourage retention of the older anaesthesiologist (60 years of age or older) in the workforce including the optional cessation of participation in on-call rotas.

Over the last 4 years, an average of approximately 20 consultant anaesthesiologist per year have retired from the public service. These vacated posts are funded for replacement as they are required for service provision. In addition, 20 new consultant anaesthesiologist posts have been approved each year over the same period. This total figure of 40 consultant anaesthesiologists' vacancies per annum almost exactly matches the number of doctors each year achieving a CSCST in Anaesthesiology. However, the relatively high attrition figure (loss of trainees to emigration etc) for anaesthesiology trainees of approximately 44% (average attrition rate for other specialties in Ireland is 32%) leads to a situation whereby consultant anaesthesiologists must be recruited from abroad to fill almost half of the existing vacancies.

<https://www.hse.ie/eng/staff/leadership-education-development/met/plan/anaesthesiology-medical-workforce-in-ireland-2023-2038.pdf>

Audit Workstream Annual Reports



The NCPA/HPO Annual Report 2023 offers a valuable quantitative measure on anaesthetic activity in acute public hospitals for 2023. It is the 11th consecutive Report. It allows trends to be assessed from one year to the next. The headline finding of this report is that anaesthesia activity has reached and surpassed our pre-pandemic level for the first time since the COVID-19 pandemic. The total number of anaesthetics given in 2023 was 234,582 which is 8.9% higher than 2022.

2023 figures demonstrate a 1.9% increased overall activity compared to 2019. This increase in total number is, in part, driven by an increase in regional anaesthesia.

There were 17,516 cases performed under regional anaesthesia in 2023, a 58% increase in cases performed under regional anaesthesia since 2019. This increasing trend has not slowed in 2023 with a 2.3% increase over 2022. The number of cases performed under neuraxial anaesthesia was 56,212. This demonstrates a stable figure over the past 3 years. It makes up 23.9% of all anaesthetics delivered. The number of general anaesthetics performed was 160,854, increasing from 146,282 in 2022 and is now just 5,059 short of the 2019 data.

ASA 1 patients make up 21.3% of all cases performed. ASA 2 and 3 make up 47.2% and 15.8% respectively. ASA 4 patients represent 1.4% while ASA 5 patients 1%. These data support the trend of increasing ASA 2 and 3 patients having an anaesthetic.

There were 39,591 anaesthetics given in 2023 for emergency procedures, which represents a 17.7% increase on the number for 2019 and is the highest figure recorded over the 11 years of auditing. The number of anaesthetics given for elective cases was 194,991, representing a 10.3% increase in elective activity over 2022. It is now only 0.77% lower than 2019 pre pandemic levels.

The number of patients donating organs for transplant following a diagnosis of brain stem death i.e. ASA 6, was 71 in 2023. This represents stability on the figure for 2022 which was 73 and sustains the significant recovery from the negative impact of the pandemic. There were 24 non-beating heart donors which is an 84.6% increase from 2022 and a 3.4-fold increase since 2019.

The work involved in producing the Annual Reports and audits has been demanding but hugely rewarding and could not have been achieved without the expertise of our colleagues at the Healthcare Pricing Office (HPO) and the continued support of the College of Anaesthesiologists of Ireland. We are convinced that the national HIPE file contains much more valuable data on the practice of anaesthesia in Ireland and we hope to continue to explore this extraordinary resource with the help of the HPO. Most recently we have begun to examine data on procedures for the management of chronic pain and this may well form part of the Annual Reports in the future.

Particular thanks is due to Dr John Cahill and the HPO team for compiling the annual report.

All documents referred to above are available online at hse.ie/anaesthesia Programme Documents & Resources.

Future Elective Hospitals and Surgical Hubs

Six surgical hubs are planned at the following locations – Swords and Mount Carmel in Dublin, Galway, Limerick, Cork and Waterford. The aim is to have these surgical hubs operational in 2026. A surgical hub is also being considered for the north-west. Each surgical hub will have two operating theatres, two minor procedure rooms, area where patients can recover after a day case procedure with a view, in particular, to reducing elective waiting lists.

Four elective hospitals are planned at the following locations – Connolly Hospital Blanchardstown, OLHC Crumlin, Galway and Cork. Each elective hospital will have eight to ten operating theatres.

NCPA is represented on the following working groups:

- National Elective Clinical Care Guidance Group (NECCGG) to determine safe clinical practice and suitable caseload for these new facilities.
- Workforce Planning subgroups
- The Super Users Expert Group to help guide the design and layout of these facilities.
- The Demand Modelling Advisory Group

NRFit™ Connectors

The HSE has long used a range of medical devices with the universal *Luer* connector to administer medicines via different routes of administration, including the intravenous, intrathecal and epidural routes. This commonality of connector carries significant risk of accidental wrong route administration of medication and there have been a number of serious patient safety incidents and near misses both nationally and internationally as a result of misconnections and misadministration of medicines with this system. On reviewing HSE national incident data it was identified that at least 20 incidents have been reported where a drug was connected to the wrong access. Fortunately none of these have led to serious harm, but several of these incidents may have been prevented with NRFit™ connectors.

In 2010, a new international safety standard for small bore connectors (ISO 80369) was developed by an international group of experts from 31 countries. This included a dedicated connector for neuraxial applications (NRFit™ ISO 80369-6) defined as ‘those for administering medications to neuraxial sites, wound infiltration anaesthesia delivery and other regional anaesthesia procedures, or to monitor or remove cerebrospinal fluid for therapeutic or diagnostic purposes’^[1]. The connectors designed under this standard are intentionally incompatible with other connectors used in different organ systems to prevent dangerous wrong route connections.

The HSE is planning to roll-out and implement the use of NRFit™ devices in all public service hospitals to reduce the risk of inadvertent wrong route administration of medication. A multidisciplinary working group, formed by the HSE’s National Quality and Patient Safety (NQPS) Office, and which includes representation from the NCPA and SANI (Safe Anaesthesia Network in Ireland), has been established to oversee this process. While access to a full portfolio of NRFit™ devices and supply chain fragility has delayed its full implementation in the HSE and internationally, some hospitals within Ireland have at this time transitioned or are currently looking to transition to these devices.

National Perioperative Patient Pathway Enhancement Programme (NPPPEP)

Using Data to Increase Patient Access to Surgical Care

The HSE's National Perioperative Patient Pathway Enhancement Programme (NPPPEP) is taking a closer look at how we use one of our health system's most valuable assets - our operating theatres.

Driving Sustainable Change

Supported by the HSE Chief Clinical Office, the Royal College of Surgeons in Ireland (RCSI), and the National Clinical Programmes for Surgery and Anaesthesia, NPPPEP is part of a broader national strategy to improve scheduled care.

The goal is to use data to drive practical improvements that help more patients receive the right care, at the right time, in the right place. By creating a system that identifies and reduces constraints, NPPPEP enables theatre time to be used more effectively, allowing more patients to be treated.

A Whole-System Approach to Surgical Care

There are many factors, beyond the operating theatre itself, that impact the efficiency and effectiveness of operating theatres. NPPPEP takes a system-wide view of the Perioperative Pathway, incorporating the full surgical journey, from pre-assessment to discharge. This broader perspective captures how delays, cancellations and bottlenecks across the hospital impact theatre flow and, ultimately, patients access to care.

From Data to Action

NPPPEP is designed to be practical and action oriented. At the heart of the programme is the use of standardised national metrics to track how operating theatres are used. By using consistent, real-time data, hospital and regional teams can identify additional capacity that allows more patients access to surgical care.

Hospital teams regularly review data on theatre access, capacity and flow to inform improvements. A multidisciplinary team approach, including surgeons, anaesthetists, theatre nurses and hospital management, ensures that changes are driven by those closest to the work. Teams are supported with structured training, coaching and ongoing guidance.

Early Results and Expansion

Since the pilot programme was introduced in South/Southwest Hospital Group, 108 theatres and procedure rooms have successfully adopted this model.

These include:

- Reeves Day Surgery Centre, Tallaght University Hospital
- Roscommon University Hospital
- Midlands Regional Hospital Tullamore
- St. Michael's Hospital, Dun Laoghaire
- St. Vincent's University Hospital
- University Hospital Galway
- Sligo University Hospital

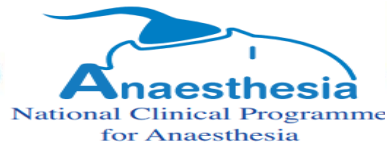
Building on this momentum, the programme is now expanding to additional sites, including:

- Beaumont Hospital
- Connolly Hospital
- Midland Regional Hospital Portlaoise
- Midland Regional Hospital Mullingar

NPPPEP is proving that real-time, standardised data, when combined with local expertise and multidisciplinary collaboration, can lead to meaningful, lasting improvements in surgical care. As more hospitals come on board, the programme is helping to create a more responsive, efficient system that works better for patients and staff alike. By embedding this data-driven, whole-system approach across the health service, we are laying the groundwork for a more sustainable and equitable model of surgical care, one where more patients can access the procedures they need, when they need them.

Model of Care for Acute and Chronic Pain Services

NCPA in collaboration with the Faculty of Pain, Irish Pain Society and a multi-disciplinary working group of key stakeholders are developing of a Model of Care for Acute and Chronic Pain Services. The working group is Co-chaired by Dr. David Moore, Consultant Anaesthesiologist with an interest in Pain Medicine and Dr. Hugh Gallagher, Faculty of Pain Medicine.



National Clinical Programme for Anaesthesia

Contact Us:

Dr. Michael Dockery

Consultant Anaesthesiologist University Hospital Waterford

Clinical Lead, NCPA

Michael.dockery@hse.ie

Una Quill

Programme Manager, NCPA

ncpa@coa.ie

Aileen O'Brien

ADON Lead, NCPA

aobrien@coa.ie

<https://www.hse.ie/eng/about/who/cspd/ncps/anaesthesia/>