Royal College of Anaesthetists

Guidance on supervision arrangements for anaesthetists

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Introduction

Supervision: the obligation to patients

All patients requiring anaesthesia, pain management, or perioperative medical or intensive care should have a named and documented supervisory autonomously practising anaesthetist (see glossary) who has overall responsibility for the care of the patient.[1]

To ensure the safety of patients, anaesthetists in training, SAS doctors who are not autonomously practising and anaesthesia associates (collectively referred to as supervisees in this document) must be subject to an appropriate level of supervision of all their clinical practice.

Role of the supervisor

The Anaesthesia 2021 curriculum [2] introduces the concept of "sessional supervision". This is day to day supervision of clinical practice to ensure patient safety. This should not be confused with "educational supervision" or "clinical supervision", which are specifically defined terms in the 2021 curriculum (see Trainees section below).

Sessional supervisor

All autonomously practising anaesthetists who have a supervisee attached to them in any clinical area are Sessional Supervisors. They have overall responsibility for what that supervisee does in the workplace while they are supervising them.

The level of supervision required will depend on the experience and capability of the individual supervisee, and the case mix of the patients being cared for. Supervisees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about patient management; both in and out of hours. A supervisor must respond with appropriate support to a request for assistance from a supervisee. Patient safety must never be compromised.

Supervisors must at all times be aware of their supervisory responsibilities, and if required to provide assistance be able to do so. They should provide appropriately timely advice and support, and they should be able to provide their supervisees with both direction and assistance as and when required[2].

Every doctor should be prepared to oversee the work of less experienced colleagues and must make sure that medical students and doctors in training are properly supervised.

Sessional supervision of one anaesthetist in training by another

Supervision of one anaesthetist in training by another occurs and is an essential part of their training; senior anaesthetists in training must gain the knowledge, skills and professional judgement to perform this safely and effectively. So, a junior anaesthetist in training may refer to a more senior anaesthetist in training as their first line of advice and assistance however both must be subject to an autonomously practising anaesthetist's supervision.

There will be some occasions during highly specialised training when it will be inappropriate for senior anaesthetists in training to act as supervisors because they themselves may require direct supervision from an autonomously practising anaesthetist.

Levels of supervision

Table 1

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform supervisor as appropriate to local protocols
5	Autonomously practising anaesthetist (see glossary) requiring no supervision

The table above summarises the levels of sessional supervision. These levels of supervision of daytime and out of hours duties for supervisees falls broadly into two categories: direct and indirect.

Direct supervision (level 1)

This means the supervisee is working directly with a supervisor who is actually with the individual or can be present within seconds. This proximity maintains patient safety but, when appropriate, allows a supervisee to work with a degree of independence that allows them to develop confidence.

Indirect supervision

Indirect supervision requires that:

- The supervisee and supervisor agree that it is appropriate for the trainee
- The supervisee knows the limitations within which he/she can work
- The supervisee is capable of managing the possible complications of any procedure he/she might reasonably be expected to undertake until help arrives

Indirect supervision is divided into levels 2A, 2B, 3 and 4. Previous guidance used different terminology to define these levels and this terminology is included below alongside the levels for clarity.

Level 2A (Local supervision): The supervisor is usually within the theatre suite, is immediately available for advice and is able to be with the supervisee within five minutes of being called.

Level 2B (Distant Supervision): The supervisor is within the hospital able to provide prompt direction / assistance. The actual permitted time and/or 'distance separation' of the supervisor from the supervisee should be determined locally to maintain acceptable levels of patient safety; this will depend on the combination of the supervisee's experience and capability, the nature of the clinical work and the layout of the hospital.

Level 3 (Remote supervision): This means the supervisor is available rapidly for advice but is off the hospital site and/or separated from the supervisee by over 10 minutes. The maximum time permitted will be determined by local clinical governance arrangements.

Level 4: Supervisee should be able to manage independently with no supervisor involvement (although should inform the supervisor as appropriate to local protocols).

Specific arrangements for Trainees, SAS Anaesthetists and Anaesthesia Associates

Anaesthetists in training

All elements of work in training posts must be supervised with the level of sessional supervision varying depending on both the level of the anaesthetist in training, including their stage of training, their previous experience and capability,
and the case or cases that they are being supervised doing (see levels of supervision up to level 4 above). As training progresses the anaesthetist should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient and will need to demonstrate progression through the different levels of supervision detailed in table above for clinical activities.[2]

In addition to sessional supervision, organisations must make sure that each anaesthetist in training has access to a named clinical supervisor and a named educational supervisor. The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training [2].

Educational supervisor

The educational supervisor is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. They regularly meet with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. They are also responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.

Clinical supervisor

The clinical supervisor oversees the anaesthetist's clinical work ***throughout*** a clinical placement and they should be a member of the anaesthetist in training's clinical specialty team and a member of the assessment faculty. [3] The clinical supervisor leads on reviewing the anaesthetist in training's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.

This is distinct from sessional supervision as defined earlier which relates to supervision provided during an individual clinical session (e.g. Operating list, on call)

The clinical and educational supervisors, when meeting with the anaesthetist in training, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the anaesthetist. If sessional supervisors have any concerns about the performance of the anaesthetist in training, or there were issues of doctor or patient safety, these would be discussed with the relevant clinical and educational supervisors. These processes, which are integral to an anaesthetist's development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles. It is essential that training in assessment is provided for trainers and anaesthetists in training in order to ensure that there is complete understanding of the assessment system, assessment methods, their purposes and use. Training will ensure a shared understanding and a consistency in the use of the supervised learning events and the application of standards.

Staff grade, Associate Specialist and Specialty (SAS) Anaesthetists

The NHS employs a significant number of doctors who are neither consultants nor in formal training programmes. These doctors are collectively known as SAS (Staff Grade, Associate Specialist

and Specialty Doctors) grades[4]. The expertise and experience of SAS anaesthetists can vary significantly; the level of supervision required should be assessed on an individual basis. It should be understood that SAS doctors capable of working at a specific level of supervision in one particular sphere of clinical practice might not be able to do so in all others.

The 2021 SAS contract additionally introduces a new grade of Specialist Doctors; these doctors are senior clinicians able to function autonomously to a level of defined competencies, as agreed within local clinical governance frameworks.[4]

Some SAS doctors may be relatively junior, inexperienced and unfamiliar with the particular case mix that they are required to treat. These doctors need to be closely supervised by an autonomously practising anaesthetist, often on a case-by-case basis. This supervision may be provided at levels 1 – 4 (see Table 1 above), depending on the clinical situation.

Other more experienced SAS doctors may be able to function autonomously at level 5 under certain circumstances. These circumstances need to be considered and agreed at local level and on an individual basis. The ability to work autonomously depends upon the training and experience of the doctor, the range and scope of their clinical practice, and evidence of satisfactory practice reviewed at annual appraisal. Autonomous working should be discussed within job planning meetings. SAS doctors working autonomously should receive direct referrals, have patients under their named care and clinical activity coded against their name.

Where SAS doctors are working autonomously and without supervision the scope of their practice must be clearly defined, mutually agreed and understood by both the doctor themselves and other members of the department. It should be understood that SAS doctors capable of working autonomously in one particular sphere of clinical practice might not be able to do so in all others.

Anaesthesia Associates

Anaesthesia Associates are highly trained, skilled practitioners that work within an anaesthetic team. Anaesthesia Associates work under the supervision of an autonomously practising anaesthetist at all times when administering anaesthesia or sedation [6]. Arrangements for supervision on qualification are outlined in the Scope of Practice for a PA(A) on qualification[7]. The Association of Anaesthetists and RCoA currently do not support enhanced roles for AAs until statutory regulation for AAs is in place and a scope of practice is defined.[8]

Audit of supervision

Departments should regularly audit their supervision arrangements to test their robustness.[1] The Cappuccini test explained below is one method of doing this.

Cappuccini Test [9]

The Cappuccini Test is a simple six-question audit designed to pick up issues relating to supervision of anaesthetists in training and non-autonomous SAS grades (NASG) who do not fit the description in Guidelines for the Provision of Anaesthesia Services (GPAS) of 'SAS anaesthetists that local governance arrangements have agreed in advance are able to work in those circumstances without consultant supervision.'

The test is named after Frances Cappuccini, who died giving birth to her son at Tunbridge Wells Hospital in 2012. The coroner's inquest into her death noted that supervision arrangements for anaesthetists at the trust were 'undefined and inadequate'. The test was developed for hospitals to assess the level of supervision given to their SAS and trainee anaesthetists, and to make improvements with the aim of improving the safety of patients.

The audit comprises the following steps:

1. Identify about 20 elective lists over a two-three week period that will conducted by a trainee or NASG without direct, on-the-spot supervision. Attend the theatre during the list and ask the trainee/NASG:
   - who is supervising you (name)?
   - how would you get hold of them if you needed them now?

2. Use the answer to the second question to attempt to contact the supervising consultant yourself. If you can't get hold of them, record this on the audit tool. If you do get hold of them, ask them:
   - which lists (ie who) are you currently supervising?
   - what surgical specialty are they doing now, do you know of any issues that they are concerned about?
   - if they required your help, would you be able to attend?

References

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2. RCoA, Anaesthetics Curriculum, 2021 (https://www.rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum)

3. RCoA, 2021 Curriculum Assessment guidance (https://www.rcoa.ac.uk/documents/2021-curriculum-assessment-guidance/introduction-0)

4. RCoA and Association of Anaesthetists, Supervision of SAS Anaesthetists in NHS Hospitals 2019 (https://www.rcoa.ac.uk/sites/default/files/documents/2019-12/Supervision%20of%20SAS%202019.pdf)

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6. RCoA, ACSA standards 2019 (https://www.rcoa.ac.uk/safety-standards-quality/anaesthesia-clinical-services-accreditation/acsa-standards)

7. RCoA and Association of Anaesthetists, Scope of Practice for a PA(A) on qualification, 2016 (https://www.rcoa.ac.uk/sites/default/files/documents/2019-08/Scope-of-Practice-PAA-2016.pdf)

8. Royal College of Anaesthetists, Letter to Clinical Leaders in Anaesthesia Network, February 2024 (https://www.rcoa.ac.uk/news/letter-clinical-leaders-anaesthesia-network)

9. RCoA, Cappuccini test 2019 (https://www.rcoa.ac.uk/safety-standards-quality/patient-safety/cappuccini-test)

Glossary

Autonomously practising anaesthetists are SAS Doctors [6] who can function autonomously to a level of defined competencies, as agreed within local clinical governance frameworks, or Consultants.

Supervisee includes anaesthetists in training, staff grade and Specialty Doctors who are not autonomously practising and Anaesthesia Associates

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