

# Scope of Practice for Anaesthesia Associates 2024

## 2 Principles guiding capacity to support anaesthesia associates

- 2.1 In their published guidance NHS England has been clear that AAs are not doctors, are not a substitute for doctors and must not be used to replace doctors in the delivery of anaesthesia<sup>1</sup> or be used as replacements for doctors on any on call rota<sup>2</sup>.
- 2.2 AAs are non-autonomous practitioners. Within the anaesthesia team they will always remain under the supervision of a clinical supervisor. This remains the case in any extended role.
- 2.3 The anaesthetist supervising the AA remains responsible for the safety and overall management of the patient<sup>3</sup>. The responsible anaesthetist must be confident that any AA they are supervising has the necessary knowledge, skills, and training to carry out the tasks assigned to them and to ensure safe care. It also is the responsibility of the AA to function within their skill set and not beyond.
- 2.4 AAs are valued members of the anaesthetic departments in which they work. AAs must have appropriate support and career development. Prior to employing AAs, departments of anaesthesia and employing organisations should ensure the following:
  - 2.4.1 All anaesthetists supervising the work and training of AAs must have the appropriate capacity and capability for the role and the organisation's medical leadership should assure themselves of this<sup>4</sup>. This assurance should include confirmation that the department of anaesthesia is willing and able to support the training and employment of AAs.
  - 2.4.2 An assessment has been undertaken to ensure that the case mix within the hospital will be appropriate to enable AAs to work with appropriate supervision within their scope of practice.
  - 2.4.3 A training capacity assessment (Appendix 2) has been undertaken to ensure that the training and employment of AAs will not impact negatively on a department's ongoing ability to train physician anaesthetists. This will include ensuring the access of physician anaesthetists to all aspects of the curriculum.
- 2.5 Departments should regularly review their ability to support all learners. This should be done with the understanding that existing commitments to the

---

<sup>1</sup> [www.england.nhs.uk/long-read/nhs-englands-position-on-physician-associates-7-february-2024/](http://www.england.nhs.uk/long-read/nhs-englands-position-on-physician-associates-7-february-2024/).

<sup>2</sup> [www.england.nhs.uk/long-read/summary-of-existing-guidance-on-the-deployment-of-medical-associate-professions-in-nhs-healthcare-settings/](http://www.england.nhs.uk/long-read/summary-of-existing-guidance-on-the-deployment-of-medical-associate-professions-in-nhs-healthcare-settings/) (Item 10).

<sup>3</sup> [www.england.nhs.uk/long-read/nhs-englands-position-on-physician-associates-7-february-2024/](http://www.england.nhs.uk/long-read/nhs-englands-position-on-physician-associates-7-february-2024/) (Item 3).

<sup>4</sup> [www.england.nhs.uk/long-read/summary-of-existing-guidance-on-the-deployment-of-medical-associate-professions-in-nhs-healthcare-settings/](http://www.england.nhs.uk/long-read/summary-of-existing-guidance-on-the-deployment-of-medical-associate-professions-in-nhs-healthcare-settings/) (Item 8).

training of anaesthetists in training, SAS anaesthetists and locally employed doctors should take priority where there is found to be insufficient capacity. This prioritisation reflects the need to meet the workforce challenges of the future<sup>5</sup> and the need to develop the next generation of clinical supervisors.

- 2.6 AAs should be supervised by clinicians who are provided with the time and training to do so<sup>6</sup>.
- 2.7 In line with GMC Good Medical Practice all clinicians, when on duty must be accessible to colleagues seeking information, advice, or support<sup>7</sup>. All clinicians in a department must attend and support a colleague in the event of an urgent or emergency situation.
- 2.8 It is in the best interests of the AA and their clinical supervisor that the supervisor has agreed to undertake the role. Departments should recognise that not all clinicians will wish to have this role included in their job plan. Clinical supervisors for AAs should only include those who have the knowledge, skills and capacity to undertake the role.

DRAFT

---

<sup>5</sup> [www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future/anaesthetic-workforce-uk-state](http://www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future/anaesthetic-workforce-uk-state)

<sup>6</sup> [www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future/anaesthetic-workforce-uk-state](http://www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future/anaesthetic-workforce-uk-state) (Item 8).

<sup>7</sup> [www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-3-colleagues-culture-and-safety](http://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/domain-3-colleagues-culture-and-safety) (Paragraph 50 GMP).