Scope of Practice for Anaesthesia Associates 2024

Phase 1 Scope of Practice (year 1)

The following roles/activities are included within the scope of practice for anaesthesia associates in Phase 1

Preoperative Assessment	
Under supervision level 1 progressing to level 2a	▪ Taking a focussed medical/surgical history. ▪ Interpretation of relevant investigations. ▪ Current medication review. ▪ Respiratory and cardiovascular examination. ▪ Airway assessment. ▪ Consenting patients for anaesthesia and common anaesthetic interventions*. ▪ Agreeing the anaesthesia plan with the supervising anaesthetist.
Preparation for Anaesthesia	
Under supervision level 2a	▪ Anaesthetic equipment and machine check. ▪ Preparation of anaesthetic drugs. ▪ Preparation of IV fluids.
Delivery of Anaesthesia	
Under supervision level 1	▪ Induction of anaesthesia. ▪ Securing of the airway. ▪ Insertion of spinal anaesthesia. ▪ Emergence from anaesthesia.
Under supervision level 1 progressing to level 2a	▪ Monitoring/documentation of patient vital signs. ▪ Maintenance of anaesthesia. ▪ Monitoring of patients during surgery under general, neuraxial or regional anaesthesia. ▪ Administration of IV fluids as required. ▪ Immediate post-operative care in recovery.
Under supervision level 2b	▪ Infra-inguinal fascia-iliaca block (FIB) to provide analgesia. ▪ Ultrasound guided peripheral venous cannulation.

Extended roles which can be considered for development in Phase 1**	
Under supervision level 1 progressing to level 2b	▪ Ultrasound guided insertion of midline and peripherally inserted central catheter (PICC) lines following appropriate locally agreed additional training.
Exclusions from Scope of Practice at Phase 1	

	▪ Induction of anaesthesia and airway management without direct supervision.
	▪ Regional anaesthesia other than spinal and FIB.
	▪ Insertion of central venous lines (excluding PICC).
	▪ Insertion of arterial lines.
	▪ Subspecialty anaesthesia including:
	  ▪ paediatrics (patient <16 years) – see 4.12
	  ▪ obstetric anaesthesia
	  ▪ cardiothoracic anaesthesia
	  ▪ neuro anaesthesia.

*AAs are able to take consent for procedures for which they are suitably trained/qualified to undertake and where they have sufficient knowledge of the proposed investigation or treatment, and the risks involved.

**To enable the development of extended roles it is essential that there is a demonstrated clinical need for AAs to undertake this role within the employing organisation. It must also be confirmed that there are sufficient training opportunities for the physician anaesthetists within the department to have received this training if required[1].

Notes to accompany Phase1 Scope of Practice

Progression from level 1 to level 2 supervision during Phase 1

It is expected that in the first three to six months post qualification an AA will be working with 1:1 (level 1) supervision for their clinical activity. During this time clinical confidence and competence will develop and it will be appropriate for this level of supervision to move from direct (level 1) to close (level 2a) supervision. With increasing experience in the delivery of general anaesthesia an assessment should be made by the clinical lead for AAs in conjunction with the clinical director that the level of supervision can move towards 2:1 working. This review should take into consideration the AA's logbook of cases/procedures, case mix, reflections on any critical incidents and feedback from their clinical supervisors (e.g. via a Multiple Trainer Report).

General

1 Any clinical activity involving AAs in the delivery of general anaesthesia outside of the operating theatre complex will require 1:1 supervision by a clinical supervisor. This relates to all remote sites within a hospital.

[1] www.aomrc.org.uk/wp-content/uploads/2024/03/Consensus_statement_High_level_principles_concerning_PAs_040324.pdf.

2 It is expected that, within Phase 1 working, AAs can maintain anaesthesia in ASA 1 and 2 patients under 1:1 (level 1) or 2:1 (level 2a) supervision. Where a patient is deemed by the clinical supervisor to be ASA 3 or above then any anaesthesia delivered by an AA should be supervised through 1:1 working under either direct (level 1) or local (level 2a) supervision. See Appendix 1 for ASA classification.

Sedation

3 Where deep sedation[2] is required, an AA should be directly supervised (level 1).

Extended roles

4 Extended roles as highlighted within the Phase 1 scope of practice can be considered where required by the organisation. All extended roles within Phase 1 will need to be performed under direct supervision unless otherwise stated.

5 Development of extended roles will require the department to clearly define the training support required and the governance in place to ensure safe delivery of patient care.

[2] www.aomrc.org.uk/publication/safe-sedation-practice-for-healthcare-procedures-standards-and-guidance/.