

Scope of Practice for Anaesthesia Associates 2024

Phase 2 Scope of Practice (years 2-4)

The following roles/activities are included within the scope of practice for anaesthesia associates in Phase 2

Preoperative Assessment	
Under supervision level 1 or 2a	<ul style="list-style-type: none">As per Phase 1.
Preparation for Anaesthesia	
Under supervision level 2a	<ul style="list-style-type: none">As per Phase 1.
Delivery of Anaesthesia	
Under supervision level 1*	<ul style="list-style-type: none">Induction of anaesthesia.Securing of the airway.Insertion of spinal anaesthesia.
Under supervision level 1 or 2a	<ul style="list-style-type: none">Monitoring/documentation of patient vital signs.Maintenance of anaesthesia.Monitoring of patients during surgery under spinal, neuraxial or regional anaesthesia.Administration of IV fluids as required.Emergence from anaesthesia.Immediate post-operative care in recovery.
Additional Procedures	
Under supervision level 2a or 2b	<ul style="list-style-type: none">Infra-inguinal fascia-iliaca block (FIB) to provide analgesia.Ultrasound guided peripheral venous cannulation to include midline and peripherally inserted central catheter (PICC) lines following appropriate locally agreed additional training.

Extended roles which can be considered for development in Phase 2**

Under supervision level 1	<ul style="list-style-type: none">▪ Insertion of arterial lines.
---------------------------	--

Exclusions from Scope at Phase 2

	<ul style="list-style-type: none">▪ Induction of anaesthesia and airway management without direct supervision.▪ Regional anaesthesia other than spinal and FIB.▪ Insertion of central venous lines (excluding PICC).▪ Subspecialty anaesthesia including:<ul style="list-style-type: none">▪ paediatrics (patient <16 years) — see 4.12▪ obstetric anaesthesia▪ cardiothoracic anaesthesia▪ neuro anaesthesia.
--	---

***Induction of anaesthesia and insertion of spinal anaesthesia:** It is expected that as an AA gains experience, whilst still directly supervised for induction of anaesthesia and insertion of spinal anaesthesia, their clinical supervisor may be able to reduce their level of involvement in the procedure.

**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.

Notes to accompany Phase 2 Scope of Practice

Progression from Phase 1 to Phase 2

Following the completion of the first-year post qualification an AA should move into Phase 2. 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 AA is able to progress into the next Phase. 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 It is anticipated that after one year of clinical practice AAs may be working more regularly under 2:1 (level 2) supervision.
- 2 It is expected that, within Phase 2 working, AAs can maintain anaesthesia in ASA 1 and 2 patients under 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 deep¹ sedation is required, an AA should be directly supervised (level 1).

Extended roles

4 Extended roles as highlighted within the Phase 2 scope of practice can be considered where required by an organisation. All extended roles within Phase 2 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 required and the governance in place to ensure safe delivery of patient care.

DRAFT

¹⁹<https://www.aomrc.org.uk/publication/safe-sedation-practice-for-healthcare-procedures-standards-and-guidance/>