

Scope of Practice for Anaesthesia Associates 2024

Phase 3 Scope of Practice (>4 years)

The following roles/activities are included within the SoP for anaesthesia associates in Phase 3

Preoperative Assessment and Preparation for Anaesthesia

Under supervision level 2a	<ul style="list-style-type: none">As per Phase 1 and 2.
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Delivery of Anaesthesia

Under supervision level 1*	<ul style="list-style-type: none">Induction of anaesthesia.Securing of the airway.Insertion of spinal anaesthesia.
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Under supervision level 2a	<ul style="list-style-type: none">As per Phase 1 and 2.Emergence from anaesthesia.
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Additional Procedures

Under supervision level 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 once appropriately trained
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Extended roles which can be considered for development in Phase 3**

Under supervision level 2a	<ul style="list-style-type: none">Insertion of arterial linesInsertion of central venous lines following additional locally agreed training and assessment
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Exclusions from Scope at Phase 3

	<ul style="list-style-type: none">Induction of anaesthesia and airway management without direct supervision.Regional anaesthesia other than spinal and FIB.Subspecialty anaesthesia including:<ul style="list-style-type: none">paediatrics (patient <16 years) – see 4.12obstetric anaesthesiacardiothoracic anaesthesianeuro anaesthesia.
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***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 will 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 3 Scope of Practice

Progression from Phase 2 to Phase 3

Following the completion of four years post qualification an AA should move into Phase 3. 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 four years of clinical practice as an AA a significant proportion of their clinical work will be under the 2:1 supervision model.
- 2 It is expected that, within Phase 3 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 deep sedation is required, an AA should be directly supervised (level 1)

Extended Roles

- 4 Extended roles as highlighted within the Phase 3 SoP can be considered where required by the organisation. It may now be reasonable for extended roles within Phase 3 to be performed under level 2 supervision.
- 5 Development of Phase 3 extended roles will require the department to clearly outline the training required and the governance in place to ensure safe delivery of patient care.