Scope of Practice for Anaesthesia Associates 2024

Plan for transition to 2024 SoP for AAs post qualification

It is recognised that the changes written into the 2024 Scope of Practice will have an impact on those AAs in current clinical practice. This will be greatest for those who have been in practice the longest and who have developed extended roles beyond those outlined in the 2016 scope. We are aware that any change or limit put on extended roles in the 2024 Scope of Practice will affect clinical activity undertaken by AAs, and if implemented in full at the onset of regulation, could have a significant impact on the delivery of services in some areas and a significant impact on the patients who require those services. To minimise this impact and enable services to transition to a reduction in the reliance on AA extended roles beyond the 2024 Scope of Practice, we will implement a graduated transition as outlined below:

- 1 AAs in Phase 1 (1st year post qualification)
 Transition to 2024 SoP at the point of regulation.
- 2 AAs already in Phase 2 (years 2,3 and 4 post qualification) at point of regulation Transition to 2024 SoP within 24 months of the commencement of regulation.
- 3 AAs already in Phase 3 (year 5 and beyond post qualification) at point of regulation

Where a department employs an AA who is in Phase 3, and where the AA is delivering an extended role in an area of established practice which sits outside of the 2024 SoP, the department can consider asking the AA to continue delivering the extended role under the following criteria:

- **a** the department and organisation can demonstrate the need for the AA to continue with that extended role
- **b** AAs, regardless of seniority, must not be working beyond 2:1 (close) supervision when providing general anaesthesia, regional anaesthesia or sedation
- **c** AAs, regardless of seniority, must always be directly supervised during induction of anaesthesia and insertion of spinal anaesthesia
- **d** the department can meet the training needs of AiT and SAS anaesthetists in all aspects of the curriculum including regional anaesthesia. This should be confirmed with the regional advisor through a training capacity assessment (Appendix 2).