

# Anaesthesia Associate Role



P Forsythe (President AAA 2022)

# Topics

- History of the role
- Milestones
- Who are Anaesthesia Associates?
- Where are we now?

# History



Working party in 2000 to examine the feasibility of introducing of a non-medical practitioner to the UK.

Modernisation Agency established the 'New Ways of Working in Anaesthesia' programme, to develop a role based upon the American Anesthesiologist Assistant model

In 2003 A phase one pilot was initiated over two years at six sites that led to the development of the 'anaesthesia practitioner (AP) curriculum framework' in 2005 and a training programme developed by the University of Birmingham and the RCOA.

# Changing names

**2008**

A decision was taken to change the name of AP to Physicians' Assistant (Anaesthesia) (the title at the time used in Scotland) in 2008 as it was felt that the original could cause confusion with other roles.

**Now**

Anaesthesia Associates (AAs)

There was a further name change in 2019 to reflect its status more accurately in the anaesthesia team and now current position as one of the Medical Associate Professions (MAPs).

**2019**

**N A M E**

# Milestones

Association of Anaesthesia Associates (AAA) formed in 2008 to support and represent profession

Major review by the Association of Anaesthetists in Great Britain and Ireland (AAGBI) in 2011

Departments reported local development had shown positive results without any adverse incidents and that there were no significant negative effects on Anaesthetic trainees.

It went on to state the need for statutory regulation to enable and ensure national standards guided by relevant bodies.

2016 RCOA took over Managed Voluntary Register (MVR) to support the case for statutory regulation

# Regulation

In 2014 HEE commissioned a report to support the statutory regulation of AAs, Advanced Critical Care Practitioners (ACCPs), Physician Associates (PAs) and Surgical Care Practitioners (SCPs) that all came under the umbrella term of Medical Associate Professions (MAPs).

In 2017 the Department of Health and Social Care released a public consultation regarding the regulation of MAPs and declared in 2018 that AAs and PAs would be statutory regulated.

In 2019 the GMC was announced as that regulator.



# Who are AAs?

- Providers of anaesthesia, not doctors/anaesthetists
- Trained over 24-27 months to safely administer anaesthesia under the overall supervision of a consultant anaesthetist.
- Science graduates or qualified HCPs background

# Where are we now?

On qualification AAs have a scope of practice set out by the RCOA/AAGBI (2016). This recognises that in the absence of statutory regulation development into enhanced and extended roles remains an issue for local governance in employment.

The AA role has been investigated by several authors regarding how it can assist in the provision of anaesthetic services. These articles in the main have concentrated on the model of work utilised, the financial benefit and the continuity and flexibility the role can provide to departments.





# Scope

## On Qualification

2:1 working with fit and well patients having uncomplicated surgery

Pre-operative assessment - on the day and in clinics

Advanced airway skills and IV access skills

In hospital resuscitation teams

Support emergency/urgent surgery theatres

Increased theatre utilisation

## Experienced

Advanced regional anaesthesia skills

Remote sedation services

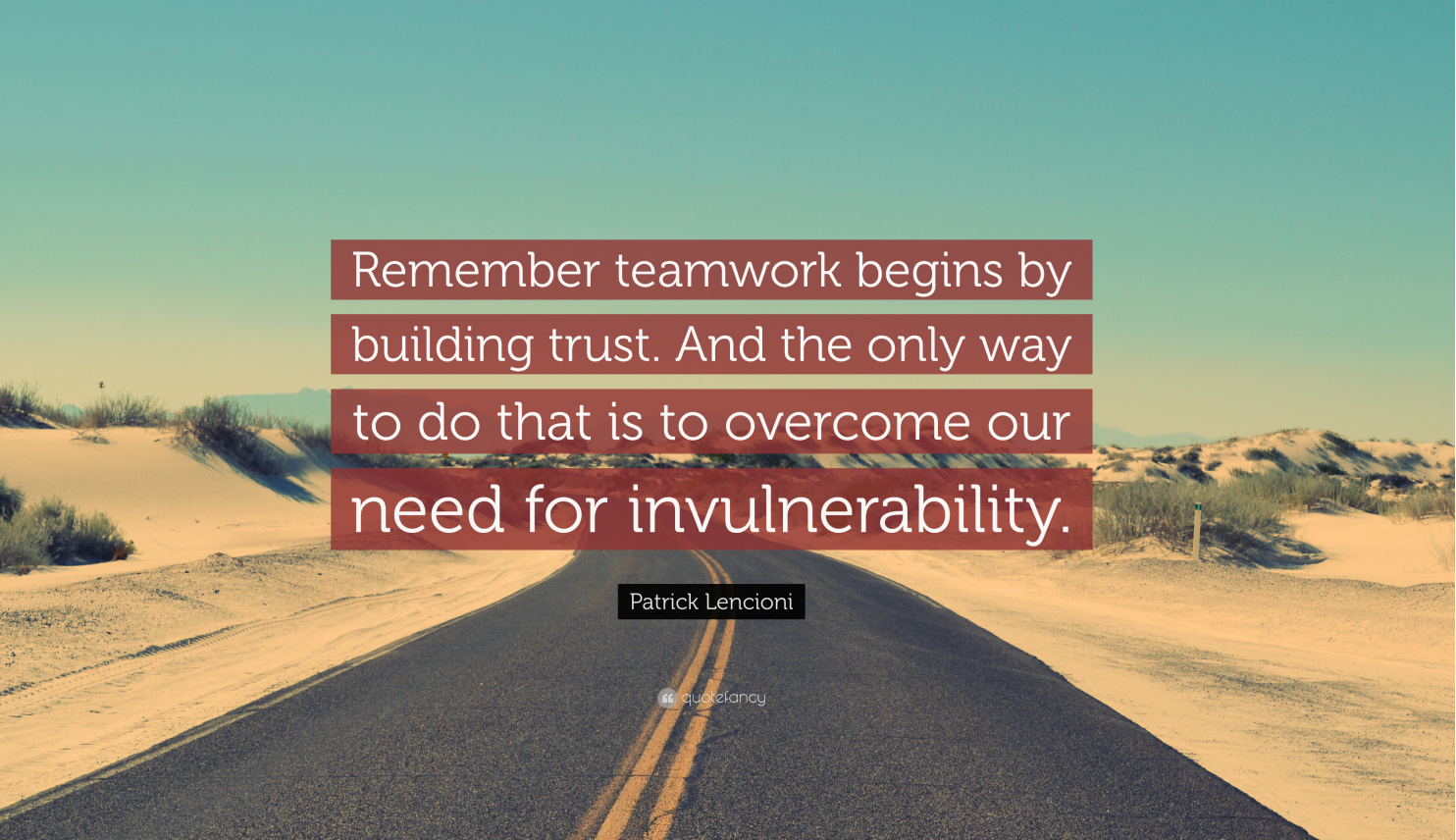
IV access services

Pre-op clinics (CPEX)

More indirect supervision with broader patient/surgical mix

3:1 working, some cases of 4:1 working

# Summary



Remember teamwork begins by building trust. And the only way to do that is to overcome our need for invulnerability.

Patrick Lencioni

quotefancy

- AAs provide flexibility and continuity to Anaesthesia teams
- The remit and scope of the role has developed and grown since its inception
- They promote a 'team' approach to anaesthetic delivery but can also facilitate associated services
- The promise of regulation, expansion and development of the role can aid in workforce requirements and elective recovery