

# “What’s the best way to set up a (trainee) Anaesthesia Associate service?”

**HEE event, Southern House, Otterbourne.**

Tuesday 13<sup>th</sup> September 2022,

Dr Sean Elliott, Consultant Anaesthetist & Lead Tutor Anaesthesia Associates,  
Lisa Churchill, Lead Anaesthesia Associate,

Portsmouth University Hospital Trust

# How to do it?



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Easy answer:

“Planning the introduction and training for Physicians’ Assistants (Anaesthesia) Considerations for your Anaesthetic Department, RCOA, AAGBI, CODP, AAA. 2016”

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What we have done in Portsmouth since 2021...

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27 (to be 29) main theatres, Maternity, Gastro, Cardiology etc

You will  
need  
support.

Culture change

Trust board: 3-year plan. Significant financial investment and organisational change.

Anaesthetic department: new ways of working, PODs. Supervisors, tutorials, teachers. Survey at job planning.

Local Champions: core group of Anaesthetists. HR lead. Lead AA.

Stakeholders: surgeons, theatre staff, patient groups.

# Sell to the Trust board

How else are you going to address rising demands and Covid backlog?

Ethical or sustainable to denude Developing World doctors, rely on Locums?

Increases capacity relatively rapidly  
(does not save money.)

Many examples around world and UK that  
AAs are safe and effective.

GMC regulation. HEE support. RCOA  
support.

# For the department

What is it like to work in a stretched department?  
No breaks, inefficient over running lists, missed training opportunities.

How much do you fancy working extra weekends? How is morale?

More capacity = more flexibility = better working life.

They explicitly work under our supervision, in different role,  
therefore....

NOT: stealing our jobs, stealing trainee jobs, lowering our status.

May lose some ODPs but attract better trainee ODPs.

# What will your department look like in 5-10 years?

AA's are part of a modern forward looking department. Enthusiastic, well trained addition to our team. Delegated tasks.

Consultants and Staff grade.

Anaesthetic trainees

Trust Doctors.

MTI (Medical Training Initiative) international medical graduates.

CESR scheme (Certificate of Eligibility for Specialist Registration).

Anaesthesia Associates.

# Business case

- Work out 2:1 working costs. What about with extra lists? How much are you spending on locums? £1M?
- Realistic cost of salary 24 months, Band 6, course fees, expenses.
- On qualification pay at band 7 then 8a, with progress.
- Enlist HEE financial backing early. National funding offer.

	Theatre 1	Theatre 1 cost	Theatre 2	Theatre 2 costs	Total costs
Current provisions	1 x Consultant	311.96	1 x Consultant	£311.96	£623.92
<i>Supervision required</i>	nil				
Pod Style	1 x AA	138.06	1 x AA	£138.06	£588.08
<i>Supervision required</i>	0.5 x Consultant	155.98	0.5 x Consultant	155.98	
Temporary Workforce	1 x Consultant	311.96	1 x Locum Consultant	£510.00	£821.96
<i>Supervision required</i>	nil	0.00	nil	0.00	

# SOP / Policy

Currently MAPs not regulated.

Part of MAP group. Not nurses, not doctors.  
Trainees may not be registered practitioners.

Local governance groups.

Prescribing: patient specific directive.

Role limited by RCOA/AAGBI statements but development under local governance structures, e.g. spinals.

Study leave / budget. Appraisal.



# HEI

Trainees responsible to both Trust and University and mutually dependent on qualification.

Contact early, lot of practical support.

Main teaching is in-house clinical work, skills training, SIM, ILS, tutorials.

HEI provides course framework, online videos, mock OSCE course

Examination by MCQ and OSCE.

# Recruitment

First year: inhouse. 4 ODPs.

Lot of interest, excellent candidates.

Pros: familiarity, dependable and ambassadors for the role.

Cons: removes excellent ODPs. No new blood.

Second year: external. Two streams including science graduates.

# Anaesthetic trainees

Higher anxiety, change will affect them more.

Surveyed, explained, started, resurvey, learn.

Trainees rotate, you have to keep educating. Covid, RCOA...

We kept two sides apart. Now seek to share lists and teaching.

Kept emergencies to Anaesthetic trainees. Mix them up. Saturdays?

Improve integration, learning and understanding.

Keep explaining. More training opportunities, experience of new system and delegation & supervision.

Resurvey.

# Next step: 2:1 POD working



1 Senior Anaesthetist, covering 2 adjacent theatres, with 2 others (AA, Trust Anaesthetist, Trainee Anaesthetist).



Identify appropriate lists and liaise with Surgical colleagues. Visit other centres.



Start pilot project start 2023, recording issues with delays & interventions.



Regular attendance by trainee AAs in lists so can start immediately on qualification.

I would  
recommend it  
thoroughly.

Questions??

- [Sean.Elliott@porthosp.nhs.uk](mailto:Sean.Elliott@porthosp.nhs.uk)