APPENDIX E: AAGBI and RCoA Executive Summary:
Scope of Practice for a PA(A) on qualification

It remains the responsibility of those leading departments of anaesthesia, together with their constituent consultants, to ensure that Physicians' Assistants (Anaesthesia) – PA(A)s – work under the supervision of a consultant anaesthetist at all times.

1. The PA(A) must work at all times within an anaesthesia team led by a consultant anaesthetist whose name must be recorded in the individual patient's medical notes. Overall responsibility for the anaesthesia care of the patient rests with the named consultant at all times.
2. The consultant anaesthetist leading the anaesthesia team must undertake the duty of the supervising anaesthetist, or may delegate responsibility for this duty to another consultant anaesthetist. Supervision must only be delegated to a consultant anaesthetist who is competent to provide anaesthetic care for the patient concerned and who is aware of the duties required of a supervising anaesthetist.
3. The supervising consultant anaesthetist must check and take overall responsibility for preoperative patient assessment, suitability of the proposed anaesthetic techniques and patient consent.
4. For every case the supervising consultant anaesthetist must:
    - be present in the theatre suite, must be easily contactable and must be available to attend within two minutes of being requested to attend by the PA(A)
    - be present in the anaesthetic room/operating theatre directly supervising induction of anaesthesia
    - regularly review the intra-operative anaesthetic management
    - directly supervise emergence from anaesthesia until the patient has been handed over safely to the recovery staff
    - remain in the theatre suite until control of airway reflexes has returned and artificial airway devices have been removed, or the on-going care of the patient has been handed on to other appropriately qualified staff.
5. If the supervising consultant anaesthetist has to leave the theatre suite for any reason, deputising arrangements must be made. A formal handover of the case to the new supervising consultant anaesthetist must take place.
6. A supervising consultant anaesthetist must not provide solo anaesthetic cover for another patient.
7. The supervising consultant anaesthetist must not be responsible for more than two anaesthetised patients simultaneously, where one involves supervision of a PA(A). In such instances it is essential that the clinical complexity of the anaesthetic management is appropriate, i.e. ASA I – II cases undergoing minor to intermediate surgery only, and the cases should be in adjacent theatres within the same theatre suite.
8. There must be a dedicated trained assistant, i.e. an ODP or equivalent, in every theatre in which anaesthesia care is being delivered, whether this is by an anaesthetist or PA(A).
9. PA(A)s cannot prescribe medication. Supervising consultant anaesthetists must prescribe medication for each patient using suitable locally-developed patient specific tools that allow PA(A)s to check and administer drugs within appropriate limits.

10 The nationally agreed curriculum leads to limits on the scope of practice of PA(A)s on qualification. On completion of training they are not qualified to undertake:

- Regional anaesthesia/regional blocks.
- Obstetric anaesthesia or analgesia.
- Paediatric anaesthetic practice.
- Initial airway assessment and management of acutely ill or injured patient (except when the PA(A) is part of a multidisciplinary hospital resuscitation team called to attend a patient and is first to arrive).

11 There is currently no statutory regulation arrangement for PA(A)s. The RCoA will establish a voluntary register to facilitate future progress towards national regulation. Once this register has been established our advice will be for Fellows and Members only to supervise those PA(A)s who have registered with the RCoA .

12 The AAGBI and RCoA acknowledge that development of PA(A) enhanced roles is taking place and that this remains a controversial issue. The AAGBI and RCoA would only support role enhancement when statutory regulation is in place. Responsibility where such role enhancement exists currently remains a local governance issue.

13 The potential impact on medical training opportunities continues to raise concern and must remain under close scrutiny by the RCoA and local departments.

14 Clinical governance is the responsibility of individual institutions and should follow the same principles as apply to medically qualified anaesthetists, reporting through the clinical director for anaesthesia, and ensuring

- training that is appropriately focused and resourced
- supervision and support in keeping with practitioners' needs and practice responsibilities
- practice-centred audit and review processes

15 With reference to the range of enhanced roles currently being undertaken, standards of monitoring and supervision are as described in points 1-10 above.

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