



The RCoA-DAS Airway Lead: Job Description

The RCoA-DAS departmental airway lead (AWL) has been defined as an anaesthetist working at grass roots level promoting safe airway management within their hospital. The appointment of an AWL is strongly recommended by the RCoA (Guidelines for the Provision of Anaesthetic Services for ENT, Oral Maxillofacial and Dental Surgery, 2024) the Difficult Airway Society (DAS), and was one of the key recommendations of the NAP4 report (2011).

The formal recommendation for this post to be adopted in all hospitals emphasises the importance of safe airway management and the important leadership role the department of anaesthesia can take in airway management across the hospital.

The role is suitable to be undertaken by a permanent anaesthetist within the department e.g. Consultant or SAS doctor.

In response to a request for a job description of the AWL this document sets out indicative responsibilities. It is apparent that local logistics will influence the size of the role, the priorities and specific responsibilities. Local flexibility in defining the role is both necessary and encouraged. The following is only a broad indication of areas of responsibility:

- **overseeing regular airway training for anaesthetists and assisting in airway training more widely**

NB Providing regular training on emergency airway skills such as managing an unpredicted airway difficulty, e-FONA, and promoting the guidance on prevention of unrecognised oesophageal intubation, are of particular importance.

- **up to date with RCoA curriculum airway training requirements**
- **ensuring consistency of airway assessment and planning eg aspiration risk and obesity**
- **ensuring local policies exist and are disseminated for predictable airway emergencies**
- **ensuring that airway equipment for both routine and emergency use is appropriate to local and national guidelines, standardised within the organisation, and their use encouraged**

- **actively engaging in airway device procurement**

The AWL should provide leadership and practical support in all relevant matters. Further responsibilities would include:

- **liaising specifically with the Intensive Care Unit and Emergency Department to ensure consistency of standards and practice**
- **overseeing audit of airway assessment, guideline adherence and complications**
- **investigating adverse outcomes and supporting those involved**
- **engaging with DAS core projects eg DAS difficult airway database and eFONA registry**
- **assisting in responding to national surveys and compliance with national audits directly relating to airway management**

Much of this work may already be performed in an ad hoc manner in hospitals that have not previously had a departmental AWL. The formal designation of a department AWL aims to improve the uptake and reliability of this role.

Requirements to support the role

The RCoA cannot impose the allocation of SPA activity on hospitals. However, the formal recognition of this role by the RCoA does help those seeking local recognition of this work in job and SPA planning. The amount of SPA will be influenced by what can reasonably be delivered and should be proportional to the size of the department. However, a minimum allocation of 0.25 is suggested.

The RCoA maintains a database of departmental airway leads, which it will share with DAS. Airway leads may be contacted by the RCoA or DAS.

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