



The Royal College
of Anaesthetists



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Joint statement from the RCoA and AAGBI on the Scope of Practice of Physicians' Assistants (Anaesthesia)

Physicians' Assistants (Anaesthesia) (PA(A)s) are an established group of healthcare professionals, currently numbering about 150 across the UK. Both the RCoA and AAGBI acknowledge that the issue of non-physician anaesthetists continues to polarise opinion within our specialty. Statutory registration and regulation (currently not in place), scope of practice, supervision, development of enhanced roles and the potential impact on training opportunities for medically qualified anaesthetists are some of the areas of concern that have been expressed by Fellows and Members of both organisations and more widely.

The current economic and manpower situations are very different to those that applied when the PA(A) role was first piloted. That early cohort of PA(A)s now has more than a decade of experience, and is fully integrated into the anaesthetic departments where they work. Latest predictions of changing demographic of the UK indicate a need for a 25-40% expansion in the number of anaesthesia providers by 2035. The AAGBI and RCoA believe that registered, regulated PA(A)s, supervised by medically qualified anaesthetists, can make a valuable contribution towards a sustainable anaesthetic workforce.

Consequently, in collaboration with the Association of Physicians' Assistants (Anaesthesia) (APA(A)), the RCoA and AAGBI have drawn up the agreed scope of practice for PA(A)s on qualification which acknowledges and addresses many of the concerns raised. This document replaces the previous RCoA position statement of May 2011, and means once again that both our organisations have an aligned policy on Physicians' Assistants (Anaesthesia).

The AAGBI and RCoA (and PA(A)s themselves) agree that statutory registration, and regulation are essential for the future of this group. The RCoA intends to administer the existing voluntary register as a prelude to achieving statutory regulation for PA(A)s by a national healthcare regulatory body. Until statutory registration and regulation are achieved, the AAGBI and RCoA will only recognise PA(A)s who have qualified having completed the approved UK training programme and have subsequently been entered on the voluntary register. The AAGBI and RCoA recommend that only individuals who appear on the voluntary register should be employed in the PA(A) role. Both organisations would support a Member or Fellow who declined to supervise a PA(A) who was not on the voluntary register.

Finally 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 consider supporting role enhancement when statutory regulation is in place. Responsibility for such role enhancement, where it exists, currently remains a local governance issue. Patient safety remains the priority of the AAGBI and RCoA; both organisations will keep this policy under review, as the evidence continues to develop.

Dr Liam Brennan

President, The Royal College of Anaesthetists

Dr Andrew Hartle

President, Association of Anaesthetists of Great Britain & Ireland

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