

AARA - Clinical Capability Assessment (AARA-CCA)

Anaesthesia Associate Student _____

Student ID _____

University _____

Date (DD/MM/YYYY): _____

Assessors		
Assessor name	GMC Number (If applicable)	Please indicate each assessor's role: (e.g. educational supervisor, university representative, external consultant or lead AA)

Overall assessment	Yes	No
We confirm that we have seen and reviewed all supporting evidence		
We confirm that the Multiple Trainer report is satisfactory		

This is to certify that the above student has satisfactorily demonstrated the required standard for the following entrustable professional activities for the AARA-CCA:

	Yes	No
EPA 1 - Ability to perform an anaesthetic pre-operative assessment		
EPA 2 - Safe provision of general anaesthesia		
EPA 3 - Safe provision of up to moderate procedural sedation		
EPA 4 - Safe provision of effective peripheral nerve blockade for surgical procedures		
EPA 5 - Safe delivery of spinal anaesthesia to surgical patients		

Global judgement

	Yes	No
We confirm that the student has achieved the required standard of a newly qualified Anaesthesia Associate		

Justification

Please provide supporting information to justify your decision including the evidence you have reviewed. You may wish to highlight areas where the student performed best or may have only just met the required standard.

Assessor Name	Assessor Signature	Date