

# The anaesthesia associate registration assessment guidance for assessors

General  
Medical  
Council

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## Introduction

This document will be accompanied by a series of online training sessions designed for those who will be assessing student anaesthesia associates in the workplace.

Anaesthesia associates (AAs) have been working in the UK for many years. The introduction of regulation is an opportunity to ensure that all AAs applying for registration in the UK meet the necessary standards of knowledge, skills and behaviour.

The anaesthesia associate registration assessment (AARA) brings AAs in line with other professions regulated by the GMC. Before registration, doctors will complete the Medical Licensing Assessment (MLA), physician associates (PAs) will complete the physician associates registration assessment (PARA) and AAs will complete the AARA. The AARA exists to give the GMC additional assurance that applicants have the knowledge, skills and experience to work safely as a newly registered AA.

The AARA consists of two parts: a written exam of applied knowledge (AARA-AKT) and an assessment of clinical and communication skills (AARA-CCA), delivered within the workplace and based on five entrustable professional activities (EPAs). To be eligible to apply for registration, an AA must complete and pass their postgraduate qualification and both parts of the AARA.

## The AA curriculum/understanding the role

The Royal College of Anaesthetists (RCoA) state “Anaesthesia associates (AAs), formerly known as physicians’ assistants (anaesthesia), were introduced in 2004 and the role is now established within many NHS hospitals. AAs are trained, skilled practitioners that work within the anaesthetic team under the supervision of an autonomously practising anaesthetist, such as a consultant or SAS doctor. AAs are a part of the Medical Associate Professions (MAPs), alongside physician associates and surgical care practitioners.”

The original AA curriculum was produced jointly between the RCoA and the University of Birmingham in 2005. In 2019 it was announced that the GMC would take on the regulation of AAs and that the RCoA would work with the universities (currently Birmingham, University College London and Lancaster) to produce a new AA curriculum to be approved by the GMC. The latest draft of the curriculum can be found at: [Anaesthesia Associate Curriculum Final](#).

Prior to GMC regulation, the award of a Post Graduate Diploma (PGDip) or M.Sc. was the only required qualification and this remains a requirement with the introduction of the AARA.

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One of the most common questions asked by supervising anaesthetists involved in AA assessment is “what level should they be at?” Many anaesthetists are experienced in the assessment of anaesthetists in training but are less confident in the assessment of AAs.

As an example, Section 9, General Anaesthesia, Key Capability H, is: “Demonstrates knowledge of standard equipment used in anaesthetic practice with an understanding of relevant underpinning physics and clinical measurement involved.” A broad topic!

The essential requirement is the knowledge, skills, behaviours and attitudes to use standard equipment safely. Narrowing it down to pulse oximetry, as an example, then detailed knowledge of the history of the development of pulse oximetry, whilst of interest, would not be key. A simple instruction to “keep it above 96%” would cover many clinical situations but would not be adequate when readings are misleading. Understanding the oxygen-haemoglobin dissociation curve, the effects of carbon dioxide, pH and temperature are however essential to the interpretation of arterial saturation readings. As is the knowledge of the imprecision of readings as saturation falls and the effect of averaging.

AAs are not expected to have the breadth of wider medical knowledge and clinical skills required of anaesthetists in training but are required to have a similar depth in the areas essential for safe clinical practice within their role whilst under supervision.

As with all curricula the breadth and depth of knowledge, skills and attitudes should be reflected in the various assessments.

## Formative vs summative assessments

Assessment is an important aspect of training and clinical practice in the UK. Robust assessment provides assurances to patients, the public, and healthcare professionals by ensuring that there is a transparent, high quality, proportionate, and standardised approach to measuring knowledge, skills and behaviours. It is also generally understood that assessment aids and drives the process of learning and development by learners themselves. The AARA combines the two important aspects of assessment (formative and summative) together into a comprehensive assessment structure that creates coherent and comprehensive assessment of student AAs seeking registration, ensuring they meet the required knowledge and skills for registration with the GMC.

### Formative assessment

Formative assessments are conducted during the learning process, often over a period of time and normally in the workplace, in the setting that a learner is able to immediately base their learning on their professional abilities. Formative assessments are intended to provide ongoing feedback to learners from a range of individuals to improve the process of learning and

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reflection. Formative assessments help identify areas where learners may need additional support and inform adjustments in a granular way.

These assessments provide much more granular information to learners, allowing for more meaningful and specific feedback to drive reflection and learning. Formative assessments are used in low-stakes situations, and the learning generally comes from the action of undertaking the assessment. The formative assessments in the AARA are supervised learning events (SLEs) which take a number of different forms such as case-based discussion (CBD), anaesthesia clinical evaluation exercise (A-CEX) and direct observation of procedural skills (DOPS). Entrustment scales are used in these assessments to elicit expert judgement to describe the level of supervision at which an assessor would trust a student AA to complete these activities. They are used formatively to monitor progression throughout training. Although these assessments are formative on an individual basis, some are chosen and collated at later stages of training by student AAs to demonstrate their level of performance against defined summative standards of assessment in the EPAs.

## Summative assessment

Summative assessments are highly standardised assessments designed to measure and evaluate what learners have learned over a specific period of time. Summative assessments are used to determine the overall level, grade or outcome of a learner's progress. Summative assessments summarize and "sum up" what a student knows and can do. Summative assessments can provide a summary and outcome of the level of attainment, knowledge or skills.

Feedback following summative assessments are standardised for the whole cohort of candidates who take the assessment to help with benchmarking and comparisons. Summative assessments are usually used in definitive high-stakes situations that define progression to a next stage or, in the case of the AARA, part of the process for registration with the GMC.

The summative assessments in the AARA are:

- Knowledge test (AARA-KT)
- Clinical Capabilities Assessment (AARA-CCA).

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## EPAs, entrustment and supervision levels

### What are EPAs and why are we using them for the AARA-CCA?

- In health professions education there is often a gap between the skills healthcare graduates possess and the job activities they are expected to perform as day one professionals.
- EPAs are units of professional practice that constitute the daily practice of clinicians and provide a job activities framework in which new graduates are expected to perform, at pre-determined levels of supervision.
- Five discrete EPAs are included in the AARA-CCA which are aligned closely with the job activities AAs would be expected to perform as newly qualified professionals.
- EPAs assess whether individuals are able to use their skills effectively in an integrated way and perform key tasks of the profession safely. They can be used to confirm that an individual is able to work with a defined level of supervision in clinical practice.
- Since AAs are trained primarily in the workplace with apprenticeship style training, EPAs provide a valid assessment of performance related to key job activities which AAs will be expected to carry out in the workplace on graduation.

### What does entrustment mean and how do we use the entrustment scales?

- Entrustment relates to the level of supervision under which the assessor would 'trust' the student AA to be able to perform the activity safely on another (future) occasion. This level of trust is ascertained by observing the student AA carrying out key tasks under direct supervision but may also involve further questioning regarding what the student AA would do in particular situations if things don't go according to plan. These judgements involve a professional judgement on whether you would be comfortable allowing the student AA to perform these tasks with more indirect supervision, whether they would ask for help when needed and assess humility, communication skills, and professional integrity as well as clinical skills.
- We have divided pieces of evidence into two categories, 'core' and 'additional'.
- Core tools can be used to provide evidence, in the form of A-CEX, CBD and DOPS.
- Additional evidence can be collected using a clinical logbook, Anaesthetic List/Clinic/Ward Management Assessment Tool (ALMAT), Multiple Trainer Report (MTR), or Multi-Source Feedback (MSF).
- Generic forms have been produced which show a 'minimum data set'.

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- Students may either use their institution's forms (which must contain the minimum data set) or the generic forms – they should be guided by their institution and there should not be any duplication of evidence necessitated.
  - Forms can be completed electronically or on paper depending on local processes.

## **What is the difference between levels of supervision and levels of entrustment?**

- Supervision refers to the level of involvement of a clinical supervisor in assisting a student to perform key activities. This ranges from direct involvement with constant supervision and proactive involvement, to indirect supervision with the supervisor able to assist reactively when required.
- Student AAs should always be directly supervised in line with their status as a learner, but a clinical supervisor is able to assess the level of supervision an individual would require, to perform the same activity in the future, based on observations of a series of clinical encounters and relevant tasks. Entrustment scales describe the level of supervision at which an assessor would trust a student AA to perform key activities safely on day one of registration.
- SLEs allow ad hoc entrustment decisions to be made by a supervisor that indicates the level of supervision required for a student to perform the specific job activity for this one time. This is a temporary, individual decision and does not cover all instances of what the student is allowed to do for the same supervisor under different circumstances, or for any other supervisor.
- EPAs utilise evidence from multiple sources and supervisors across a range of assessment tools. This evidence is used to make summative entrustment decisions and provide formal confirmation by the training program that the student is now capable and ready to perform the job activity described in the EPA, under a specified degree of supervision.

## **What are the defined levels of entrustment required for the AARA–CCA?**

- Level of entrustment range from 1A (Direct supervisor involvement – present in theatre throughout and required to assist case with proactive involvement) to 2A (Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals). Based on this encounter, what is the level of supervision the assessor would trust the student AA to perform this activity safely, if they were to repeat the activity 'right here, right now'?

<b>Level of entrustment</b>		Please indicate level of entrustment:		
Based on this encounter, what is the level of supervision the assessor would trust the student AA to perform this activity safely, if they were to repeat the activity 'right here, right now'?		Induction	Maintenance	Emergence
<b>1A</b>	Direct supervisor involvement – present in theatre throughout and required to assist case with proactive involvement			
<b>1B</b>	Direct supervisor involvement – present in theatre throughout and available to assist reactively when needed			
<b>2A</b>	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals			
<b>N/A</b>	Supervision level not applicable for this SLE			

## Are you qualified to make entrustment decisions for student AAs?

- An appropriately qualified healthcare professional can complete a piece of evidence. The decision as to whether a professional is appropriate will depend on the clinical setting and the unit of care being assessed. For example, a DOPS for a practical procedure may be signed off by an anaesthetist, experienced AA or Advanced Clinical Practitioner (ACP) who regularly performs and is trained to assess that procedure.
- SLEs must include a spread of raters; it is expected that each EPA will include evidence from at least four different assessors.
- Assessors should have completed appropriate assessment or clinical supervision training. Ideally all those involved in making entrustment decisions for AAs will complete the relevant GMC training for the AARA-CCA.

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## Frequently Asked Questions

### Is this the same as the curriculum for an anaesthetist in training (AiT)?

- No, the AA curriculum mirrors many aspects but is distinct and covers areas key for safe practice under the supervision of an autonomously practising anaesthetist.
- The AiT is being trained to become an independent practitioner with a requirement for distant supervision. In addition, AiTs will be expected to manage a broader range of patients and clinical presentations that an AA – for example A&E trauma calls, out of hours obstetrics, etc.

### What are you assessing for?

- To develop a practitioner that can carry out the role safely for their current stage of learning, bearing in mind their previous experience and knowledge. For example, a science graduate and Health Care Professional six months into their training may perform differently but should be progressing.
- By the end of year two, this difference should be minimal and the student AA should be assessed to the standard of a newly qualified AA.

### How to assess someone with significant relevant knowledge/skills?

- A presumption of previous competency should not be made. During the training programme all aspects of the curriculum must be evidenced within the training programme and assessed.

### The student AA has excellent clinical skills, can I sign them off as competent?

- It is important that students are able to perform their core clinical skills competently and this is key for safe practice.
- However, the clinical skill competency on its own is insufficient. More important is whether you would trust their judgement and assessment in the application of the proposed clinical skill/intervention? For example, the student AA recommending a particular airway device or vascular access, based on patient assessment and surgical procedure.

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## **The student AA is very competent and skilled and can work at level 1b supervision – can I start to supervise them at level 2a?**

- No. Level 1b supervision may be appropriate, particularly at the end of the student’s training. However, during training and before registration with the GMC, the supervisor must be physically present to supervise and ensure patient safety.
- Part of the assessment for a student is the ability to work at level 2a supervision, for some aspects of their role, on day one of registration with the GMC. It is important that you assess the student’s knowledge, skills and ability to perform at level 2a on day one of registration, for appropriate roles (whilst under level 1b supervision as a student).

## **How much freedom to act or decision making should the student AA have?**

- As part of the development for a student AA to become a safe and competent registrant, they need to be able to make appropriate clinical judgements, in preparation for level 2a supervision. This should be led by the supervisor with the student given the freedom to contribute to planning and delivering the anaesthetic, helping to develop their decision making skills.

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You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

Published April 2024

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Code: GMC/AARAGA/0424