UMAPs
UNITED MEDICAL
ASSOCIATE PROFESSIONALS

Summary Report for the Leng Review

Evaluating the Role of Anaesthesia Associates

CMAPs College of Medical Associate Professionals

March 2025

Authors: Emma Pelech[1], Brogan Guest[1], Stephen Nash[3], Alice Fitzpatrick[2], Michelle Reston[1], Emma Glen[1], James Pawsey[1], Krish Gnanaseelan[1], Laura Caroll[1], Sandra Ukah[1], Sophie Newbold[1], Nell Redman[1], Mobashar Rashid[2], Maria Herdt[1]

1. UMAPs and CMAPs National Enquiry Research Group
2. Acting Co-President, Office of PAs- CMAPs, Leng Review Stakeholder, MAC Trustee, UMAPs & CMAPs National Enquiry Research Group Deputy Lead
3. General Secretary UMAPs TU, Leng Review Stakeholder, MAC Chief Executive, UMAPs & CMAPs National Enquiry Research Group Lead

Abstract

Anaesthesia Associates (AAs) play a critical role in the delivery of anaesthetic services across the UK. This study presents a thematic analysis of survey data collected from AAs regarding their professional experience, job scope, supervision models, service contributions, and perceptions of the profession's future. Key findings suggest that while AAs are highly trained professionals with diverse backgrounds, recent governance changes have introduced challenges that impact their career progression and job satisfaction. The results highlight the need for a clearer career trajectory and policy support to maintain workforce sustainability.

Introduction

Anaesthesia Associates have been integrated into the UK healthcare system to address workforce shortages in anaesthesia. While their role has evolved over time, recent governance shifts and professional discourse have raised concerns about their future scope of practice. This study aims to analyse the correlation between experience and job scope among AAs, identify key themes related to supervision and service contributions, and explore perceptions about the profession's long-term viability. A recent rapid review highlighted the lack of research evidence relating to AA safety and used this lack of evidence to conclude erroneously that the AA role is unsafe (1). A survey of anaesthetists in training found that opinion was polarised regarding the AA role, although those with direct experience were more positive, and the authors note that the context of general discontent and industrial action at that time may have influenced some of the negative responses (2). Our findings address this need for further work into an important role to provide significantly more data to support the ongoing development and expansion of AAs.

Methodology

A digital survey was distributed, via the website of the College of Medical Associate Professionals (CMAPs), to employed Anaesthesia Associates (AAs) in the United Kingdom (UK).

The survey inquired AAs through 26 open-ended questions (Appendix 1) covering:

Personal information;
Current employment;
Previous professional experience;
Qualifications and training;
Current scope of practice;
Clinical governance documentation;
Further qualifications;
Advanced skills and how these are evidenced;
Clinical supervision;
Contributions to service improvement;
Future career progression;
Current landscape for AAs, and
Futures thinking relating to AAs in the UK.

The survey link was shared through email lists and text message groups, ensuring broad accessibility to the target population. Participation was entirely voluntary, with no incentives provided for completion. The data portal was open to submissions from 19/01/25 to 28/02/25.

To maintain data integrity, avoid data redundancy while ensuring the survey was completed by qualified AAs, participants were asked to provide either their Managed Voluntary Record (MVR) number, their General Medical Council (GMC) number or work email address. In this way, the study

aimed to obtain results representative of actively employed AAs in the UK.

Descriptive statistics were calculated using Microsoft Excel. Incomplete datasets were not included in the analysis, unless otherwise stated. A thematic analysis was performed by coding the qualitative responses and confirmed by two independent researchers.

Use of the NHS REC Tool and Ethical Considerations:

In alignment with best practices for research governance, the NHS Research Ethics Committee (REC) decision tool was applied to assess whether this project required formal NHS ethics approval. Based on the tool's guidance, the activities undertaken in this project do not fall within the scope that mandates NHS REC oversight. Consequently, no formal submission to an NHS Research Ethics Committee was necessary.

Results

Professional Background and Training

A total of 17 respondents (approximately 10% of the AA workforce), from the United Kingdom, had varied previous employment backgrounds, including Operating Department Practitioners (ODPs), registered nurses, internationally trained professionals and biomedical scientists. All participants had previously successfully completed a Postgraduate Diploma to enable them to carry out their current role as an AA, some had also completed Master's degrees in healthcare-related fields and certifications in advanced life support (ALS, ILS, EPALS). Additional training in regional anaesthesia, airway management, and vascular access was common.

Demographics of Survey Respondents

- Years of experience ranged from 2 to 17+ years
- Employment spread across large teaching hospitals, district general hospitals and specialist centers
- Respondents were mostly working throughout England (including two responses from AAs working in Wales). AAs also work in Scotland and Ireland, but no responses were received from these two countries.

Scope of Responsibilities

100% of respondents (17/17) have written governance documentation for their scope of practice. AAs are performing a broad range of tasks including:

- Preoperative assessment
- Induction, maintenance, and reversal of anaesthesia
- Regional anaesthesia techniques (spinal, fascia iliaca, femoral blocks)
- Airway management
- Vascular access (arterial and central venous lines)
- Assisting with high-risk surgical cases
- Teaching AAs

100% of respondents (17/17) reported training in advanced skills. These included: nerve blocks, line insertions and spinal anaesthesia. One respondent reported, “Yes. Regional anaesthesia (now not allowed to practice), CVC insertion (now not allowed to practice), arterial line insertion, spinal anaesthesia, PICC line insertion.” The way they evidence their skills include logbook, training certificates and Direct Observation of Procedural Skills (DOPS) documentation. Ten respondents stated the use clinical logbooks.

Their supervision varies depending on experience, with most working in 1:1 or 2:1 consultant supervision models. Some experienced AAs work to support Consultant Anaesthetists in specialised areas such as cardiothoracic anaesthesia and trauma care. The responses displayed that they possess a wide variety of anaesthetic technical skills such as performing regional anaesthesia, preoperative assessments, line insertions and work in most surgery types. One respondent stated that the only area that they did not work in was obstetrics.

Supervision and Governance Supervision Models

AAs were asked how frequently they met with their supervisor. Most respondents were meeting with their supervisors throughout the day, multiple times.
AAs were asked how opportunities for discussing complex patients are handled. 14 out of 17 respondents clearly gave responses indicating that they can easily access support for these types of cases.

Governance structures for AAs typically involve:

- Departmental Guidelines: Each NHS trust has specific policies governing the AA role, ensuring patient safety and standardization of practice.
- Competency Assessment Frameworks: AAs must complete structured competency assessments, including Direct Observation of Procedural Skills (DOPS) and Case-Based Discussions (CBDs).
- Appraisal: Annual appraisals assess performance, continuing professional development (CPD), and adherence to hospital policies.
- Standard Operating Procedures (SOPs): Trust-specific SOPs outline the permissible scope of practice for AAs and ensure compliance with national guidance.
- Supervisory Relationships: AAs work regularly with Consultant Anaesthetists for supervision, anaesthetic planning, debriefing, mentorship, and case review discussions.
- Regulatory Oversight: The role of AAs is influenced by the Royal College of Anaesthetists (RCoA) and regulated by the General Medical Council (GMC), who will also support professional revalidation.

Despite these governance measures, concerns persist over inconsistencies in policy enforcement across NHS Trusts and the impact of recent scope restrictions on career development.

It is important to state in this section that the roles and supervision structure for Anaesthesia Associates is very different when compared with the roles and supervision structure for Physician Associates. There are some job role similarities as both roles involve caring for patients and both have an important role to play within multi-disciplinary teams but as there are many more PAs than AAs, the AA perspective can sometimes feel unheard. One response stated, “I think our role is very different to the PA role. We are always supervised which is appropriate. We are integrated into the team and department. Our aim is to carry on being efficient, supporting the department and continuing safe practice”.

Appropriate levels of supervision for both roles are essential for patient safety as AAs and PAs are not Doctors and both professions work to support Doctors. AAs have greater levels of direct supervision, when compared with PAs. AAs often work in a 1:1 or 2:1 model, working for a named supervising Consultant Anaesthetist, supporting a doctor’s critical role within NHS healthcare, mostly in operating theatres but also in clinic settings. Working in this way, the named supervisor can change daily, depending on the operating list that the AA is allocated to support. Most AAs also have an overarching main clinical supervisor who carries out appraisals and can offer pastoral support. Meetings with this supervisor may occur much less frequently than the regular direct supervision during clinical practice.

Service Improvement Contributions

The results of the survey show that AAs play active leadership roles to improve the quality of anaesthetic that patients receive. All but one early career AA (16/17) surveyed were participating in service improvement activities. These activities range and include leading clinical audits, writing standard operating procedure documentation and improving turnover and efficiency.
AAs play an essential role in optimising surgical efficiency, including:

- Supporting rapid turnover theatre lists
- Reducing preoperative delays through enhanced patient assessment
- Leading initiatives for better patient flow and reduced cancellations
- Developing hospital policies and quality improvement projects
- Training and mentoring healthcare staff

Concerns About the Future of the Role

Survey respondents expressed deep concern over the lack of career progression, restrictive governance, and increasing professional tensions. Key issues include:

- Negative discourse on social media, leading to workplace tension between AAs and some Anaesthetists in training.
- Uncertainty regarding long-term career prospects, with many feeling their job role is under threat.
- Concerns about restrictive policies, which limit AAs' ability to contribute effectively.

Despite these concerns, AAs remain passionate about their profession and committed to delivering safe and effective patient care.

The answers given often displayed hope that the working environment would improve for AAs and many respondents believe that their job role enhances patient care. The positive comments such as, 'A highly motivated and dedicated workforce' and 'within our trust we are very well supported' were also balanced by comments expressing worry and anxiety about AAs' future place within the NHS. Comments such as, 'I really hope that this current toxic narrative that surrounds AAs can be overcome' and 'With the current interim Royal College of Anaesthetists' (RCoA) draft scope of practice (3), it feels like the AA role is being removed and is unworkable for any new AAs'. With comments like these it is clear that there is a long way to go to build bridges and accept MAPs wholeheartedly into the workplace. AAs are highly trained and skilled professionals, and at a time when so many patients are waiting for surgery, the NHS needs a cohesive team working together and utilising all resources available to care for patients safely.

The current AA landscape has had a negative impact on 75% of respondents (12/16), and 50% of respondents (8/16) reported feelings causing anxiety and/or worry about their job role and practice in the workplace (one AA did not give an answer for this last section, reducing the total number of respondents to 16). The toxic discourse online, and scope of practice changes, will have a direct impact on patient care. One of the comments from the survey responses should make leaders realise the impact that this uncertainty and discourse is having on hard working individuals who are trying to carry out the job role that they have been employed to do - 'I feel very anxious in everything clinical thing I do or decision I make. I struggle to trust the doctors around me that I don't know well. The toxic social media campaign has been terrible, and I struggle to see a way forward. It is frustrating because I know that I am excellent at my job. The past 2 years have been unbearable'.

Discussion

Our data provide a snapshot of the opinions and experience of around 10% of the current UK AA workforce. This constitutes a valuable addition to the existing limited research into the safety and efficacy of AAs.

The findings indicate that AAs are a highly trained and highly skilled, well supervised and motivated workforce, providing significant contributions to anaesthesia services throughout the United Kingdom. However, their ability to work effectively is increasingly threatened by restrictive policies and professional resistance. The profession needs career pathways, updated governance frameworks, and stronger institutional support to maintain workforce sustainability. AAs are a resilient workforce who maintain hope for their future job role within the NHS, striving to care for patients.

Conclusion

Anaesthesia Associates provide a valuable service in the UK healthcare system, but recent governance changes have placed constraints on their ability to work efficiently. To ensure long-term sustainability, policymakers must address the lack of career progression, supervision limitations, and negative professional discourse surrounding the AA role.

©UMAPs Ltd

Declaration of Interest

All authors are MAPs with the exception of Maria Herdt.

References

1. Greenhalgh T and McKee M 2025. Physician Associates and Anaesthetic Associates in UK: rapid systematic review of recent UK based research. BMJ 2025;388:e084613
2. Evans B, Turkoglu LM, Brooks J, Subramaniam J, Edwardson S, Freeman N, McCrossan R and Wong DJN 2024. Experiences and perceptions of working with Anaesthesia Associates: a survey of UK anaesthetists in training. British Journal of Anaesthesia, 132 (5): 964e966 (2024).
3. Anaesthesia Associate Interim Scope of Practice 2024. Royal College of Anaesthetists December 2024.

Appendix 1: Survey questions

- Name (first, last)
- Email
- Method of validation (GMC number, MVR number, work email)
- Name of supervisor (if willing to provide) (first, last)
- How many years have you been qualified as a Anaesthesia Associate (AA)?
- Employer Name
- Employer Address
- Current Employment Start Date
- What is your current scope of responsibilities or job plan?
- Do you have written governance documentation for the above?
- File Upload
- Do you have previous experience as an AA prior to your current role?
- Do you have any prior non-AA healthcare experience?
- Do you have any additional qualifications or training?
- Have you been trained in any advanced skills?
- How have you evidenced your competence in these advanced skills?
- Do you have dedicated supervision time?
- How frequently do you meet with your supervisor?
- How are opportunities for urgent debrief or complex case discussion managed?
- Have you contributed to any service improvement initiatives?
- What do you believe the future holds like for Anaesthesia Associates?
- What are your aspirations for your role as AA in terms of your practice and development?
- Do you feel that the current AA landscape has had an impact on your practice? If so, what specific challenges or opportunities have arisen, and how have you navigated these?
- Do you have any additional comments, observations or reflections you would like to share?

UMAPs
UNITED MEDICAL ASSOCIATE PROFESSIONALS

UMAPs Ltd
Windsor House Troon Way Business Centre
Humberstone Lane
Leicester
United Kingdom
LE4 9HA

umaps.org.uk
info@umaps.org.uk

cmaps.org.uk
info@cmaps.org.uk

©UMAPs Ltd, 2025

CMAPs College of Medical Associate Professionals