Royal Cornwall Hospitals
NHS Trust

Supervision of Anaesthetists in Training (AiT) on Solo Lists
Standard Operating Procedure

V1.0

April 2025

Table of Contents

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The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

To outline the supervision of Anaesthetists in Training (AiT) and give guidance of how this supervision is transparent during operating lists and recorded in medical notes.

2. Purpose of this Standard Operating Procedure

2.1. All patients undergoing anaesthesia should be under the overall care of a named consultant or other autonomously practicing anaesthetist whose name is recorded as part of the anaesthetic record.

2.2. All patients requiring anaesthesia, pain management, or perioperative or intensive care should have a named and documented supervisory autonomously practicing anaesthetist who has overall responsibility for the care of the patient.

2.3. To ensure the safety of patients, AiT, staff grade, associate specialist and specialty (SAS) doctors who are not autonomously practising should be subject to an appropriate level of supervision of all their clinical practice. These groups will be collectively referred to as AiT throughout this document.

3. Ownership and Responsibilities

3.1. All autonomously practising anaesthetists who have a supervisee attached to them in a clinical area are Sessional Supervisors. They have overall responsibility for what the supervisee does in the workplace while they are supervising them.

3.2. Role of the Named consultant

Named Consultants or autonomously practising Anaesthetists are responsible for:

- Being contactable at all times.
- Responding with appropriate support to a request for assistance from a supervisee. Patient safety must not be compromised.

3.3. Role of supervising staff member

- The level of supervision required will depend on the experience and capability of the individual supervisee and the case mix of the patients. See table in Appendix 3.
- Supervisees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about patient management, both in and out of hours.
- Supervision of one AiT by another occurs and is also an essential part of training. Senior Anaesthetists in Training (SAT) must gain the knowledge, skills and professional judgement to perform this safely and effectively. A junior anaesthetist in training may refer to a more senior anaesthetist in training as their first line of advice and assistance, however, both must be subject to an autonomously practising anaesthetists supervision.

- When out of hours work is undertaken by AiT the on-call/CEPOD consultant is the supervisor as per CLWRota.

3.4. **Role of the College Tutor**

The College Tutor is responsible for:

- Allocating a supervisor for all AiT when reviewing/writing the rota on CLW, this should be clearly visible to both the supervisor and AiT on CLW rota.

3.5. **Role of Individual Staff**

All staff members are responsible for:

- Communicating early with the Anaesthetic department should they be unable to complete their agreed activity.

4. Standards and Practice

4.1. College Tutor to allocate a supervisor for all AiT when reviewing/writing the rota on CLW, this should be clearly visible to both the supervisor and AiT on CLW rota.

4.2. In most circumstances, supervisor should be accompanied by a suitable AiT who is able to be left alone with an anaesthetised patient, in a nearby or adjacent theatre to ensure that they are able to leave theatre to help a supervised AiT when called. There may be exceptions, for example regional-only lists, when a patient may temporarily be left with the ODP. If in the event of assistance being required and the supervising consultant is unable to attend for any reason, and it is not feasible to wait, then the EFA/DFA or another appropriate nearby autonomously practicing anaesthetist should be contacted

4.3. Any changes by secretaries resulting in solo AiT should include a review of supervision on CLW. It is the responsibilities of the person changing the rota on CLW to re-allocate an alternative supervisor if required. Secretaries may need to contact a college tutor if unsure.

4.4. Supervisor name should be visible on the whiteboard in theatre and communicated to theatre staff in the pre-operative theatre team brief, including a method to contact them. This ensures that all staff are aware of supervision arrangements.

4.5. Consultant or other autonomously practicing anaesthetist support should be contactable at all times during the list. It is best practice for the AiT to contact their supervisor prior to the list commencing to discuss the list.

4.6. Supervising anaesthetist name is to be documented on all anaesthetic charts including level of supervision provided. Any complications relating to patient care should be discussed with the supervisor as close to the event as practicable.

4.7. Responsibility is on AiT to ensure that they have appropriate supervision and to highlight to the anaesthetic office/ emergency floor anaesthetist if this is not the case. It is not usually appropriate for the Emergency Floor Anaesthetist or Duty Floor Anaesthetist to take on the supervisory role.

4.8. There should be a named consultant or other autonomously practicing anaesthetist responsible for every elective caesarean delivery list. This anaesthetist should be immediately available. The named person should have no other concurrent clinical responsibilities

5. Dissemination and Implementation

This document forms part of the ACSA recommendations for the department. It should be discussed at departmental governance and then made available in the Trust document store. The policy should be included in Trust departmental induction for doctors in training new to the Trust.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Annual Cappucini test to ensure compliance
Lead	College Tutor
Tool	Cappucini test on 10 solo lists
Frequency	Annual
Reporting arrangements	ACSA committee, departmental governance committee
Acting on recommendations and Lead(s)	Departmental Governance
Change in practice and lessons to be shared	Any remedial action required to be discussed through governance process in department.

7. Updating and Review

Review in 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Supervision of Anaesthetists in Training (AiT) on Solo Lists Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	May 2024
Date Valid From:	April 2025
Date Valid To:	April 2028
Author / Owner:	Roger Langford, Consultant Anaesthetist
Contact details:	01872 25 3132
Brief summary of contents:	This document is to outline the supervision of Anaesthetists in Training (AiT) and give guidance of how this supervision is transparent during operating lists and recorded in medical notes.
Suggested Keywords:	Supervision, supervisor, Anaesthetist in Training, Cappuccini test
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Specialty governance, Care Group Governance Meeting.
Manager confirming approval processes:	Lisa Niemand, Head of Nursing, ACCT
Name of Governance Lead confirming consultation and ratification:	James Masters
Links to key external standards:	None
Related Documents:	Royal College of Anaesthetists Guidance on Supervision Arrangements for Anaesthetists 2021, updated 2024

Information Category	Detailed Information
Training Need Identified:	None
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Anaesthetics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2025	V1.0	Initial issue	Roger Langford, Consultant Anaesthetist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Supervision of Anaesthetists in Training (AiT) on Solo Lists Standard Operating Procedure V1.0
Department and Service Area:	Anaesthetics/Anaesthetics, Critical Care and Theatres care group
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Roger Langford, Consultant Anaesthetist
Contact details:	01872 25 3132

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Anaesthetic staff.
2. Policy Objectives	To outline the supervision of Anaesthetists in Training (AiT) and give guidance of how this supervision is transparent during operating lists and recorded in medical notes.
3. Policy Intended Outcomes	To give guidance of how this supervision is transparent during operating lists and recorded in medical notes.
4. How will you measure each outcome?	Staff feedback.
5. Who is intended to benefit from the policy?	Anaesthetists.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Anaesthetics
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	ACSA accreditation

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Roger Langford, Consultant Anaesthetist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. AiT individual supervision table:

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols