



CAJE REFERENCE RVA/ANAES/PRAC

DATE APPROVED **26/03/2013** 

## JOB DESCRIPTION

**JOB DETAILS** 

Job Title: Physicians Assistant Anaesthesia

Pay Band: 8a

**Directorate:** Critical Care

**Department:** Anaesthetic Department

#### ORGANISATIONAL ARRANGEMENTS

Managerial Accountable to: General Manager

**Reports to:** PA(A) Clinical Lead / Anaesthetic Clinical Director

Professionally Responsible to: Consultant Anaesthetist

**Responsible For:** Operating Department Practitioners / Anaesthetic

Trainee's

#### **JOB SUMMARY / PURPOSE**

To deliver anaesthesia for elective surgical patients using patient specific directives and within trained competencies.

Patients will be either fit and well or will have mild to moderate systemic disease.

The PA has been trained to assess the need for guidance / consultation with consultant anaesthetists and will be expected to seek this where appropriate.

A named consultant will always be available during the induction and reversal of anaesthesia and, in accordance with current College guidance will be remain proximally available during the whole procedure. However the PA can act independently during the conduct of anaesthesia and to make decisions regarding the management of expected physiological changes and make adjustments where necessary within the remit of trained competencies. Also, the PA has been trained to ask for immediate support / help where appropriate.

To assist consultant anaesthetists with the anaesthetic management of patients with severe systemic disease or those patients where there is an imminent threat to life. Anaesthetic management will include preoperative assessment and consultation, delivery and reversal of anaesthesia and postoperative care.

Other significant duties would involve cardiopulmonary resuscitation and / or other emergency, life sustaining services within the hospital environment.

#### MAIN DUTIES AND RESPONSIBILITIES

#### **Preoperative assessment**

Will include a visit to the patient on the ward, taking a full medical and anaesthetic history and examination of the cardiovascular and respiratory systems and a detailed airway assessment. In addition there will be a requirement for requesting and interpretation of investigations. These may include chest x-rays, electrocardiograms (ECG's), full blood counts, urea and electrolytes, clotting profiles, arterial blood gases, pulmonary function tests.

## **Delivery of anaesthesia**

Will include the use of and independent interpretation of sophisticated monitoring systems including pulse oximetry, ECG, invasive and non-invasive blood pressure, spirometry, capnography and airway gas analysis, central venous pressure.

Direct patient communication including procedure explanation and reassurance.

Supervision and direction of other healthcare professionals including operating department assistants and nursing staff allocated to the anaesthetic room.

The insertion of peripheral venous cannulae, arterial cannulae and central venous cannulae – where appropriate.

The direct administration of anaesthetic induction and maintenance drugs, opiate and other analgesics, paralysing agents – where appropriate. Insertion and verification of correct placement of airway devices including laryngeal masks, guedel and nasal airways and endotracheal tubes using a laryngoscope.

Checking and connection of sophisticated anaesthetic machines and breathing systems (including circle systems) and utilisation of a artificial ventilation (including several different ventilation modalities) where appropriate.

Connection and administration of a variety of different intravenous fluids according to patient need.

Independent administration of prescribed drugs for cardiovascular support where appropriate.

Independent adjustment of quantity of anaesthetic drug according to depth of anaesthesia. Safe reversal of anaesthesia and extubation of patient and safe transfer of patient to the recovery area.

#### **Postoperative Care**

Will include a detailed handover of the semi-conscious patient to recovery staff including handover of the patient's airway. Ensuring adequate analgesia, oxygen and fluids are prescribed.

A postoperative visit to ensure there are no immediate postoperative complications and adequate ongoing fluid therapy and analgesia. This may require further patient examination of the respiratory and cardiovascular systems.

## **Service Management**

The PA(A) is expected to exercise high levels of accuracy speed and manual dexterity in procedures required for the role.

Airway management may include the rapid and accurate insertion of advanced devices such as endotracheal tubes – time limited due to levels of oxygen or carbon dioxide retention – requiring use of a laryngoscope, identification of vocal cords, insertion of tube, checking of tube position and connection to anaesthetic breathing system.

Insertion of a central venous catheter requires full aseptic technique, identification of anatomical landmarks, correct positioning of the patient, needle aspiration of blood from central vein, seldinger wire insertion, surgical incision, insertion of cannula, checking correct placement, safe flushing of line, connection to appropriate lines, suturing line in place. This procedure may require the use of sophisticated Doppler ultrasound devices. Time limited due to total anaesthetic time.

Insertion of arterial cannula requires advanced hand eye coordination and a highly developed two point discrimination due to the technique of cannulating blindly based on pulse pressure alone.

The PA is accountable for his / her own professional actions.

The PA has been trained to assess the need for guidance / consultation with consultant anaesthetists and will be expected to seek this where appropriate. A named consultant will always be available during the induction and reversal of anaesthesia and, in accordance with current College guidance will be remain proximally available during the whole procedure. However the PA can act independently during the conduct of anaesthesia and to make decisions regarding the management of expected physiological changes and make adjustments where necessary within the remit of trained competencies. Also, the PA has been trained to ask for immediate support / help where appropriate.

Promote and contribute to the development of new ways of working in anaesthesia as the lead specialist of the role of PA(A).

#### **Service Improvement**

To assist in the development of protocols and patient specific directives.

Comments on policies and contributes to change. Adheres to Health Board polices and relevant codes of practice.

Responsible for initiating and implementing Policies, Procedures, Guidelines and

Standards within own area and contribute towards the ratification of Health Boardwide and national policies for the development of the PA(A) role.

In conjunction with the Clinical Director & Team Leader implement when appropriate new ways of working.

Works with Multi-disciplinary Team to develop and implement policies, procedures and guidelines

#### **Communications**

The ability to communicate and understand highly complex information when in consultation with consultant anaesthetists. This includes, but is not restricted to humamanatomy and detailed physiology and pathology; drugs effects and interactions including pharmacodynamics and pharmacokinetics. Also, discussions regarding the results and patient implications of undertaken investigations.

To communicate highly complex information in an understandable form to patients (according to the patient's individual level of understanding) regarding the conduct of anaesthesia, including complications/ side effects of drugs and procedures etc.

Provide professional advice to staff within areas of responsibility including teaching and training of more junior staff.

Attend regular national meetings representing the PA(A) profession, being an ambassador for Hywel Dda Health Board & Wales by contributing to advice in the development of this new role.

#### Communication

To be exposed to discussions with patients preoperatively who may be known to have terminal conditions. To explain side effects or complications of anaesthestic procedures to patients which may be life altering or even fatal.

To act as a member of the cardiopulmonary resuscitation / trauma team where the outcome is frequently death.

Due to the nature of acute speciality, to expect and deal with distressing patient circumstances including terminal diagnoses and death.

On occasions to be part of a team involved in the unexpected death of a patient. In addition, to contribute to team support to other junior members of staff in these circumstances.

#### **Finance and Resources**

Responsible for the safe use and setting up of expensive and highly complex anaesthetic equipment.

Assist with the implementation of care plans across the wider anaesthetic team.

To monitor and maintain a safe, clean and therapeutic environment for staff patients and visitors, initiating appropriate action to achieve this.

To use resources appropriately to ensure high quality and cost effective service.

Contribute to team expert advice on the purchase of expensive / sensitive equipment that impact on the speciality.

## Personal and People Development and People Management

Participate in the education of patients and their carers. ☐ Participate in the teaching, supervision and assessment of other team members.

Clinically supervise anaesthetic assistants and other members of staff in the anaesthetic Based on JD RVA/ANAES/PRAC matched 05/04/2008

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environment in the absence of a consultants presence. Contribute to promoting,

In the absence of a consultant anaesthetist provide expert advice and support to anaesthetic assistants and trainees in times of crisis or stress facilitating access to staff counselling as appropriate.

Delivery of core training at post graduate to TPA(A).

Provide professional advice to staff within areas of responsibility including teaching and training of more junior staff.

## Information Processing

Monthly participation in the process of audit, morbidity / mortality reviews with a view to improving patient care as part of the wider anaesthetic team.

To assist the Clinical Director and Anaesthetic Team Leader in the research and evaluation of the National PA(A) Programme, including the collection and analysis of data required.

Regularly contribute to safe care plan including taking the lead in clinical audit in individual area of practice.

Contributing to the implementation of the Health Board's Research and Development Strategy and promoting evidence based care.

To updates patient records and to enter patient information into theatre databases where these exist.

Maintenance of accurate and up to date logbook database of activity.

Responsible for timely, accurate and complete records both manual and electronic ensuring safety and confidentiality of information with statutory requirements.

#### Health, Safety and Security

Works in restricted position in operating theatres on a daily basis.

Manoeuvres patients form table to bed, bed to table on a daily basis. Assist in the positioning of patients are required for surgical procedures on a daily basis.

Respond to clinical emergencies performing cardiopulmonary resuscitation when required

Frequent highly unpleasant conditions such as daily exposure to uncontained body fluids (blood from arterial lines, neck lines, sputum, faeces, vomit and urine) and open wounds during surgery.

Frequent exposure to noxious volatile anaesthetic gases. Intense concentration on patient for lengthy periods whilst delivering anaesthesia e.g. watching for the usual side effects of anaesthetic and opiate drugs and reacting accordingly and adjustment of the depth of anaesthesia depending on patient responses.

The majority of anaesthetic drugs have side effects or dose effects that could produce severe harm or fatality if great care is not taken. The PA has been trained in the pharmacology of these drugs and to watch for the multitude of these dangerous effects

and the need for constant vigilance.

Similarly, artificial ventilation when performed inadequately or excessively can be highly dangerous and is therefore carefully monitored. The PA has been trained in these areas and needs to deliver and monitor this procedure carefully at all times.

#### Quality

Monthly participation in the process of audit, morbidity / mortality reviews with a view to improving patient care as part of the wider anaesthetic team.

To assist the Clinical Director and Anaesthetic Team Leader in the research and evaluation of the National PA(A) Programme, including the collection and analysis of data required.

Regularly contribute to safe care plan including taking the lead in clinical audit in individual area of practice.

Contributing to the implementation of the Health Board's Research and Development Strategy and promoting evidence based care.

## **Equality and Diversity**

The PA is accountable for his / her own professional actions.

The PA has been trained to assess the need for guidance / consultation with consultant anaesthetists and will be expected to seek this where appropriate. A named consultant will always be available during the induction and reversal of anaesthesia and, in accordance with current College guidance will be remain proximally available during the whole procedure. However the PA can act independently during the conduct of anaesthesia and to make decisions regarding the management of expected physiological changes and make adjustments where necessary within the remit of trained competencies. Also, the PA has been trained to ask for immediate support / help where appropriate.

Promote and contribute to the development of new ways of working in anaesthesia as the lead specialist of the role of PA(A).

To ensure own actions support equality, diversity and rights.

#### General

This job description is not exhaustive and may be subject to change as the Physicians' Assistant (Anaesthesia) role develops. For example once qualified the PA (A) will participate on the on call Rota and extend their role duties, i.e. Regional Anaesthesia.

#### **GENERIC STATEMENTS**

#### NHS CODE OF CONDUCT FOR MANAGERS

\*\* For Managers only:

The post holder will be expected to adhere to the standards laid down in the NHS Code of Conduct for Managers and at all times act in a manner that reflects and promotes the values of the HB.

The post holder must ensure all activity and service objectives are effectively met in compliance with HBs standing orders and SFIs, scheme of delegated authority and employment legislation.

#### REGISTERED HEALTH PROFESSIONAL

\*\* For Registered Health Professionals only:

All staff who are members of a regulatory body must comply with standards of professional practice/conduct. It is the postholders responsibility to ensure they are both familiar with and adhere to these requirements.

## **HEALTHCARE SUPPORT WORKERS**

\*\* For Healthcare Support Workers only:

All healthcare support workers should be familiar with and must comply with the Code of Conduct for Healthcare Support Workers in Wales.

## **COMPETENCE**

The post holder is required to participate in the Hywel Dda PDR process and work towards meeting identified development needs.

The postholder is required to demonstrate on-going continuous professional development.

At no time should the postholder work outside their defined level of competence. If the postholder has concerns regarding this they should immediately discuss this with their Manager/Supervisor/Consultant. The postholder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

#### **TEAM BRIEF**

The post holder is required to actively participate in Hywel Dda Team Briefing in order to aid communication within the Health Board.

Managers and supervisors will regularly deliver the Team Brief verbally to their own staff teams by means of a Core Brief and additional departmental information.

#### **RISK MANAGEMENT/HEALTH & SAFETY**

The postholder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda. All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

The postholder has the responsibility for monitoring the progress on action plans in relation to risk, health and safety.

The postholder has the responsibility for the development of risk profiles and a risk register within their area of responsibility.

The postholder has the responsibility for developing systems to monitor performance against agreed performance indicators.

#### **HARRASSMENT & BULLYING**

The HB condemns all forms of harassment and bullying and is actively seeking to promote a workplace where employees are treated with dignity, respect and without bias. All staff is requested to report any form of harassment and bullying to their line manager or to any Director of the HB.

## **RECORDS MANAGEMENT**

The postholder has the responsibility for timely and accurate record keeping and where appropriate in accordance with professional guidelines.

The postholder has the responsibility for the creation and maintenance of records in accordance with Hywel Dda policy and the data protection act.

#### **FLEXIBILITY STATEMENT**

The developing and rapidly changing nature of the organisation will require considerable flexibility from the post holder. This job description indicates the main functions and responsibilities for the post and is not intended to be a fully inclusive list and the duties and responsibilities specified in this job description are subject to change as the needs of the HB evolve. On agreement with the post holder, this job description will be amended, as necessary, in the event of future organisational and professional changes and/or personal development.

#### CONFIDENTIALITY

All staff may have access to confidential information about patients, staff or health service business. On no account must such information be divulged to anyone who is not authorised to receive it. Confidentiality of information must be preserved at all times whether at or away from work. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and /or prosecution under current statutory legislation (Data Protection Act) and the HB Disciplinary Policy.

#### **EQUAL OPPORTUNITIES**

It is the aim of the Hywel Dda HB to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, the HB has an Equal Opportunities Policy and it is for each employee to contribute to its success.

#### **OUTSIDE EMPLOYMENT/OUTSIDE INTERESTS**

Any other work or outside interests must not conflict with the duties and responsibilities of your attendance for work as an employee of the HB.

#### **ENVIRONMENTAL**

The Hywel Dda Health Board is committed to its environmental responsibilities. The Board recognizes that its activities, including energy consumption, waste generation, transportation emissions, water use and resource consumption, have a significant impact on the environment. As an integral part of its commitment to ensure high quality patient care, all staff have a responsibility to adhere to environmental policy and procedure at both an organisational level and within their own area of work to ensure legal compliance. Staff will do their utmost to minimize the environmental impacts of Health Board activities and services, and seek to continually improve operations to minimize their environmental effects. Staff should take note of relevant communications and attend mandatory training when required.

#### **SMOKE FREE POLICY**

All Health Board sites and premises and grounds are designated as smoke free areas. This policy applies to all staff, contractors/service providers, patients\*, visitors and the public.

\*Those patients staying in residential mental health units will be exempt under the Smoke-Free Premises (etc) Wales Regulations 2007.

#### SAFEGUARDING VULNERABLE ADULTS

Every employee of the Health Board, whatever their job, role, profession, status or place of work, paid or voluntary, has a responsibility under the *Adult Protection Policy and Procedures* to:

- Understand the nature of abuse, how people might be at risk of harm and work to prevent it.
- Know what the Adult Protection Policy and Procedures, and their own service's local operational arrangements to protect vulnerable adults, require of them.
- Know how to make an adult protection referral if they have concerns.
- Report allegations or suspicions of adult abuse to their line manager, Social Services, Health or the Police. This includes suspicions about a colleague or manager, irrespective of their status, profession or authority. This includes whistleblowing.
- Know what services, advice and support are available locally to vulnerable adults, and how to access help needed.

## **INFECTION CONTROL**

"The document Commitment to Purpose: Eliminating Preventable Healthcare Associated Infection: A Framework of actions for healthcare organisations in Wales stipulates that all staff must understand their responsibility and accountability for Infection Prevention & Control and the Health Board must be assured of this on an ongoing basis".

IP&C is the personal and individual responsibility of all Health Board staff. All staff have a responsibility to protect and safeguard patients, service users, visitors and employees against the risk of acquiring healthcare associated infections.

This responsibility includes being aware of the content of and consistently observing, Health Board Infection Prevention & Control Policies and procedures; and best practice guidance in order to maintain high standards of Infection Prevention & control.

#### **GENERAL**

The postholder needs to ensure they are familiar with their terms and conditions of service,

## PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications and Knowledge	Masters level in Anaesthetic practice	MSc or working towards	RCoA Voluntary Registration Certificates
	Affiliate membership with the Royal College of Anaesthetist (RcoA)		Portfolio
	Diploma/Degree in Operating department practice		Application form Interview
	Leadership/Management Courses		
	Relevant post basic courses and/or experience within speciality		
	Evidence of continuing professional development		
	Experience of practice development		
Experience	Minimum 27 months Training as a Physicians Assistant (Anaesthesia)	Relevant previous Practitioner roles	Application form and interview.
	Significant post Qualification working experience in all PA models	Overseas experience	
	Receipt of statutory & mandatory training		
	Highly specialised knowledge and skills within speciality		
	Demonstrate ability to innovate and lead change		
	Provide supervision to staff in the sphere of responsibility		
	Proven experience of HR		
	Proven experience in Clinical supervision		
	Ability to lead and undertake clinical audit		

# Aptitude and Clinical Leadership skills Abilities Advanced Adult and paediatric resuscitation training Excellent written and verbal skills Ability to Assess, Plan, Implement and Evaluate care Efficient use of equipment and materials **Excellent Interpersonal skills** Ability to work under pressure Ability to relate theory to practice To work under proximal supervision and plan own work schedule Has the ability to monitor high standards of care Ability to co-ordinate/facilitate the training and development of staff. Organisational skills IT Skills Posses excellent decisionmaking skills in an unpredictable environment. Knowledge of RCoA scope of Practice and conduct Knowledge of HPC professional codes of practice Understanding of Health Board Strategies, Policies, Procedures and Guidelines Expert knowledge of speciality Knowledge and application of Clinical Governance issues

	Provide specialist clinical advice within the multidisciplinary team  Awareness and understanding	
	of national reports policies	
Circumstances	Able to travel	Application form and interview
	Able to work hours flexibly	
Other	Flexible in working hours	
	Across organisation working within own speciality	
	Reliable work record	
	Innovation and vision for future services	