



REGIONAL ANAESTHESIA UK POSITION STATEMENT

Performance of local and regional techniques by non-physician practitioners

Regional Anaesthesia UK (RA-UK) is the UK society officially sanctioned by the European Society of Regional Anaesthesia and Pain Therapy (ESRA), and is recognised by the Association of Anaesthetists of Great Britain & Ireland (AAGBI) and the Royal College of Anaesthetists (RCoA) as a representative Specialist Society. In producing this statement, Council of RA-UK has, in keeping with the Society's objectives, put patient safety first.

Anyone performing local or regional anaesthesia requires a detailed knowledge of human anatomy, the specific injection technique, and the pharmacology and toxicology of local anaesthetic drugs (LAs), as well as appropriate training in resuscitation, usually to Advanced Life Support standards. During training, those learning the techniques should be supervised until fully competent, and thereafter must be accountable to a recognised professional regulatory body for the maintenance of that competence.

RA-UK differentiates between local and regional anaesthesia:

Regional anaesthesia techniques place LA near nerves close to or within the neuraxis, around the major plexuses or identifiable peripheral nerve trunks, or by accessing the nerves of a limb by intravenous injection under tourniquet. These techniques have the potential for producing life-threatening complications if not performed properly, so they require a high level of *basic* and *specialist* training.

Local anaesthesia is not so targeted; it includes techniques such as infiltration of a laceration or minor wound incision, or topical LA application to mucous membranes or conjunctivae. Proper training is still required to ensure efficacy and patient safety, but such training should mean that the adverse physiological consequences are minor.

The use of regional anaesthesia may offer benefits to patients, but has long been controversial because of the risk of serious complications, and there is some recent evidence that these methods are associated with a disproportionately high incidence of medicolegal claims [1]. Thus, RA-UK considers that only appropriately trained physicians should institute regional techniques, although subsequent injections through indwelling catheters may be made by appropriately trained non-physician practitioners.

RA-UK has become aware of the recent extension of the role of some nurses and Physician's Assistants (Anaesthesia) - PA(A)s - to include regional anaesthetic techniques. For the reasons indicated above, RA-UK opposes such extension, supporting the current position of the RCoA and AAGBI that PA(A)s "*are not qualified to undertake regional anaesthesia*" [2]. RA-UK does not support initiatives which aim to promote the performance of regional anaesthesia by non-physician practitioners, although it does support use of these methods by physicians who are not anaesthetists provided they can demonstrate appropriate training, maintain competency within their College guidelines and operate under relevant Clinical Governance and indemnity requirements.

This is an agreed consensus statement issued by the Council of RA-UK after discussion at the Annual Members Meeting on 7th May 2010. It will be reviewed regularly and revised as appropriate.

Dr Barry Nicholls, President, RA-UK

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References

1. Szypula K, Ashpole KJ, Bogod D, et al. Litigation related to regional anaesthesia: an analysis of claims against the NHS in England. *Anaesthesia* 2010; **65**: 443-452
2. <http://www.rcoa.ac.uk/index.asp?PageID=761>