RA-UK statement regarding the RCoA's Anaesthesia Associates Scope of Practice Document

RA-UK thank the RCoA for the opportunity both to comment on the RCoA's Anaesthesia Associate Scope of Practice and to represent our specialist society on the Scope of Practice Core Writing Group.

RA-UK's position is based on the expert consensus opinion of the RA-UK board. We have discussed the issue of Anaesthesia Associates performing regional anaesthesia at length and it is our unanimous opinion that the practice of regional anaesthesia, other than infrainguinal fascia iliaca block (about which RA-UK has already issued guidance[1]), should be only be performed by physician anaesthetists.

The RA-UK board is made up of 13 members, including a trainee representative, representing trusts from across the UK including Wales, Scotland and Northern Ireland and including centres where AA's are trained and practice. We also consulted our two immediate past RA-UK presidents, both of whom support the current board's stance.

Regional anaesthesia has only recently gained prominence in the RCoA curriculum and it is recognised that training for residents can be a challenge. In the opinion of the RA-UK board, we should preserve the opportunities to train in regional anaesthesia for our resident doctors. The introduction of an additional cohort of AA's, requiring clinical exposure to the performance of regional anaesthesia, would only serve to further reduce these already limited opportunities. The issues around RA training are highlighted in a recent national survey of regional anaesthesia in the UK where it was found that even senior residents were not confident in a number of core blocks.[2]

Plan A regional anaesthesic blocks are not necessarily 'simple 'blocks, rather high value ones we aim to teach to all residents prior to completion of training. The purpose is to make competence easier to achieve, by concentrating training on a smaller number of blocks, rather than indicating that these are particularly easy blocks. A nerve injury is a catastrophic event for the patient and we note the lack of pear reviewed multi centre evidence supporting the safety of non-physician delivered RA.

Many centres in the UK already provide RA services via a block room model which is an established way of working in an efficient manner. AA's may work well within this model but we do not believe that AA's actually performing peripheral RA blocks will add benefit, either to the RA service or for an individual patient. A single anaesthetist blocking for two theatres is already an established model and works well without the need for an AA to actually delivering the regional anaesthesic block.

Regional anaesthesia has many proven benefits. RA-UK believe that patient safety must be our primary concern and that a block performed by a physician anaesthetist, responsible for

following up any complications that may occur, is the best way to delivery a safe and effective regional anaesthetic service.

Dr Nat Haslam
President RA-UK
On behalf of the RA-UK Board.

1. https://www.ra-uk.org/images/Documents/Fascia_Iliaca_blocks_and_non_physician_practitioners_merged_docs.pdf

2. Bellew, B, St-Laurent D.B, Shaw, M. et al. Regional anaesthesia training in the UK – a national survey. *BJA Open*. 2023; **8**, 100241