Cardiff and Vale University Health Board

The scope of practice are written in a clear and unambiguous manner, which is to be applauded. I do, however, have some major concerns with the scope of practice which, I suspect, will stop my institution from recruiting AAs in the near future. These are:

1: We are required to show cost saving by our UHB, which is why we have not recruited so far. This will not be possible now, as our previous insufficient predicted savings were partly to be created by creating extended roles for eye lists. Eye lists are specifically mentioned to require 1/2:1 cover in the scope.

2: I am aware of other institutions developing excellence in areas such as ESP insertion for rib fractures. I was hoping to take pressure of trainees by introducing 12 hour (8am - 8pm), 7 days per week cover for this with a bleep with consultant support in the hospital. This was presented nationally, which was how I became aware of it, highlighting safety, efficiency and training opportunity for AiTs. This is not even category 1 in your guidelines, and will no longer be possible.

3: I feel that the length of time in each phase is too long. At Phase 3, AAs will be on a level with CT2 at the most (or more likely CT1 with IAC), but take 4 years post qualification to reach there. This will become cost prohibitive at Band 7/8 salary.

4: Not the RCoA's responsibility. But it appears unfair for nurses to be able to become prescribers, but not those from other backgrounds. I believe that political pressure from the RCoA should be used to allow all AAs to become independent prescribers for common anaesthetic medications.

5: The RCoA states that we are "in dire need of more anaesthetists" with a predicted shortfall which can not be currently met by an increase in physician anaesthetists alone [The Anaesthetic Workforce: UK State of the Nation Report]. This scope of practice appears to be a reaction to criticism by a vocal minority, largely made of AiTs or their representatives. Quality and safety should be foremost, but also should be the argument that AAs will not be in competition for consultant jobs. A stronger message would be that AAs can not be funded by consultant salary; this is something I insisted on in Cardiff (and we do not have AAs here because of this), whereas I am aware of a neighbouring health board who are paying for their AAs with this money, so hampering future consultant recruitment. AAs should be part of the solution, not the problem.