

Sheffield Teaching Hospitals NHS Foundation Trust

Dear Colleague

Thank you for the opportunity to respond to the consultation on the draft Anaesthetic Associate (AAs) scope of practice 2024.

We have had extensive experience of and discussion on this topic, with years of safe inclusion of anaesthetic associates in our general and cardiothoracic anaesthetic services. We are not aware of any verifiable evidence that AAs were any more or less safe than other parts of the profession or that the training of anaesthetists has been negatively impacted by AAs

Our comments:

- We have had AAs working safely in cardiothoracic practice for years with clear training and no safety incidents and WOULD not support that area being excluded
- We have had AAs providing nerve blocks / regional anaesthesia after appropriate training without incident or concern and WOULD WANT TO CONTINUE with that practice and would be concerned about a conflict of interest from those who specify otherwise
- Training should be competency based and not time based
- The agreed scope of practice should be applied in general settings.
- For subspecialties there should be a separate scope of practice with advice when drafting from institutions that have a long and safe track record of utilising AAs within those subspecialties
- Given the similarities of the training and examination of ACCPs and AAs we are unclear of the justification for restricting the scope of practice of AAs who work with a predominantly stable elective patient population under close local supervision, but no restrictions on the scope of practice of ACCPs who work with a critically ill population under often distant supervision (especially when out of hours working is considered). AAs in our institution do not work out of hours.

We have very significant concerns that the scope of practice, if implemented, will have a negative effect on the delivery of our anaesthetic service in Sheffield and a very negative impact on the care we can deliver to patients.