Research by Design
MEMBERSHIP INTELLIGENCE

Research Report

Royal College of Anaesthetists

Anaesthesia Associates Research

April 2024

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1. Introduction

1.1 Background

The Royal College of Anaesthetists (RCoA) commissioned independent research agency Research by Design (RbD) to conduct research seeking opinions of anaesthetists on their experiences with and perspectives on anaesthesia associates (AAs).

RCoA has 26,000 members and represents anaesthetists in the UK. It is a charity, acts as a voice for the profession, oversees standards for training, sets exams, sets clinical standards, conducts research, and develops evidence-based policy.

It takes substantial training to become an anaesthetist. At least 10 years are required to become a SAS grade anaesthetist, and at least 14 to become a consultant. Anaesthesia associates are required to undertake a two year postgraduate training programme, following a minimum of 3 years as a registered healthcare professional (such as an operating department practitioner or nurse) or completion of a biomedical science degree. Anaesthesia associates work under supervision, typically either a 1:1 or 1:2 model with a consultant anaesthetist or other autonomously practising anaesthetist.

The last RCoA workforce survey (2022) indicated that there were 154 AAs working across the UK, compared to around 11,000 consultant, SAS, and LED anaesthetists and 5,000 anaesthetists in training. There are currently around 200 AAs in the UK, however, NHS England's Long Term Workforce Plan[1] included proposals to increase these numbers to around 2,000 by 2036/37. NHS England have subsequently clarified that this is an aspirational number and actual numbers will be driven by demand and the capacity to train.

The survey sought to understand the perceptions and experiences of anaesthetists regarding anaesthesia associates, particularly concerning the following areas:

- **General perceptions** and experiences of working with AAs
- Impact on **training opportunities** for anaesthetists
- Impact on **patient safety**
- **Value for money** of AAs
- Impact on **job satisfaction** for anaesthetists

1.2 Methodology

RCoA designed the content of the survey used in the research. RbD scripted and hosted the survey, ensuring that individual responses remained strictly anonymous, adhering to the Market Research Society Code of Conduct.

[1] NHS England. (2023, 30 June). NHS Long Term Workforce Plan. Retrieved from NHS England: https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf.

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Members of the RCoA were each supplied with a unique link, meaning participants could only complete the survey once. All members of the RCoA who currently work as anaesthetists in the NHS (or HSC in Northern Ireland) were invited to take part.

The AA workforce is currently small in comparison to doctor anaesthetists, hence a large proportion of the RCoA membership have not worked directly with AAs. The survey was designed to capture the experiences of those who have worked with AAs; the perceptions of those who haven't; and where relevant, allow for comparisons between the two.

The survey launched on the 21st of August 2023 and was live until 21st of September 2023. The survey received a total of 6,049 complete responses, comprising a 35% response rate.

The main text of this report covers almost all of the questions asked in the survey, however, a small minority are omitted. The reasons for these are:

- The question was simply used for screening (e.g. Q1 asking whether respondents were anaesthetists working in the NHS or HSC).
- The question was used for data disaggregation purposes, rather than used in its own right (e.g. Q2 which related to the trust/board where respondents worked, and Q16 asking respondents if they provided training to AiTs).
- The interpretation proved too complex (e.g. Q29 which asked for details of working hours).

Nevertheless, the responses from **all** quantitative questions, except Q2 (the trust/board question) can be found in the accompanying data tables.

For the free text questions, we have chosen a representative selection of quotes that broadly reflect the balance of positive and negative sentiment shown in the quantitative data, but with greater representation from respondents who have directly worked with AAs.

The chapters in this report do not always appear in the order the questions were asked in the survey. This is to give a clearer framing and narrative to the results. For example, on Page 12, which is where the substantive results on opinions and experiences begin, the question used is Question 41 which is about overall perceptions towards AAs. While that was asked late in the survey, it is useful see that headline result upfront.

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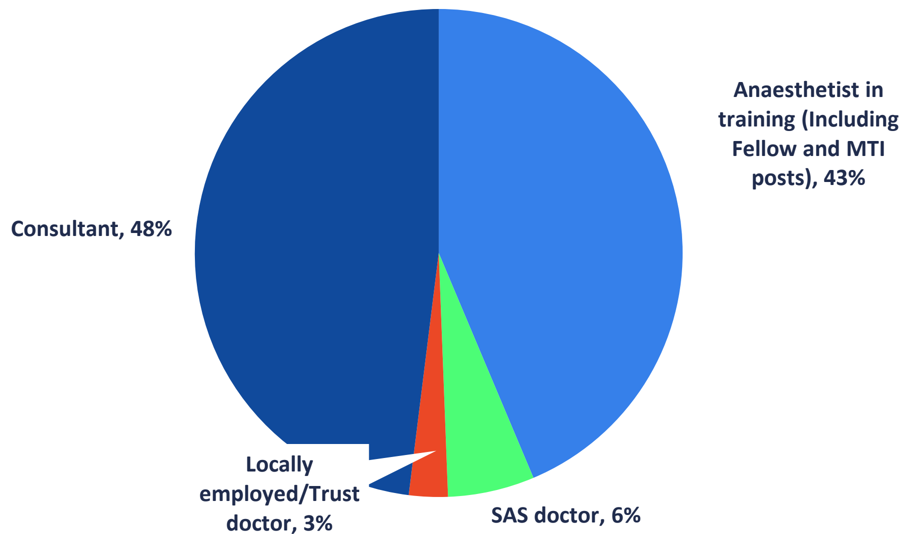
2. Research Findings

2.1 Overview of responses

The survey gained a total of 6,049 responses, and allowed respondents to self-declare their grades, training posts, and varying working arrangements.



Q3. What grade of anaesthetist are you? Base: Total (6,049 respondents).

<u>Comparing the responses to the 2020 census</u>

Comparing the profile of respondents to the 2020 census, we see that in the survey data, AiTs are overrepresented whilst consultants and LED / SAS anaesthetists are underrepresented.

	Survey Population	2020 census	Difference
Consultant	48%	53%	-5%
AiT	43%	33%	+10%
LED / SAS	8%	14%	-6%

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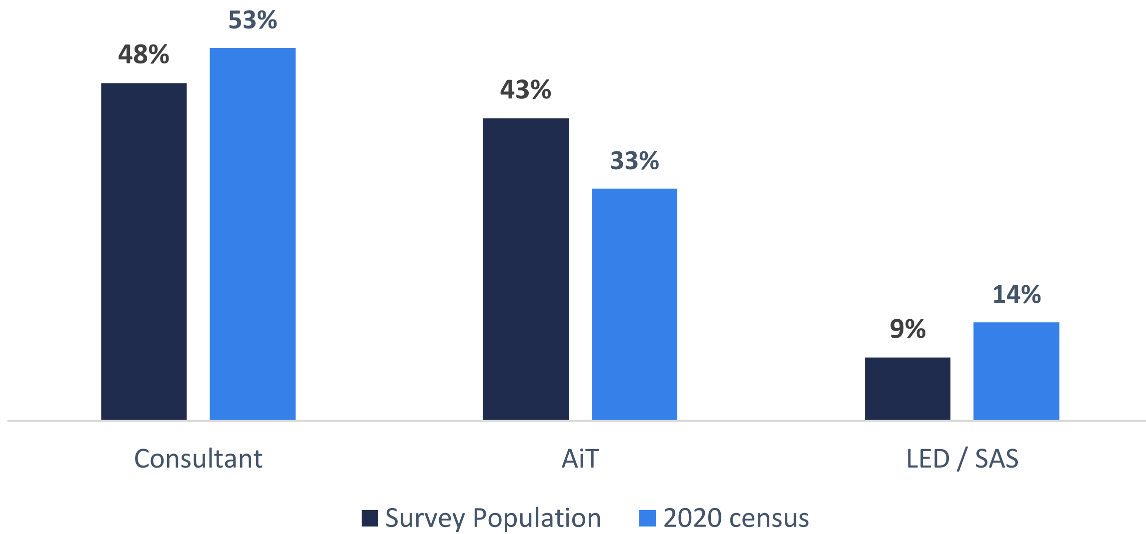
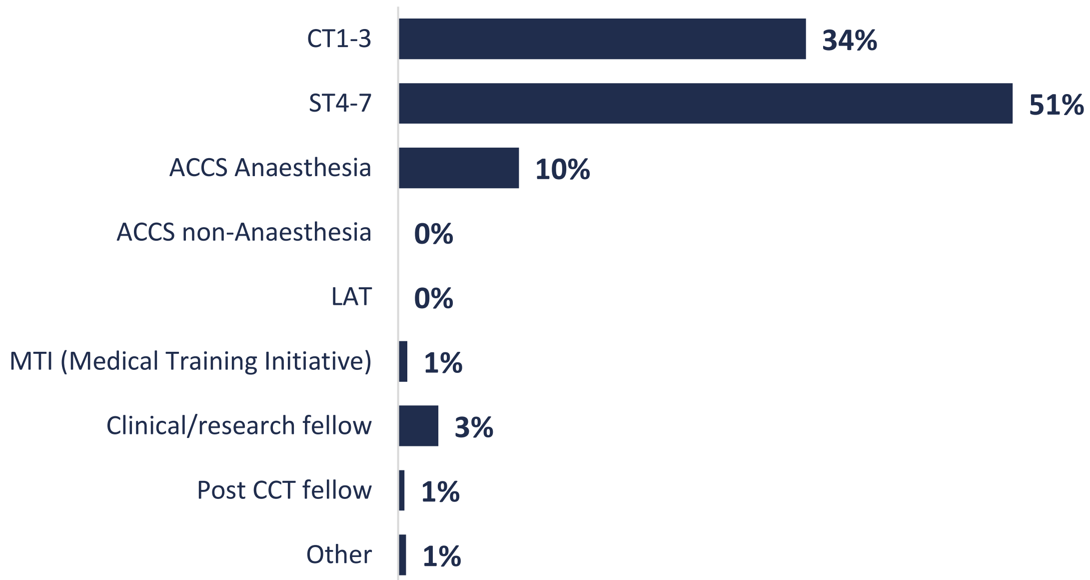


Q3. What grade of anaesthetist are you? Base: Total (6,049 respondents).



Q4. What is your current post? Base: Asked to all AiTs (2,629 respondents).

Among anaesthetists in training, 44% were in core training, breaking down to 34% in CT1-3 and 10% in 'Acute Care Common Stem (ACCS)' programme. 51% were undergoing higher training (ST4-7).

Comparing the responses to the 2020 census

Comparing the profile of respondents to the 2020 census, we see that in the survey data, AiTs who are undergoing core training (CT1-3) or in the ACCS anaesthesia programme are overrepresented.

	Survey Population	2020 census	Difference
CT1-3	34%	20%	+14%
ST4-7	51%	53%	-2%
ACCS Anaesthesia	10%	8%	+2%
ACCS non-Anaesthesia[2]	0%	7%	-7%
LAT	0%	1%	+1%
MTI (Medical Training Initiative)	1%	3%	-2%
Clinical/research fellow	3%	3%	No difference
Post CCT fellow	1%	6%	-5%
Other	1%	1%	No difference

However, it is important to note that since the 2020 census, training has changed. At the time of the census, core training was typically 2 years (CT1-2) and higher training (ST3-7) was 5 years. Currently, the system involves 3 years of core training (CT1-3) and 4 years of higher training (ST4-7). This change may help to explain why this survey contains a higher percentage of core trainees than was measured in the 2020 census.

2.2 Experiences working with AAs

Respondents reported varying experiences working with anaesthesia associates (AAs). 30% of respondents report currently working in a hospital in which AAs are employed and 26% having previously worked in a hospital with AAs. Of these, 82% report having worked in a hospital with qualified AAs and 12% have only worked with student AAs.

[2] ACCS non-anaesthesia were excluded from the survey.

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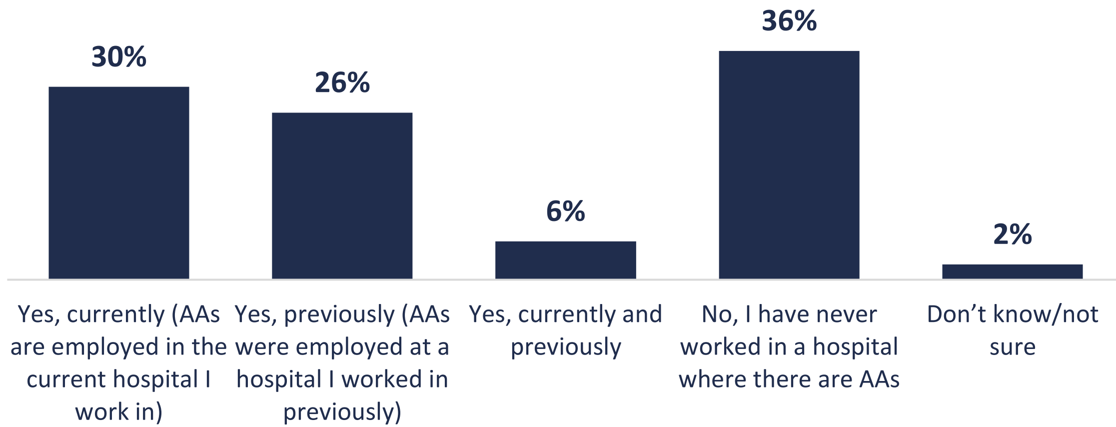
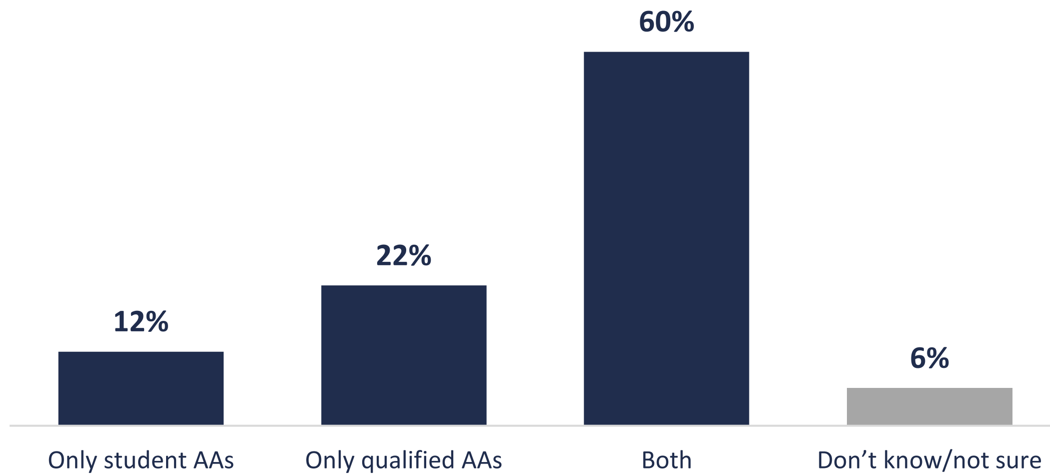


Q5. Do you have experience of working in the same hospital as AAs? Base: Total (6,049).



Q6. To the best of your knowledge, in your current and previous hospital(s), have there been…Only student AAs / Only qualified AAs / Both / Don't know / not sure. Base: Those who have worked in a hospital with AAs (3,750).

Among respondents who have worked with AAs, the average number of AAs present in their hospital is 2. There is little variation between different grades of anaesthetist.

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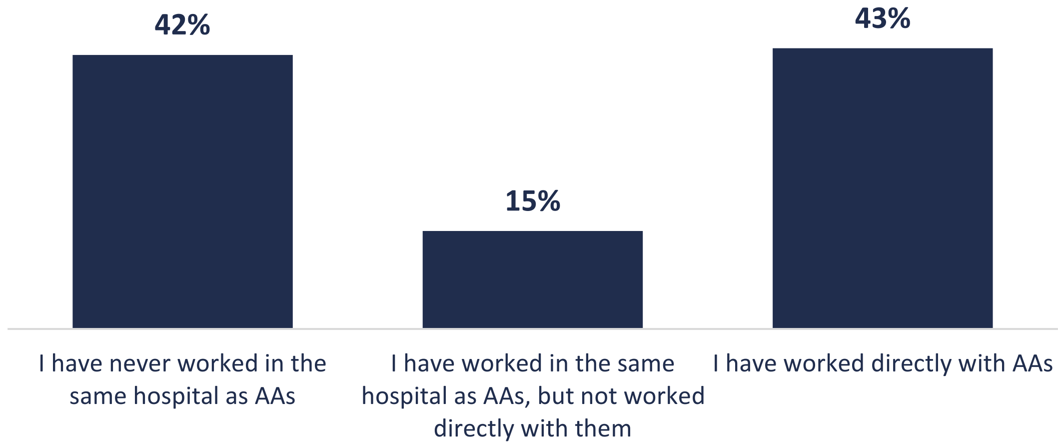
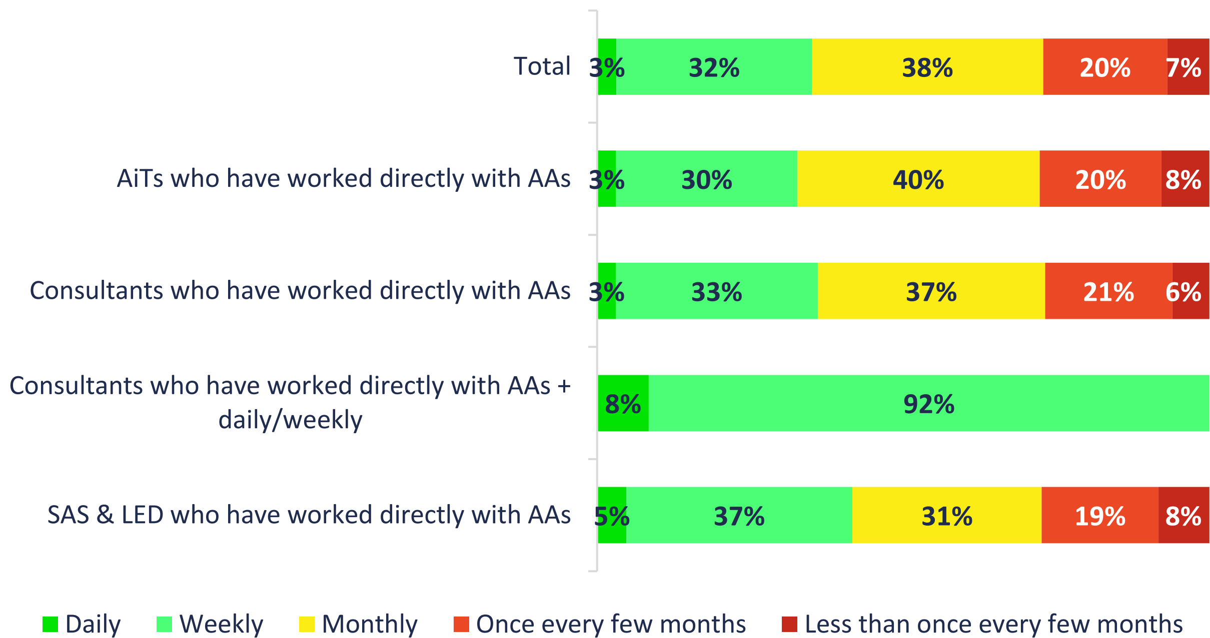
Just over two fifths (43%) of respondents reported that they have worked directly with AAs, and a similar proportion (42%) have never worked in the same hospital as an AA. 15% have worked in a hospital with AAs present but have not worked directly with them. In this instance, 'directly' refers to having worked in the same theatre as AAs, given them supervision, or provided training to them.



Q10. How closely have you worked with AAs? Base: Total (6,049). [Rebased to include all respondents]

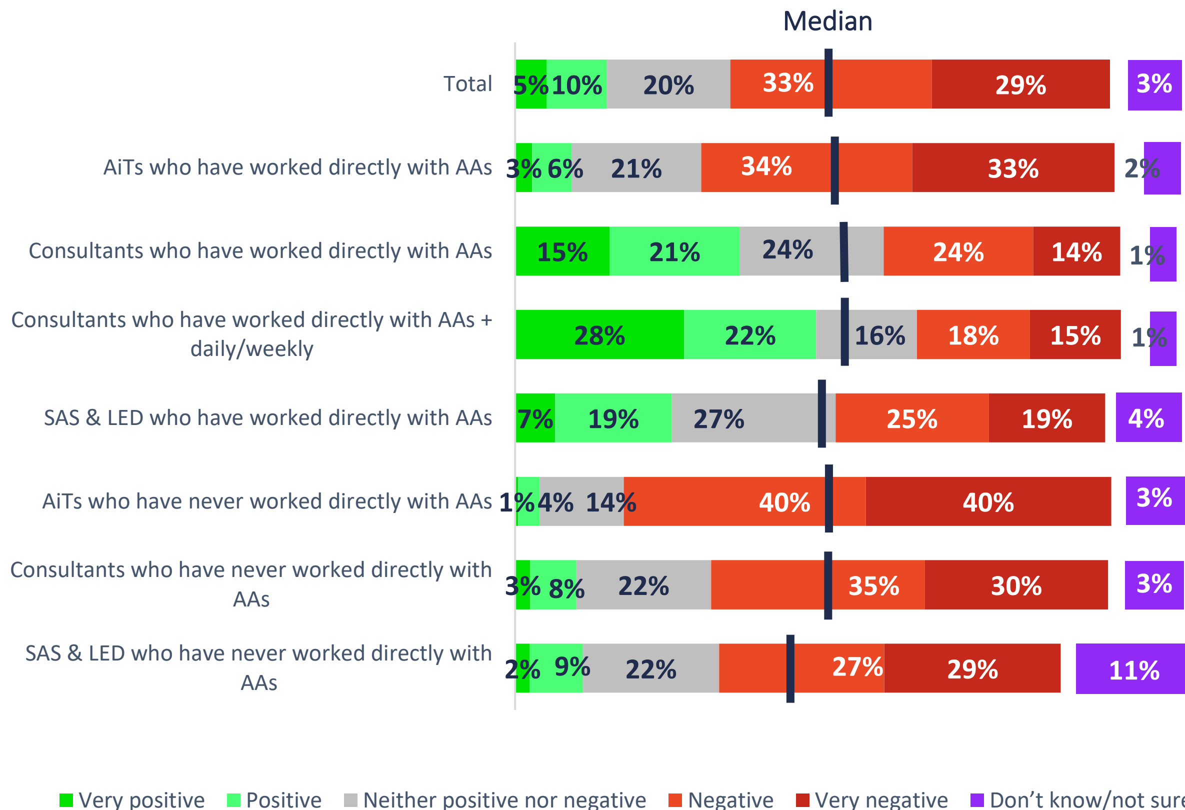
Anaesthetists who work directly with AAs, are unlikely to work directly with them daily (3%), but many work weekly (32%), monthly (38%), or once every few months (20%). The regularity of working alongside AAs is consistent between grades of anaesthetist.



Q11. In the hospital(s) where you have worked with AAs, how frequently do you/did you work directly with them? Base: Those who have worked currently or previously in a hospital with AAs Base: Total (2,625), AiTs who have worked directly with AAs (1,036), Consultants who have worked directly with AAs (1,416), SAS & LED who have worked directly with AAs (168).

2.3 Overall opinions towards AAs

Overall, there is a clear negativity of opinions towards AAs. 62% of respondents express a negative overall opinion of AAs and 15% express a positive overall opinion of AAs, with the median respondent holding a negative perception towards AAs. Generally, those who have worked directly with AAs hold a more positive opinion of them, although among anaesthetists in training there are very negative opinions regardless of whether they worked directly with them or not. Consultants who have worked directly with AAs are more likely than other grades to hold a positive opinion about them (36%). The median respondent within this group typically has neither a positive nor negative view towards AAs. Of these consultants, those who work alongside AAs on a daily / weekly basis are most likely to hold a positive opinion about AAs (50%).



Q41. Overall, how would you describe your opinion towards AAs? Base: Total (6,049), AiTs who have worked directly with AAs (1,036), Consultants who have worked directly with AAs (1,416), SAS & LED who have worked directly with AAs (168), AiTs who haven't worked directly with AAs (1,593), Consultants who haven't worked directly with AAs (1,477), SAS & LED who haven't worked directly with AAs (333).

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This general picture and overall opinion towards AAs maps broadly onto more specific questions about the role and impact of AAs, with the degree of negativity varying according to the question asked.

Some of the views that have been expressed by respondents about the role and impact of AAs are shown below.

"The expansion of AA numbers is being done at a time where the number of training posts (especially for ST4+) remains far too low for the number of consultant Anaesthetists that is required. Furthermore, with more core trainees completing CT3 than there are ST4 jobs available, this represents a significant block in the career progression for junior anaesthetists. On another note, AAs are practicing independently with far fewer years of training and will earn a higher salary than a core trainee despite less experience at the time of their qualification. This begs the question of why doctors must go through 5-6 years medical school + 2 years foundation training + 3 years core training, to then still not be earning as well as an AA (based on hourly rate for a 40-hour week with no out of hours commitments), nor being able to work as independently as them."

AiT who has worked directly with AAs

"It would be better to use the money we are training AAs on training more consultants. The College's focus should be on increasing ST4 training posts."

SAS/LED who has worked directly with AAs

"The government agenda has always been to reduce the cost of expensive doctors where possible. The government will simply think they can cover anaesthetic services on the cheap with AAs instead of consultants. If we support the expansion of AAs, we will see a reduction in consultant numbers long term and cuts to funding for AITs. I worry this will lead to a reduction in standards of anaesthetic care provided."

Consultant who has worked directly with AAs

"Trainee AAs require FAR more support than AiTs. This adds a significant amount of workload sometimes to very busy emergency lists. Even AAs who have completed training don't add as much as an AiT does."

Consultant who has worked directly with AAs

"I'm not sure why there is such an impetus on expanding non-doctor numbers when we have so many doctor vacancies. Further, the training these non-doctors provide is not equivalent nor tested through the same examinations and quality standard."

AiT who has never worked with AAs

However, for a minority there is a belief that AAs can help support the current workforce. Whilst helping with the workload of consultant anaesthetists, AAs can also help to reduce surgical waiting lists which can in turn improve hospital efficiency.

"Staffing is a huge limiting factor in case management. We need to be flexible and proactive looking to the future."

Consultant who has worked directly with AAs

"We need more people in the workplace, we need to embrace and explore a different way of working."

SAS & LED who has worked directly with AAs

"With huge increases in surgical waiting times and difficulties with staffing it seems sensible to go down the road of training AAs. This model is successfully utilised in many other countries around the world."

AiT who has never worked with AAs

"AAs provide a very useful addition to the anaesthetic workforce. However, their training cannot be considered equivalent to a medically qualified anaesthetist, and so their role and responsibilities need to be carefully considered and not allowed to expand too far in the interests of cost-saving or to compensate for difficulties in medical staffing."

Consultant who has worked directly with AAs

2.4 Two biggest worries about AAs

When asked their two biggest worries about the impact of working with AAs, respondents indicate concerns about the impact on AiT training opportunities (75%) and patient safety / quality of care (66%). Perceived value for money is a concern shared by around one fifth of respondents (21%) and impact on workload (14%).

[3]For consultants who have worked directly with AAs, the two biggest concerns are also impact on training opportunities (selected by 64%) and patient safety (selected by 58%). Compared to other groups, they were also more likely to emphasise "value for money / impact on hospital efficiency" as a concern (selected by 43%). This is possibly due to them having leadership roles which give greater insight into the impact of AAs on hospital efficiency.

Specialty and specialist doctors (SAS) and locally employed doctors (LED) who have never worked directly with AAs are the group most likely to worry that AAs have a negative impact on patient safety / quality of care (80% cite this as a concern). SAS and LED doctors who have worked directly with AAs are slightly less likely to be concerned (selected by 71% of this group), but it remains one of their two greatest concerns.

AiTs who have worked with AAs also cite the impact on training opportunities (73%) and patient safety / quality of care (66%) as their two biggest concerns. These are in fact the two biggest concerns for all grades whether or not they have worked directly with AAs.

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[3] *Note: Commentary here relates to filtered data not all shown in this chapter. Charts showing Q42 filtered by all 7 grades/working conditions interviewed for this research are found in the appendix.*

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Compared to AiTs who have worked with AAs, AiTs who have not worked with AAs are more likely to say their biggest concern is the impact on their training (82% compared to 73% of AiTs who work directly with AAs).

Q42. What are your two biggest worries about AAs? Base: Those who are not positive about AAs (4,971).

Note: Charts showing Q42 filtered by all 7 grades/working conditions interviewed for this research are found in the appendix.

"I have serious concerns regarding their pharmacology and physiology understanding. They have not completed medical training and are essentially a cheap poorly trained replacement for doctors. They lack the grounding in medicine to consider the more complex cases and implications outside of protocolised medicine."

AiT who has worked directly with AAs

"AAs are not medically trained. They have dangerous gaps in their knowledge, including of how to manage emergency situations. I believe they pose a massive risk to patient safety, and serious incidents and harm will result from the expansion of their role."

Consultant who has worked directly with AAs

"Whilst AAs could, in theory, improve AiT training by taking away tasks which are of less educational value in my experience (admittedly limited) this does not happen- the AA as permanent member of staff with good working relationship with the consultants often have 'preferred lists' and are kept engaged for fear they would leave, where AiTs are treated as rotational bodies whose major function is to fill out-of-hours rotas on obs and ICU and where training is a secondary concern."

Consultant who has never worked with AAs

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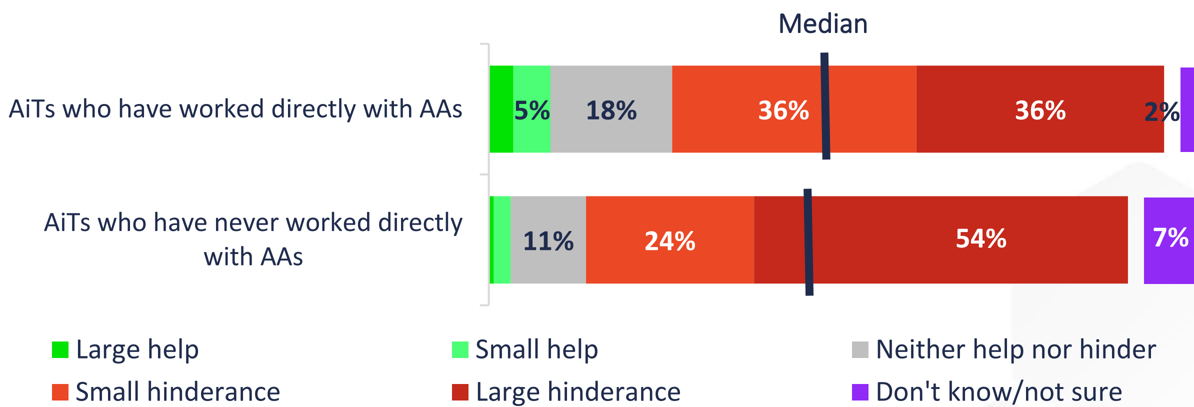
"I think the main risk would be to dilute ST1/2 exposure to low complexity surgery. I think the main benefit, which would be hugely significant, would be if AAs could increase independent care out of hours. This would allow AiT to cover less out of hours service work, which I believe to be the greatest hindrance to AiT training. Therefore, crucial to understanding the impact of AA would be understand if they could cover out of hours roles traditionally covered by AiTs."

Consultant who has worked directly with AAs

2.5 Training

A majority of AiTs hold the view that the presence of AAs in their hospital hinders their anaesthetic training or would hinder it if AAs were employed in their hospital. 72% of AiTs who work directly with AAs believe they hinder their anaesthetic training (compared to 9% of this group who think AAs help their anaesthetic training). AiTs who have never worked directly with AAs hold even more negative perceptions, with 79% believing that AAs would hinder their training, with just 3% believing they would help. This is further emphasised when comparing the median respondents for each group, with the median respondent for AiTs who have never worked directly with AAs feeling that AAs would be a large hindrance (as seen below).

Overall, to what extent do you believe the presence of AAs in your hospital would help or hinder your anaesthetic training?



Q12a. Overall, to what extent do you believe the presence of AAs in your hospital would help or hinder your anaesthetic training? Base: AiTs who have worked directly with AAs (1,036), AiTs who haven't worked directly with AAs (1,593).

"They [AAs] have actively sought more 'interesting' cases as their rota is more flexible whilst 'trainees' have been left to perform service provision."

AiT who has worked directly with AAs

"AAs have completely hindered my training. I'm stuck accompanying consultants on long cases where I'm not really learning much, whilst the AAs are doing the high turnover lists with lots of intubations and procedures."

AiT who has worked directly with AAs

"I believe and have concerns that AAs will reduce the opportunity for trainees, particularly more junior trainees, getting experience and numbers with ASA 1-2 patients. I have seen this with locum agencies who only do the 'simple cases' leaving the more complicated cases to the departmental anaesthetists. I think as a trainee you need a lot of experience, and this partly done through numbers."

AiT who has never worked with AAs

Consultants who deliver training to AiTs and have worked directly with AAs are more likely to be positive about the impact of the presence of AAs on training given to AiTs than consultants who deliver training to AiTs but have never worked directly with AAs. This is evident when drawing comparisons from the median respondents; the median response for consultants who deliver training and who have worked directly with AAs indicates they believe that AAs neither help nor hinder the education and training they deliver. This is compared to the median response for consultants who have never worked directly with AAs which indicates that AAs are seen as a large hindrance. However, it is worth noting that all consultant trainers who have worked directly with AAs are still more negative than positive about the impact of the presence of AAs on training that they have delivered. Amongst consultants who work directly with AAs daily or weekly, there is a higher proportion who are positive about the impact of AAs in this area, mirroring trends in the overall perception of AAs. Despite this, views on the overall help or hindrance provided by AAs polarises within this group. 37% of consultants who work with AAs daily or weekly believe AAs are a help in the training and education of AiTs and 37% believe they are a hindrance, with 23% saying they neither help nor hinder training.

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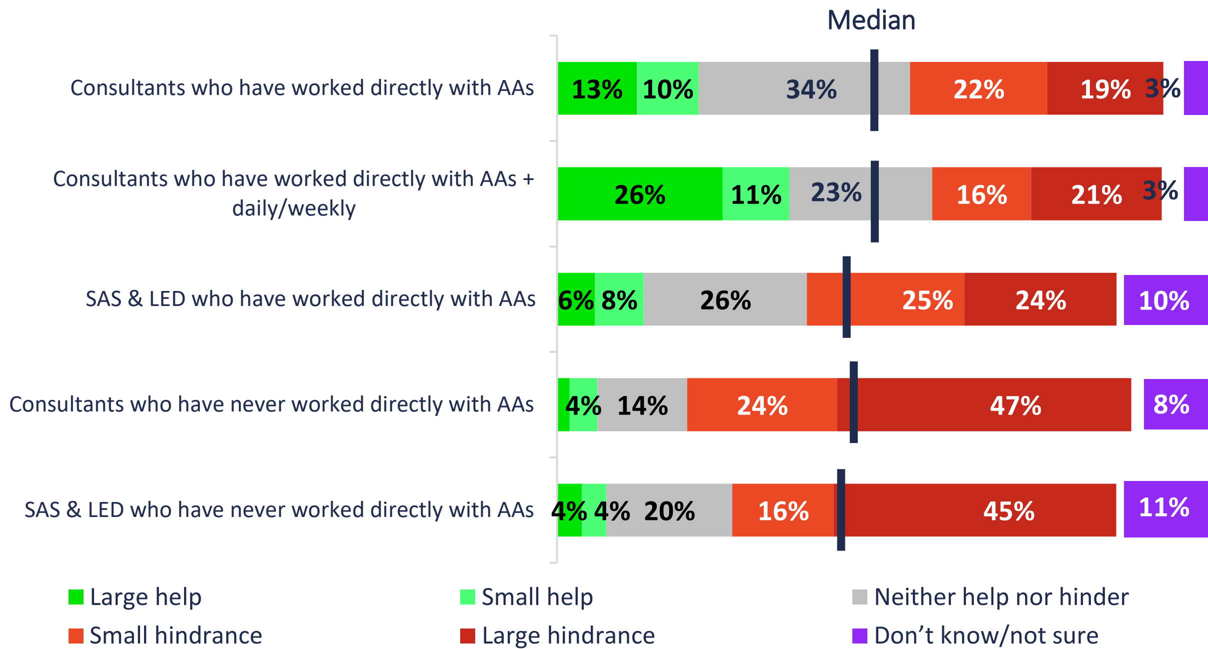


Q18. Do you believe AAs have helped or hindered the training and education you have personally delivered to anaesthetists in training? Base: Consultants who have worked directly with AAs (1,416), SAS & LED who have worked directly with AAs (168), AiTs who haven't worked directly with AAs (1,593), Consultants who haven't worked directly with AAs (1,477), SAS & LED who haven't worked directly with AAs (333).

"Having both AAs and Anaesthetic training in an Anaesthetic room creates a dynamic that the consultant has to manage in terms of maximizing learning opportunities for both. The training level of each person is different and difficult to provide same opportunities as you have to divide them to be fair to both."

Consultant who has worked directly with AAs [and provided training to AiTs]

"Having AA trainees in the department has sadly been quite detrimental to our AiTs. They are essentially direct competition for lists and exposure to procedures and put additional pressure on all already stretched group of trainers. Whilst I have nothing against the 2 individuals themselves, I could not support having further AA trainees here in the future."

Consultant who has worked directly with AAs [and provided training to AiTs]

"AAs have taken over regional anaesthesia block lists to run parts of the service in hospitals I have previously worked in. This reduced exposure of trainees to regional anaesthesia. Also, simple lists with ASA 1/2 cases which would be great for AITs were being done by AAs hence reducing clinical experience for AiTs".

Consultant who has worked directly with AAs

"I strongly believe that AAs will hinder the delivery of training to AiTs. The best improvement to the training of AiTs was when our department was able to facilitate 1:10 rotas. I do not believe that AAs will help facilitate this as all of info presented to us suggests that AAs do not work out of hours."

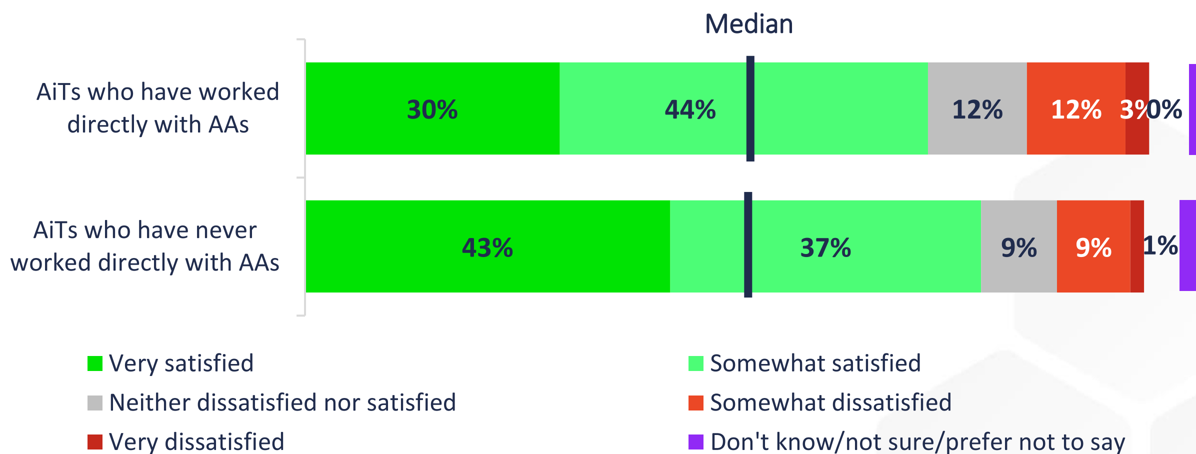
Consultant who has never worked with AAs

"If AAs could free up AiTs from service commitments, this might enable greater access to educational opportunities for AiTs at other times. Conversely, assuming AAs need significant support and supervision, myself and other consultant colleagues will not be free to teach and supervise AiTs."

Consultant who has never worked with AAs

2.5.1 AiT's satisfaction with training

AiTs who have never worked with AAs are more likely to report being satisfied with all aspects of their training compared to AiTs who work directly with AAs. For example, 59% of AiTs who work directly with AAs are satisfied with the number of cases they are exposed to compared to 69% of AiTs who do not work directly with AAs. Similarly, 61% of AiTs who work directly with AAs are satisfied with the variety of cases they are exposed to, compared to 68% of AiTs who do not work directly with AAs.



Q20. To what extent are you satisfied with the following aspects of your training? Base: AiTs who have worked directly with AAs (1,036), AiTs who have never worked directly with AAs (1,593).

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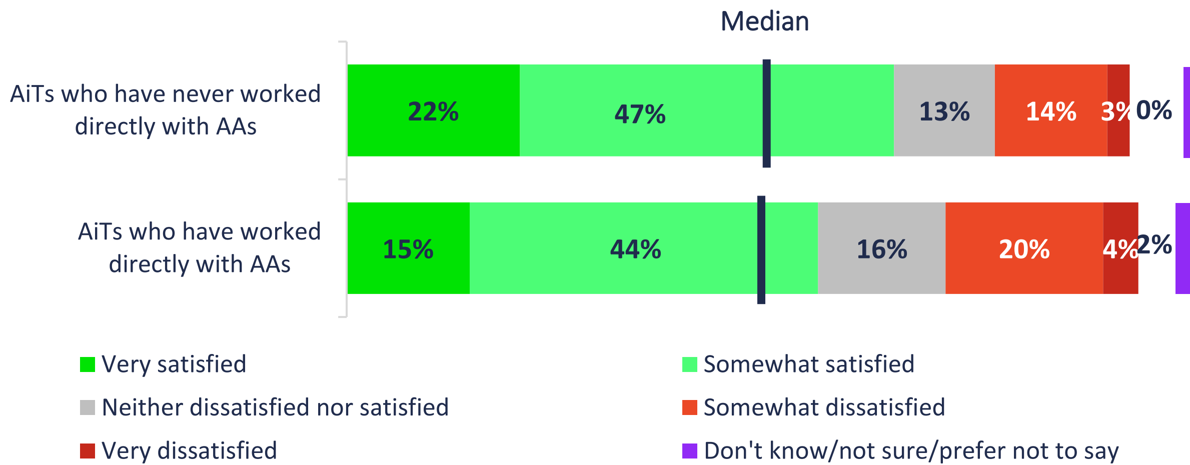
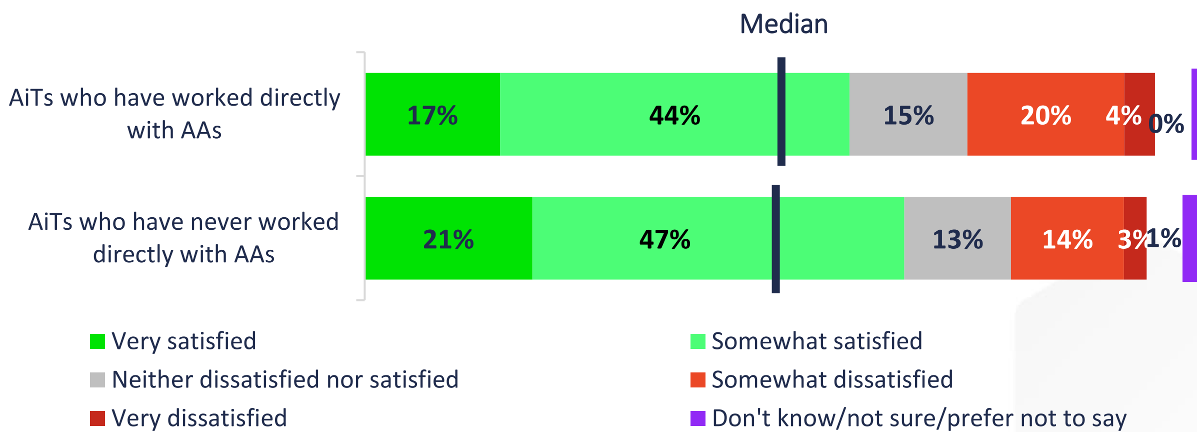


Q20. To what extent are you satisfied with the following aspects of your training? Base: AiTs who have worked directly with AAs (1,036), AiTs who have never worked directly with AAs (1,593).



Q20. To what extent are you satisfied with the following aspects of your training? Base: AiTs who have worked directly with Aas (1,036), AiTs who have never worked directly with AAs (1,593).

2.5.2 The impact of AAs on the different aspects of training

AiTs are likely to perceive AAs as having a detrimental impact on elements of their training, with the median response citing that the presence of AAs has had a 'somewhat negative' impact on the different aspects. Those who have worked directly with AAs are considerably more likely to view AAs as having a neutral (neither a positive nor negative) impact on their training; however, the majority of AiTs who have worked directly with AAs view the

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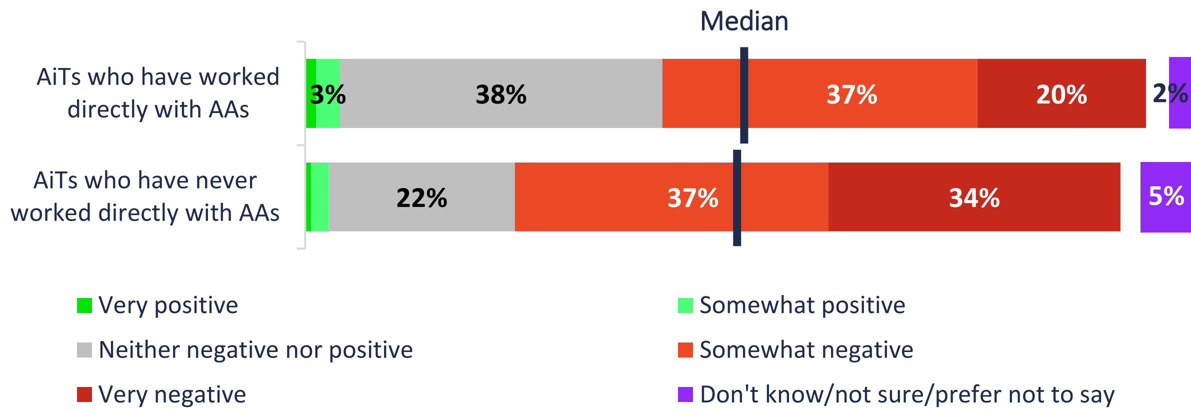
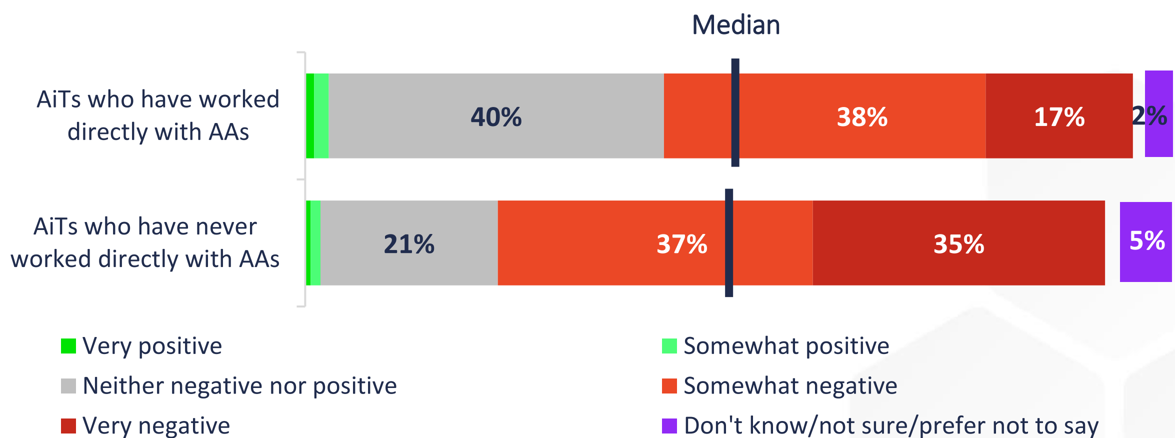
impact of AAs on all elements of their training as detrimental, except for 'time to engage in education or education events' which has no clear majority. A minority of AiTs regard AAs as having a positive impact on the different aspects of their training.



Q21b. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of your training? Base: AiTs who have worked directly with AAs (1,036), AiTs who have never worked directly with AAs (1,593).



Q21b. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of your training? Base: AiTs who have worked directly with AAs (1,036), AiTs who have never worked directly with AAs (1,593).

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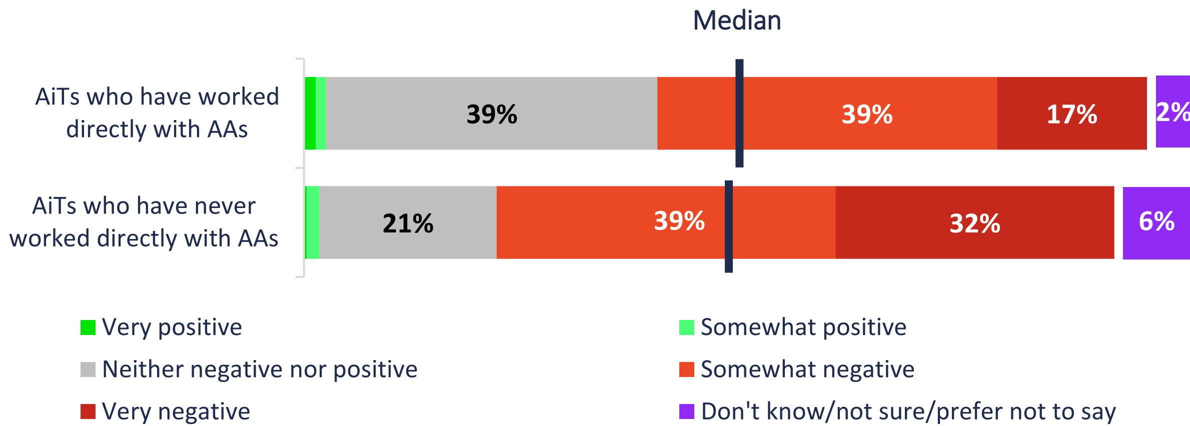

Q21b. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of your training? Base: AiTs who have worked directly with AAs (1,036), AiTs who have never worked directly with AAs (1,593).

2.5.3 The viewpoint of consultants who train AiTs

Consultants are generally positive about the training they can deliver to AiTs and this is true whether or not they have worked directly with AAs. However, despite this positivity there are clear pockets of dissatisfaction across all aspects of training.

Consultants who have worked directly with AAs are unlikely to perceive a positive impact of AAs on the training they can deliver to AiTs, with the median indicating that the impact of AAs on all training aspects is 'neither positive nor negative'. Over a third of consultants who have worked directly with AAs perceive a negative impact from AAs in relation to the number (37%) and variety (37%) of cases AiTs are exposed to, but there is also significant neutrality (42% and 40% respectively) indicating they believe AAs have little impact on these elements.

Where consultants who deliver training have never worked directly with AAs, then they are much more likely to say that AAs have a negative impact on the time they can devote to AiTs (62%), the number of cases AiTs are exposed to (73%), and the variety of cases AiTs are exposed to (68%).

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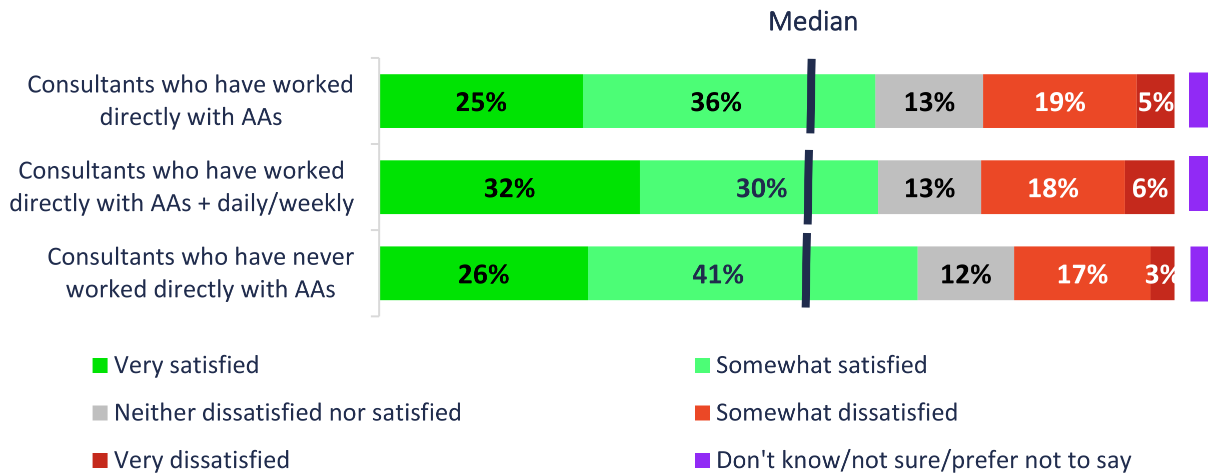
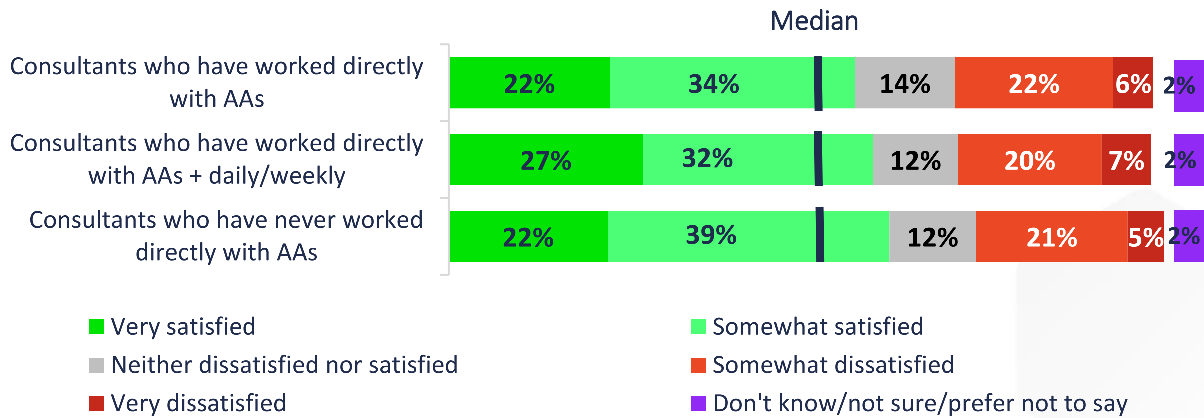
Time you can devote to anaesthetists in training



Q19. To what extent are you satisfied with the following aspects that you are currently able to provide to your anaesthetists in training? Base: Consultants who have worked directly with AAs (1,307), Consultants who have worked directly with AAs + daily/weekly (468); Consultants who have never worked directly with AAs (1,387).

The number of cases AiTs are exposed to



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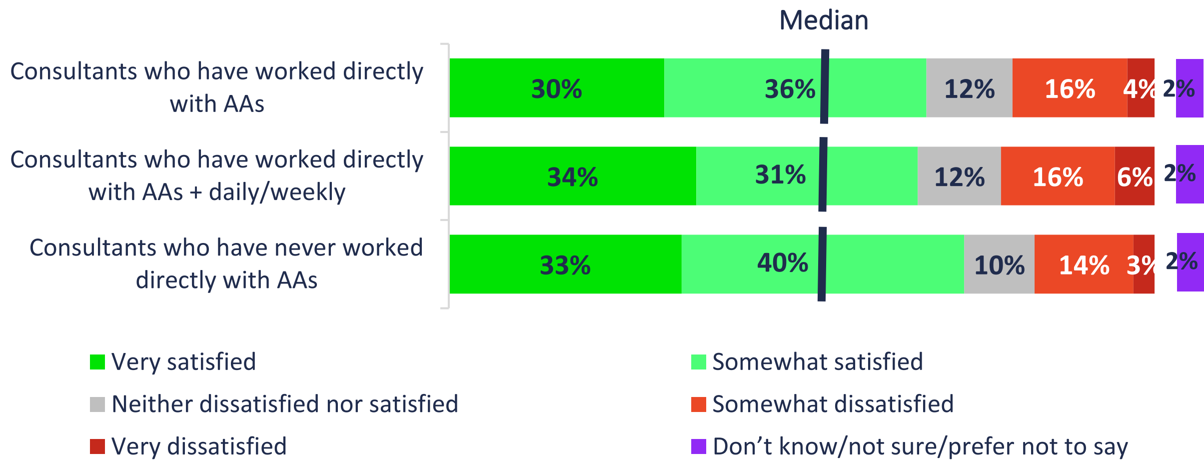

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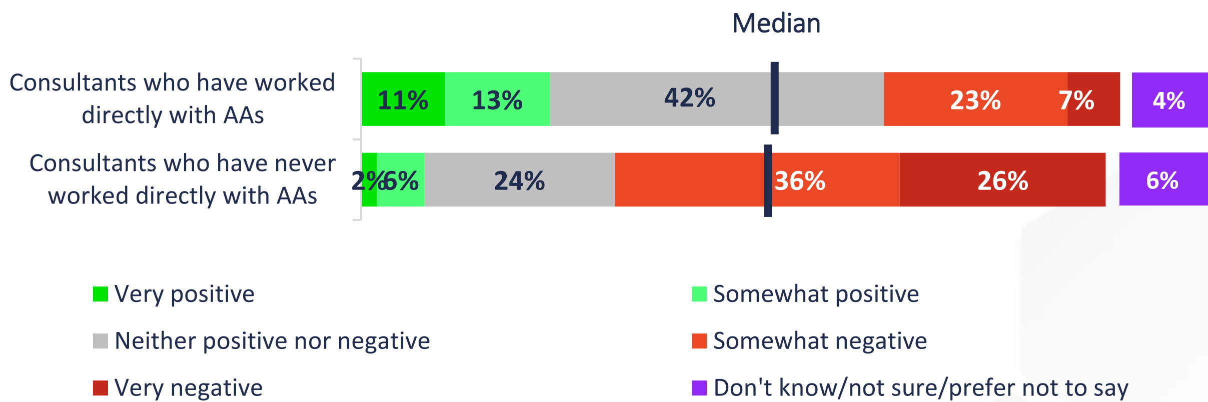
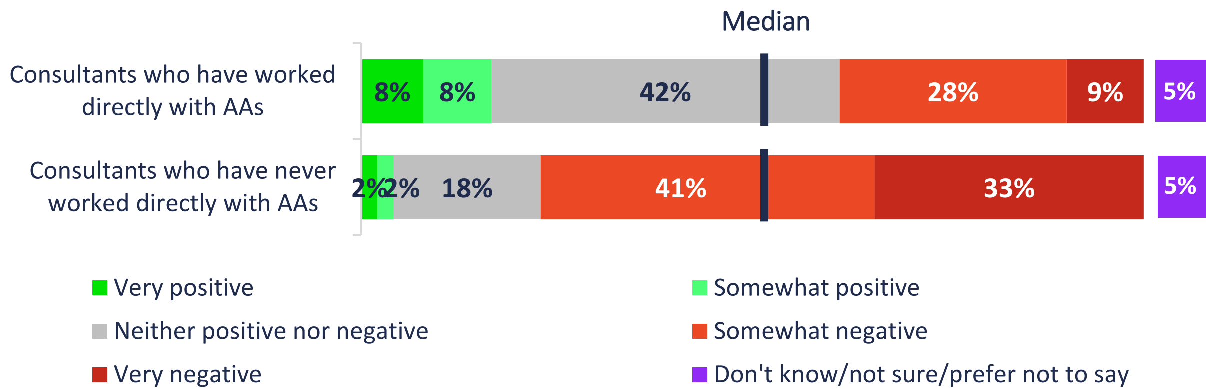


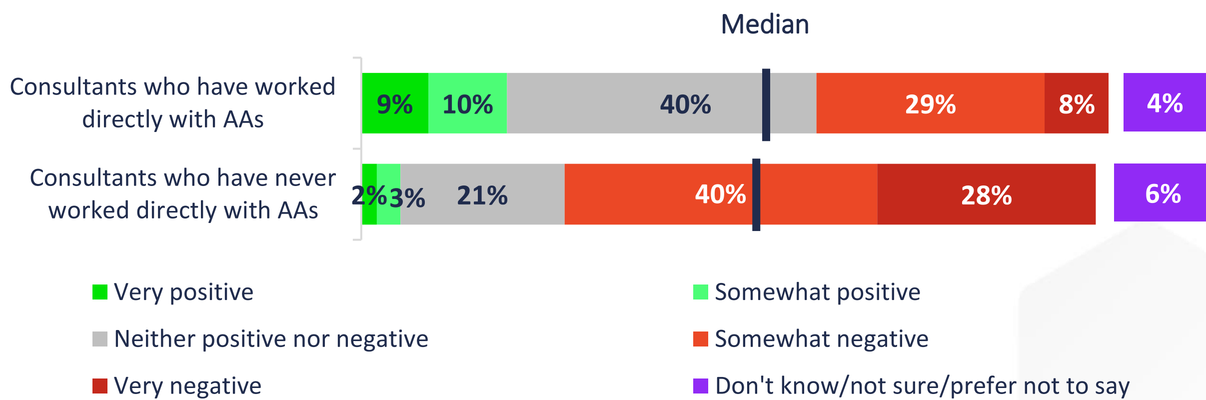
Q21a. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of the training you are able to provide to your AiTs? Base: Consultants who have worked directly with AAs (1,307); Consultants who have never worked directly with AAs (1,387).

The number of cases AiTs are exposed to



Q21a. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of the training you are able to provide to your AiTs? Base: Consultants who have worked directly with AAs (1,307); Consultants who have never worked directly with AAs (1,387).

The variety of cases AiTs are exposed to

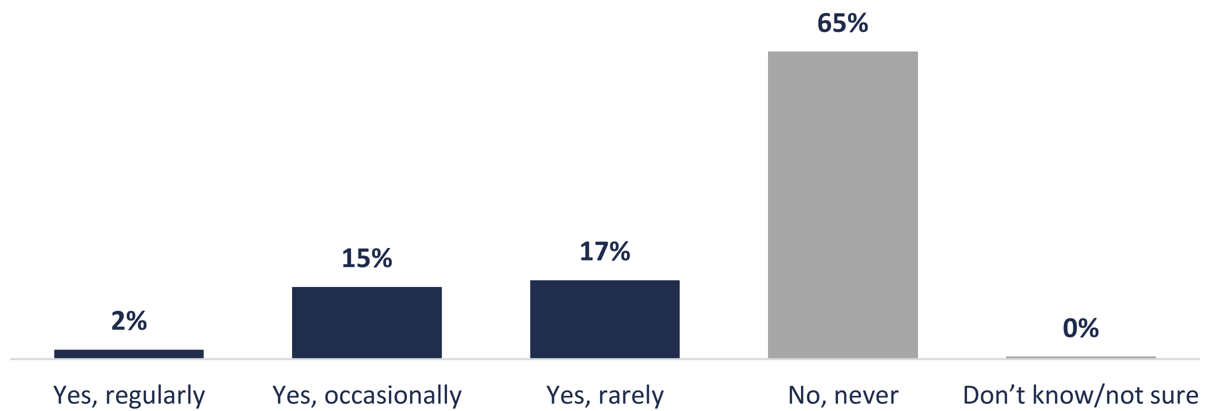


Q21a. To what extent do you believe the presence of AAs in your current or previous hospital(s) has had a positive or negative impact on the following aspects of the training you are able to provide to your AiTs? Base: Consultants who have worked directly with AAs (1,307); Consultants who have never worked directly with AAs (1,387).

2.5.4 AiTs being trained by AAs

The majority of AiTs who have worked with AAs directly (65%) have never received training from them. 32% have occasionally or rarely received training from AAs and 2% receive training from AAs regularly.

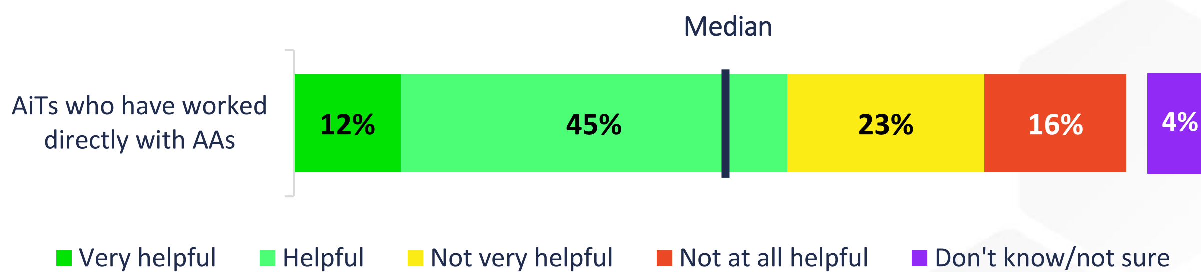
The majority of AiTs who have worked directly with AAs and received training from them directly (57%) describe the training as helpful. Fewer, (39%) describe the training as not very helpful or not at all helpful.



Q13. Have any AAs directly provided training to AiTs? Base: AiTs who have worked directly with AAs (1,036).

"I joined them for a couple of sedation lists that they did under distant supervision. I needed it for my sedation block. They were helpful and nice but the question remains, should I have been doing it under them?"

AiT who has worked directly with AAs



Q14a. To what extent was this training helpful? Base: AiTs who have received training from AAs (354).

Those who say that training from AAs is helpful tend to cite the regional anaesthesia training they receive from AAs as being excellent, as well as noting that the more experienced an AA is, the better the training is likely to be.

"Some of the best teaching I have received was delivered by AAs. In particular, the regional anaesthesia training I received from AAs was exceptional. I learnt most of my regional anaesthesia skills from AAs and received vastly

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more training from them than consultants. AAs also facilitate other forms of training- they relieve me from theatre so I can attend a training opportunity in another theatre (e.g. fibreoptic intubation), and publicise interesting cases and training opportunities around the theatre complex (e.g. regional blocks)."

AiT who has worked directly with AAs

"AAs were mainly employed for help on trauma / plastics trauma lists and so became very expert at regional anaesthesia."

AiT who has worked directly with AAs

"Certain AAs in particular develop skills in regional anaesthesia that surpass the abilities of a lot of consultants and they are an excellent resource for teaching regional techniques."

AiT who has worked directly with AAs

"I was a CT1 and occasionally would be partnered up in theatres with experienced AAs. We'd discuss clinical management of patients and experiences in a similar way to how I'd discuss things with an anaesthetist."

AiT who has worked directly with AAs

"I was frequently paired with an AA during my IAC block. This is completely unacceptable given the intensity of the learning required during the initial 3-month period of anaesthesia where the consultant should wholly focus on training the trainee."

AiT who has worked directly with AAs

"AAs regularly supervised trainees in performing regional blocks. Their practical skills were excellent, but they were not accredited to provide supervision, feedback, or portfolio assessments."

AiT who has worked directly with AAs

"[Training from AA was] well-taught but I prefer to learn from medically trained seniors (consultants, registrars, SAS) as I know their training is in line with mine."

AiT who has worked directly with AAs

2.6 The impact of AAs on working out of hours

AiTs who have worked directly with AAs are likely (69%) to suggest AAs have **no impact on the amount of out of hours work they do.** Very few (2%) suggest AAs decrease the number of out of hours work they do and 18% suggest AAs contribute to an increase in the number of out of hours work they do.

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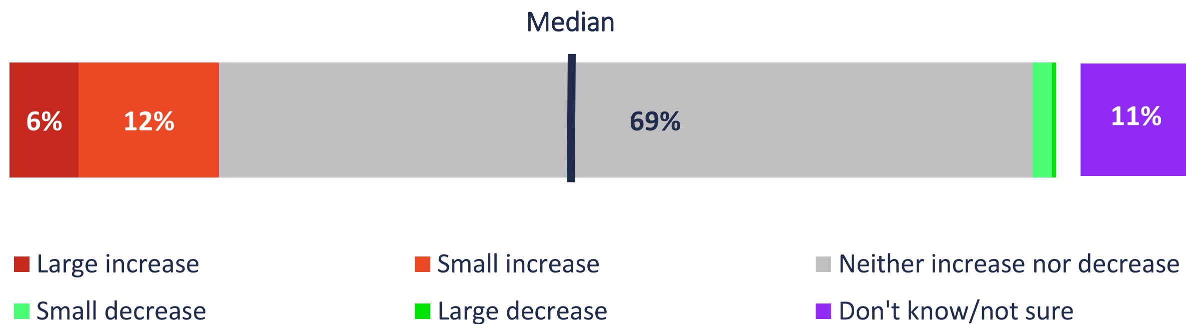

Q30. Do you believe working with AAs increases or decreases the amount of out of hours work you do? Base: AiTs who have worked directly with AAs (1,036).

2.7 The impact of AAs on day-to-day clinical practice

Over half of consultants (52%) who have worked directly with AAs believe they are at least a small help to their day-to-day clinical practice. The more regularly they work with AAs, the more help they perceive AAs to be. This is shown by consultants who work directly daily/weekly with AAs, with this group being considerably more likely to be positive towards the impact of AAs on their day-to-day clinical practice (64% agree that they are a help) versus those who have worked with AAs less frequently or not at all.

Whilst SAS/LEDs who have worked directly with AAs are less likely to be positive compared to consultants, a greater proportion of SAS/LEDs still cite AAs as being helpful (43%) compared to those who cite them as being a hindrance (30%), with the median for this group indicating that AAs 'neither help nor hinder'.

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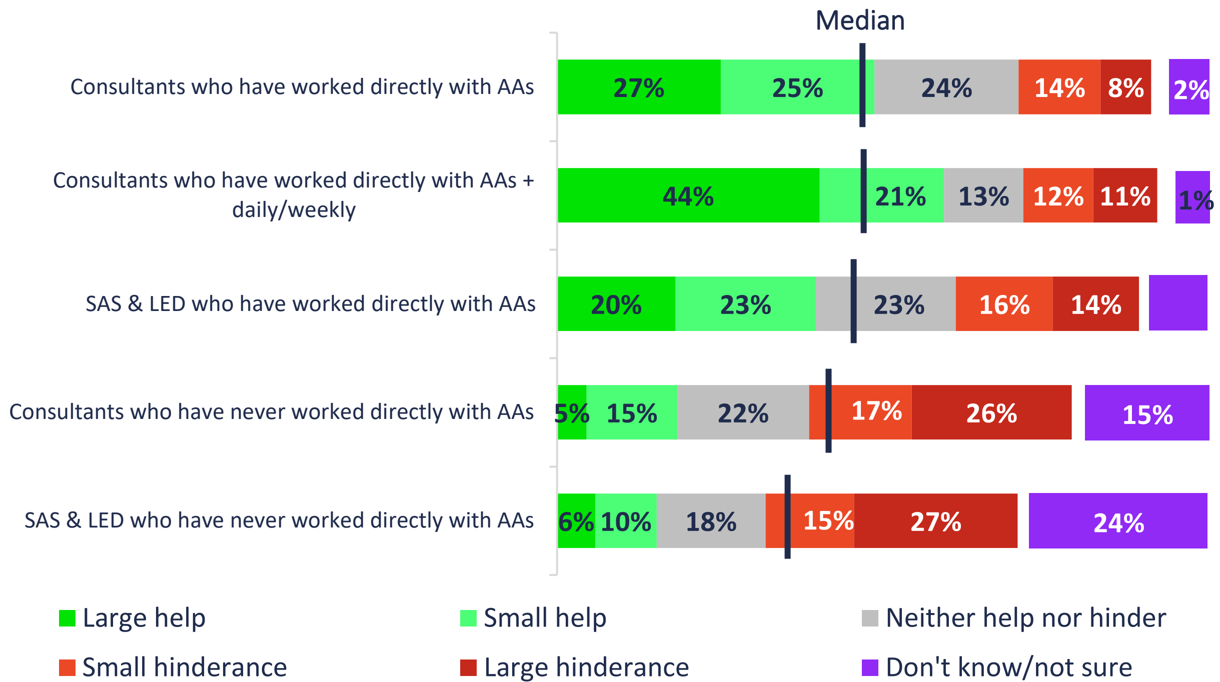


Q12b. Overall, to what extent do you believe the presence of AAs in your hospital would help or hinder your day-to-day clinical practice? Base: Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

Please note that this question was not asked to AiTs. AiTs received questions about the impact of AAs on their training instead.

When analysing those who have not worked directly with AAs, a greater proportion of both consultants and SAS/LEDs believe that the presence of AAs would be a hindrance rather than a help, this is also reflected in the median response for both groups which is AAs being a 'small hindrance'.

- Consultants who have not worked with AAs: 43% believe the presence of AAs would be a hindrance, 10% believe the presence of AAs would be a help.
- SAS/LEDs who have not worked with AAs: 42% believe the presence of AAs would be a hindrance, 17% believe the presence of AAs would be a help.

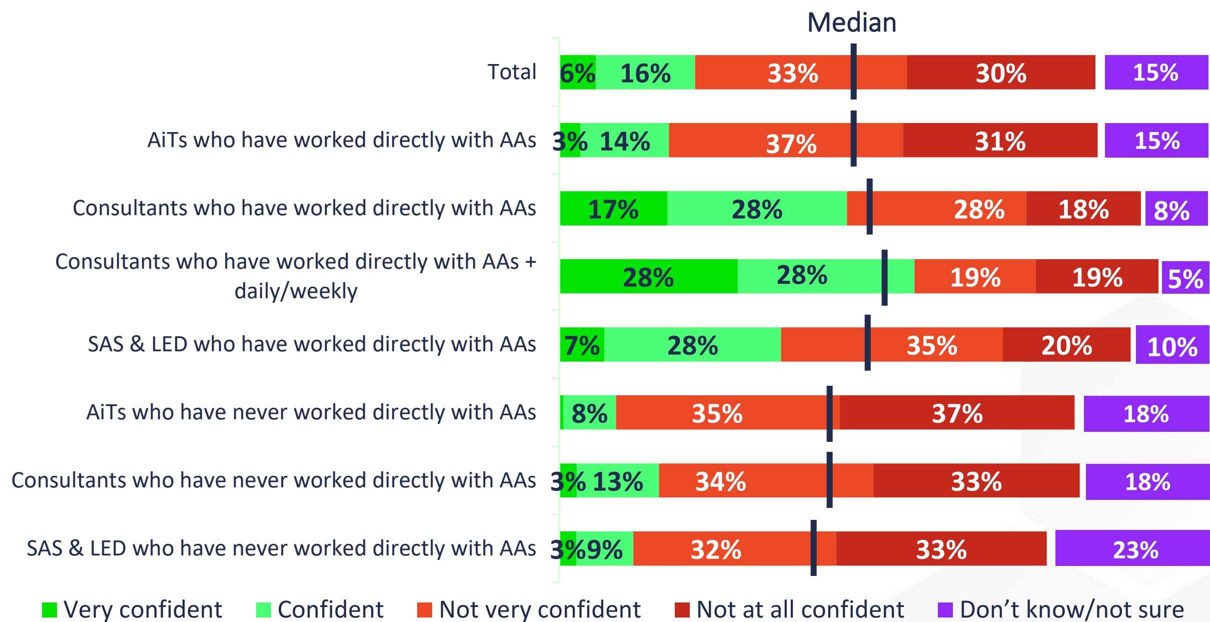
2.8 The impact of AAs on patient safety

When looking at the overall picture, only 22% of respondents are confident in the ability of AAs to provide safe, high quality patient care and successful anaesthetic outcomes.

Consultants who have worked directly with AAs – especially those who work with them daily/weekly – are considerably more likely to say they are confident in their abilities (56%). This is the only group where the median indicates consultants have confidence in AAs to provide safe, high quality patient care. Meanwhile 39% of this same group say they are not confident.

For both SAS/LEDs and AiTs who work directly with AAs, a greater portion are not confident in the abilities of AAs than they are confident.

- 35% of SAS/LEDs and 17% of AiTs (who work directly with AAs) are confident in the ability of AAs to provide safe, high quality patient care and successful anaesthetic outcomes.



Q23. What confidence do you have in the ability of AAs to provide safe, high quality patient care and successful anaesthetic outcomes? Base: Total (6,049 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

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Of those who have never worked directly with AAs, all three groups (AiTs, consultants, and SAS/LEDs) are displaying an overwhelming lack of confidence. AiTs show the least confidence with around three quarters (73%) saying they are not confident, followed by consultants (67% are not confident in AAs) and then finally SAS/LEDs (65% say they are not confident).

2.8.1 The impact AAs have on a hospital's ability to deliver safe patient care

22% of respondents say that AAs have (or would have) a positive impact on their hospital's ability to deliver safe patient care, a greater proportion however (38%) believe that AAs have a negative impact. The median indicates a belief that AAs have 'neither a positive nor negative impact' on their current or previous hospital(s) ability to deliver safe patient care.

Consultants who work directly with AAs are once again the group who cite AAs as having the most positive impact (43% cite this) with this proportion rising to 55% when looking at consultants who work directly with AAs daily/weekly.

Compared to consultants, both AiTs and SAS/LEDs who work directly with AAs are less positive about the impact of AAs on their hospital's ability to deliver safe patient care:

- 33% of SAS/LEDs say AAs have a positive impact.
- 18% of AiTs cite AAs as having a positive impact.

With both of these groups, there are relatively large amounts of neutrality, with 34% of AiTs and 36% of SAS/LEDs selecting that AAs have 'neither positive nor negative impact', this is also where the median for both groups sits.

AiTs (50%), consultants (44%), and SAS/LEDs (45%) who have never directly worked with AAs are more likely to say AAs have a negative impact, with the median for all three groups indicating that AAs have a 'negative impact'.

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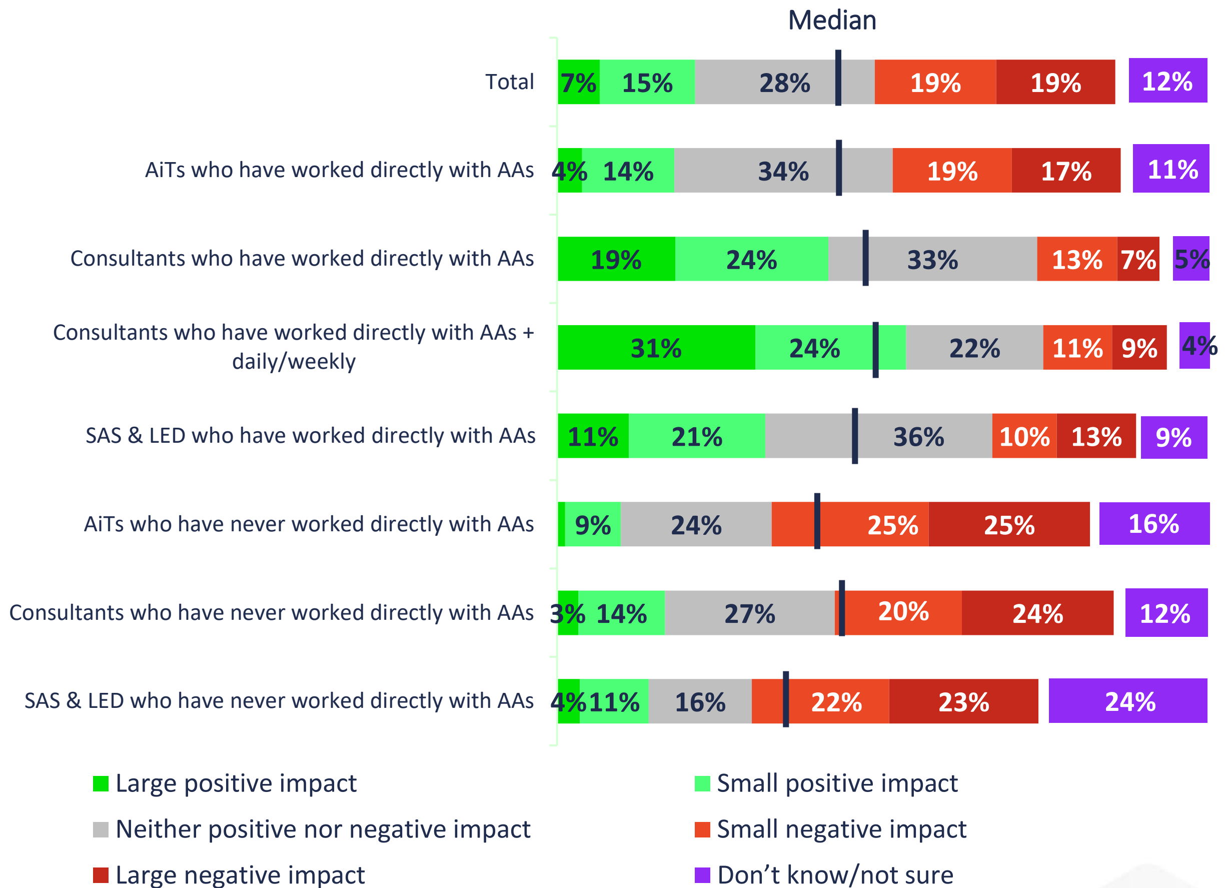

Q24. What impact do you believe AAs have on your current or previous hospital(s)' ability to deliver safe patient care? Base: Total (6,049 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

2.8.2 Reasons for why a hospital's ability to deliver safe patient care might be helped or hindered

As shown above, many respondents have concerns about the impact of AAs on patient safety. When the free text is analysed a key theme that emerges is the perception that **AAs do not have the years of training and experience required** to provide safe patient care. This means that the level of ability of each AA can vary.

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"In my interactions with AAs, they have unsurprisingly demonstrated a lack of knowledge of and training in the medical model, pathophysiology, anatomy, and pharmacology, even to the level of preclinical medical students. There seems little evidence supporting the adequacy of AAs' knowledge, skills, and training, and limited efforts to ensure quality assurance. It is unclear to what extent the general public understand and support the roles and responsibilities of AAs in anaesthetic care. In my experience, the public is largely unaware of this role, and no patients have appreciated that AAs are not medical professionals."

AiT who has worked directly with AAs

"I have been involved in teaching AA students. They lack the fundamental understanding of basic sciences which doctors have learnt over years of training and experience. They can only work as per a fixed protocol or guideline without any knowledge or skill to provide patient-centric care. Hence, that is unsafe as all patients are different."

AiT who has worked directly with AAs

"They [AAs] are of variable skills and quality- some being better than others. I do not think AAs deliver as high-quality care compared with doctor anaesthetists as they have gaps in knowledge."

SAS/LED who has worked directly with AAs

Furthermore, due to this lack of training and experience, many respondents perceive that AAs cannot provide safe care to patients involving more **complex cases**, as well as being ill-equipped to **respond to sudden changes in patients' needs**.

"We deal with a lot of high-risk patients. AAs are reasonable for low-risk patients but are not so useful with high-risk patients."

Consultant who has worked directly with AAs

"AAs are fine when everything is ok. Delivering a routine anaesthetic isn't particularly complex. However, when things are more complicated having medical training is very important to diagnose and treat the issue or provide judgement on complex issues. Unfortunately, with such short training, some AAs don't even understand that they have gaps in their knowledge, so can't communicate when they have reached their limit, as they don't know they're limited in that area."

AiT who has worked directly with AAs

However, whilst their level of knowledge and experience may be a barrier to helping with more complex cases, it is seen by some as a positive because **AAs can look after the more straightforward cases**. In turn, this can free up some time for consultants to look after those patients who need more time. Free text responses highlight that some respondents believe that AAs have shown themselves to be very competent when dealing with the straightforward cases, something mentioned by consultants who directly work with AAs.

"When trained and managed well, AAs have a massively positive impact and are fantastic assets to the department. AAs allow consultants to be freed up to provide consultant level care for the more highly complex patients whilst still ensuring the less complex patients get excellent care with consultant oversight. We regularly review PACU data for our AAs which is consistently at or above the departmental average set by consultants. The AAs get regular excellent feedback from patients. The SOPs are reviewed and ratified regularly to ensure governance standards meets what is expected."

Consultant who has worked directly with AAs

"I think they could deliver a large amount of straightforward anaesthesia - but these are often the lists that trainees 'cut their teeth on'. I expect they will take on the bulk of elective work leaving consultants and trainees to deal with out of hours and unsatisfying complex work. Particularly for trainees if you never do the normal/straightforward, you will not recognise the abnormal."

AIT who has worked directly with AAs

2.9 Burnout and job satisfaction

Overall, 20% of respondents feel a high or very high degree of burnout related to their work and 34% feel somewhat burnt out.

As the chart below highlights, consultants – whether they work with AAs or do not – report the lowest levels of burnout.

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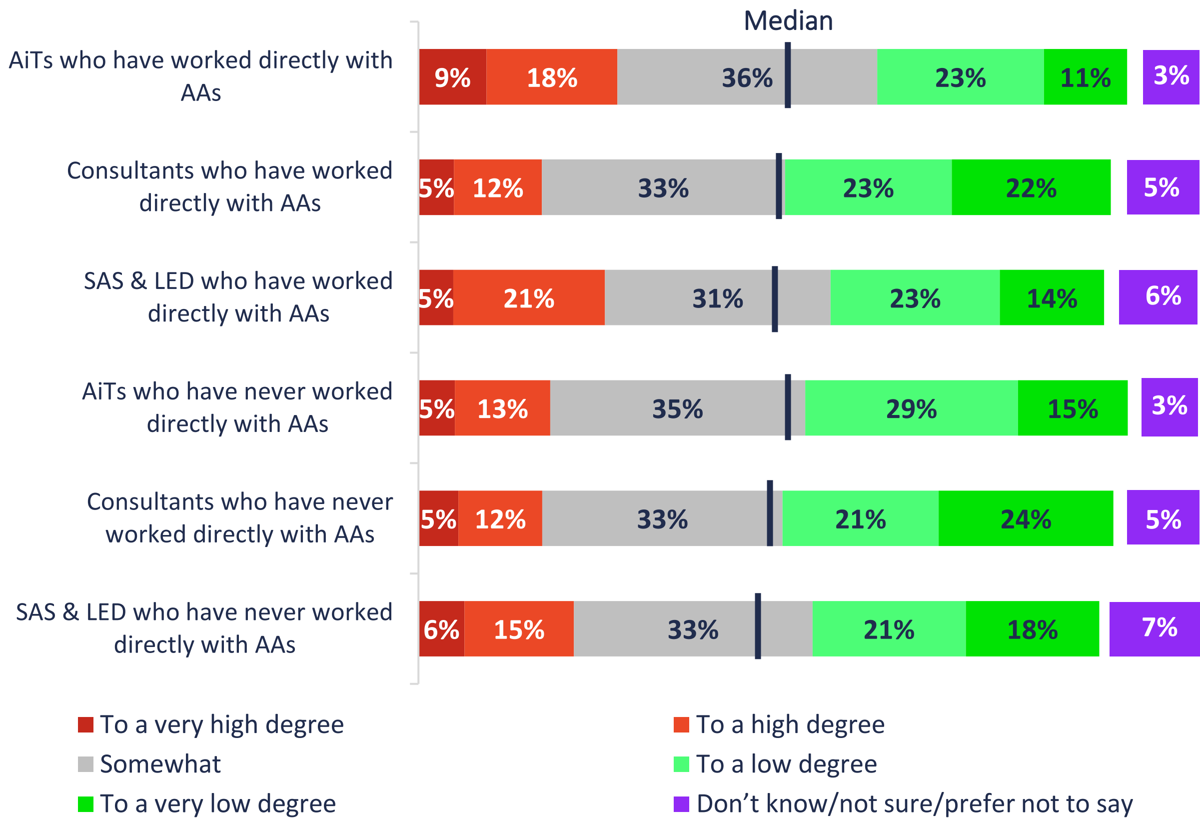

Q26. Do you feel burnt out because of your work? Base: AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

AiTs and SAS/LEDs who work directly with AAs report the highest levels of burnout:

- AiTs (27% report being burnout to a high/very high degree).
- SAS/LEDs (26% report being burnout to a high/very high degree).

2.9.1 Job satisfaction

65% of all respondents report at least day-to-day work satisfaction levels of 7/10. Moreover, the average score within each specified group mentioned below is 8 out of 10, underscoring overall satisfaction among respondents with their work.

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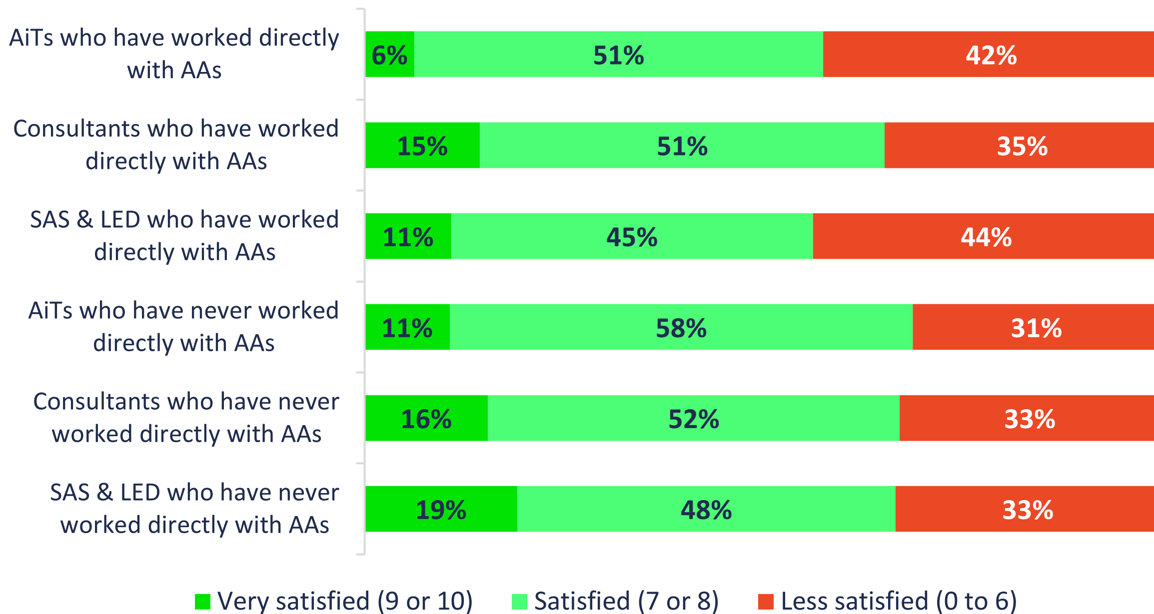

Q27. To what extent are you satisfied or dissatisfied with your day to day in your work overall? Base: AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

Respondents who have never worked directly with AAs report higher levels of satisfaction with work than those who have:

- AiTs who have never worked directly with AAs (69% score their satisfaction levels with their day-to-day work as 7/10).
- 67% of consultants & SAS/LEDs who have never worked directly with AAs score their satisfaction levels with their day-to-day work as 7/10.

Whilst it is worth noting that levels of satisfaction are largely consistent across all six different groups, 67% of those who have not worked with AAs report being satisfied with their day-to-day work (scoring a 7/10 or higher) compared to 61% of those who have worked with AAs; representing a clear difference.

2.9.2 The impact of AAs on job satisfaction

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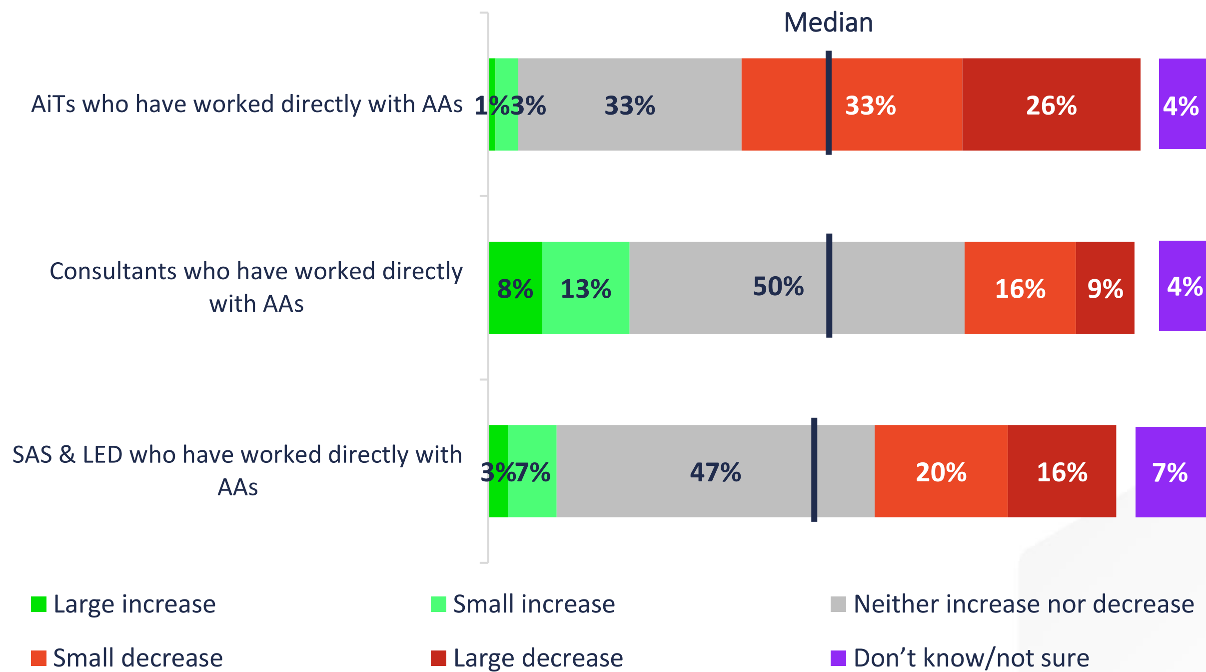
When looking at the impact respondents feel AAs have on their job satisfaction, very few feel AAs increase their feeling of job satisfaction. Only 4% of AiTs report that working with AAs has increased their job satisfaction, with this group being the only one where the median indicates that the general feeling is AAs have a 'small decrease' in this regard. Meanwhile only 10% of SAS/LEDs who have worked directly with AAs report that working with AAs has increased their job satisfaction.

Consultants are the most positive regarding the impact AAs have on their overall job satisfaction with 21% saying that their job satisfaction has increased, although this is still marginally below the 25% who say their job satisfaction has decreased working with AAs.



Q28. Do you believe working with AAs increases or decreases your job satisfaction? Base: AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); SAS & LED who have worked directly with AAs (168 respondents).

Looking at those who say that working with AAs decreases their job satisfaction, 59% of AiTs report that working with AAs decreases their job satisfaction, meanwhile 36% of SAS/LEDs also say AAs decrease their job satisfaction.

2.9.3 Personal workload

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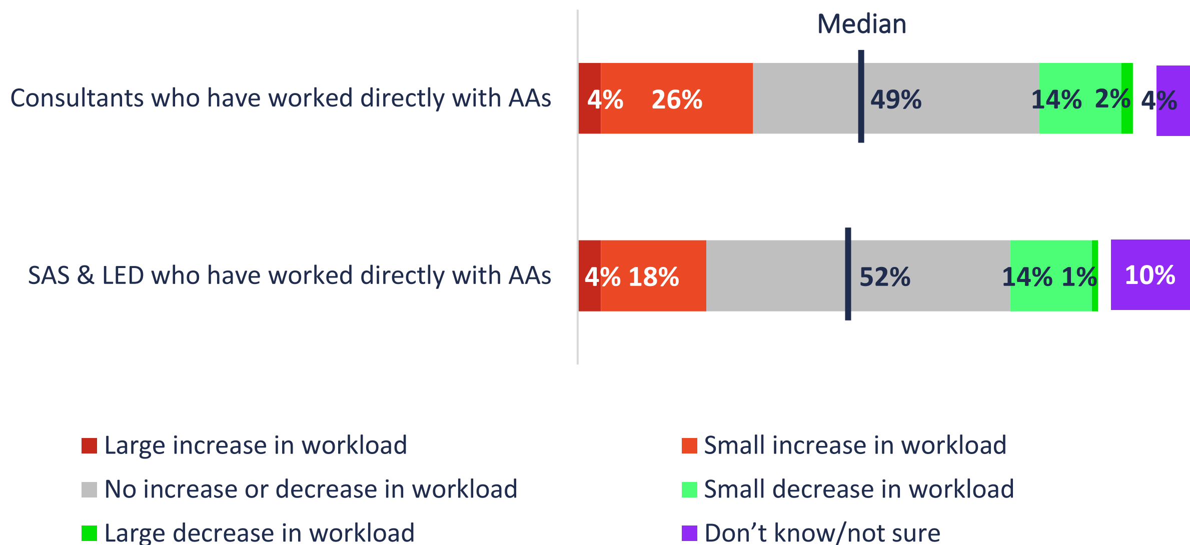
For around half of consultants and SAS/LEDs who work directly with AAs there has been no change to their workload (something further emphasised when analysing the median value for both groups).

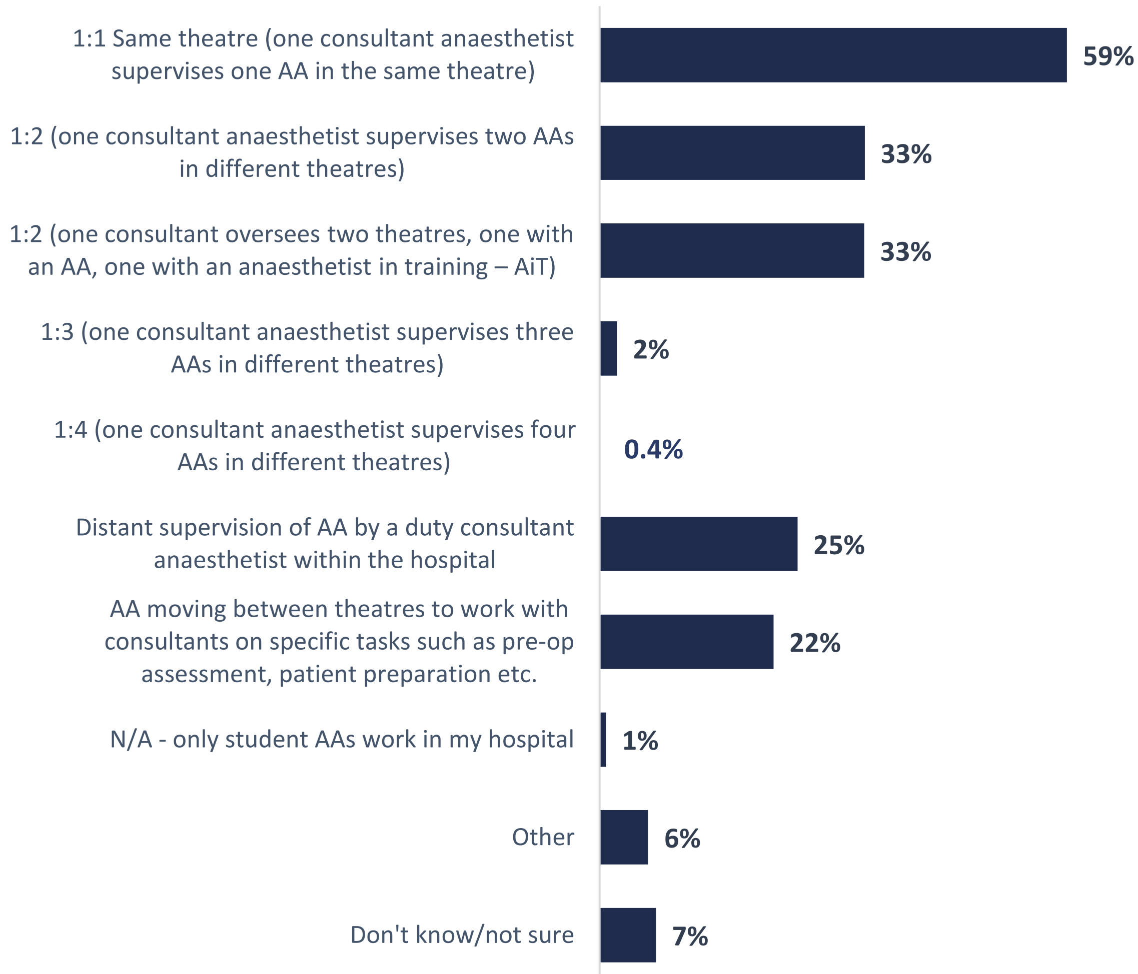
When comparing the proportions of those who say AAs have increased or decreased their workload, we see that overall, a greater proportion say that AAs have increased their workload. In particular, 3 in 10 consultants cite that AAs have increased their workload, and as will be seen later on in this report, free text comments suggest that their workload may be impacted as a result of a greater need to provide supervision.



Q31. What impact do believe AAs have on your personal workload? Base: Consultants who have worked directly with AAs (1,416 respondents); SAS & LED who have worked directly with AAs (168 respondents).

2.10 Supervision and the range of cases

The most common supervision arrangements are 1:1 same theatre (one consultant anaesthetist supervises one AA in the same theatre) selected by 59%, followed by one of the two 1:2 arrangements (1:2- one consultant anaesthetist supervises two AAs in different theatres or 1:2- one consultant oversees two theatres, one with an AA, one with an anaesthetist in training – AiT) which are each selected by 33% of respondents who were shown this question.



Q9. What supervision arrangements have you known AAs to work under in your current and previous hospital(s)? Base: Everyone who has worked with AAs (3,081 respondents).

2.10.1 The range of cases

The overall feeling amongst respondents, whether or not they have worked with AAs, when considering the range of cases that AAs are working on is that AAs should not have a greater range of cases. Nearly half (46%) feel that AAs should work on a more restricted range.

Of those who have worked directly with AAs, the most common response amongst AiTs (versus other groups) is that AAs should work on a more restricted range. Nearly half of SAS/LEDs also feel AAs should work on a more

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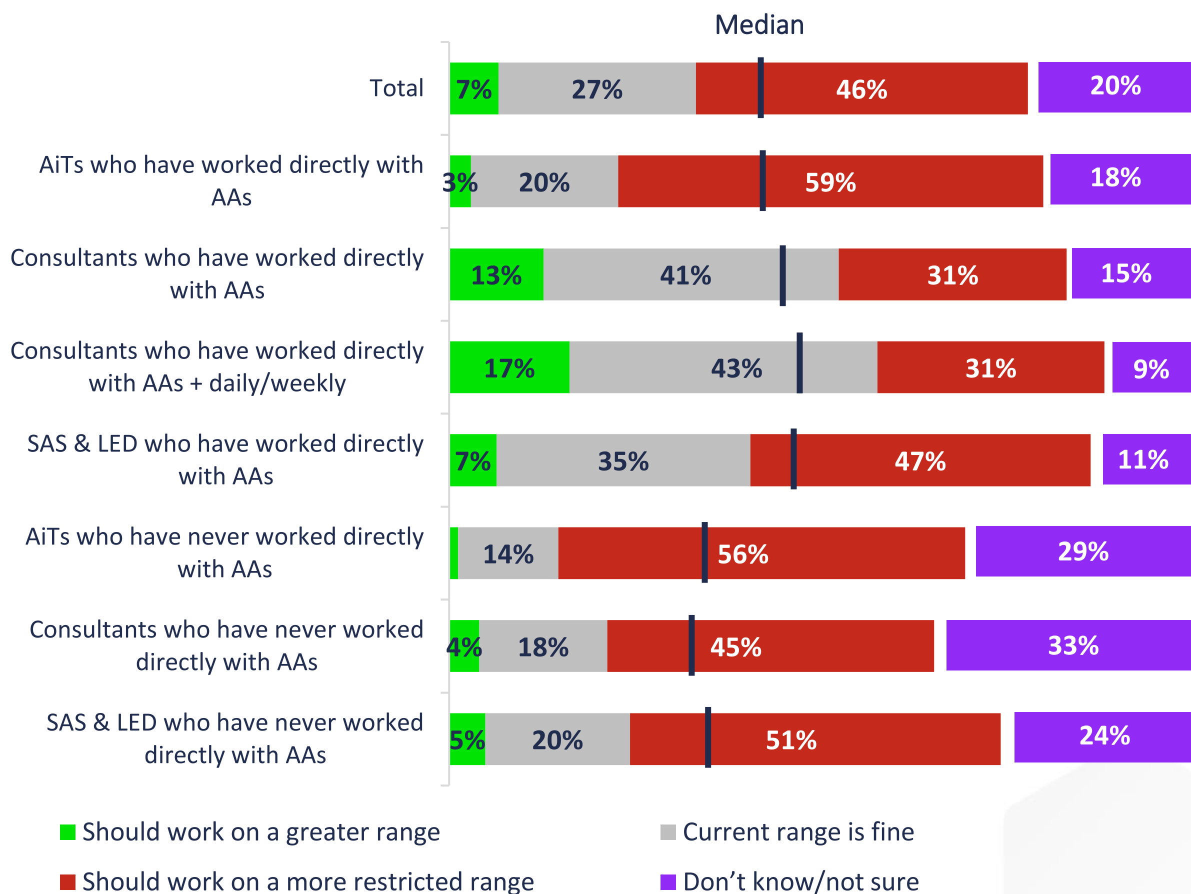
restricted range. Furthermore, the median for both of these groups shows they feel that AAs 'should work on a more restricted range'. A greater proportion of consultants (41%) feel that the current range is fine.



Q38. Do you believe AAs should work on a greater or more restricted range of cases than you have witnessed them working on to date? Base: Total (3,750 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (635 respondents); Consultants who have never worked directly with AAs (407 respondents); SAS & LED who have never worked directly with AAs (80 respondents).

Around half of all those who have never directly worked with AAs feel that AAs should work on a more restricted range, and there is also a much greater level of uncertainty within these groups with 24% of SAS/LEDs, 29% of AiTs and 33% of consultants all selecting 'don't know/not sure'.

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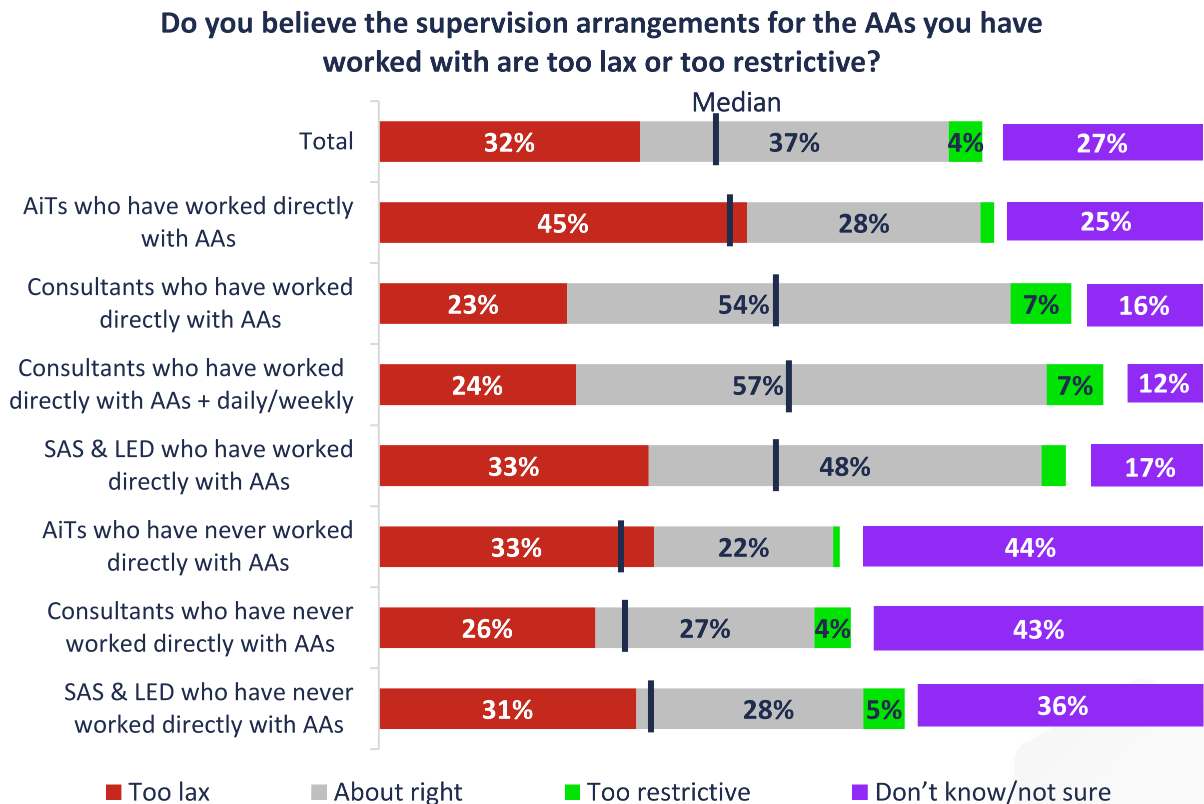
2.10.2 Supervision

Finally, in terms of supervision, only 4% of total respondents believe that the current supervision arrangements are too restrictive. The most frequently selected answer option is 'about right' with 37% selecting this (also representing the median value), however this is closely followed by arrangements perceived as being 'too lax' with 32% selecting this.



Q39. Do you believe the supervision arrangements for the AAs you have worked with are too lax or too restrictive? Base: Total (3,750 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (635 respondents); Consultants who have never worked directly with AAs (407 respondents); SAS & LED who have never worked directly with AAs (80 respondents).

Consultants who work directly with AAs are the group most likely to suggest the supervision arrangement are 'about right', with over half selecting this. Those who have never worked directly with AAs are typically more likely to say they are unsure about the supervision arrangements.

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2.10.3 Further thoughts on supervision arrangements of AAs

Respondents who feel that AAs need more supervision typically say so because of the perceived knowledge, skills and experiences that AAs have. Their belief is that **AAs lack the required knowledge and experience to be unsupervised**, and that their skills mean they are **less able to cope with more complex cases**. This is a point highlighted by a number of the free text comments which were left, especially from those who believe the supervision arrangements are currently too lax.

"Their level of knowledge and skills are much less in my experience than our anaesthetic trainees, so I feel they need much more supervision."

Consultant who has worked directly with AAs

"Given the practice I have witnessed by a number of AAs and incidents that I have heard of, I believe they should be directly supervised at all times. They have no capacity or experience to deal with a critical incident and often fail to recognise the deteriorating patient because of their inadequate training."

Consultant who has worked directly with AAs

Furthermore, there are a number of comments from those who believe the current supervision arrangements are too lax.

"I have seen consultants apply very lax standards of supervision. For example, student AAs have been left unattended when it is absolutely unambiguous that no such supervision model should take place. There is continued scope and supervision creep. We are human after all. As individuals get to know one another in a department, they develop a trust for one another that is not necessarily based on competence. Supervision structures and roles for AAs need to be absolutely written down in unambiguous terms."

AiT who has worked directly with AAs

"It needs to be very clearly stated what they can or cannot do. Hospitals tend to allow these parameters to drift once they have confidence in the AA. If consultants are responsible for AAs, then the AAs must stick to rigid guidelines."

Consultant who has worked directly with AAs

Just over a third of all respondents (37%) believe the current supervision arrangements are about right. One reason for this is that there is a fear that AAs needing more supervision may lead to a reduction in job satisfaction as the presence of AAs changes the nature of the job that anaesthetists do.

"I am concerned that my role as a senior anaesthetist will include more and more AA supervision. AAs will naturally look after more simple lists; I am very reluctant for my clinical work to be mostly major surgery and supervision. I can see this leading to burn out and decreased job satisfaction."

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AiT who has worked directly with AAs

"I do not believe we should move towards a single consultant supporting a number of AAs. This is not the job role that I signed up to as a trainee anaesthetist. I believe we should be training more anaesthetists, not assistants."

AiT who has worked directly with AAs

Some respondents discussed the appropriateness of specific supervision ratios, such as 1:1 and 1:2, and expressed their opinions on how that might relate to cost-effectiveness, patient safety, and the complexity of the cases involved.

"I think 1:1 or 1:2 are appropriate supervision ratios, depending on complexity of cases and experience of the individuals involved."

Consultant who has worked directly with AAs

"If the role is to make anaesthesia more cost effective then we should move to 1:2 supervision however the complexity of the case mix prevents this."

Consultant who has worked directly with AAs

However, the types of cases AAs work on polarises opinion. Furthermore, the potential for emergencies also means that 1:3 or even 1:4 supervision provides a greater risk on the health of patients.

"We need to remember AAs are not medically trained and so there needs to be restriction to an extent on what range of things they can do. Current supervision levels are right, AAs should never give a general anaesthetic unless a dedicated consultant is in the department and available within 2 minutes or less to assist. Having had experience of emergencies whilst undertaking 1:2 supervision it is quite clear to me that 1:3 or 1:4 working is stretching things too far, 1:2 works very well."

Consultant who has worked directly with AAs

2.11 Overall hospital functioning

Assessing the impact AAs have on overall hospital functioning, a greater proportion of respondents (whether or not they have worked with AAs) believe AAs are a hindrance (selected by 34% of all respondents) compared to those who believe they are a help (25%). However, the median indicates an overall feeling that AAs 'neither help nor hinder' overall hospital functioning.

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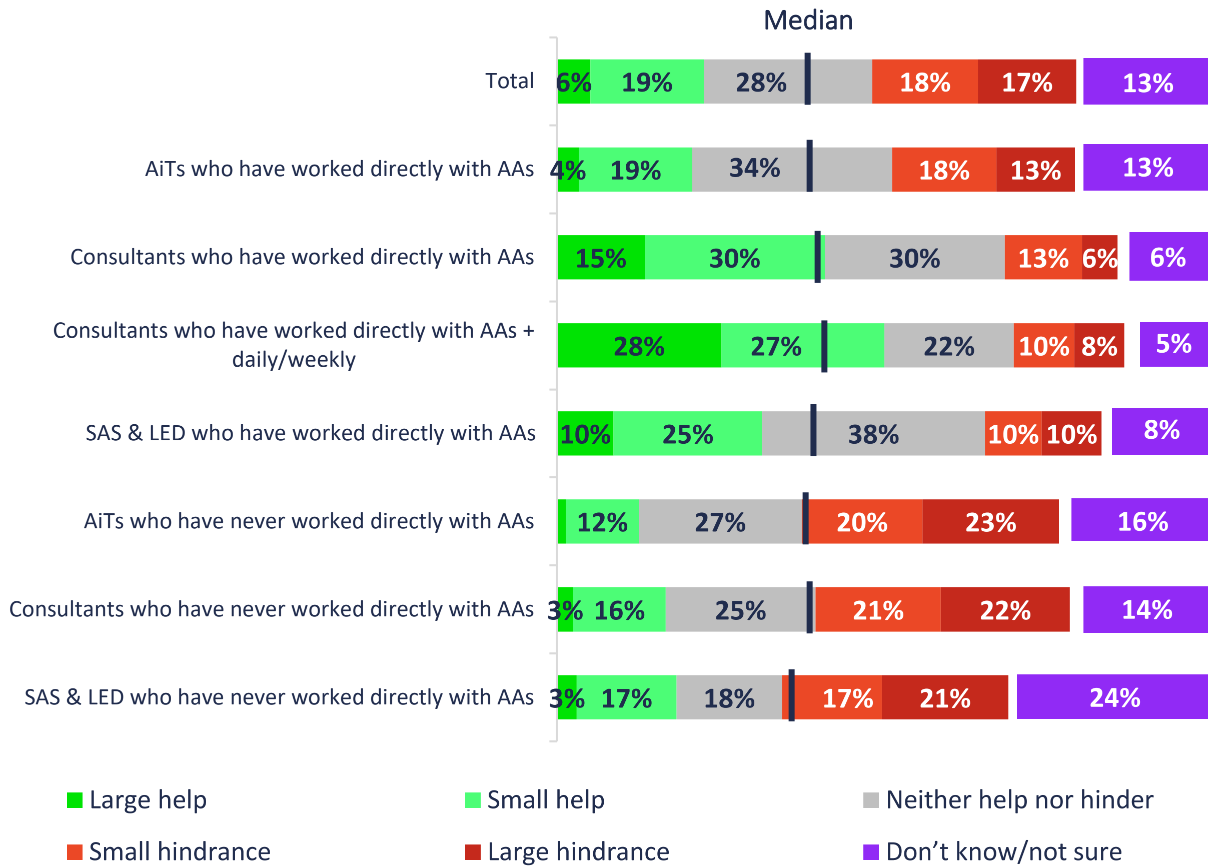

Q34. To what extent do you believe AAs you work with help or hinder overall hospital functioning? Base: Total (6,049 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

Once again, a greater proportion of those who have worked directly with AAs say that AAs are a help to overall hospital functioning.

- Within this group (those who work directly with AAs), consultants are considerably more likely to say AAs are a help. 55% of consultants who work with AAs daily/weekly say they are a help, with only 19% saying they are a hindrance. Consultants who work directly with AAs are the only group where the median indicates that AAs provide a 'small help' to overall hospital functioning.

- AiTs who work directly with AAs meanwhile are the least positive about the impact of AAs, with just under a quarter (23%) saying they are a help, and 31% saying they are a hindrance.

Those who have never worked directly with AAs are more negative about their impact. 43% of both AiTs and consultants, as well as 38% of SAS/LEDs report that AAs hinder the overall hospital functioning. AiTs and SAS/LEDs are the only groups in the chart above where the median value shows AAs as having 'small hindrance' on overall hospital functioning.

2.11.1 Understanding how AAs help or hinder the functioning of a hospital in the eyes of members

One of the biggest issues cited in free text comments left by members regarding how AAs help or hinder a hospital's overall functioning is the **level of supervision** AAs require. Whilst there is an appreciation that another pair of hands can help, the extra supervision is perceived to increase the burden on consultants.

"AAs are required to have Consultant supervision and require 1:1 supervision. This detracts from AiTs being able to be rostered to those elective theatre lists. Therefore, AiTs are not having access to appropriate training lists as it is not efficient to roster an AA and an AiT to the same theatre list."

Consultant who has worked directly with AAs

"An issue is the extra time it takes to supervise someone with limited scope of practice, constantly checking what they're doing and that they're safe. You don't get that with trainees who have years of medical knowledge behind them. Trust boards seem to think they can reduce numbers of anaesthetists if they just get AAs. This is quite frankly a dangerous move, and we should be safeguarding the integrity of our profession."

Consultant who has worked directly with AAs

"When things get busy they aren't very helpful because of the level of supervision they require. It's much more efficient to have a trainee do the job."

Consultant who has worked directly with AAs

"Increased responsibility for consultants to watch them. They require teaching too."

AiT who has worked directly with AAs

Whilst there may be increased supervision requirements, those who have worked with AAs typically highlight how their presence has **boosted the efficiency of emergency lists** which can help theatres run more smoothly and aid with patient care.

"Due to their presence on the emergency and trauma lists, they [AAs] undertake a huge amount of pre-operative assessments which improve efficiency."

AIT who has worked directly with AAs

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"[The benefit of AAs in terms of hospital functioning is that they provide] on call cover and support during doctor changeover times. They enable more lists due to workforce shortages and due to reduced pressure on other anaesthetists reduces burnout for all. They enable consultants to use their expertise where needed in either patient care or other activity such as teaching or management."

Consultant who has worked directly with AAs

"AAs have helped in the efficiency of emergency lists as they can assist in preop assessing patients. This means the theatre list can continue without stopping. AAs allow lists to continue as they cover the anaesthetist to have meal break/drink."

Consultant who has never worked directly with AAs

However, the issue of patient care is something which very much divides opinion. Some respondents believed that AAs are unable to deal with the complexity of cases that arise in certain hospitals. Others state they believe that AAs increase the risk to patients, and some even refer to incidents where they believe patients have been negatively impacted.

"Their skill set is very limited (elective ASA1 or 2). We are a large trauma centre/complex head and neck cancer/vascular/emergencies etc. None of which they can do, so having 5 of them as part of the department instead of 5 senior trainees or consultants really limits the flexibility of the department to cover the 'difficult' work."

Consultant who has worked directly with AAs

"I only know of incidents where I have been closely/peripherally involved with complications and problems directly related to patient care due to involvement of AAs rather than anaesthetists. However, my trust seem intent on covering these up rather than investigating and considering whether the AA role actually leads to good patient care."

Consultant who has worked directly with AAs

"It is simply short sighted to try and short cut anaesthetic training. Patients are getting more complex. Surgeries are more complex. Expectations from patients and families grow each year. To try and solve this by rapidly training inexperienced people without a medical background is folly."

AiT who has worked directly with AAs

"Their poor knowledge and training would increase the rate of complications, and significantly reduce patient satisfaction."

Consultant who has never worked directly with AAs

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Finally, respondents express concerns that AAs may take away **training opportunities** from others, which not only impacts the development of AiTs in particular, but which may also lead to **issues in team cohesion**.

"They take away finite resources that would be better used to support AiTs."

Consultant who has worked directly with AAs

"They [AAs] reduce AiT morale. [AAs] are a short-term untested plan which comes at the expense of fixing the significant shortfall in consultants."

Consultant who has worked directly with AAs

"Many consultants are unhappy about AAs which has reduced morale and led to conflicts. AAs are represented at consultant meetings, so it is uncomfortable to even discuss the issues openly without being accused of discrimination. There have been clinical incidents with AAs which could have happened to any anaesthetist, but it makes it worse that they were working remotely."

AiT who has worked directly with AAs

"The hospital exists to provide safe patient care and to a lesser extent train future senior doctors. AAs impair both of these functions."

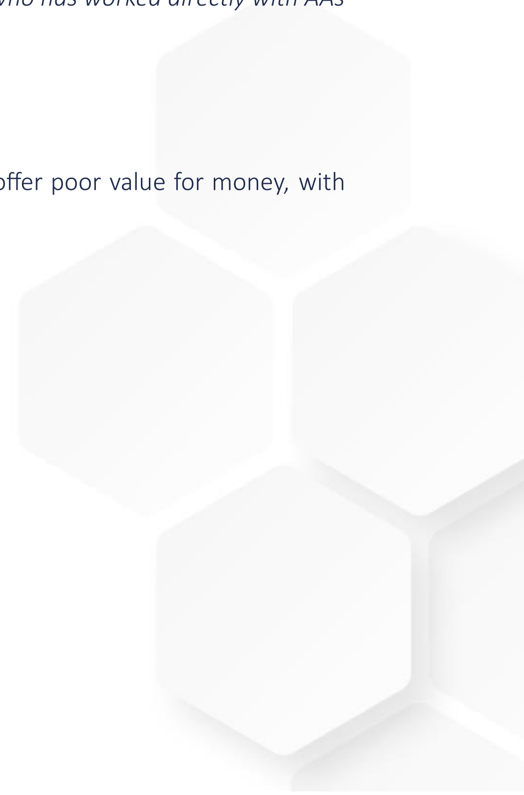
AiT who has worked directly with AAs

"They hinder things because they damage trainee morale, by getting to do the fun, practical aspects of the job, without having to have done any of the hard grind of medical degree + FY training + exams + night shifts. Plus, they also earn more than many of the more junior trainees."

Consultant who has worked directly with AAs

2.12 Value for money

10% of respondents believe AAs provide good value for money. 59% feel they offer poor value for money, with 31% indicating they provide 'very poor' value for money.



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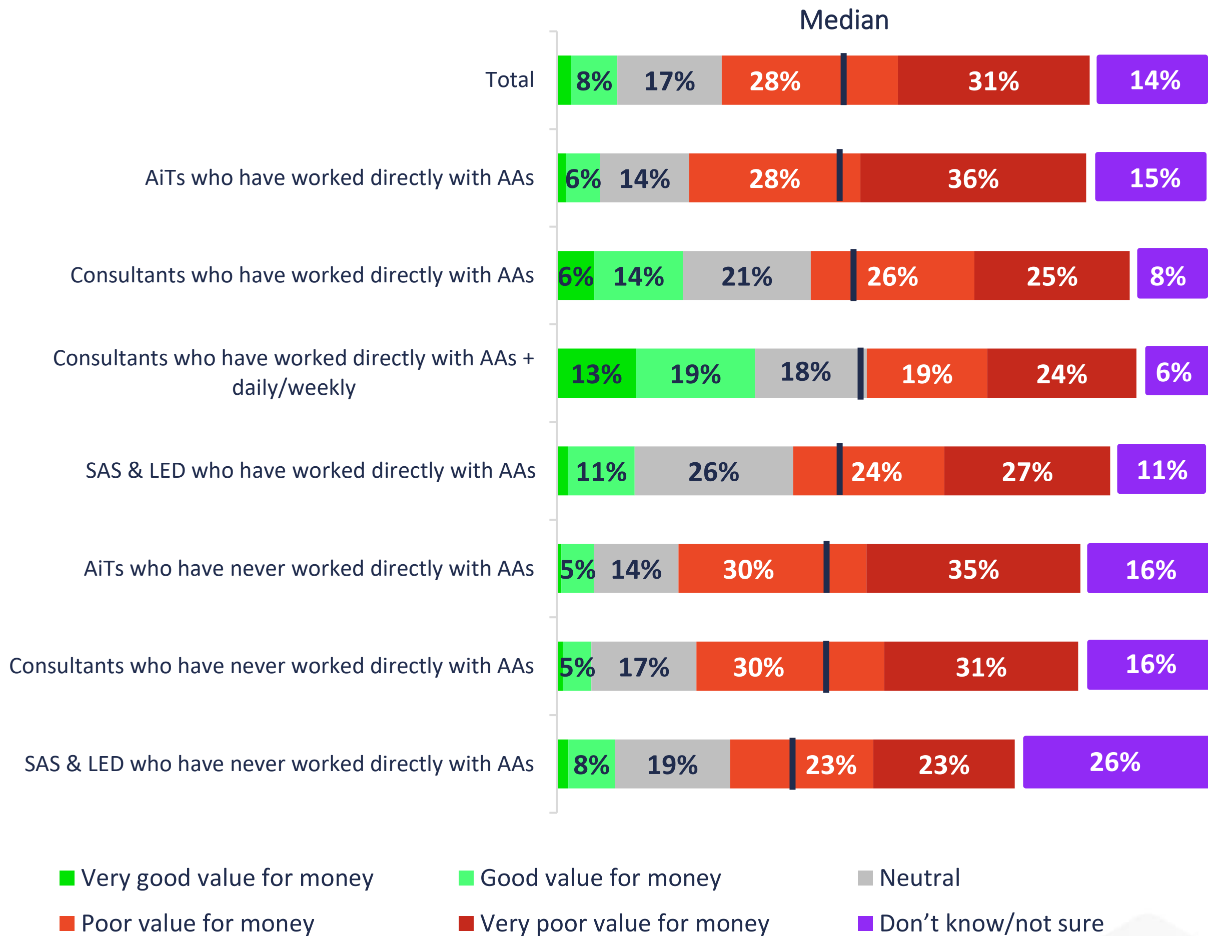

Q33. To what extent do you believe AAs offer value for money? Base: Total (6,049 respondents); AiTs who have worked directly with AAs (1,036 respondents); Consultants who have worked directly with AAs (1,416 respondents); Consultants who have worked directly with AAs + daily/weekly (510 respondents); SAS & LED who have worked directly with AAs (168 respondents); AiTs who have never worked directly with AAs (1,593 respondents); Consultants who have never worked directly with AAs (1,477 respondents); SAS & LED who have never worked directly with AAs (333 respondents).

Once again, consultants who work with AAs daily/weekly hold the most positive perceptions about perceived value for money, but even with this group, a greater proportion (44%) believe AAs provide poor value for money compared to those who say they offer good value for money (32%).

With the exception of one group (consultants who have worked directly with AAs either daily or weekly), the median response across all other groups indicates that AA are perceived as offering 'poor value for money'.

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2.13 Attitudes towards expansion

Overall, there is considerable negativity towards the expansion of AAs in the NHS. 78% hold a negative opinion towards the expansion of AAs, composed of 25% holding a somewhat negative view and 53% holding a *very* negative opinion.

Under 1 in 10 hold a positive opinion about the expansion of AAs. Furthermore, the median demonstrates a ‘very negative’ sentiment towards the expansion of AA numbers.

Consultants who have worked directly with AAs are the group most likely to hold positive perceptions. 23% of consultants who have worked directly with AAs are positive to the expansion of AAs and 34% of consultants who have worked with AAs on a daily or weekly basis are positive. Despite this, the majority of both these segments hold a negative opinion towards the expansion of AAs.

- Consultants who work directly with AAs (60% are against expansion).
- Consultant who work directly with AAs either on a daily or weekly basis (51% are against expansion).

AiTs are most likely to feel negative towards the expansion of AAs and there is negligible difference between those who have worked and have not worked alongside AAs.

- AiTs who have never worked directly with AAs (90% negative).
- AiTs who have worked directly with AAs (89% negative).

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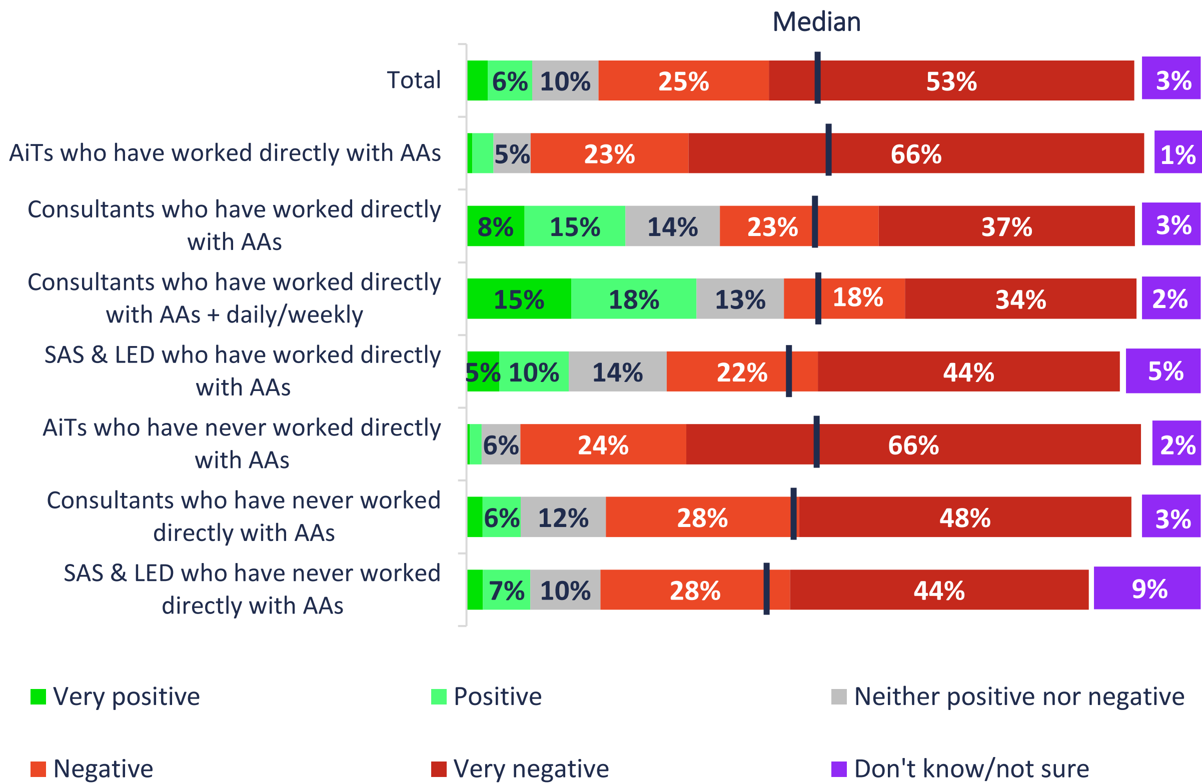

Q44. In England and Wales, the NHS and Government have embarked on programmes aimed at expanding AA numbers. How positively or negatively do you feel towards the expansion of AA numbers? Base: Total (6,049), AiTs who have worked directly with AAs (1,036), Consultants who have worked directly with AAs (1,416), SAS & LED who have worked directly with AAs (168), AiTs who haven't worked directly with AAs (1,593), Consultants who haven't worked directly with AAs (1,477), SAS & LED who haven't worked directly with AAs (333).

"There are not enough training numbers for the AiTs that are currently employed. With an aging consultant population, replacing that with medical anaesthetists should be the economic priority—not expanding AA numbers."

SAS/LED who has worked directly with AAs

"Our AAs mainly provide a block service. This reflects that they can't help in areas of high demand (emergency anaesthesia, obstetrics, ICU). There has never been a shortage of consultants or trainees interested in regional anaesthesia. AAs are basically a solution without a problem. We need more anaesthetists who can do the work needed."

Consultant who has worked directly with AAs

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"This is an exceptionally foolish development. It will be another driver for people to leave the NHS either during training or as a consultant."

Consultant who has worked directly with AAs

"I think that ultimately AAs will lead to the deterioration of the workforce. We are already losing huge numbers of trainees and consultants to other countries around the world."

AiT who has never worked directly with AAs

"There has been no consultation with the anaesthetic workforce at large. It's an attempt to deliver anaesthetic work force on the cheap at the expense of medically qualified anaesthetists. It undermines safety and quality."

Consultant who has never worked directly with AAs

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3.0 Appendix

AiTs who have worked directly with AAs

Q42. What are your two biggest worries about AAs? Base: AiTs who have worked directly with AAs and are not positive about them (919).

Consultants who have worked directly with AAs

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Q42. What are your two biggest worries about AAs? Base: AiTs who have worked directly with AAs and are not positive about them (880).

Consultants who have worked directly + daily/weekly with AAs

Q42. What are your two biggest worries about AAs? Base: AiTs who have worked directly + daily/weekly with AAs and are not positive about them (254).

SAS & LED who have worked directly with AAs

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Q42. What are your two biggest worries about AAs? Base: SAS & LED who have worked directly with AAs and are not positive about them (119).

AiTs who have never worked directly with AAs

Q42. What are your two biggest worries about AAs? Base: AiTs who have never worked directly with AAs and are not positive about them (1,488).

Consultants who have never worked directly with AAs

Q42. What are your two biggest worries about AAs? Base: Consultants who have never worked with AAs and are not positive about them (1,283).

SAS & LED who have never worked directly with AAs

Q42. What are your two biggest worries about AAs? Base: SAS & LED who have never worked directly with AAs and are not positive about them (260).