



APAGBI Response to the Royal College of Anaesthetists' consultation regarding Anaesthesia Associates (AA)

The RCoA approached the APAGBI as the specialist society with respect to paediatric anaesthesia to respond to their consultation on the draft AA Scope of Practice.

This consultation generated some thoughtful responses from APAGBI Council members and has been discussed by the Officers of the APAGBI.

We are aware of the drive to develop these roles within medicine and where feasible in areas of anaesthesia.

When considering the APAGBI response, it is helpful to have some understanding of the current challenges facing paediatric anaesthesia which provide context for the current feeling of those who responded.

We find ourselves in a position, certainly exacerbated by the pandemic, where we have difficulties in training and maintaining skills in both resident doctors and new consultant anaesthetists so that they are able to safely deliver anaesthesia for children, in both elective and non-elective setting - and hence deliver surgery for children as near to their home as possible. We recently completed a survey of trainees, new consultants and college tutors because of the concerns around this issue. We continue to focus on how we can maintain competence and confidence in our consultant workforce in District General Hospitals so that children receive a safe high-quality service. Recent changes to the RCOA curriculum have also occurred to try to increase the preparedness of trainees to look after younger children when they complete their CCT.

We have also as a backdrop several high-profile deaths of children receiving anaesthesia which have been referred to HSIB and generated some quite wide-reaching recommendations on training and competencies of all those anaesthetising children.

As such, it is the view of the APAGBI that we have a considerable ongoing challenge addressing the needs of trainee anaesthetists and new consultants to deliver anaesthesia to

children safely. Consequently, it is the view of the APAGBI that paediatrics should remain outside of the AA scope of practice. There is also an element of protecting those training to be an AA from being placed in vulnerable positions.

The APAGBI was also asked to specifically consider the scenario where a child is added to a list that a consultant is delivering with an AA. In this case, it would seem counter-productive to expect the AA to leave the list. The opportunity to observe and learn basic airway techniques in children in all health care workers is always a positive event. So, it seems reasonable for the AA to remain with the consultant who is delivering anaesthesia, but with consideration of not preventing anaesthetic trainees from important learning opportunities in such situations. This is not dissimilar to the training currently offered to anyone learning about children and anaesthesia.

The APAGBI recognises that the situation with respect to AAs will evolve and that we will need to revisit such discussions over time. However, currently, we feel there are other areas where the role of the AA can be developed and appreciated.



Dr Simon Courtman

APAGBI President

On behalf of the APAGBI Council

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