Research Report

Royal College of Anaesthetists

2024 Draft AA Scope of Practice

December 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 which would provide evidence on the extent to which RCoA members support or do not support the proposed AA scope of practice (and the various elements within it) developed by the RCoA, with stakeholders including the Association of Anaesthetists and RA-UK.

The 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 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.

An RCoA survey of clinical leaders in 2023 indicated there were 182 qualified AAs and 114 student AAs in the UK. This compares to around 11,000 consultant, SAS, and LED anaesthetists and 5,000 anaesthetists in training. However, NHS England's Long Term Workforce Plan[1] included proposals to increase these numbers to around 2,000 by 2036/37. NHS England has since stated that their proposals, 'will only go as fast as safety, support and quality of experience for patients, doctors in training, physician associates and anaesthesia associates and their educators allows'.

The RCoA developed the survey to test the various aspects of its proposed new scope of practice. Largely, the survey sought to understand:

- The extent to which the draft scope of practice can be implemented.
- The levels of support for the principles set out in the scope of practice.
    - How restrictive or not each of the principles within each section are.
- The levels of support for the roles, procedures and supervision levels listed in Phases 1 to 3.
    - How restrictive or not each of the phases are.
- The extent to which the draft scope of practice is seen as too restrictive, or not restrictive enough.
- The perceived impact on patients.

[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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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.

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 in the UK or in one of the crown dependencies of the UK (either in the NHS, or HSC in Northern Ireland, or in the private sector) were invited to take part.

The AA workforce is currently small in comparison to doctor anaesthetists. The survey was designed to capture the opinions and thoughts on the proposed scope of practice of those who have worked with AAs as well as those who haven't; and where relevant, allow for comparisons between the two. AAs were also in scope for this research.

The survey launched on the 23rd of September 2024 and was live until 23rd of October 2024. The survey received a total of **3,357 complete responses**, comprising an 18.8% response rate.

The main text of this report covers all quantified questions that were included in the survey. Furthermore, the chapters in the main body of the report follow in the order the questions were asked in the survey.

1.3 Interpretation of the data

1.3.1 Tables and charts

Within the main body of the report, where percentages do not sum to 100% this is due to rounding.

The 'base' figure referred to in each chart and table is the total number of respondents answering the question. The population group (e.g., the role) is defined alongside the base. Low base sizes have been flagged throughout where necessary, with 50 being the defining threshold for low base sizes. Base sizes that have been flagged as low (i.e., less than 50 responses) should be interpreted with caution.

1.3.2 Sampling confidence and margin error

By the nature of surveys typically representing the views of a sample of the population, sampling error must be considered when evaluating the findings. This is measured by the confidence level and confidence interval of the data. Most commonly, market research studies require a 95% confidence level, indicating that we can be 95% confident that the estimate has not been arrived at by chance.

The confidence interval shows the variation that may exist in the findings drawn from a sample. When interpreting a result from this survey based on a question which all respondents answered, with a response of 50%, **a margin**

of error of ±1.5% is created when analysing results at the 95% confidence level. If the survey was repeated, then 95 times out of 100, the result to that same question would fall somewhere between 48.5% and 51.5%.

1.3.3 Statistical significance

The differences in results between sub-groups, for example role, are tested for statistical significance. This allows us to better distinguish between those differences that are real, and those that may have occurred by chance. The test reflects the size of the samples, the percentage giving a certain answer and the degree of confidence chosen. Where statistically significant differences between sub-groups exist, details have been included within this report. Throughout this research an alpha level of .05 was used, meaning that all significant results have a p value of less than .05.

Throughout this report we have used capital letters (e.g., A, B, C, …) to reference, in order, each column of data. For example, A refers to the first column, B to the second column, and so on. These letters are then used in the main body of the table to highlight statistically significant differences; letters are boldened to show whether a percentage is significantly higher when compared with another in the same row. This is demonstrated in the key below.

Significantly higher

Here is an example of significance testing used in the report. This table shows the proportion of participants who agree or disagree that the draft AA scope of practice 2024 can be implemented, and how this varies according to their experience of working with AAs.

Looking at columns N – those currently working or have previously worked with AAs – we see that 49% agree that the draft AA scope of practice can be implemented. The significance testing indicates that the proportion of this group who agree is significantly higher than the proportion of those who have not worked with AAs (column O).

To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? [By experience of working with AAs]

	Experience working with AAs	
	Yes (currently and / or previously) (N)	No experience working with AAs (O)
Base:	*2,329*	*995*
Agree	49%	36%
	O	
Neutral	12%	17%
		N
Disagree	36%	43%
		N

Don’t know/not sure	2%	4%
		N

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2. Headline Findings

Overall, a **greater proportion of respondents agree (45%) that the draft AA scope of practice can be implemented** compared to those who disagree (38%). An additional 14% are neutral whilst 3% cite being unsure or don't know.

	Agree	Neutral	Disagree	Don't know / Unsure
Q8. To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented?	**45%**	**14%**	**38%**	**3%**

When considering the extent to which respondents either support or are against the principles set out in sections 2, 3 and 4, respondents are more likely to support the principles than be against them.

- 55% support the principles set out in **section 2** - 'Principles guiding capacity to support anaesthesia associates' compared to 29% who are against.
- 53% support the principles set out in **section 3** - 'Principles underpinning the clinical supervision of anaesthesia associates' compared to 33% who are against.
- 48% support the principles set out in **section 4** - 'The practice of clinical supervision of anaesthesia associates' compared to 36% who are against.

Whilst levels of support for the principles set out in both sections 2 and 3 are largely similar (both being above 50%), just under half of respondents (48%) support the principles set out in section 4 which outlines 'the practice of clinical supervision of anaesthesia associates'.

	Support	Neutral	Against	Unsure
Q9a. To what extent do you support the principles set out in **section 2** - 'Principles guiding capacity to support anaesthesia associates'?	**55%**	**15%**	**29%**	**1%**
Q10a. To what extent do you support the principles set out in **section 3** - 'Principles underpinning the clinical supervision of anaesthesia associates'?	**53%**	**13%**	**33%**	**1%**
Q11a. To what extent do you support the principles set out in **section 4** - 'The practice of clinical supervision of anaesthesia associates'?	**48%**	**15%**	**36%**	**1%**

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Respondents are also more likely to support (47%) than be against (37%) the concept that AAs' post-qualification practice should be phased by experience (i.e. that it would expand in a controlled fashion the longer they are in post).

	Support	Neutral	Against	Unsure
Q12. Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post?	47%	14%	37%	2%

Respondents are more likely to support the roles, procedures and supervision levels listed in **Phase 1** of the draft AA scope of practice 2024 than be against (47% support vs 36% against).

However, the split between the proportion of respondents who support or who are against the roles, procedures and supervision levels listed in **Phase 2** is much more even. 42% cite supporting phase 2, whilst 40% are against.

The data shows that the proportion of respondents who are against each of the phases increases with each phase, culminating in **phase 3** where 45% select being against compared to 37% who are supportive.

	Support	Neutral	Against	Unsure
Q13a. To what extent do you support the roles, procedures and supervision levels listed in **Phase 1** of the draft AA Scope of Practice 2024?	47%	16%	36%	2%
Q14a. To what extent do you support the roles, procedures and supervision levels listed in **Phase 2** of the draft AA Scope of Practice 2024?	42%	17%	40%	2%
Q15a. To what extent do you support the roles, procedures and supervision levels listed in **Phase 3** of the draft AA Scope of Practice 2024?	37%	17%	45%	2%

Furthermore, as with the above, a greater proportion of respondents (42%) are against the **plan for the transition period** for AAs post-qualification. Meanwhile a third are supportive whilst one-fifth are neutral.

	Support	Neutral	Against	Unsure

Q16a. To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024?	34%	20%	42%	3%

Meanwhile, when analysing the extent to which respondents feel the draft AA scope of practice is too restrictive or not restrictive enough, we see that 41% of respondents feel it is right that AAs are able to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention.

However, when thinking about the draft AA scope of practice overall, nearly half (48%) of respondents feel it is not restrictive enough, 36% believe it is about right, whilst 1 in 10 (11%) believe it is too restrictive.

	Too restrictive	About Right	Not restrictive enough	Don’t know / Unsure
Q17. The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is:	16%	41%	32%	10%
Q18. Overall, do you feel the draft AA Scope of Practice 2024 is:	11%	36%	48%	5%

When considering the impact on **patient services** (Q19) and **patient safety** (Q20), respondents are more likely to hold a less favourable view of the draft AA scope of practice.

- 36% believe the draft AA scope of practice will have a **negative impact** compared to 18% who believe it will have a positive impact (an additional third believe it will have no impact).
- Meanwhile over half (53%) say they are **not reassured** that the draft AA scope of practice 2024 provides assurance with regards to patient safety; two-fifths of respondents on the other hand cite being reassured.

	Positive impact	No impact	Negative impact	Don’t know / Unsure
Q19. To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department?	18%	33%	36%	14%
	Reassured	**Not reassured**	**Don’t know / Unsure**	
Q20. To what extent do you feel reassured that the draft AA Scope of Practice 2024	41%	53%	6%	

provides assurance with regards to patient safety?			

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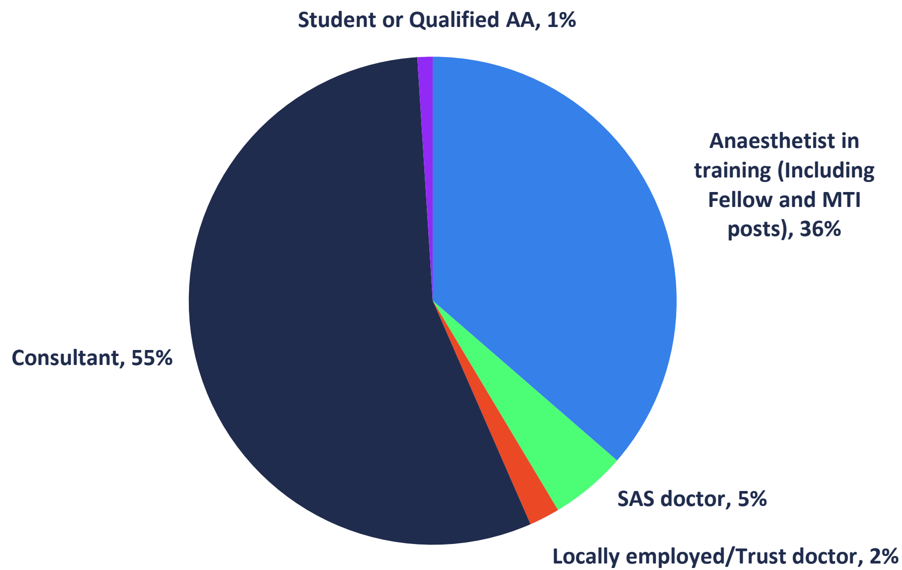
3. Research Findings

3.1 Overview of responses

The survey gained a total of 3,357 responses, and allowed respondents to self-declare their grades, training posts, and varying working arrangements (including whether they hold any leadership roles and the UK nation that they work in).



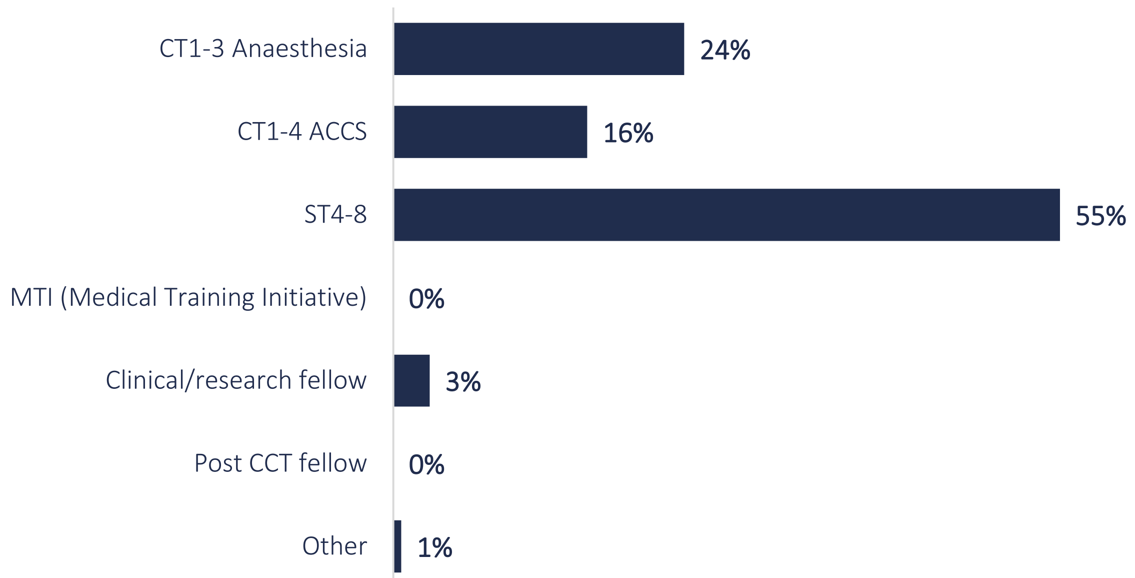
Q2. What best describes your role? Base: Total (3,357 respondents).

Comparing the responses to the 2020 census

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

	Survey Population	2020 census	Difference
Consultant	55%	53%	+2%
AiT	36%	33%	+3%
LED / SAS	8%	14%	-8%

Furthermore, the census revealed that that there were 173 anaesthesia associates in the UK. This survey achieved 33 responses from AAs. Due to the low sample size of AAs in this survey, care should be taken when interpreting results.



Q4. What is your current post? Base: Asked to all AiTs (1,214 respondents).

Among anaesthetists in training, 40% were in core training, breaking down to 24% in CT1-3 and 16% in 'Acute Care Common Stem (ACCS)' programme. 55% were undergoing higher training (ST4-8).

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	24%	20%	+4%
ST4-8	55%	53%	+2%
ACCS Anaesthesia	16%	8%	+8%
ACCS non-Anaesthesia[2]	0%	7%	-7%
LAT	0%	1%	+1%
MTI (Medical Training Initiative)	0%	3%	-3%
Clinical/research fellow	3%	3%	No difference
Post CCT fellow	0%	6%	-6%
Other	1%	1%	No difference

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

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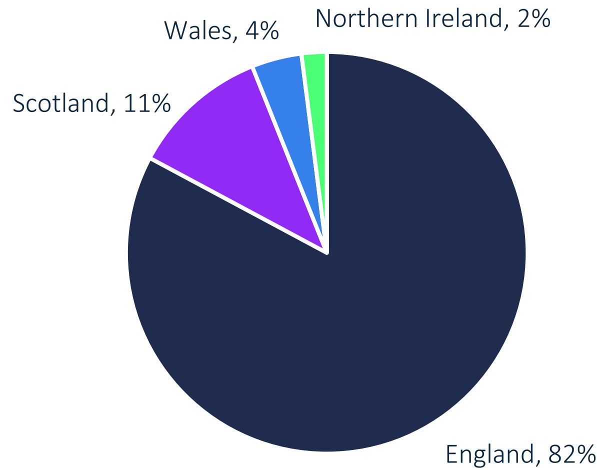
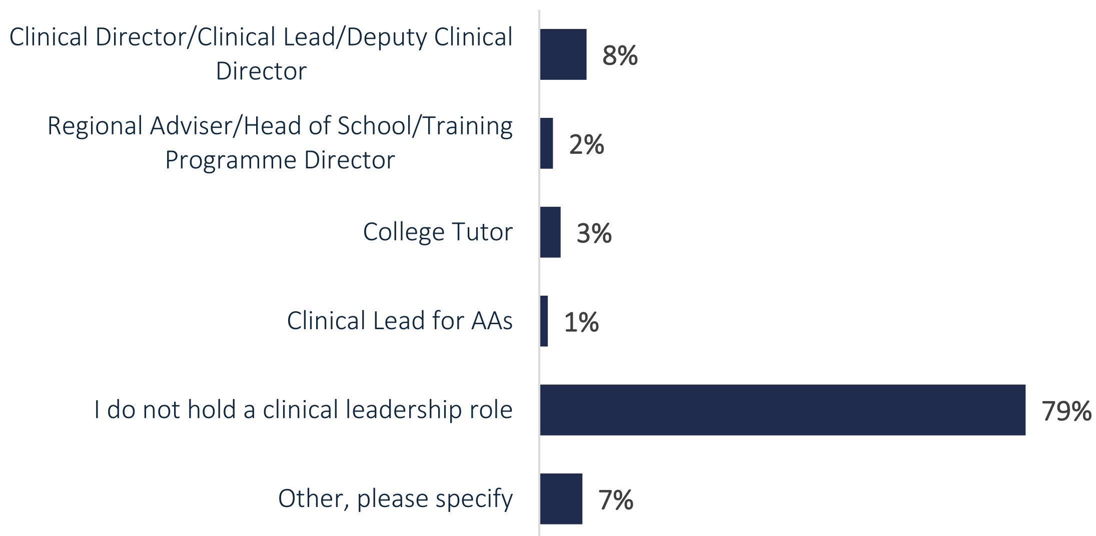
The majority of the sample work in England (82%). 11% work in Scotland, 4% in Wales with the remaining 2% being based in Northern Ireland.



Q6. Which UK Nation do you work in? Base: Total (3,357 respondents).

The majority of the sample (79%) do not hold a clinical leadership role. For those who do hold a clinical leadership role, 'clinical director/clinical lead/deputy clinical director' is the most frequently selected (8%).



Q3. Do you hold any of the following clinical leadership roles in your trust/board? Base: Total (3,357 respondents).

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3.2 Free text analysis

Throughout the survey, 15 free text questions were asked to respondents asking respondents to explain their reasoning behind whether they support or are against aspects of the proposed scope of practice. For all free text responses, coding was undertaken to highlight and understand more about what members deemed to be important areas for consideration.

Overall, the free text coding identified three main areas of focus for members when considering the potential impact of the proposed scope of practice, these areas included:

1. A concern around supervision.
2. A concern about patient safety.
3. A concern about the impact of training AiTs.

Supervision is the most common theme emerging from the free text comments that have been left with respondents typically citing that 1:1 supervision would be most appropriate in order to ensure patient safety. Whilst there are some who feel 2:1 supervision may be appropriate, there is concern that such supervision levels may not be possible during emergencies. Furthermore, consultants are cautious about being responsible for AAs.

“'The anaesthetist supervising the AA remains responsible for the safety and overall management of the patient.' I think your legal team need to flesh out what is likely to happen in the event of the case of two critical incidences at once so the supervisor cannot attend both whilst supervising 2:1. This makes it sound like it would be the anaesthetist supervising's problem but that doesn't seem right. If this is not known then it should be found out, and if it's known but omitted, then why?” *AiT who has worked in the same hospital as AAs*

“1:1 supervision at all times. Most often, when serious incidents occur, it is in unexpected patients, the ones where you expect an 'easy anaesthetic'. To assume an ASA I patient will be 'uncomplicated' is dangerous. 1:1 supervision is needed.” *AiT who has worked in the same hospital as AAs*

“The scope of practice is much needed and is clear. However, it feels very like a big responsibility for anaesthetists to supervise them and the final responsibility lying with the anaesthetist. Whilst this could be compared to supervising Residents in training, their background knowledge and experience is very different. With the scope of practice, it may not be suitable for some hospitals to have AAs due to the complexity of the work undertaken. This review and guidance are welcome. There is likely a place suitable for AAs within the current system but these need to be closely identified and adhered to.” *Consultant who has worked with AAs*

“All phases seem quite similar, where in the consultant anaesthetist takes the full responsibility and the AA has no shared responsibility and hence there would be no change in work pressure if this never happens rather it would be an added burden if a consultant has to cross check every single thing done by an AA.” *AiT who has worked in the same hospital as AAs*

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"If I have to supervise an AA doing a specific task (e.g. induction), I would rather do it myself. Training an individual with the aim of them practicing independently is a different situation." *Consultant who has worked with AAs*

Regarding **patient safety**, as above, comments typically focus on the perceived impact of 2:1 supervision compared to 1:1, with many believing 1:1 supervision is most appropriate with patient safety in mind. However, another concern noted is that whilst the proposed scope of practice clearly outlines the roles of AAs and provides much needed guidance, the fear is that such important guidance could end up being ignored by departments who may be suffering workforce shortages or by departments who already have AAs employed and who therefore could work outside of the proposed scope through extended roles.

"It is a step in the right direction. The two main areas that are still patient safety concerns are: 1. Supervision should only ever be 1:1. 2:1 is a potential safety issue. 2. There should be no local variation in SOP for AA's that area already practicing." *AiT who has worked in the same hospital as AAs*

"It is good to have a scope of practice which more clearly describes the changing role of AAs. However, I am concerned that in order to provide assurances with regard to patient safety, the department would have to be wholly on board with the exact responsibilities outlined and I suspect that instead, departments may choose to interpret more loosely things like ASA grading in order to allow AAs to continue to practice with less supervision in order to keep lists running." *AiT who has worked in the same hospital as AAs*

"The major patient safety issues with AAs (and PAs in other specialties) is that scope of practice has been determined locally, allowing some to perform outright inappropriate procedures. Scope of practice on a national level is crucial to define what can and can't be done by these team members. Allowing local departments to explore continuation of extended roles outside those in the scope of practice for already practicing AAs is essentially a loophole in the entire document which will, in practice, allow locally-determined scope of practice to continue." *AiT who has worked in the same hospital as AAs*

"Sadly, I think various departments will ignore a lot of the guidance and use AAs at the expense of training doctors (trainees/SAS/LED etc). Rigid assessment tools will need to be in place to ensure continuous patient safety and better supervision will be needed." *AiT who has not worked with AAs*

"I feel the lack of training duration undermines the patient safety standards we have in place currently." *Consultant who has not worked with AAs previously*

"I don't think 2:1 working with AA's is safe. The document suggests that the consultant should be within 2 minutes to help the AA. One consultant cannot be 2 minutes away from two AA's at once. Anaesthetic emergencies can happen at any time and could happen in two places at once. 1:1 supervision should be the RCoA recommended standard as anything else is unsafe, and not something I would want for myself or my family." *AiT who has worked in the same hospital as AAs*

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"This scope makes the supervisor fully responsible for care whilst delegating practical involvement to an AA, it is a fact that reduced training and experience of those delivering care will inevitably reduce patient safety." *Consultant who has worked with AAs previously*

The other primary concern focuses on the **training of AiTs**, with respondents at times uncertain how the proposed supervision levels provide consultants with the opportunity to provide learning opportunities to AiTs.

"They [AAs] will take away jobs of junior doctors who have actually trained in anaesthesia as they [AAs] would be more cost effective." *SAS doctor who has worked with AAs*

"There is no mention of the impact of training opportunities for anaesthetists in training. It should be stated that no anaesthesia associates should work in a way that restricts training opportunities for anaesthetists in training." *AiT who has not worked with AAs*

"I do not feel there is any reason for AAs to perform other more advanced RA procedures, and that this would take training opportunities away from AiTs or consultants who wish to develop and maintain their skills." *Consultant who has worked with AAs*

"After 3 years of full-time training in anaesthesia and 6 years of postgraduate experience in medicine with a full degree, I have barely been allowed to work with 2:1 supervision on elective patients. I think the progression for AAs is too rapid and does not match the experience of AiTs (this may also be detrimental to morale for AiTs)." *AiT who has worked with AAs*

"It is unclear how a consultant will be able to supervise AAs in a 1-1 or 2-1 ratio while also giving learning opportunities to/supervising AiTs. Secondly, 2-1 supervision is only sustainable when everything is going well. How can this possibly be sustained when an emergency happens during one of the procedures?" *AiT who has not worked with AAs*

"I may change my opinion in the future if all AiTs can achieve regional competencies and practice before CCT and there is sufficient capacity to allow AAs enhanced regional scope of practice without impact on AiTs." *Consultant who has worked with AAs*

"Training in RA is already a struggle for AiT and LEDs to access enough opportunities for independent consultant practice, they should be prioritised for training and performing these procedures themselves." *AiT who has worked with AAs*

Overall, free text comments, whilst noting areas of the proposed scope of practice where they feel adjustments could be made (as above), mention the necessity of such a document which seeks to provide guidance and clarity on the role of AAs within departments.

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"I support the continual review of capacity for AA, and that Anaesthetists in training should take priority if there is limited capacity. Also, that not all clinical supervisors will be willing to have this in their job plan." *Consultant who has worked with AAs*

"I think it is good that there is emphasis on consultants having a choice in supervising AAs. I think that this should be a free choice with no bearing on a consultant's place in a department, for example, this should not be allowed to decide whether a consultant gets a job in a certain department." *AiT who has not worked with AAs*

"Many thanks for doing this work, which is invaluable. I believe that a revised scope of practice is due, which will provide departments with some additional flexibility in the safe deployment of their AAs." *Consultant who has worked with AAs*

"I fully support clarity. It is important that AAs and anaesthetists understand their roles. It is vitally important that our patients are safe. Patients should know who is looking after them. AAs need to have our respect and trust and need to be able to develop worthwhile roles." *Consultant who has worked with AAs*

"It [the scope of practice] will provide reassurance to patients and anaesthetists to have clarity over what an AA can and can't do. It is of enormous importance to have this document. This is a great thing for patient safety. Anaesthetists will still need support in ensuring it is implemented in their departments." *SAS doctor who has worked with AAs*

"This document ensures patient safety by setting a good safe standard for AAs to practice within. It certainly removes a lot of the slightly rogue practices that I hear anecdotally were being performed at other hospitals." *Consultant who has worked with AAs*

"The draft scope of practice strikes the right balance in ensuring patient safety. Of the four qualified AAs in the department I work in, they are now all working within scope whenever I supervise them." *Consultant who has worked with AAs*

"Broadly, I value the contribution of most of my AA colleagues, some are very competent, and I feel safe in their capabilities, and appropriate confidence. Others are less skilled, and they find it difficult to work within the confines of their restrictions, as they lack the experience to know when they should be asking for help. The draft scope of practice should be adhered to strictly, without bending the rules locally, just to make the system work." *Consultant who has worked with AAs*

"I think this document is far too restrictive and if implemented in full would essentially end the AA program. Perhaps that's what it is intended to do? I share concerns about a massive increase in the number of AAs and I very much support regulation and a Scope of Practice. I think that the College must be at the heart of deciding

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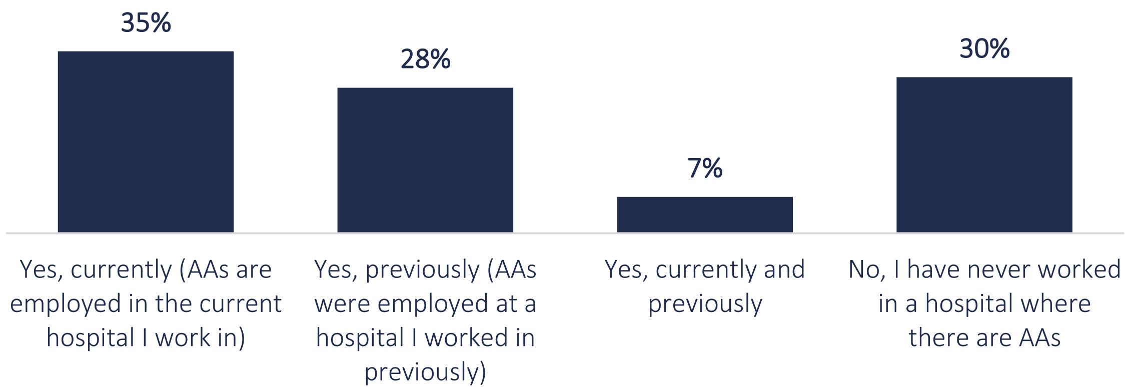
what is and what is not appropriate for AAs to do. However, I do think that there is a role for anaesthesia associates. I think they can be important members of the team and I think they can help us as anaesthetists to deliver good quality patient care to more patients." *Consultant who has worked with AAs*

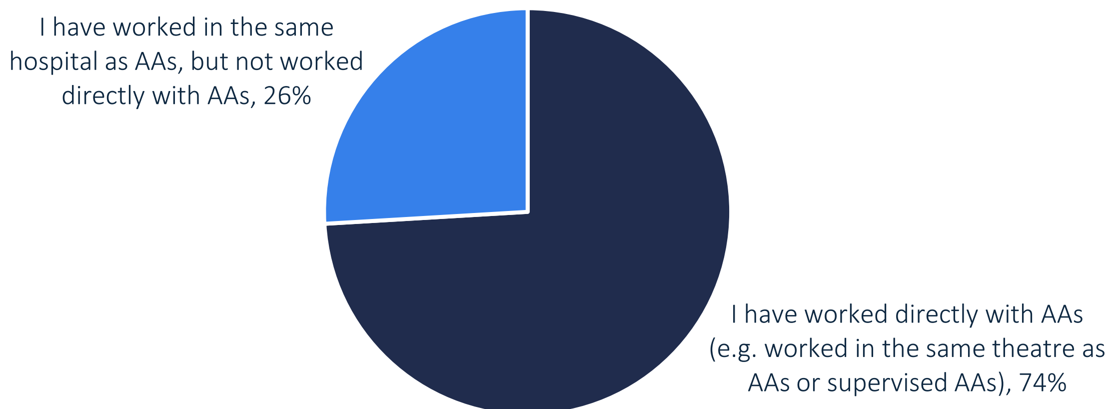
3.3 Experience of working with AAs

Respondents reported varying experience of working with anaesthesia associates (AAs). 35% of respondents report currently working in a hospital in which AAs are employed and 28% having previously worked in a hospital with AAs. An additional 7% currently work and have previously worked in a hospital where there are AAs. 3 in 10 meanwhile had never worked in a hospital where there are AAs.



Q6. Do you have experience of working in the same hospital as AAs? Base: Asked to those who are not AAs (3,324 respondents).

Of those who have either currently or previously worked with AAs, three quarters (74%) of respondents reported that they have worked directly with AAs, with a quarter (26%) having worked in the same hospital as an AA, but not directly with an AA.



Q7. How closely have you worked with AAs? Base: All those who work/have worked with AAs (2,329 respondents).

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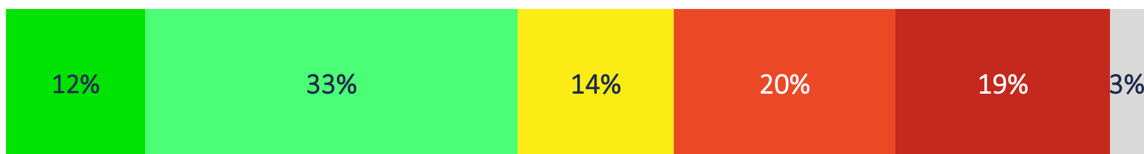
3.4 The extent to which the draft AA scope of practice can be implemented

Early in the survey, after collecting the relevant profiling data (as laid out in section 2.3.), all respondents were asked their perceptions around the extent to which the draft AA scope of practice can be implemented.

45% of respondents agree that the draft AA scope of practice can be implemented, 14% are neutral on the matter, 38% disagree[3] and 3% are unsure.

To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented?



Q8. To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? Base: Total[4] (3,357 respondents).

Breaking this question down by role, we see that Anaesthetists in Training (AiTs) are significantly more likely to agree (53%) that the draft AA scope of practice can be implemented compared to consultants (42%), Locally employed/Trust doctors (39%), Specialist and specialty doctors (36%), and AAs (9%).

Furthermore, a greater proportion of AiTs agree the draft AA scope of practice can be implemented compared to those who disagree (53% agree vs 33% disagree). Both consultants and Locally employed/Trust doctors are more evenly split in terms of agreement and disagreement.

- 42% of consultants agree vs 41% disagree.
- 39% of Locally employed/Trust doctors agree vs 37% disagree.

Meanwhile both Specialist and specialty doctors, and AAs, see a greater proportion of respondents disagreeing that the draft AA scope of practice can be implemented.

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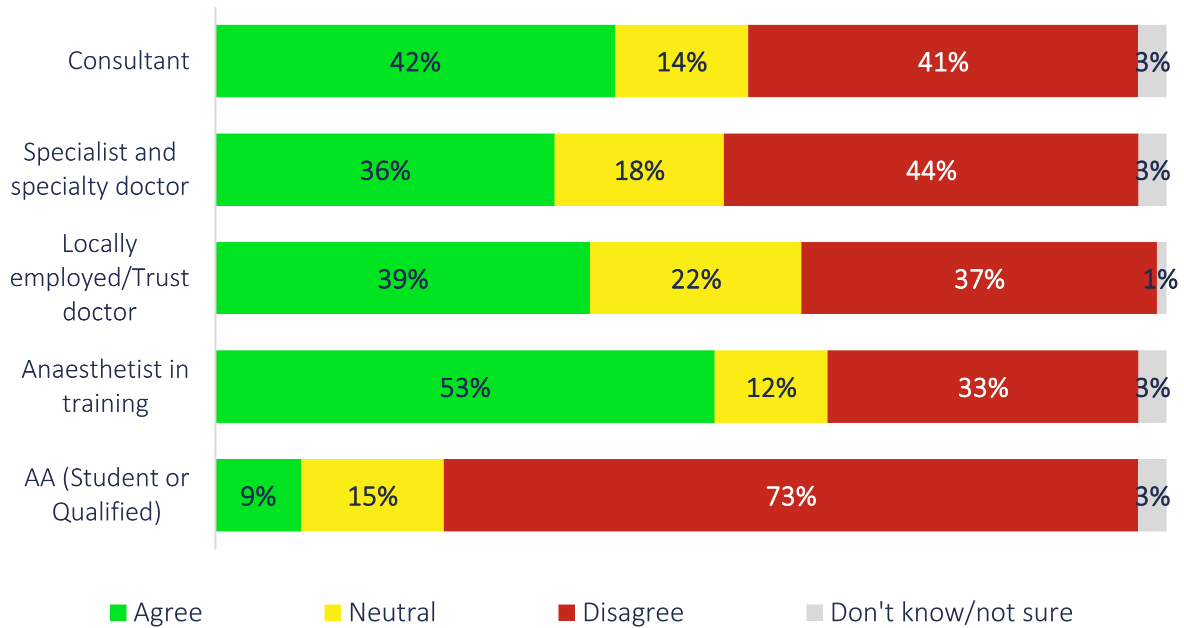
[3] Please note, where aggregated percentages do not sum to expected percentages, this is due to rounding.
[4] As discussed with RCoA, perceptions around implementation formed the bedrock of the survey, and as such, this was one of the few questions which respondents were required to answer.

To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? [By role]



Q8. To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? Base: Consultants (1,858); Specialist and specialty doctor (177); Locally employed/Trust doctor (67); AiTs (1,214); AAs (33 – caution low base).

Another key difference is the extent to which levels of agreement and disagreement vary by those who have worked with AAs (either currently and/or previously) compared to those who have never worked with AAs.

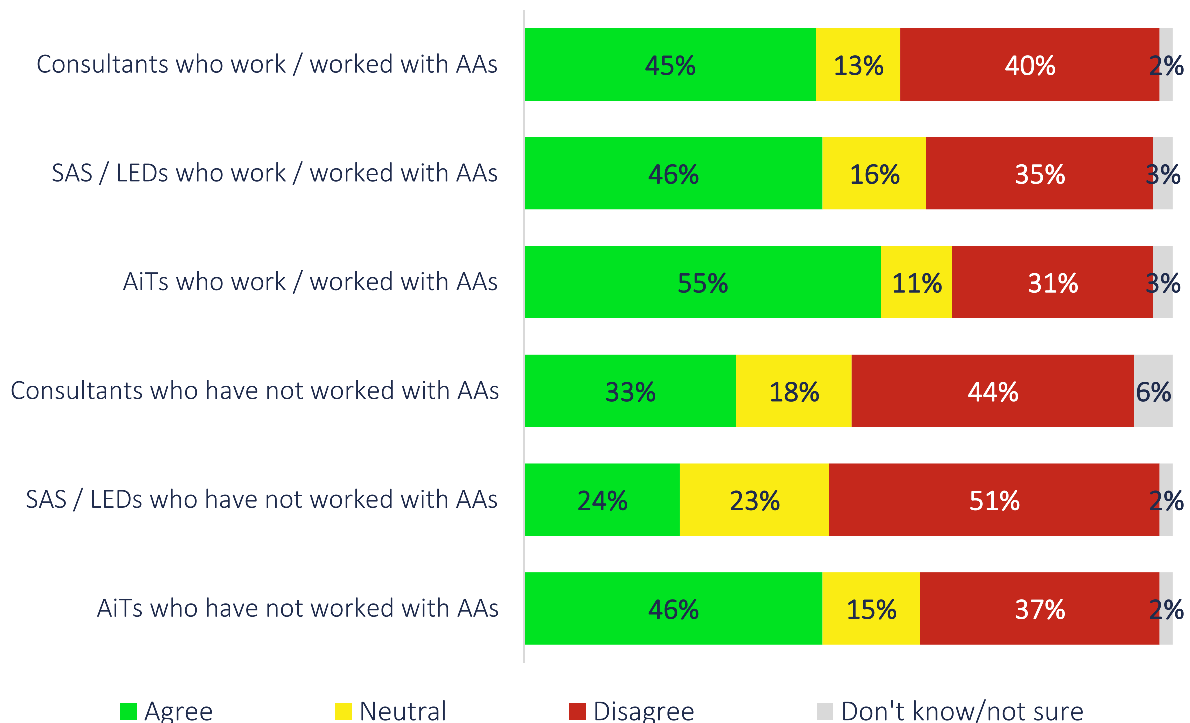
To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? [By experience of working with AAs]

	Experience working with AAs	
	Yes (currently and / or previously) (N)	No experience working with AAs (O)
Base:	*2,329*	*995*
Agree	49%	36%
	O	
Neutral	12%	17%
		N
Disagree	36%	43%
		N

Don't know/not sure	2%	4%
		N

Those who have worked with AAs, either currently and/or previously, are significantly more likely than those who have not worked with AAs to agree that the draft AA scope of practice can be implemented (49% vs 36%). For those who have worked with AAs currently and/or previously, the data shows that proximity of the working relationship with AAs does not have a significant difference on agreement, neutrality nor on disagreement. The figures remain similar regardless of whether respondents have worked directly or indirectly with AAs.

When combining role and experience of working with AAs, we see that respondents within each role who have worked with AAs are more likely to agree than disagree that the draft AA scope of practice can be implemented. Amongst those who have worked with AAs, a higher proportion of AiTs agree (55%) followed by SAS / LEDs (46%) and then consultants (45%).



Q8. To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? Base: Consultants who work / worked with AAs (1,290 respondents); SAS/LEDs who work / worked with AAs (143

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respondents); AiTs who work / worked with AAs (894 respondents); Consultants who have not worked with AAs (568 respondents); SAS/LEDs who have not worked with AAs (101 respondents); AiTs who have not worked with AAs (320 respondents).

A greater proportion of AiTs who have never worked with AAs are still in agreement that the draft AA scope of practice can be implemented (46% agree vs 37% disagree).

A greater proportion of consultants and SAS/LEDs who have never worked with AAs disagree that it can be implemented.

- 51% of SAS/LEDs who have never worked with AAs disagree vs 24% of the same group who agree.
- 44% of consultants who have never worked with AAs disagree vs 33% of the same group who agree.

Some notable differences also emerge when analysing responses by UK nation, particularly when looking at responses in Northern Ireland compared to all other UK nations.

- Compared to respondents in Northern Ireland, a greater proportion of respondents from all other UK nations agree the draft AA scope of practice can be implemented.
- A greater proportion of respondents in Northern Ireland are neutral around the extent to which they believe the Draft AA scope of practice can be implemented, compared to all other UK nations.
- A greater proportion of respondents in Northern Ireland disagree that the draft AA scope of practice can be implemented, compared to respondents in England and Scotland, but not compared to respondents in Wales.

To what extent do you agree or disagree that the draft AA Scope of Practice 2024 can be implemented? [By UK nation]

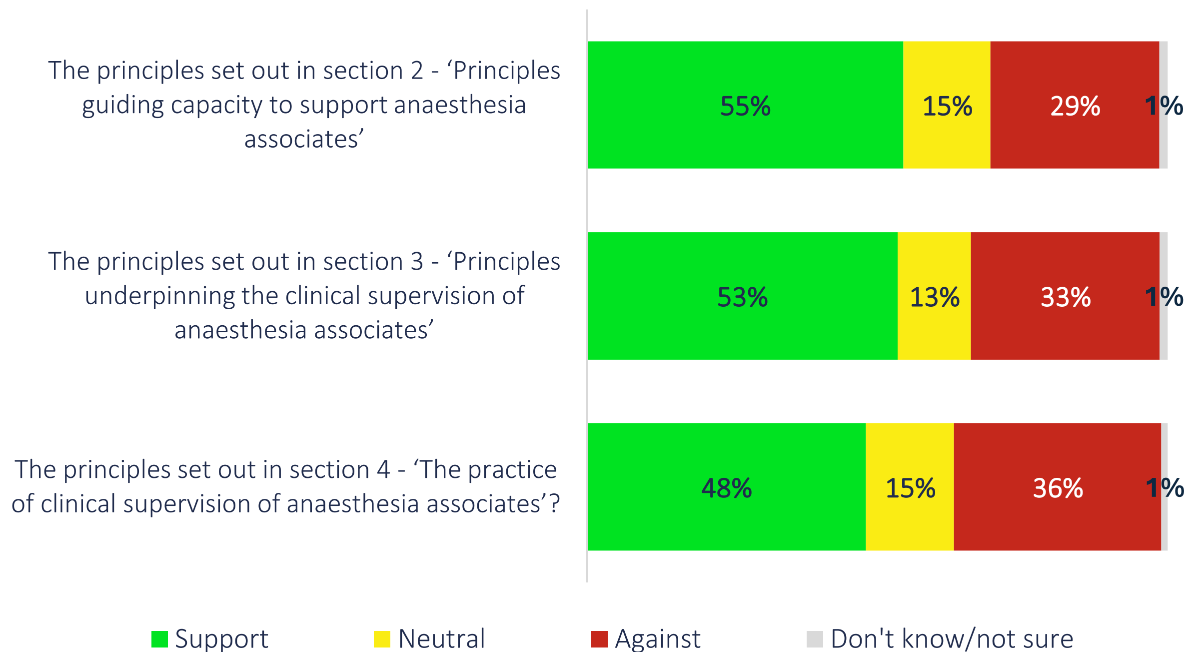
	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,765*	*381*	*140*	*63*
Agree	45%	48%	43%	21%
	J1	**J1**	**J1**	
Neutral	13%	15%	14%	27%
				G1H1I1
Disagree	38%	34%	41%	52%
				G1H1
Don't know/not sure	3%	3%	2%	0%

3.5 Perceptions of the principles laid out in the draft AA Scope of Practice

When considering the extent to which respondents either support or are against the principles set out in sections 2, 3 and 4, respondents are more likely to support the principles than be against them although as the draft AA scope of practice progresses, active opposition increases.

- 55% support the principles set out in section 2 - *'Principles guiding capacity to support anaesthesia associates'* compared to 29% who are against.
- 53% support the principles set out in section 3 - *'Principles underpinning the clinical supervision of anaesthesia associates'* compared to 33% who are against.
- 48% support the principles set out in section 4 - *'The practice of clinical supervision of anaesthesia associates'* compared to 36% who are against.

A very small proportion indicate they are 'don't know or are not sure' when giving their views across all principles set out in sections 2-4.

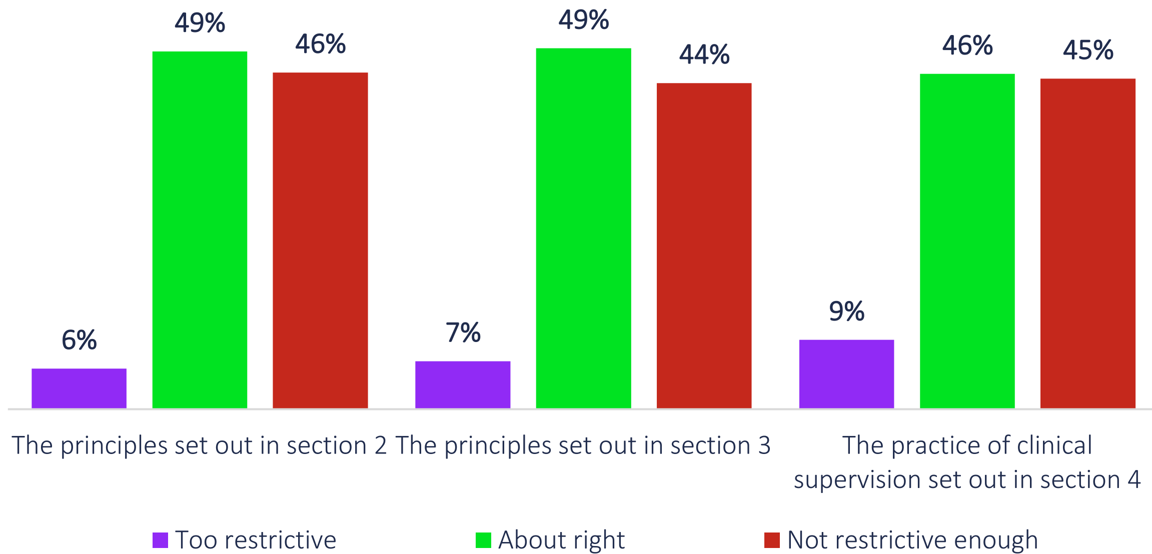


Q9a. To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'? Base: Total (3,172 respondents).
Q10a. To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'? Base: Total (3,126 respondents).

Q11a. To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'? Base: Total (3,117 respondents).

Around half of respondents believe that the principles set out in sections 2 and 3 are about right, in terms of their restrictiveness (49% on both counts). The remaining respondents are more likely to believe the principles are not restrictive enough rather than too restrictive, with just under half selecting 'not restrictive enough' on both counts.

Findings follow a similar pattern when asking respondents how restrictive they think the practice of clinical supervision is, as set out in section 4. 9% believe the practice of clinical supervision as set out in section 4 is 'too restrictive', and the remainder of respondents are largely split between believing the clinical supervision is 'about right' (46%) or 'not restrictive enough' (45%).



Q9b. Do you believe the principles set out in section 2 are... Base: Total (2,899).
Q10b. Do you believe the principles set out in section 3 are... Base: Total (2,984).
Q11b. Do you believe the practice of clinical supervision set out in section 4 is... Base: Total (2,982).

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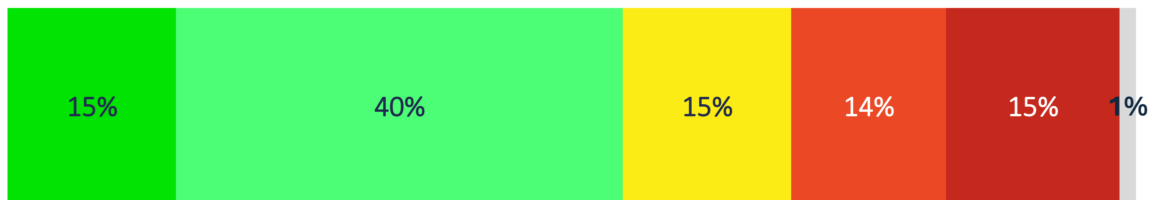
3.5.1 Perceptions of the principles laid out in section 2 – 'Principles guiding capacity to support anaesthesia associates'

At the total level, the proportion who support the principles guiding capacity to support anaesthesia associates laid out in section 2 stands at 55% (15% being strongly supportive), 15% are neutral, 29% are against (15% being strongly against) and 1% unsure.

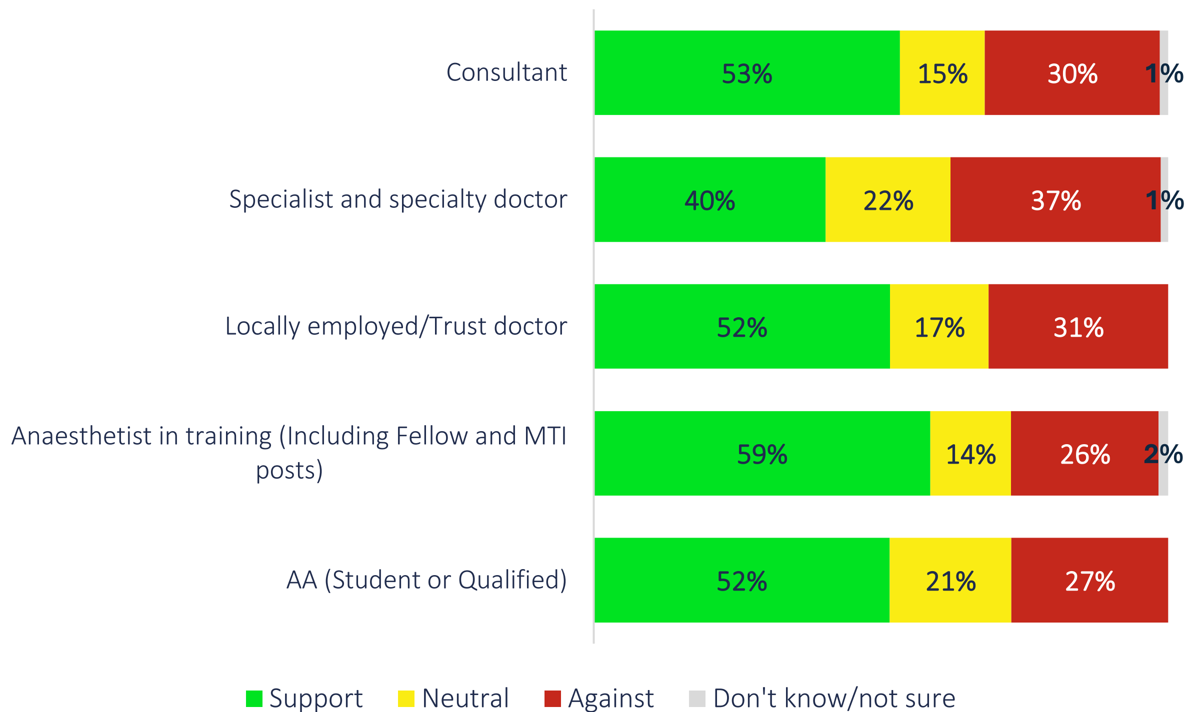
To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'?



Strongly support Broadly support Neutral opinion
Broadly against Strongly against Don't know/not sure

Q9a. To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'? Base: Total (3,172 respondents).

When breaking down responses by role, a greater proportion of Anaesthetists in training support the principles set out in section 2, more so compared to consultants, AAs and Specialist and speciality doctors (59% vs 53%; 52%; & 40%, respectively). A smaller proportion of Specialist and specialty doctors support the principles set out in section 2 (40%). In line with this, Specialist and specialty doctors are the most likely to actively oppose the principles set out in section 2 and are significantly more likely to be opposed than Anaesthetists in training (37% vs 26%). Proportionally fewer Anaesthetists in training and AAs express active opposition (26% & 27%, respectively), compared to other member grades.

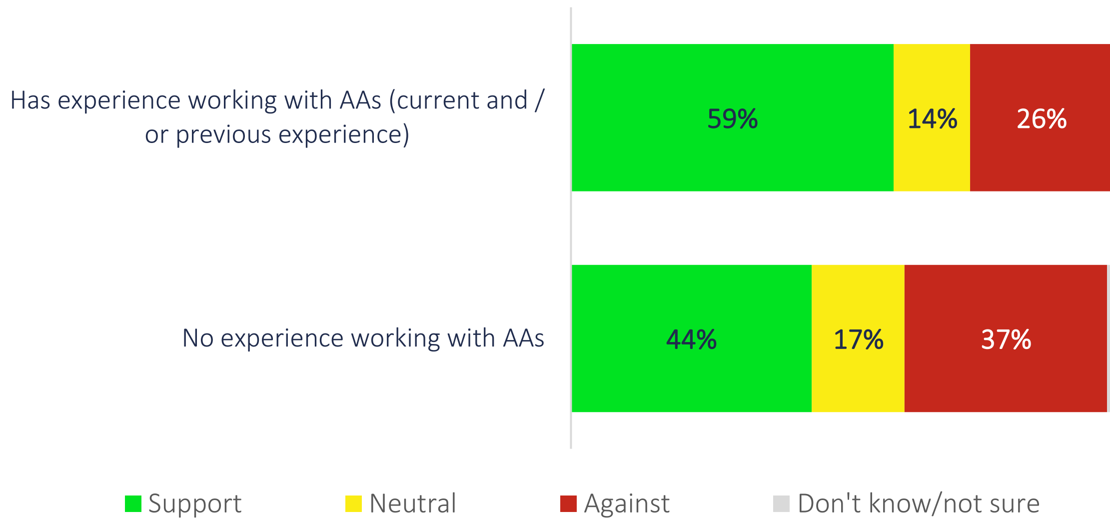


Q9a. To what extent do you support the principles set out in section 2 – 'Principles guiding capacity to support anaesthesia associates'? Base: Consultants (1,748); Specialist & specialty doctors (161); Locally employed / Trust doctors (64); Anaesthetists in training (1,159); AAs (33 - caution low base).

When breaking support down by experience of working with AAs, a greater proportion of those who have experience working with AAs (either currently or previously) support the principles set out in section 2, while those who have no experience working with AAs are considerably less likely to be supportive.

- Of those who have experience working with AAs, 59% support the principles set out in section 2, 14% are neutral, 26% oppose them and 1% are unsure.
- Of those who have no experience working with AAs, 44% support the principles set out in section 2, 17% are neutral, 37% oppose them and 2% are unsure.

To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'?
[By experience working with AAs]



Q9a. To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'? Base: Those who have had experience working in the same hospital as AAs, either currently or previously (2,227); those who have no experience working with AAs (912).

Further differences emerge when responses are broken down by how closely respondents have worked with AAs.

- A greater proportion of those who have worked directly with AAs support the principles set out in section 2, compared to those who have worked indirectly with AAs (61% vs 53%).
- A greater proportion of those who have worked indirectly with AAs oppose the principles set out in section 2, compared to those who have worked directly with AAs (31% vs 24%).

To what extent do you support the principles set out in section 2- 'Principles guiding capacity to support anaesthesia associates'? [By proximity to AAs]

	Proximity to AAs	
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,652*	*575*
Agree	61%	53%
	Q	
Neutral	14%	15%

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Disagree	24%	31%
		P
Don’t know/not sure	1%	1%

When combining role and experience working with AAs, again, across all job roles, a greater proportion of respondents who have worked with AAs support (rather than oppose) the principles set out in section 2. Of those who have worked with AAs, a greater proportion of AiTs are supportive (61%), followed by consultants (58%) and then SAS / LEDs, where support drops slightly (53%).

The views of those who have not worked with AAs are more mixed.

- A greater proportion of SAS / LEDs oppose the principles set out in section 2 (43%) and are considerably more likely to be against rather than in support (30% support, 43% oppose). A higher proportion are opposed compared to AiTs (31%).
- While consultants are still slightly more likely to be opposed than be supportive, the views for this subgroup are more evenly split (38% oppose vs 42% support). They are still significantly more likely to be opposed compared to AiTs (38% vs 31%), although are significantly more likely to be supportive compared to SAS / LEDs (42% vs 30%).
- AiTs are the least likely to be opposed, although around 3 in 10 (31%) are still against the principles set out in section 2 and are significantly less likely to be opposed than consultants (31% vs 38%). In addition, AiTs who haven’t worked with AAs show the most active support for the principles set out in section 2, and are significantly more likely to be supportive compared to both consultants and SAS / LEDs (51% vs 42% & 30%, respectively).

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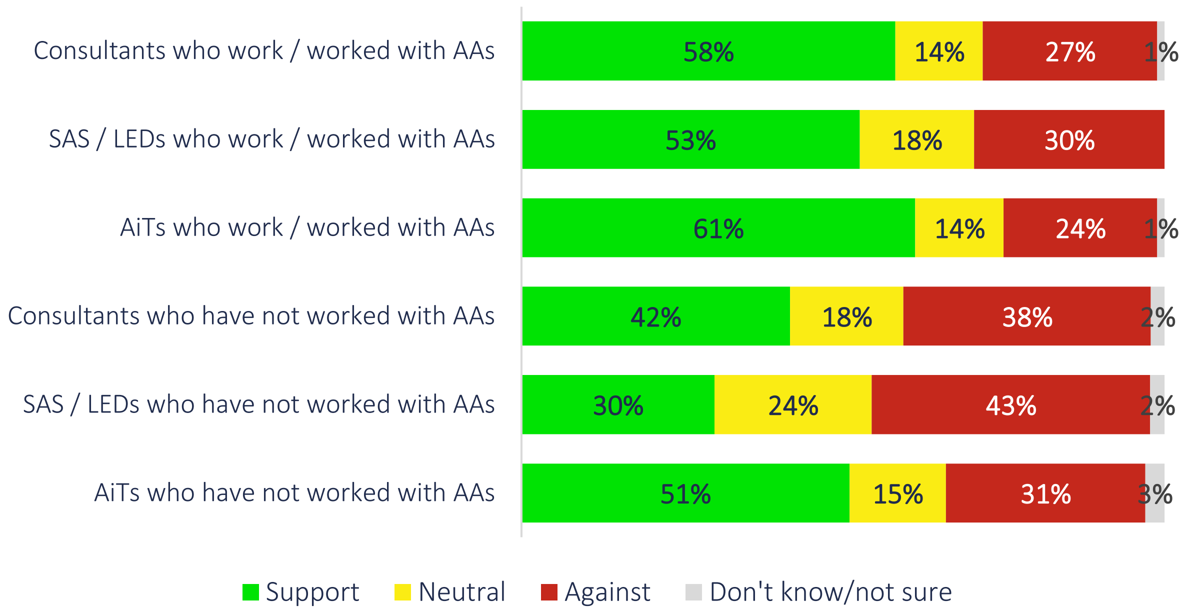


Q9a. To what extent do you support the principles set out in section 2 - 'Principles guiding capacity to support anaesthesia associates'? Base: Consultants who work / worked with AAs (1,231); SAS / LEDs who work / worked with AAs (135); AiTs who work / worked with AAs (859); Consultants who have not worked with AAs (517); SAS / LEDs who have not worked with AAs (90); AiTs who have not worked with AAs (300).

There are significant differences by UK region, where respondents in Northern Ireland show proportionally higher levels of opposition to the principles set out in section 2.

To what extent do you support the principles set out in section 2- 'Principles guiding capacity to support anaesthesia associates'? [By UK nation]

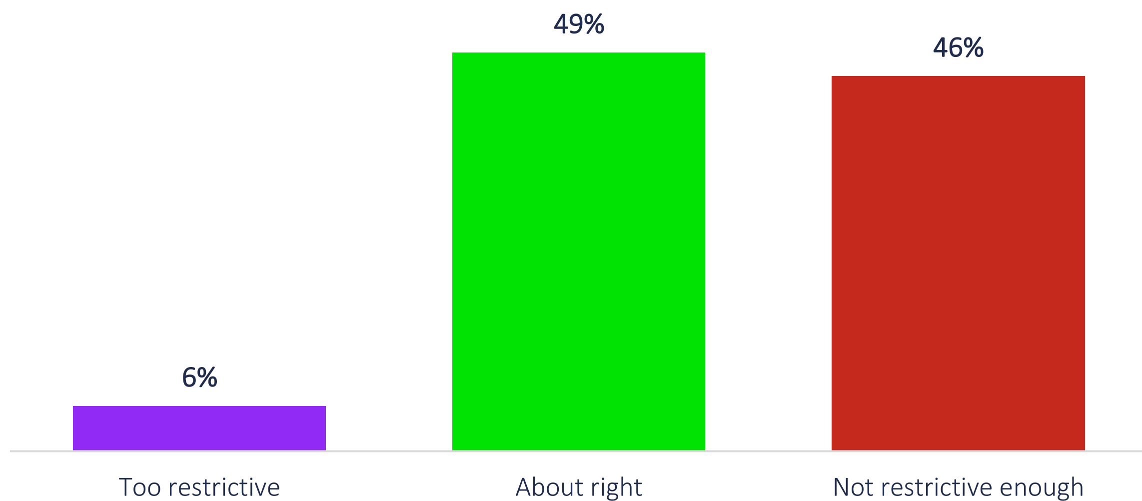
	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,612*	*367*	*131*	*55*
Support	55%	54%	56%	36%
	J1	J1	J1	
Neutral	15%	16%	13%	15%

Against	29%	28%	30%	47%
				G1H1I1
Don't know/not sure	1%	2%	1%	2%

How restrictive do respondents believe the principles laid out in section 2 are?

49% of the total sample believe the principles set out in section 2 are 'about right'. When looking at those who do not believe the principles are 'about right', a greater proportion of respondents believe they are not restrictive enough, compared to being too restrictive. 46% believe the principles set out in section 2 are 'not restrictive enough', compared to 6% who believe the principles are 'too restrictive'.

Do you believe the principles set out in section 2 are:



Q9b. Do you believe the principles set out in section 2 are… Base: Total (2,899).

When looking specifically at the relationship between the extent to which the principles in section 2 are supported and how restrictive they are perceived to be, the following key findings emerge:

- Those who support the principles set out in section 2 are likely to believe that the principles are 'about right' in terms of how restrictive they are (74%).
- For those who are against the principles set out in section 2, the vast majority believe that the principles are 'not restrictive enough' (86%).

Do you believe the principles set out in section 2 are: [By support for principles set out in section 2]

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	Extent to which principles set out in section 2 are supported			
	Support (A)	Neutral (B)	Against (C)	Don't know / not sure (D)
Base:	*1,579*	*418*	*860*	*38 – caution low base size*
Too restrictive	3%	10%	7%	5%
		A	A	
About right	74%	44%	7%	21%
	BCD	CD		C
Not restrictive enough	23%	46%	86%	74%
		A	ABD	AB

Breaking responses down by role, a greater proportion of AAs say that the principles in section 2 are 'about right' and are significantly more likely to be select 'about right' compared to all other roles. For AAs who do not believe the principles set out in section 2 to be 'about right', this is because they believe them to be too restrictive (42%) – 0% of AAs feel they are not restrictive enough.

Proportionally fewer Locally employed / Trust doctors believe that the principles set out in section 2 are 'about right', with over half (57%) believing they are not restrictive enough – they are also significantly more likely to believe they are not restrictive enough compared to consultants and AAs (57% vs 40% & 0%, respectively).

Despite AiTs being the most supportive of the principles set out in section 2 (59%), just over half believe the principles are not restrictive enough (55%), and none believe the principles to be too restrictive.

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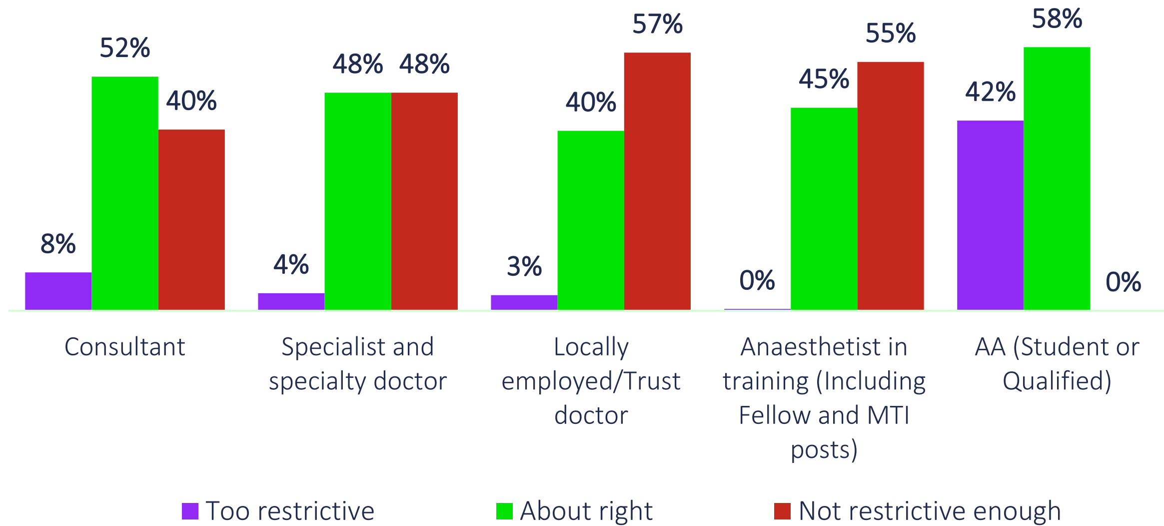
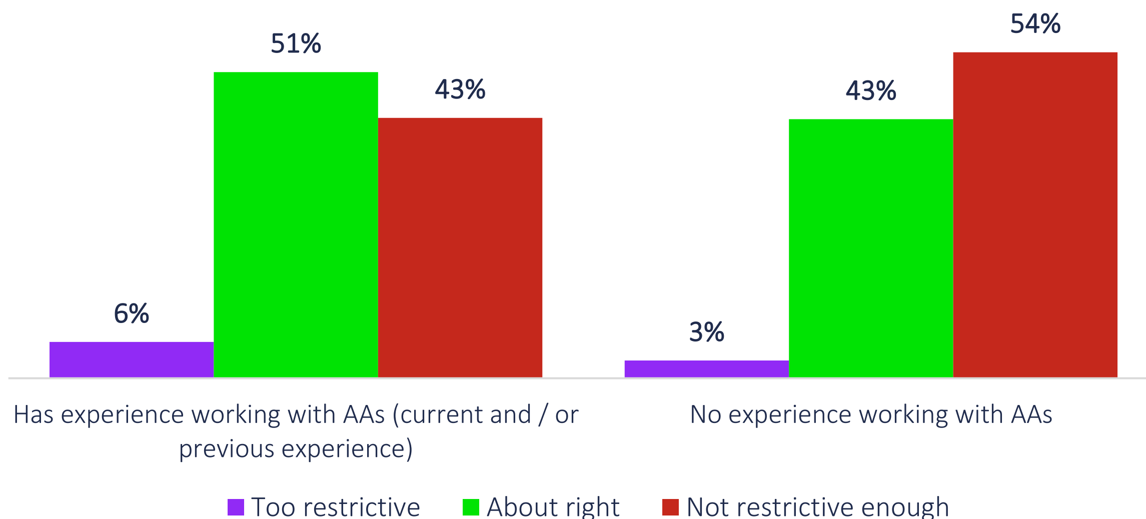


Q9b. Do you believe the principles set out in section 2 are… Base: Consultants (1,604); Specialist and specialty doctor (129); Locally employed / Trust doctors (58); AiTs (1,070); AAs (31 – caution low base).

Comparing the responses of those who have worked with AAs and those who haven't, a higher proportion of those who have not worked with AAs believe the principles set out in section 2 are 'not restrictive enough' (54% vs 43%).



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Q9b. Do you believe the principles set out in section 2 are… Base: Those who have experience working with AAs (2,049); those who have no experience working with AAs (819).

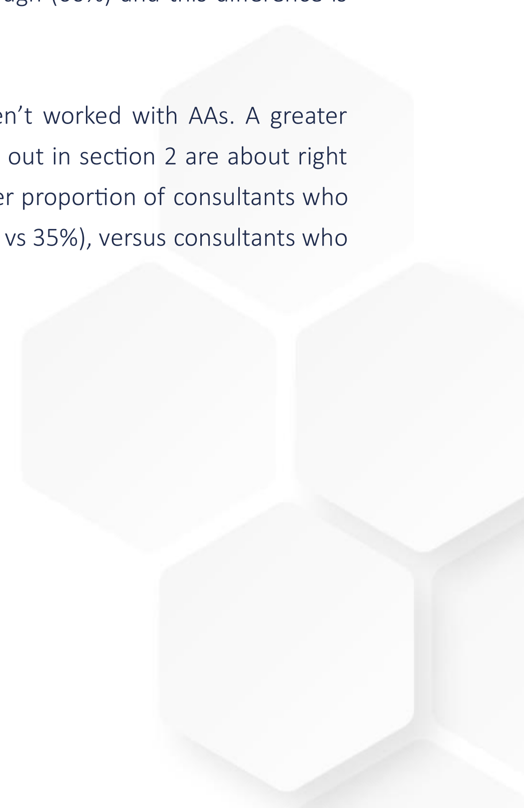
A greater proportion of those who have worked indirectly with AAs (i.e., in the same hospital, but no direct working relationship) believe that the principles set out in section 2 are not restrictive enough, compared to those who have worked directly with AAs (52% vs 40%). In addition, while the numbers are much smaller, a higher proportion of those who have worked directly with AAs believe the principles set out in section 2 are too restrictive, with virtually none of those who have worked indirectly with AAs selecting this option (8% vs 1%).

Do you believe the principles set out in section 2 are: [By proximity to AAs]

	Proximity to AAs	
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,510*	*539*
Too restrictive	8%	1%
	Q	
About right	52%	47%
Not restrictive enough	40%	52%
		P

When combining role and experience working with AAs, a greater proportion of SAS / LEDs who have not worked with AAs believe that the principles set out in section 2 are not restrictive enough (60%) and this difference is significant compared to SAS / LEDs who have worked with AAs (60% vs 45%).

Significant differences are also seen between consultants who have and haven't worked with AAs. A greater proportion of consultants who have worked with AAs believe the principles set out in section 2 are about right compared to consultants who have not worked with AAs (54% vs 45%). A greater proportion of consultants who have not worked with AAs believe the principles are not restrictive enough (51% vs 35%), versus consultants who have experience of working with AAs.



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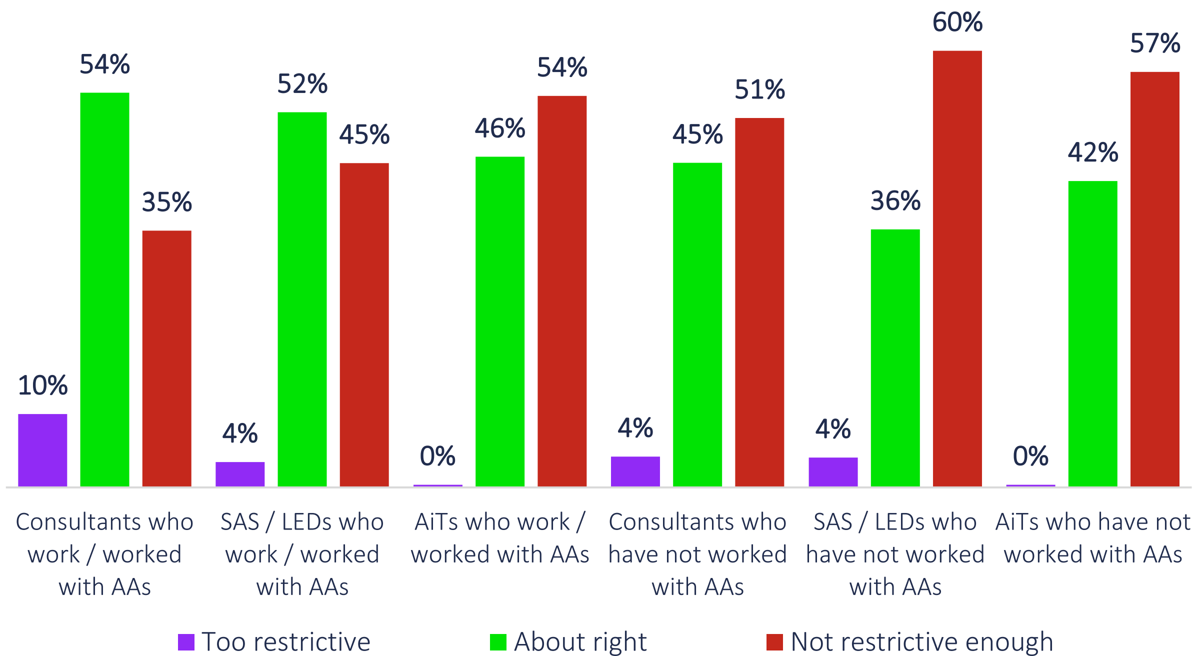

Q9b. Do you believe the principles set out in section 2 are… Base: Consultants who have worked with AAs (1,135); SAS / LEDs who have worked with AAs (114); AiTs who have worked with AAs (798); Consultants who have not worked with AAs (469); SAS / LEDs who have not worked with AAs (73); AiTs who have not worked with AAs (272).

Finally, to explore why those in Northern Ireland are less supportive of the principles set out in section 2, the data has been broken down by UK nation. The majority of respondents in Northern Ireland believe that the principles are not restrictive enough (65%), and a greater proportion of those in Northern Ireland hold this view compared to respondents from both England and Scotland (65% vs 46% & 43%, respectively).

Do you believe the principles set out in section 2 are: [By UK nation]

	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,381*	*346*	*120*	*46 – caution low base*
Too restrictive	6%	6%	3%	0%
About right	49%	51%	47%	35%

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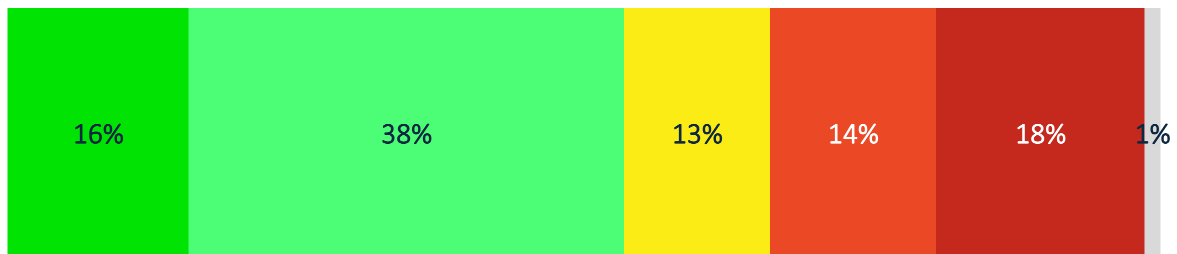
		J1		
Not restrictive enough	46%	43%	51%	65%
				G1H1

3.5.2 Perceptions of the principles laid out in section 3 – 'Principles underpinning the clinical supervision of anaesthesia associates'

At the total level, a greater proportion of respondents support the principles underpinning the clinical supervision of AAs (53%) than oppose them (33%), although it should be noted that some active opposition is present – around a third say they are against the principles set out in section 3.

To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'?

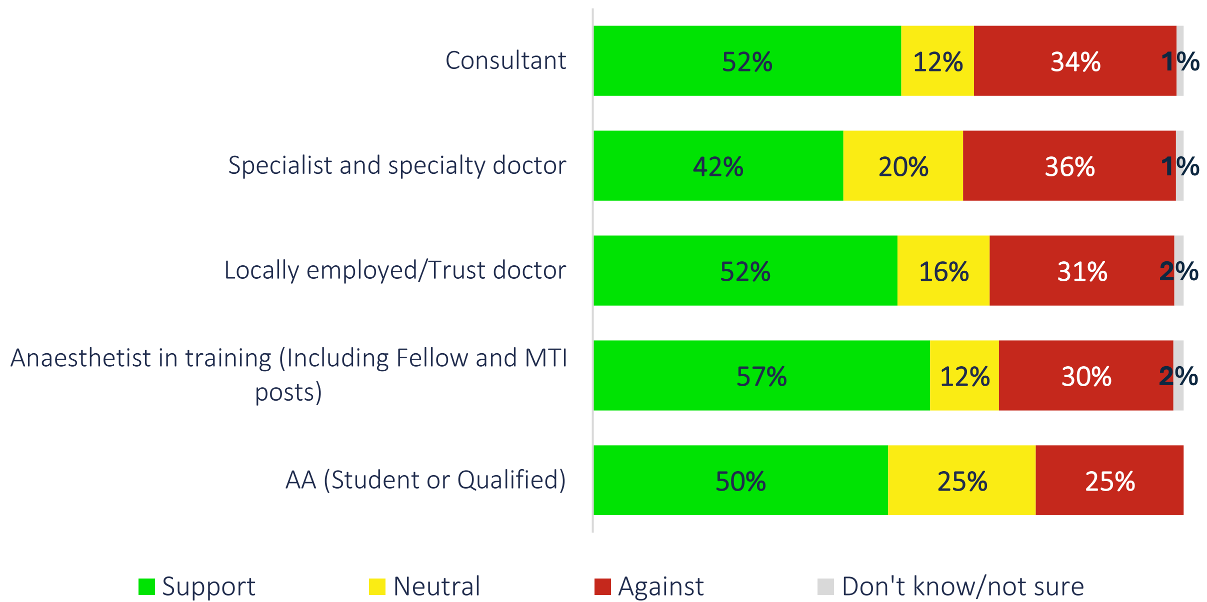


Q10a. To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'? Base: Total (3,126 respondents).

When breaking the data down by role, AiTs are again the most supportive of the principles underpinning the clinical supervision of AAs as set out in section 3 (57%) – they are significantly more likely to be supportive than both consultants (52%) and Specialist and specialty doctors (42%).

In line with this, a greater proportion of consultants and Specialist and specialty doctors oppose the principles underpinning the clinical supervision of AAs as set out in section 3 (34% & 36%, respectively), although statistically significant differences by role are limited when looking at those who oppose the principles. The only significant

difference here is that a higher proportion of consultants oppose the principles set out in section 3 compared to AiTs (34% vs 30%).



Q10a. To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'? Base: Consultants (1,716); Specialist and specialty doctors (158); Locally employed / Trust doctors (64); AiTs (1,149); AAs (32 – caution low base).

The breakdown of responses by experience working with AAs is very similar to section 1, with figures for support, neutrality and opposition remaining relatively stable.

- A greater proportion of those who have experience working with AAs support the principles set out in section 3, compared to those who have not worked with AAs (57% vs 45%).
- A greater proportion of those who have no experience working with AAs oppose the principles set out in section 3, compared to those who have worked with AAs (39% vs 30%).

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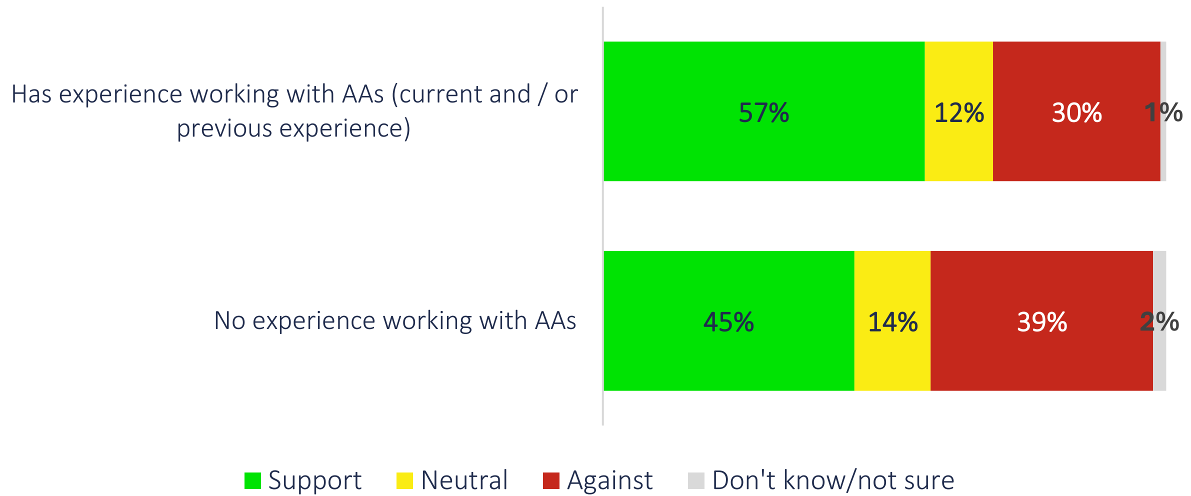

Q10a. To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'? Base: Those who have experience working with AAs (2,192) and those who have no experience working with AAs (902).

When breaking responses down further by those who have worked directly with AAs compared to those who have worked indirectly with AAs (i.e., have worked in the same hospital), a greater proportion of those who have worked directly with AAs are supportive of the principles set out in section 3, while those who have worked indirectly with AAs have higher levels of opposition.

- 60% of those who have directly worked with AAs support the principles set out in section 3, which is significantly more than those who have worked indirectly with AAs (60% vs 50%).
- 36% of those who have indirectly worked with AAs oppose the principles set out in section 3, which is significantly more than those who have worked directly with AAs (36% vs 28%).

To what extent do you support the principles set out in section 3- 'Principles underpinning the clinical supervision of anaesthesia associates'? [By proximity to AAs]

	Proximity to AAs	
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,628*	*564*
Support	60%	50%
	Q	

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Neutral	12%	13%
Against	28%	36%
		P
Don't know/not sure	1%	1%

When combining role and experience working with AAs, again, across all job roles, a greater proportion of those who have worked with AAs are supportive of the principles underpinning the clinical supervision of anaesthesia associates compared to those who have not worked with AAs. AiTs who have worked with AAs are again the most supportive (59%) and are significantly more supportive than all of those who have not worked with AAs. consultants who have not worked with AAs are the most opposed (43%) and are significantly more opposed than all of those who have worked with AAs, as well as AiTs who have not worked with AAs. Job roles with significant differences between those who have and haven't worked with AAs include:

- A greater proportion of consultants who have worked with AAs are supportive than consultants who have not worked with AAs, while consultants who have not worked with AAs are significantly more opposed.
  - 56% of those who have worked with AAs are supportive, compared to 43% of consultants who have not worked with AAs.
  - 43% of consultants who have not worked with AAs are opposed, compared to 31% of consultants who have worked with AAs.
- SAS / LEDs who have worked with AAs are significantly more supportive than SAS / LEDs who have not worked with AAs (51% vs 35%).

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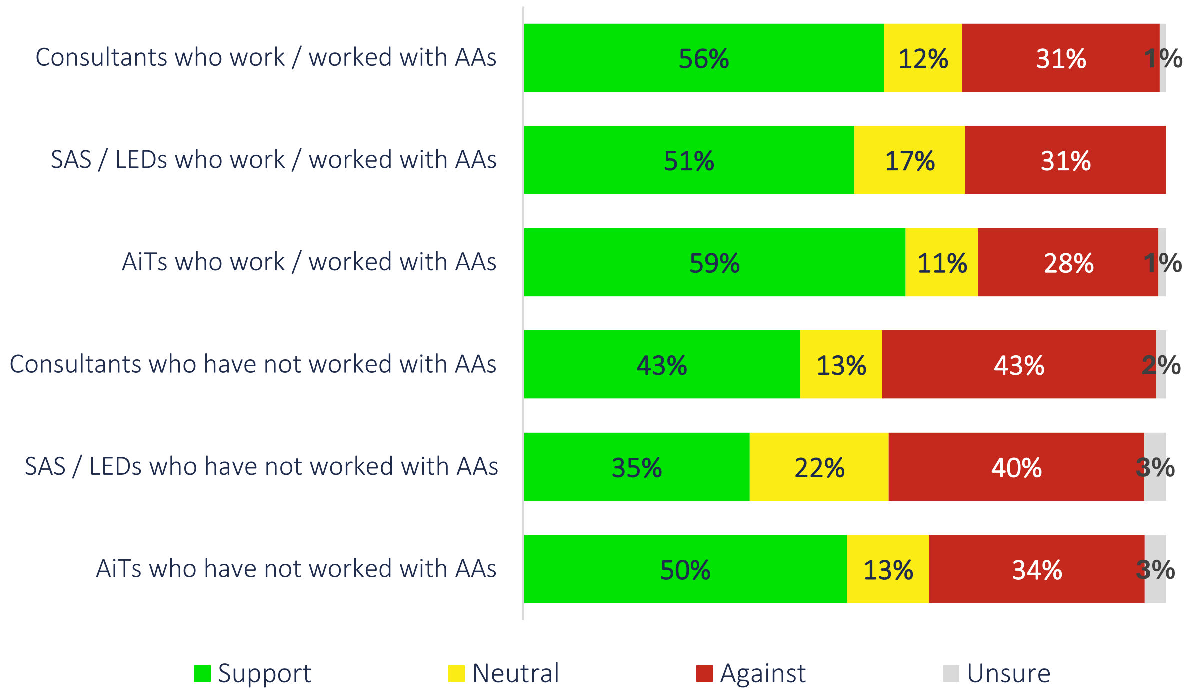


Q10a. To what extent do you support the principles set out in section 3 - 'Principles underpinning the clinical supervision of anaesthesia associates'? Base: Consultants who have worked with AAs (1,205); SAS / LEDs who have worked with AAs (134); AiTs who have worked with AAs (851); Consultants who have not worked with AAs (511); SAS / LEDs who have not worked with AAs (88); AiTs who have not worked with AAs (298).

Looking at UK nation, again, proportionally fewer respondents in Northern Ireland support the principles underpinning the clinical supervision of AAs compared to all other UK nations. Furthermore, a greater proportion of respondents in Northern Ireland are opposed to the principles, with around half actively against them (51%).

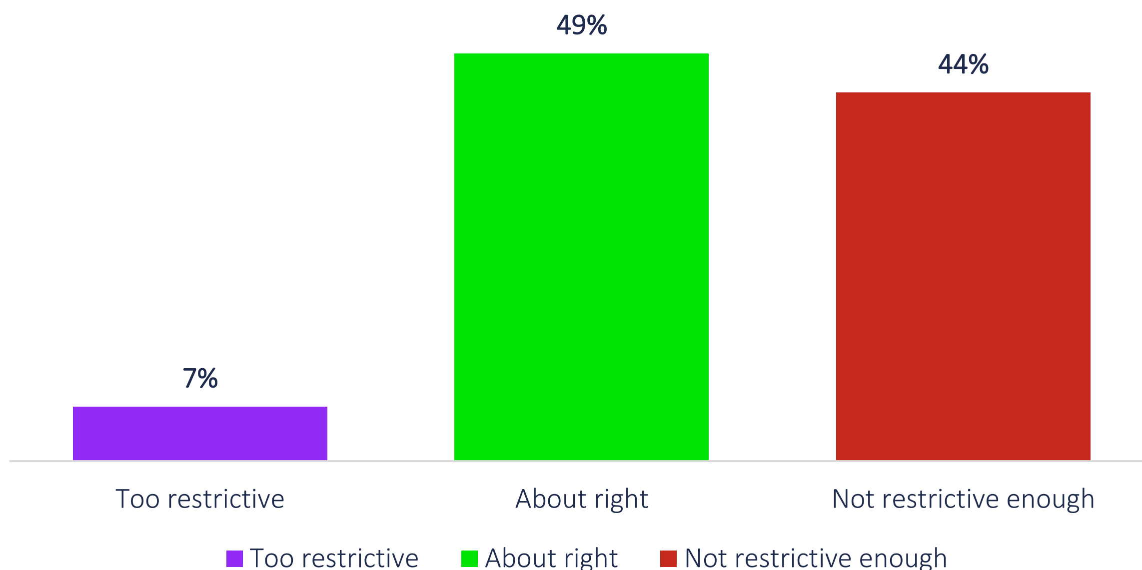
To what extent do you support the principles set out in section 3- 'Principles underpinning the clinical supervision of anaesthesia associates'? [By UK nation]

	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,578*	*360*	*126*	*55*
Support	54%	51%	54%	36%
	J1	J1	J1	

Neutral	13%	14%	10%	9%
Against	32%	32%	33%	51%
				G1H1I1
Don't know/not sure	1%	3%	3%	4%
		G1		

How restrictive do respondents believe the principles laid out in section 3 are?

In line with the principles guiding capacity to support AAs that are set out in section 2, 49% of respondents support the principles underpinning the clinical supervision of AAs as set out in section 3. Of those who do not support the principles underpinning the clinical supervision of AAs, 44% believe this is because they are not restrictive enough while 7% believe it's because they are too restrictive – again, these findings are in line with respondents' views on how restrictive the principles guiding capacity to support AAs as set out in section 2.



Q10b. Do you believe the principles set out in section 3 are… Base: Total (2,984 respondents).

When looking specifically at the relationship between the extent to which the principles in section 3 are supported and how restrictive they are perceived to be, the data shows that again, those who are opposed to the principles largely think that they are not restrictive enough (85%). Similarly to the principles examined in section 2, the

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majority of those who are supportive of the principles in section 3 believe that in terms of their restrictiveness, the principles are 'about right'.

Do you believe the principles set out in section 3 are: [By support for principles set out in section 3]

	Extent to which principles set out in section 3 are supported			
	Support (A)	Neutral (B)	Against (C)	Don't know/not sure (D)
Base:	*1,592*	*371*	*962*	*39 – caution low base size*
Too restrictive	4%	8%	10%	8%
		A	A	
About right	77%	50%	5%	21%
	BCD	CD		C
Not restrictive enough	19%	42%	85%	72%
		A	ABD	AB

Breaking responses down by role, a greater proportion of AAs believe that the principles underpinning the clinical supervision of AAs, as set out in section 3, are 'about right' in terms of their restrictiveness. They are also significantly more likely to believe they are 'about right' compared to all other roles. For AAs who do not believe the principles are 'about right', this is because they believe them to be 'too restrictive' (42%) – again, 0% feel they are 'not restrictive enough'. These figures are in line with AAs' perceptions of the restrictiveness of the principles guiding capacity to support AAs, set out in section 2 of the Draft AA scope of practice.

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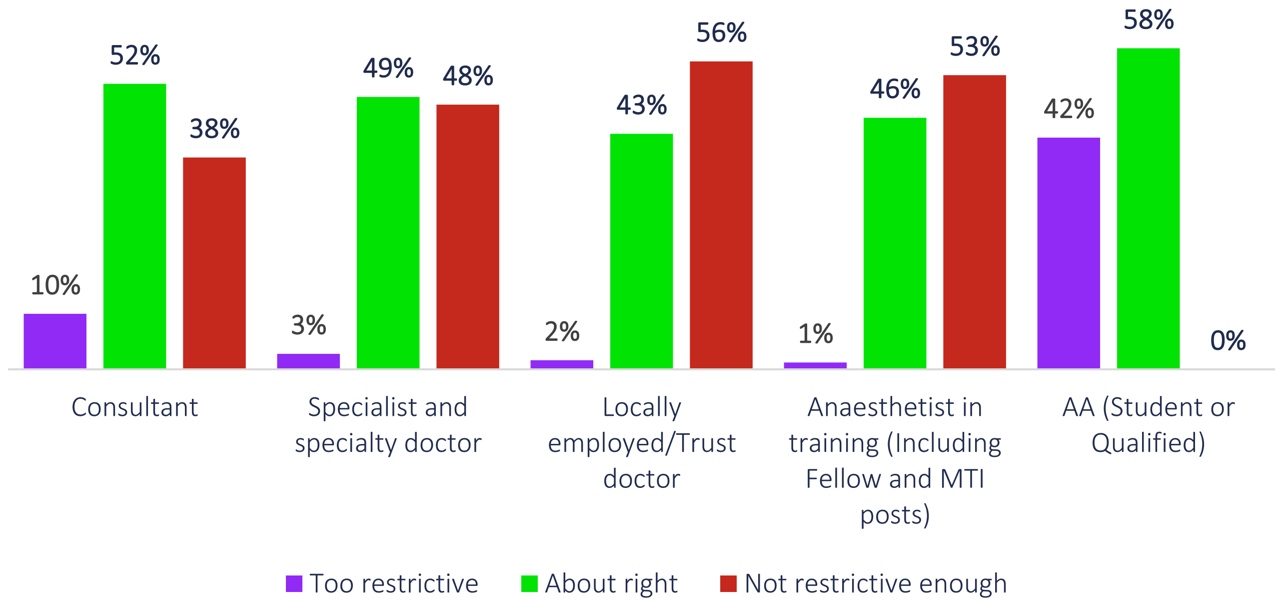
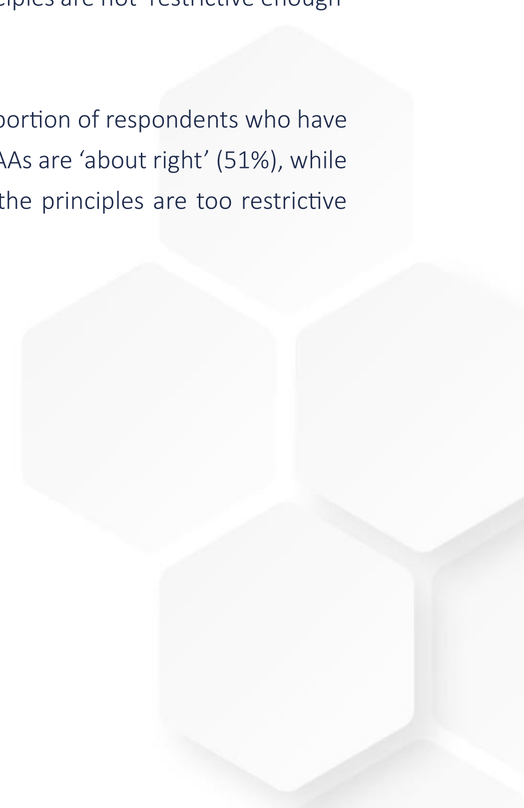
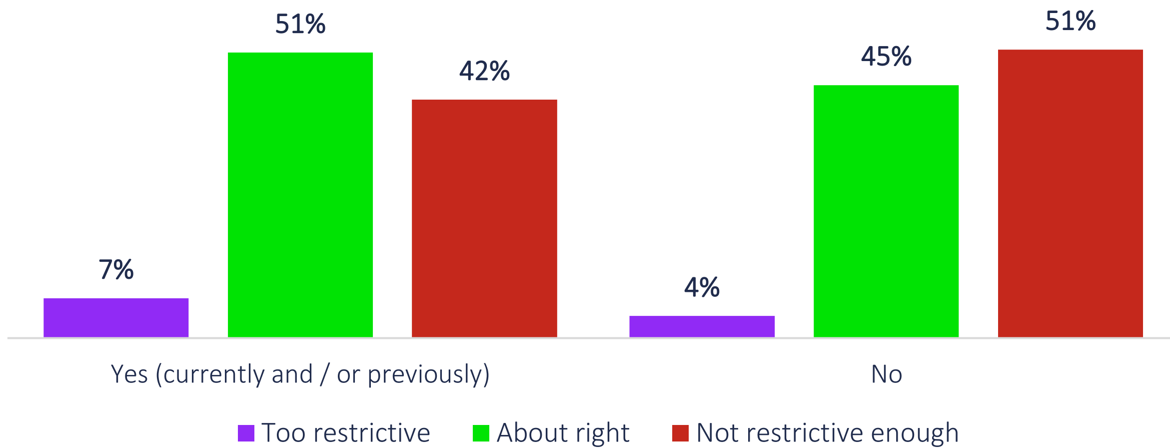


Q10b. Do you believe the principles set out in section 2 are… Base: Consultants (1,625); Specialist and specialty doctors (142); Locally employed / Trust doctors (61); AiTs (1,118); AAs (31 – caution low base).

In contrast, Locally employed and Trust doctors again demonstrate the smallest proportion believing that the principles underpinning the clinical supervision of AAs are 'about right' (43%), with 56% believing they are 'not restrictive enough'. They are also significantly more likely to believe that the principles are not 'restrictive enough' compared to both consultants (38%) and AAs (0%).

Looking at the data broken down by experience working with AAs, a greater proportion of respondents who have worked with AAs say that the principles underpinning the clinical supervision of AAs are 'about right' (51%), while a greater proportion of respondents who have not worked with AAs say that the principles are too restrictive (51%).





Q10b. Do you believe the principles set out in section 3 are… Base: Those who have experience working with AAs (2,111); those who have no experience working with AAs (842).

In addition, similarly to the findings around the principles guiding capacity to support AAs, respondents that have worked directly with AAs are significantly more likely to believe that the principles underpinning the clinical supervision of AAs are about right, compared to respondents who have worked indirectly with AAs (52% vs 46%). Furthermore, the data shows that those who have worked indirectly with AAs are more likely to believe that the principles are not restrictive enough, and they are significantly more likely to believe this than respondents who have worked directly with AAs (53% vs 39%).

Do you believe the principles set out in section 3 are: [By proximity to AAs]

	Proximity to AAs	
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,562*	*549*
Too restrictive	9%	1%
	Q	
About right	52%	46%
	Q	
Not restrictive enough	39%	53%
		P

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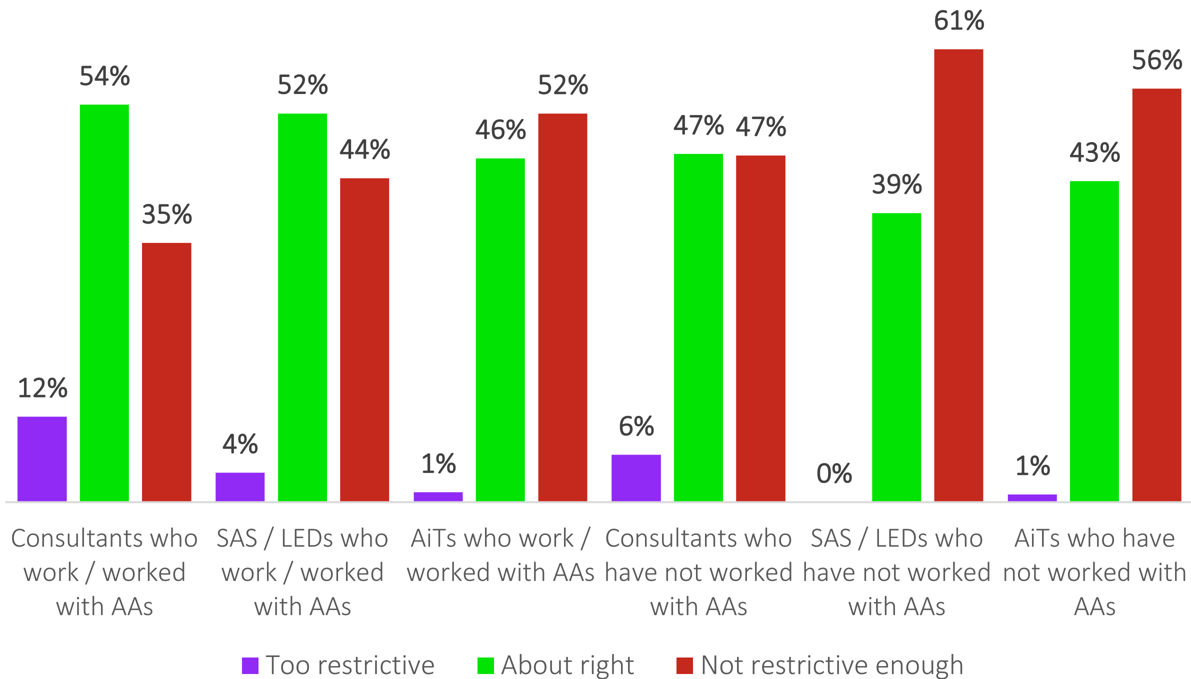
When combining role and experience working with AAs, across all job roles, it is again evidenced that there is generally higher opposition to the principles set out in section 3 from those who have not worked with AAs, compared to those who have worked with AAs.

Despite AiTs who have worked with AAs being the most supportive of the principles underpinning the clinical supervision of AAs, when combining role and experience of working with AAs, they are not the most likely group to believe the principles are 'just right' in terms of their restrictiveness. Of all of the subgroups, the views of AiTs are the least likely to change once factoring in experience with AAs – i.e., the findings for AiTs remain relatively stable (more so than other groups), regardless of whether they have had experience working with AAs or not, although the number of AiTs selecting 'not restrictive enough' increased by 4 percentage points for those who have not worked with AAs.

Amongst those with the most discrepancies when breaking the data down by a combination of role and experience working with AAs are SAS / LEDs and consultants.

- 52% of SAS / LEDs who have worked with AAs believe the principles underpinning the clinical supervision of AAs is 'about right' compared to 39% of SAS / LEDs who have not worked with AAs.
- In addition, 44% of SAS / LEDs who have worked with AAs believe the principles are 'not restrictive enough', compared to 61% of SAS / LEDs who have not worked with AAs – this difference is statistically significant.
- 54% of consultants who have worked with AAs believe the principles set out in section 3 are 'about right', compared to 47% of Consultants who have not worked with AAs – this difference is statistically significant.
- Furthermore, 35% of consultants who have worked with AAs feel the principles are 'not restrictive enough', compared to 47% of Consultants who have not worked with AAs – again, this difference is statistically significant.
- Lastly, consultants who have worked with AAs are the most likely to believe the principles are too restrictive and are significantly more likely to believe this compared to consultants who have not worked with AAs (12% vs 6%), although please note that the proportion of those believing the principles are too restrictive is still relatively low, regardless.



Q10b. Do you believe the principles set out in section 3 are… Base: Consultants who have worked with AAs (1,154); SAS / LEDs who have worked with AAs (126); AiTs who have worked with AAs (829); Consultants who have not worked with AAs (471); SAS / LEDs who have not worked with AAs (77); AiTs who have not worked with AAs (289).

While the proportion of respondents believing the principles underpinning the clinical supervision of AAs are 'about right' remains relatively stable regardless of whether respondents have clinical leadership roles or not (51% vs 48%), breaking the data down by the presence of clinical leadership roles also reveals further significant differences.

- Respondents with clinical leadership roles are significantly more likely than those without to believe the principles are too restrictive, although please note that this option was still selected by a minority across both groups (12% vs 5%).
- Respondents without clinical leadership roles are significantly more likely than those with to believe the principles are not restrictive enough (47% vs 36%).

Respondents who are clinical leads for AAs are particularly likely to say that the principles underpinning the clinical supervision of AAs are too restrictive (26%).

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Do you believe the principles set out in section 3 are: [By clinical leadership role]

	Clinical leadership role	
	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*641*	*2,343*
Too restrictive	12%	5%
	Y	
About right	51%	48%
Not restrictive enough	36%	47%
		X

Similar sentiments continue to come from respondents in Northern Ireland who are the most likely to believe the principles underpinning the clinical supervision of AAs, as set out in section 3, are not restrictive enough, and they are significantly more likely to believe this compared to respondents from both England and Scotland (64% vs 44% & 44%, respectively).

Do you believe the principles set out in section 3 are: [By UK nation]

	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,452*	*354*	*120*	*53*
Too restrictive	6%	9%	3%	0%
	J1	J1		
About right	50%	47%	48%	36%
	J1			
Not restrictive enough	44%	44%	49%	64%
				G1H1

3.5.3 Perceptions of the principles laid out in section 4 – 'The practice of clinical supervision of AAs'

While respondents are still more likely to support the principles around the practice of clinical supervision of AAs laid out in section 4 than they are to oppose them, active support for these principles decreases slightly while active opposition increases slightly (48% vs 36%). In addition, those who are actively opposed are more likely to be strongly against than broadly against (20% vs 16%), while those who are actively supportive are more likely to broadly supportive compared to strongly supportive (35% vs 13%).

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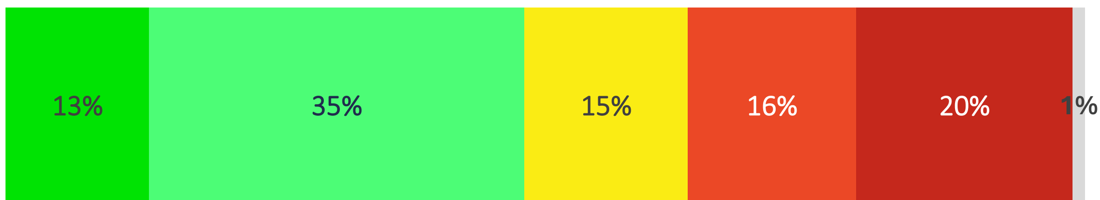
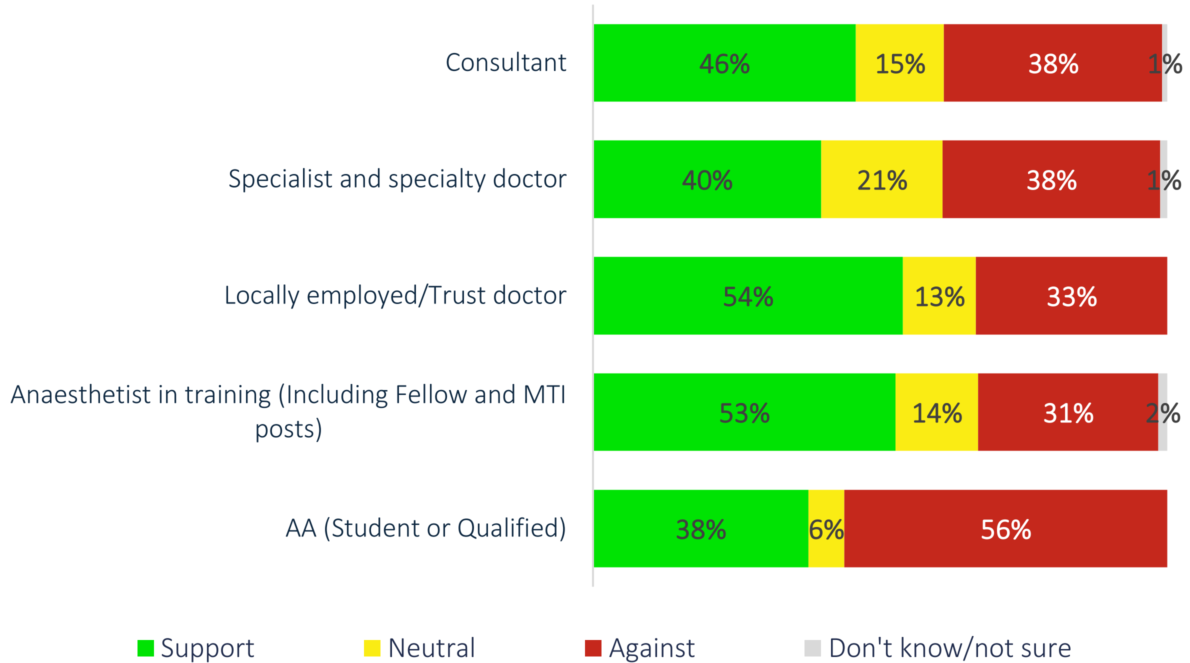
To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'?



Q11a. To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'? Base: Total (3,117 respondents).

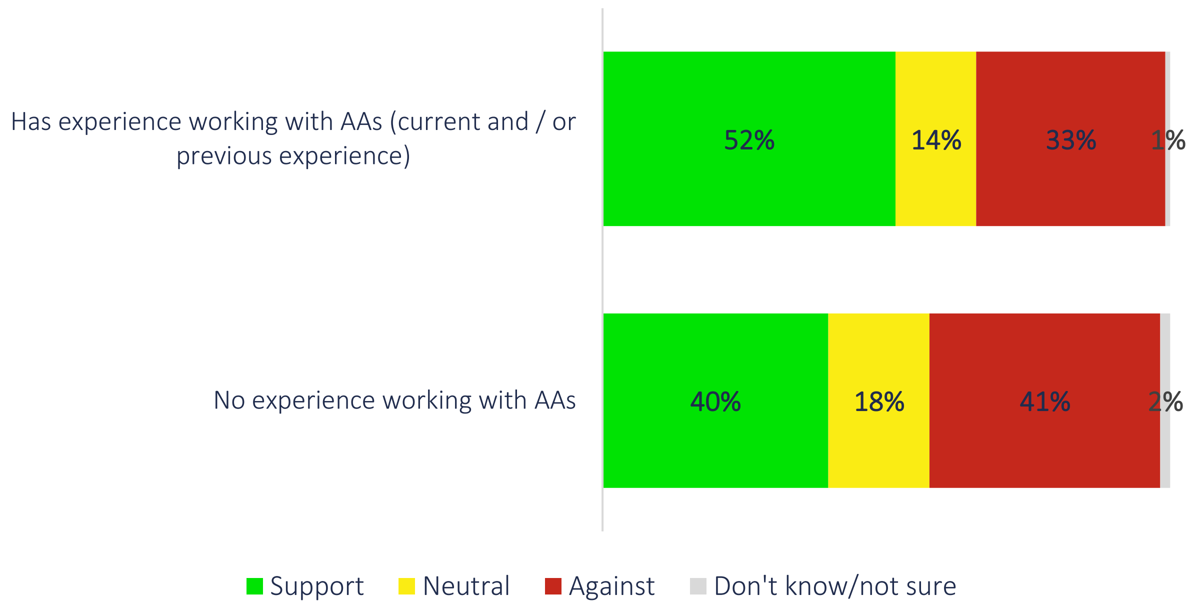
Breaking responses down by role, Locally employed / Trust doctors and AiTs are the most supportive of the principles set out in section 4 (54% & 53%, respectively), while AAs and Specialist and specialty doctors are the least supportive (38% & 40%, respectively). AAs are by far the most likely to be actively opposed (56%) and are significantly more likely to be actively opposed compared to nearly all other roles – they are also the only role who are more likely to be actively opposed compared to actively supportive (56% vs 38%). Of all the principles set out across sections 2, 3 and 4, AAs are by far the mostly likely to be opposed to the principles around the practice of clinical supervision of AAs, as set out in section 4 of the draft AA scope of practice.



Q11a. To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'? Base: Consultants (1,713); Specialist and specialty doctors (161); Locally employed / Trust doctors (63); AiTs (1,141); AAs (32 – caution low base).

Similar to findings around the previous principles set out in sections 2 and 3, the principles around the practice of clinical supervision of AAs set out in section 4 are significantly more supported by respondents who have worked with AAs compared to those who have not worked with AAs (52% vs 40%). In line with this, respondents who haven't worked with AAs are significantly more likely to be opposed to the principles set out in section 4 compared to those who have worked with AAs (41% vs 33%). In addition, respondents who have not worked with AAs are significantly more likely to be neutral compared to respondents who have worked with AAs (14% vs 18%).

Furthermore, while those who have worked with AAs are more likely to support the principles around the practice of clinical supervision of AAs than oppose them (52% vs 33%), the support-opposition split from respondents who have not worked with AAs is much more even (40% vs 41%).



Q11a. To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'? Base: Respondents who have worked with AAs (2,187); respondents who have not worked with AAs (898).

While selecting 'neutral' or 'don't know/not sure' remains stable regardless of how closely respondents have worked with AAs, again, those who have worked with AAs directly are significantly more likely to support the principles of practice of clinical supervision of AAs compared to those who have worked with AAs indirectly (53% vs 47%). In the same vein, respondents who have worked indirectly with AAs are significantly more likely than those who have worked directly with AAs to actively oppose the principles set out in section 4 (38% vs 32%).

To what extent do you support the principles set out in section 4- 'The practice of clinical supervision of anaesthesia associates'? [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,625*	*562*
Support	53%	47%
	Q	
Neutral	14%	14%

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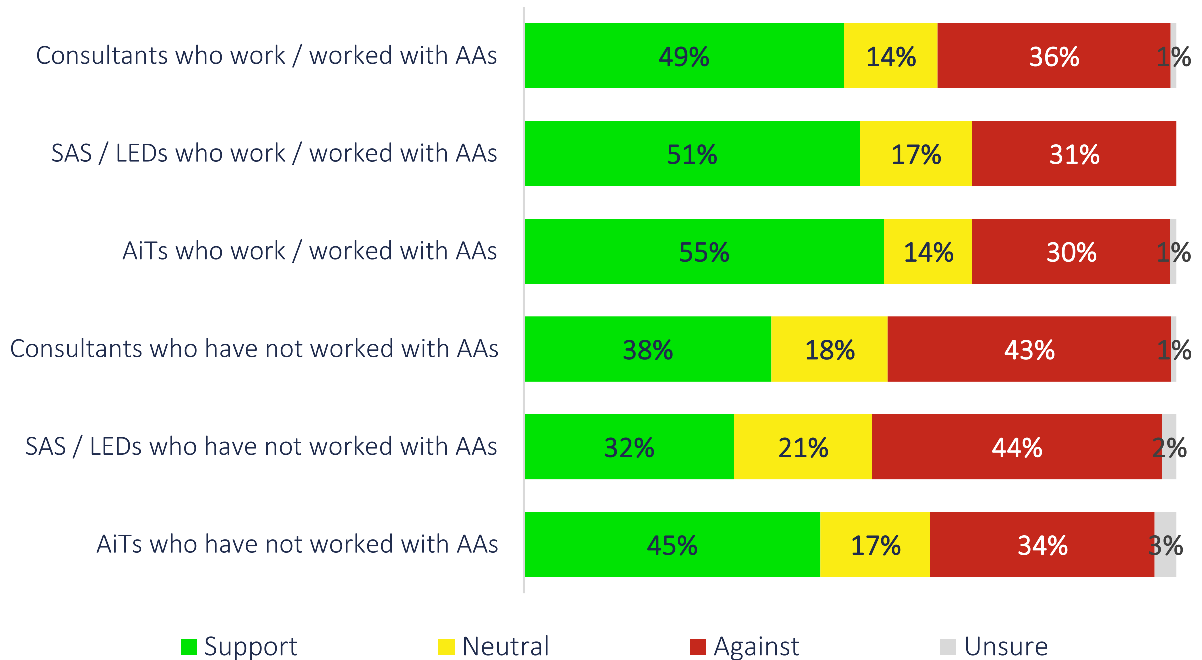
Against	32%	38%
		P
Don't know/not sure	1%	1%

When combining role with experience working with AAs, again, across all roles, those who have worked with AAs are more likely to support the principles around the practice of clinical supervision of AAs compared to those who have not worked with AAs. AiTs again are the most positive about these principles on the whole – of those who have worked with AAs, AiTs are the most supportive (55%), and of those who have not worked with AAs, AiTs are the most supportive (45%) and the least opposed (34%). In fact, of those who have not worked with AAs, AiTs are the only role who are more likely to be supportive of the principles set out in section 4 than be opposed.

Despite consultants being the least supportive and most opposed out of those who have worked with AAs (49% & 36%, respectively), out of those who have not worked with AAs SAS / LEDs are the least supportive (32%). Furthermore, when combined with experience working with AAs, both consultants and SAS / LEDs demonstrate statistically significant differences between those who have worked with AAs, and those who have not.

- Consultants who have worked with AAs are significantly more likely to support the principles set out in section 4 compared to consultants who have not (49% vs 38%).
- Consultants who have not worked with AAs are significantly more likely to be opposed to the principles set out in section 4 compared to consultants who have worked with AAs (43% vs 36%).
- SAS / LEDs who have worked with AAs are significantly more likely to support the principles set out in section 4 compared to SAS / LEDs who have not (51% vs 32%).
- SAS / LEDs who have not worked with AAs are significantly more likely to be opposed to the principles set out in section 4 compared to SAS / LEDs who have worked with AAs (44% vs 31%).



Q11a. To what extent do you support the principles set out in section 4 - 'The practice of clinical supervision of anaesthesia associates'? Base: Consultants who have worked with AAs (1,207); SAS / LEDs who have worked with AAs (134); AiTs who have worked with AAs (844); Consultants who have not worked with AAs (506); SAS / LEDs who have not worked with AAs (90); AiTs who have not worked with AAs (297).

Again, looking at the data by UK nation, respondents in Northern Ireland are more likely to negatively perceive the principles around the practice of clinical supervision of AAs.

- Respondents in Northern Ireland are significantly less likely to be supportive compared to all other UK nations.
- Half of respondents in Northern Ireland are actively opposed to the principles (50%) – this is significantly more compared to both England (36%) and Scotland (32%).

To what extent do you support the principles set out in section 4- 'The practice of clinical supervision of anaesthesia associates'? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)

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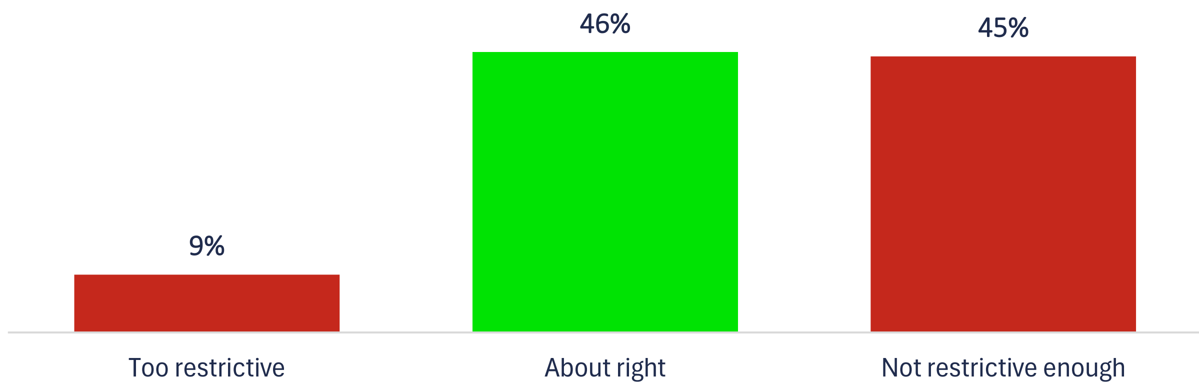
Base:	*2,570*	*358*	*127*	*56*
Support	48%	51%	48%	30%
	J1	J1	J1	
Neutral	15%	16%	13%	14%
Against	36%	32%	38%	50%
				G1H1
Don't know/not sure	1%	2%	2%	5%
				G1

How restrictive do respondents believe the principles laid out in section 4 are?

Nearly 1 in 10 (9%) believe that the practice of clinical supervision laid out in section 4 is 'too restrictive', while there is an even split amongst the remaining respondents between those who believe the principles are 'about right' (46%), and those who believe the principles are 'not restrictive enough' (45%).

Do you believe the practice of clinical supervision set out in section 4 is:



Q11b. Do you believe the practice of clinical supervision set out in section 4 is… Base: Total (2,982 respondents).

The vast majority of respondents (81%) who are against the principles around the practice of clinical supervision, set out in section 4 of the draft AA scope of practice, believe that the practice of clinical supervision is 'not restrictive enough'. On the other hand, the three quarters (75%) of respondents who are supportive of the principles perceive them to be 'about right' in terms of their restrictiveness.

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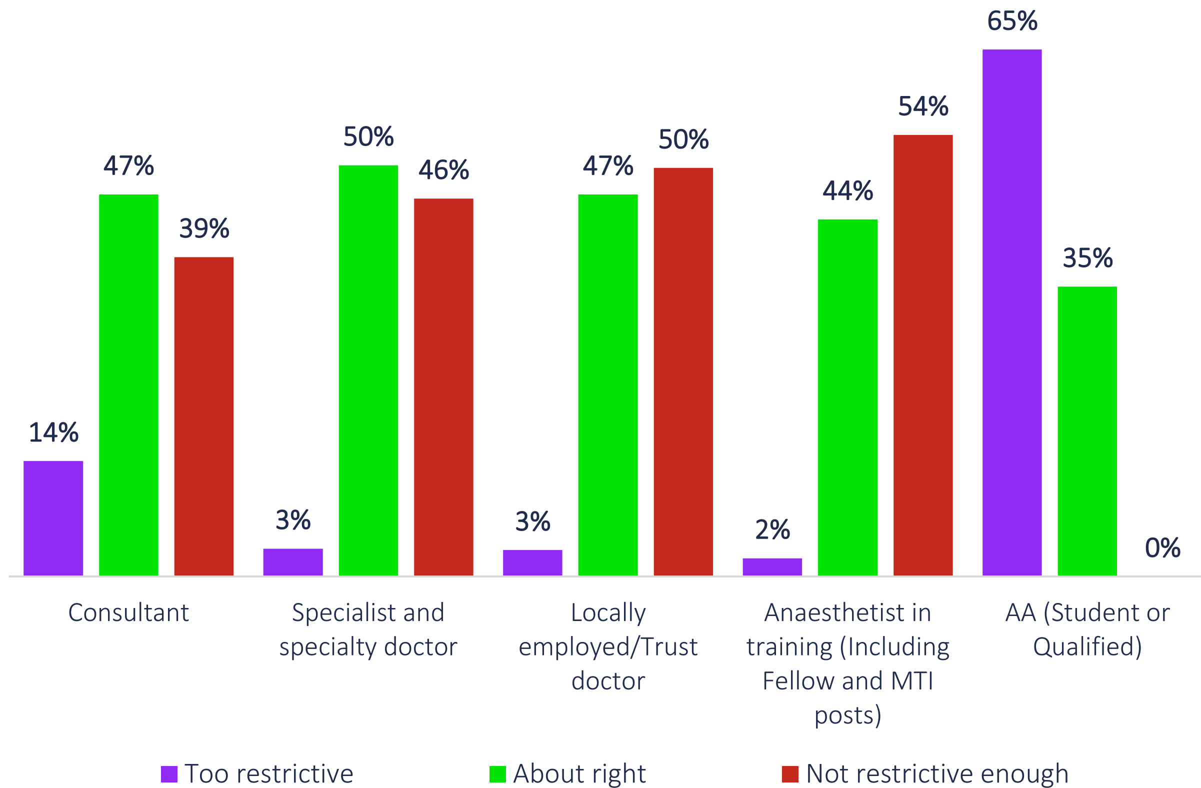
Do you believe the practice of clinical supervision set out in section 4 is: [By support for principles set out in section 4]

	Support (A)	Neutral (B)	Against (C)	Don't know/not sure (D)
Base:	*1,435*	*441*	*1,061*	*32*
Too restrictive	5%	14%	14%	6%
		A	A	
About right	75%	50%	5%	28%
	BCD	CD		C
Not restrictive enough	20%	36%	81%	66%
		A	ABD	AB

When looking at the data broken down by role, Specialist and specialty doctors are the most likely to believe the practice of clinical supervision set out in section 4 is 'about right' (50%), although there are no statistically significant differences between the proportion of respondents from each role who select 'about right'.

Across the majority of roles, respondents are more likely to believe that the principles are 'not restrictive enough', rather than 'too restrictive'. AiTs are the most likely to believe the principles are 'not restrictive enough' (54%) and are significantly more likely to believe this compared to consultants.

While all other roles are more likely to believe that the principles are 'not restrictive enough', the majority of AAs believe that they are 'too restrictive' (65%). They are also significantly more likely to believe this than all other roles – the next highest proportion of respondents who selected 'too restrictive' are consultants at 14%. Furthermore, no AAs believe that the principles are 'not restrictive enough', which is significantly less than all other roles.



Q11b. Do you believe the practice of clinical supervision set out in section 4 is… Base: Consultants (1,614); Specialist and specialty doctors (147); Locally employed / Trust doctors (62); AiTs (1,121); AAs (31 – caution low base).

Regardless of experience with AAs the views are mixed, with considerable proportions selecting either 'about right' or 'not restrictive enough' across both samples. However, there are still some significant differences:

- Respondents who have worked with AAs are significantly more likely to believe the principles are 'not restrictive enough' compared to respondents who have not worked with AAs (52% vs 43%).
- Respondents who have worked directly with AAs are significantly more likely than respondents who have not worked with AAs to believe the principles are 'too restrictive' (11% vs 4%), although this still represents the minority.

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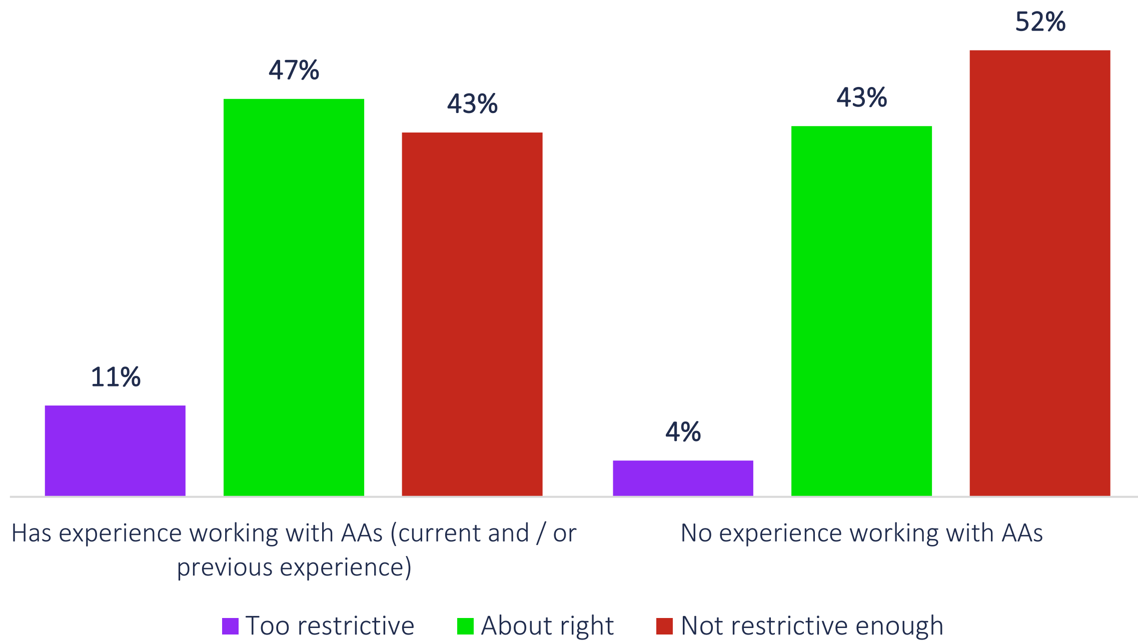


Q11b. Do you believe the practice of clinical supervision set out in section 4 is… Base: Respondents who have worked with AAs (2,106); respondents who have not worked with AAs (845).

When breaking those who have worked with AAs down by the proximity of their working relationship with AAs, further significant differences emerge. Respondents who have worked indirectly with AAs are more likely to select 'not restrictive enough' over any other option and are significantly more likely to do so than respondents who have worked directly with AAs (54% vs 39%), while those who have worked with AAs directly are more likely to select 'about right' compared to both other options (46%). In addition, despite still being the minority, significantly more respondents who have worked directly with AAs believe that the principles are too restrictive, compared to respondents who have worked indirectly with AAs (14% vs 2%).

Do you believe the practice of clinical supervision set out in section 4 is: [Proximity to AAs]

	Proximity to AAs	
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,561*	*545*
Too restrictive	14%	2%
	Q	

About right	48%	44%
Not restrictive enough	39%	54%
		P

When combining experience working with AAs with role, additional findings emerge.

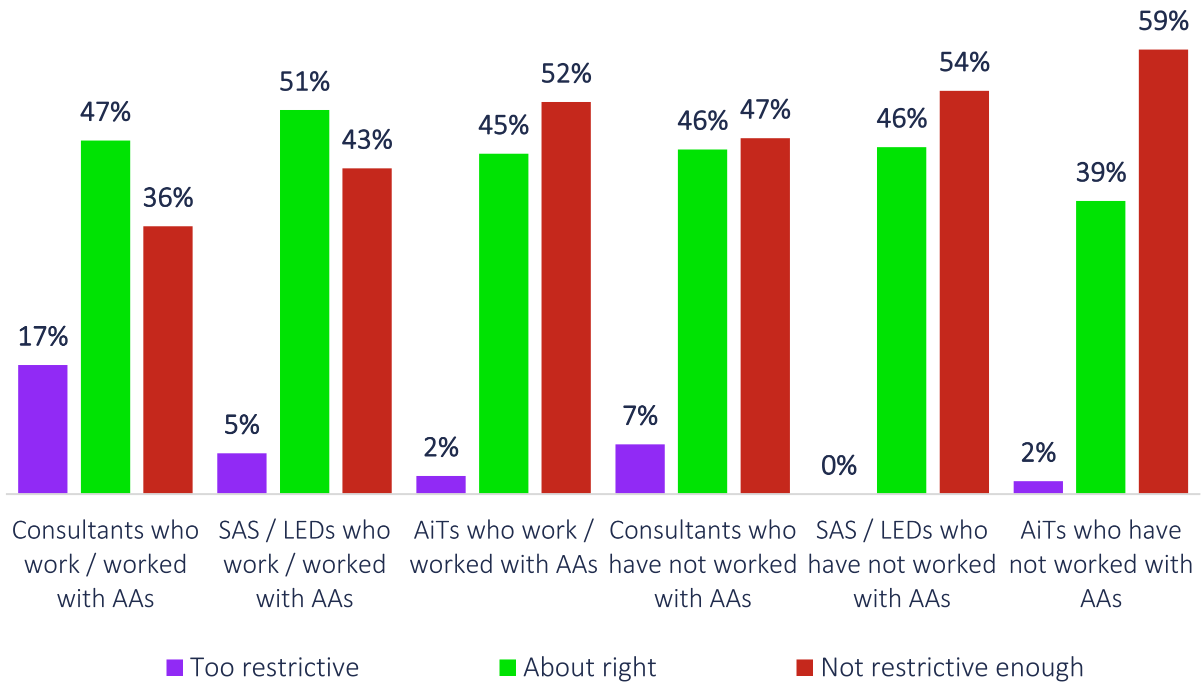
While the proportion of consultants believing the principles around the practice of clinical supervision is 'about right' remains stable regardless of their experience with AAs, the split of the remainder changes significantly.

- Though still in the minority, consultants who have worked with AAs are significantly more likely than consultants who have not worked with AAs to believe that the principles are 'too restrictive (17% vs 7%) – they are also significantly more likely than all other combinations to believe this.

SAS / LEDs who have worked with AAs are more likely to believe the principles are 'about right' over 'not restrictive enough' (51% vs 43%), although this finding is reversed when looking at SAS / LEDs who have not worked with AAs, who are more likely to believe that the principles are 'not restrictive enough' compared to 'about right'.

- SAS / LEDs who have not worked with AAs are significantly more likely than those who have worked with AAs to believe the principles are 'not restrictive enough' (54% vs 43%).

Of all the roles who have worked with AAs, AiTs are the most likely to believe the principles laid out in section 4 are 'not restrictive enough' (52%). This figure notably increased when looking at AiTs who have not worked with AAs (59%), although does not reach statistical significance.



Q11b. Do you believe the practice of clinical supervision set out in section 4 is... Base: Consultants who have worked with AAs (1,146); SAS / LEDs who have worked with AAs (129); AiTs who have worked with AAs (829); Consultants who have not worked with AAs (468); SAS / LEDs who have not worked with AAs (80); AiTs who have not worked with AAs (292).

Again, when breaking responses down by country, respondents in Northern Ireland have the least positive perceptions of the principles around the practice of clinical supervision as set out in section 4 of the draft AA scope of practice, with the majority believing they are 'not restrictive enough' (62%) – significantly more than in England (45%) and Scotland (42%). While respondents in Northern Ireland have been more negative towards the principles throughout, they are the most negative towards the principles set out in section 4. This is in line with the findings so far both at the macro level and the more granular level, where concerns about the principles not being restrictive enough were shown to increase as the draft AA scope of practice progressed.

Do you believe the practice of clinical supervision set out in section 4 is: [By UK nation]

	UK nation			
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)

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Base:	*2,454*	*355*	*116*	*53*
Too restrictive	10%	8%	5%	0%
	J1	J1		
About right	45%	50%	46%	38%
Not restrictive enough	45%	42%	49%	62%
				G1H1

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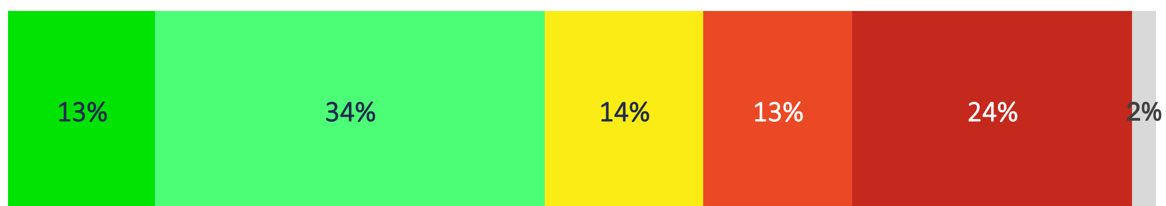
3.6 Perceptions around phasing AAs' post-qualification practice by experience

Respondents are more likely to support (47%) than be against (37%) the concept that AAs' post-qualification practice should be phased by experience (i.e. that it would expand in a controlled fashion the longer they are in post), although it should be noted that the proportion of respondents who are against the concept is still considerable at nearly 2 in 5.

Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post?



Q12. Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post? Note: we will ask about the specifics of what AAs can do in each phase in later questions. Base: Total (3,160 respondents).

There is a lot of difference in responses when breaking the data down by role. AAs are the most likely to support the concept that AAs' post-qualification practice should be phased by experience, and they are considerably more likely to support this concept than they are to oppose it (63% vs 28%). Consultants are also more likely to support than oppose this concept (49% vs 35%), as are AiTs (44% vs 40%). Both consultants and AAs are significantly more supportive than Specialist and specialty doctors (39%); Locally employed / Trust doctors (33%) and AiTs (44%).

The views of Specialist and specialty doctors are more mixed, with an even split supporting and opposing the concept that AAs' post-qualification practice should be phased by experience (39% & 39%, respectively).

Locally employed / Trust doctors are the only role who are more likely to actively oppose than support the concept that AAs' post-qualification practice should be phased by experience (42% vs 33%), although they are not statistically significantly more likely to be opposed compared to other roles.

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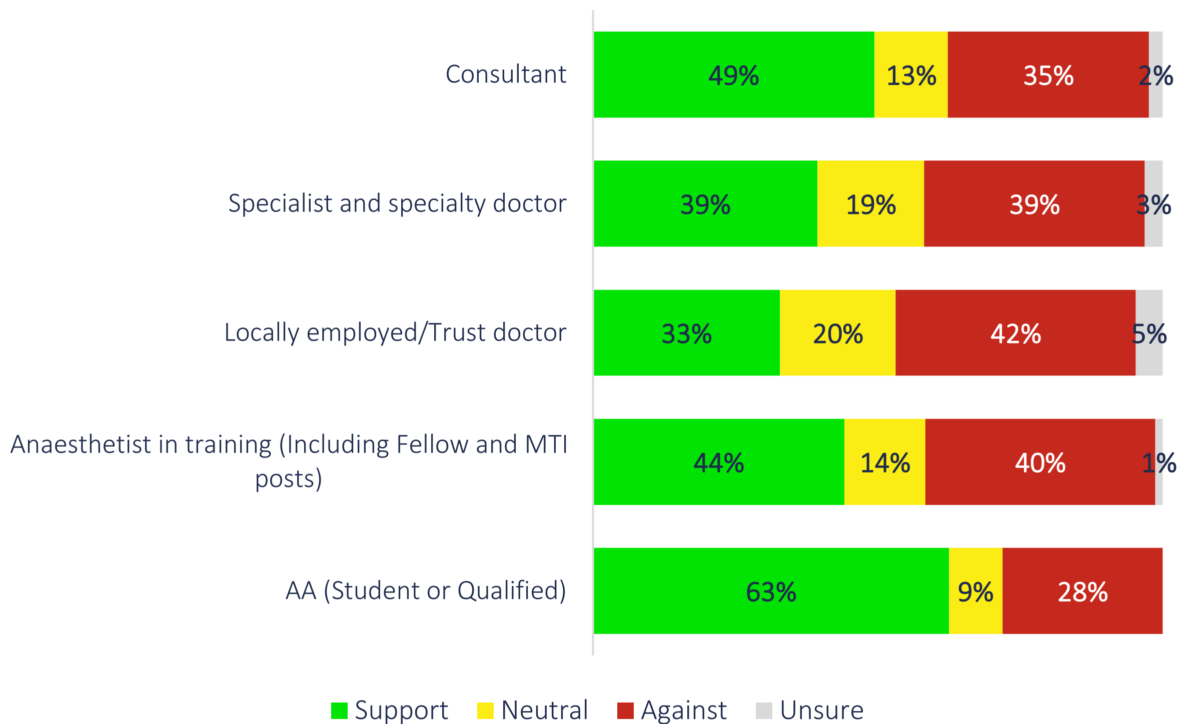

Q12. Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post? Note: we will ask about the specifics of what AAs can do in each phase in later questions. Base: Consultants (1,735); Specialist and specialty doctors (160); Locally employed / Trust doctors (64); AiTs (1,162); AAs (32– caution low base).

When breaking the data down by experience working in the same hospital as AAs, those who have previous experience working in the same hospital as AAs are more likely to support than oppose the concept that AAs' post-qualification practice should be phased by experience (50% vs 36%), while those who have no experience are slightly more likely to oppose the concept than support it (42% vs 39%). The following significant differences also emerge:

- Respondents who have experience working with AAs are significantly more likely to support the concept compared to respondents who do not have experience working with AAs (50% vs 39%).
- Respondents who have no experience working with AAs are more likely than those who have worked with AAs to be opposed to the concept (42% vs 36%), and they also show significantly higher levels of neutrality (16% vs 13%).

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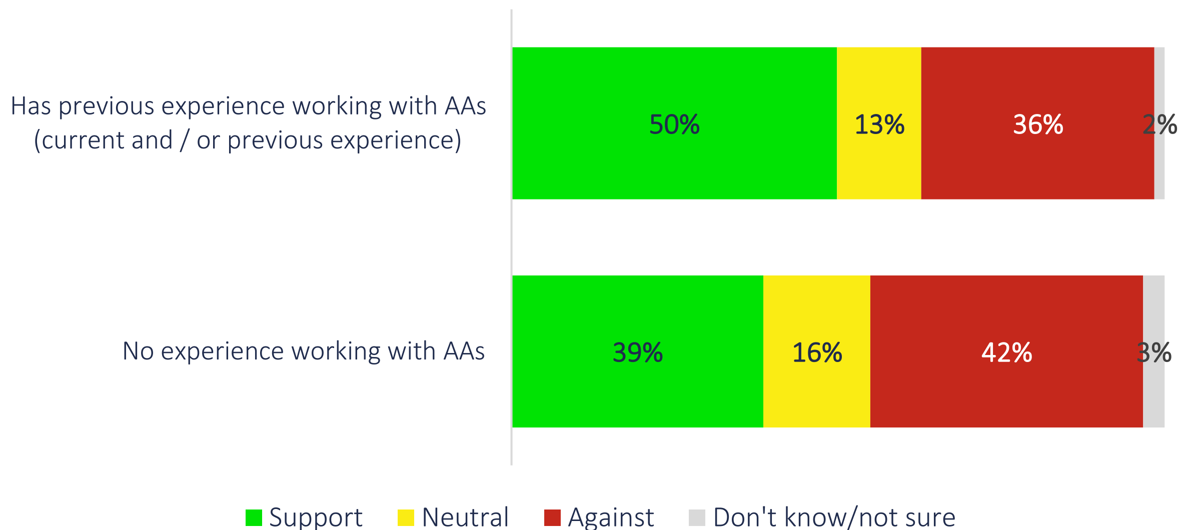


Q12. Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post? Note: we will ask about the specifics of what AAs can do in each phase in later questions. Base: Respondents who have worked in the same hospital as AAs (2,223); respondents who have not worked in the same hospital as AAs (905).

The responses of those who have worked with AAs can again be broken down further into those who have worked directly (i.e., worked in the same theatre as AAs or supervised AAs) and those who have worked indirectly with AAs (i.e., worked in the same hospital with AAs, but haven't worked with AAs directly). While the proportions of those who are neutral or unsure remains relatively stable across the two subgroups, some clear significant differences emerge, in line with earlier findings.

- Respondents who have worked with AAs directly are more likely to support (52%) than oppose (34%) the concept that AAs' post-qualification practice should be phased by experience, and they are significantly more supportive than respondents who have worked with AAs indirectly (52% vs 43%).
- Findings from respondents who have worked with AAs indirectly are more split, with the proportions of respondents supporting or opposing the concept that AAs' post-qualification practice should be phased by experience remaining relatively equal (43% support vs 41% oppose). With that being said, respondents who have worked with AAs indirectly are significantly more opposed than respondents who have worked with AAs directly (41% vs 34%).

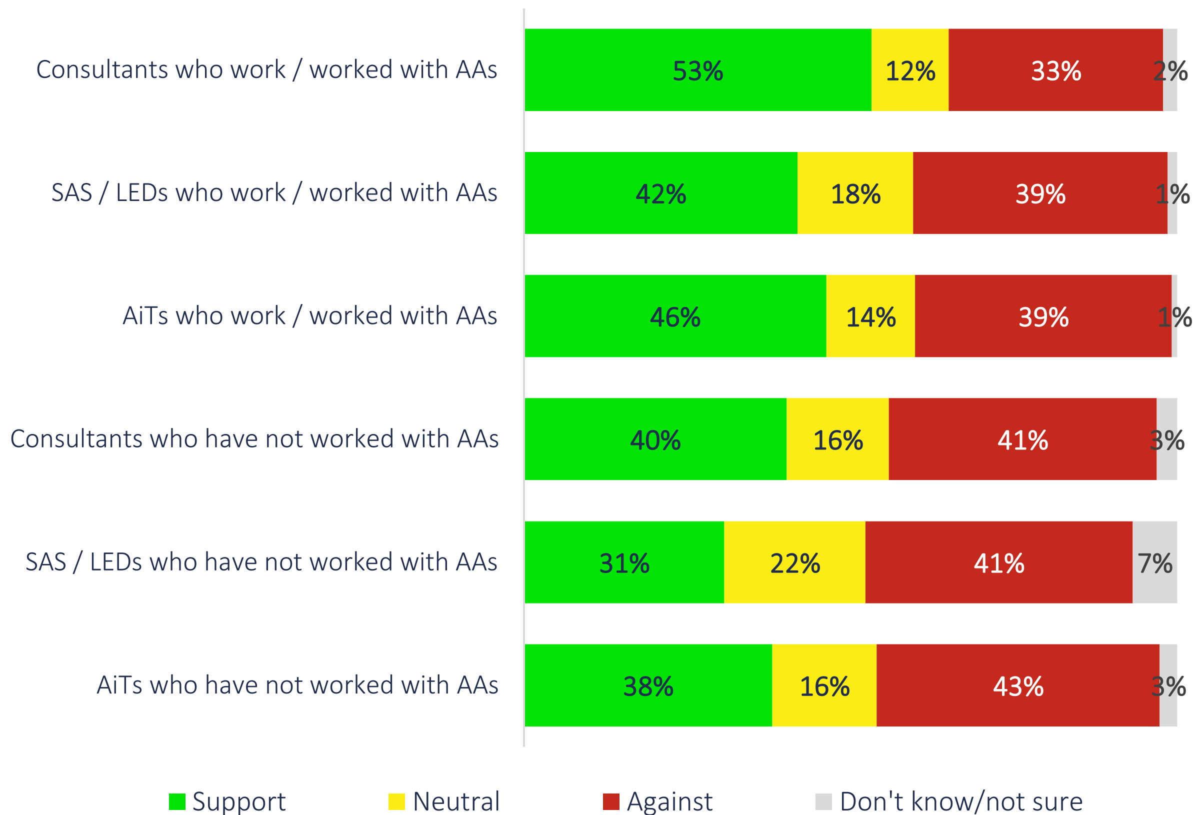
Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e., that it would expand in a controlled fashion the longer they are in post? [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,647*	*576*
Support	52%	43%
	Q	
Neutral	12%	14%
Against	34%	41%
		P
Don't know/not sure	1%	2%

When combining role and experience working with AAs, again, across all roles, respondents who have worked with AAs are more likely to support than oppose the proposed concept.

On the other hand, besides the exception of consultants who have not worked with AAs where support and opposition are relatively equal (40% & 41%), respondents who have not worked with AAs are more likely to oppose than support the concept. Some significant differences emerge between specific roles when factoring in experience working with AAs, and include:

- Consultants who have worked with AAs are significantly more likely to support the concept compared to consultants who have not worked with AAs (53% vs 40%). Furthermore, consultants who have not worked with AAs are significantly more likely than consultants who have worked with AAs to oppose the concept (41% vs 33%).
- AiTs who have worked with AAs are significantly more likely to support the concept compared to AiTs who have not worked with AAs (46% vs 38%).



Q12. Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e. that it would expand in a controlled fashion the longer they are in post? Note: we will ask about the specifics of what AAs can do in each phase in later questions. Base: Consultants who have worked with AAs (1,223); SAS / LEDs who have worked with AAs (136); AiTs who have worked with AAs (862); Consultants who have not worked with AAs (512); SAS / LEDs who have not worked with AAs (88); AiTs who have not worked with AAs (300).

Respondents in Northern Ireland remain significantly less likely to support the concept compared to all other UK nations, however, the differences are not statistically significant. Instead, respondents in Northern Ireland show increasing levels of neutrality towards the concept that AAs' post-qualification practice should be phased by experience (23%), and they are significantly more likely to be neutral compared to respondents from both Scotland (12%) and Wales (10%).

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Do you support the concept that AAs' post-qualification practice should be phased by experience – i.e., that it would expand in a controlled fashion the longer they are in post? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,603*	*363*	*130*	*57*
Support	47%	50%	49%	32%
	J1	J1	J1	
Neutral	14%	12%	10%	23%
				H1I1
Against	39%	36%	36%	42%
Don't know/not sure	2%	2%	5%	5%
			G1	

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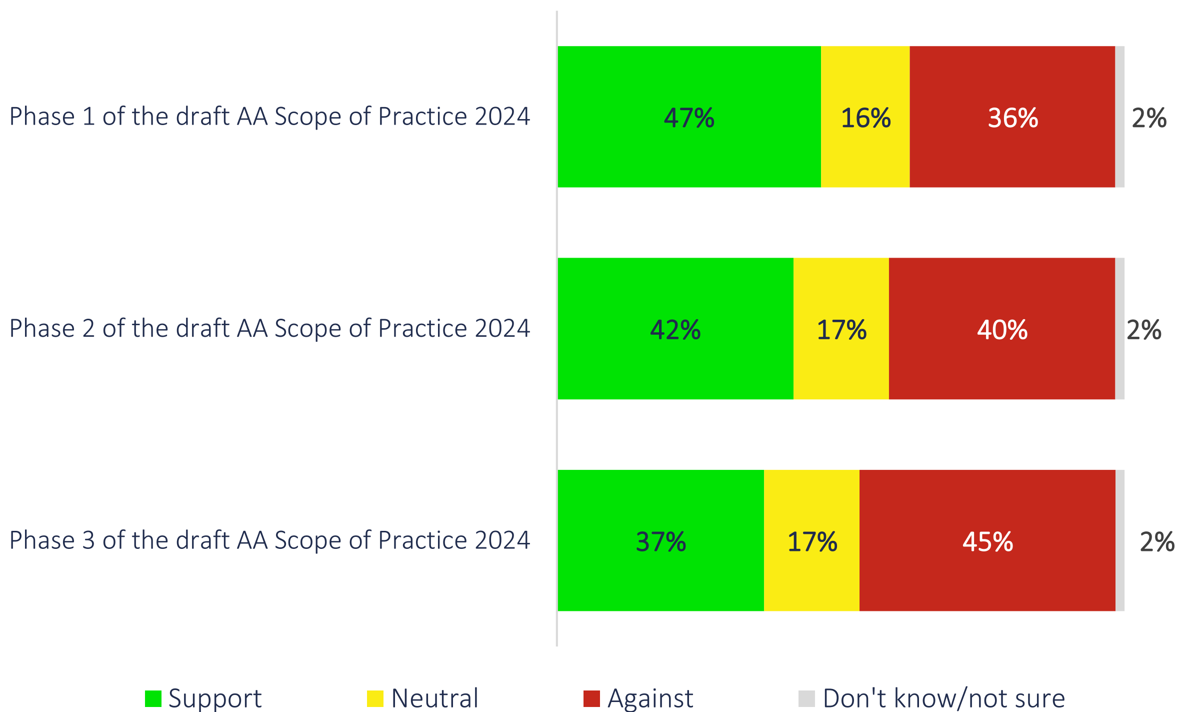
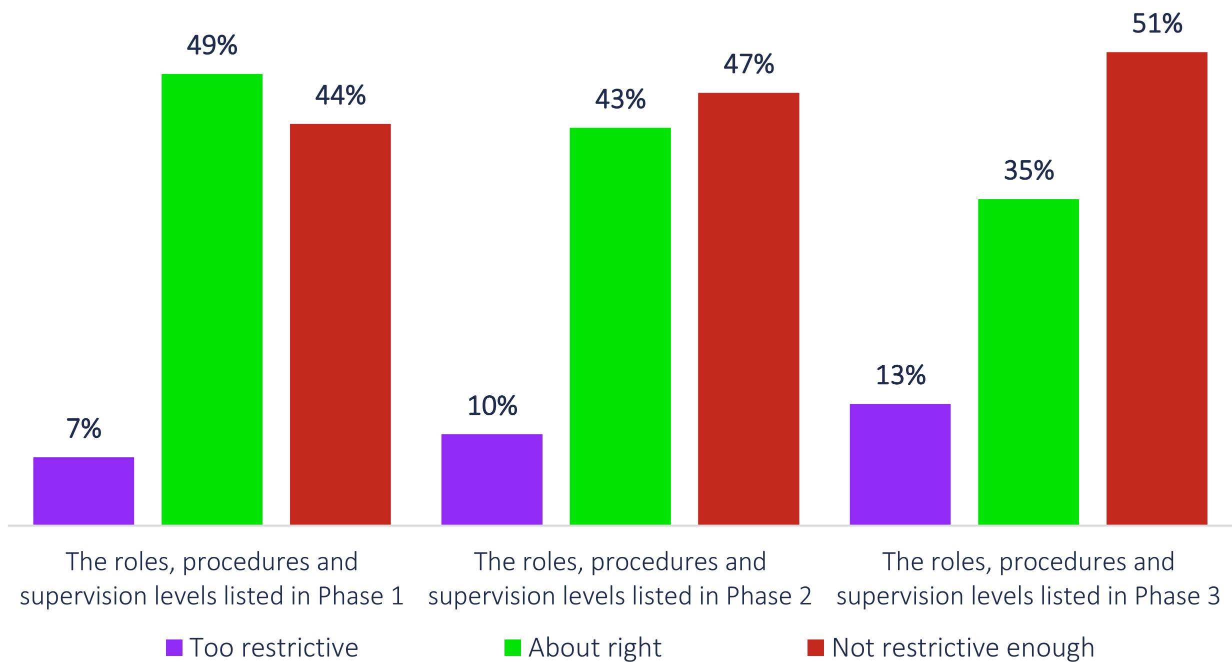
3.7 Perceptions of the roles, procedures and supervision levels listed in the draft AA Scope of Practice

When considering the extent to which respondents either support or are against the roles, procedures and supervision levels set out in phases 1, 2 and 3, the results show that as the draft AA scope of practice progresses, support decreases while opposition increases – levels of neutrality or being not sure remain stable.



Q13a. To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? Base: Total (3,108 respondents).
Q14a. To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? Base: Total (3,086 respondents).
Q15a. To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? Base: Total (3,097 respondents).

Around half (49%) of respondents believe that the roles, procedures and supervision levels listed in phase 1 are 'about right', although these figures decrease when looking at those listed in phase 2 (43%) and decrease further when looking at those listed in phase 3 (35%).



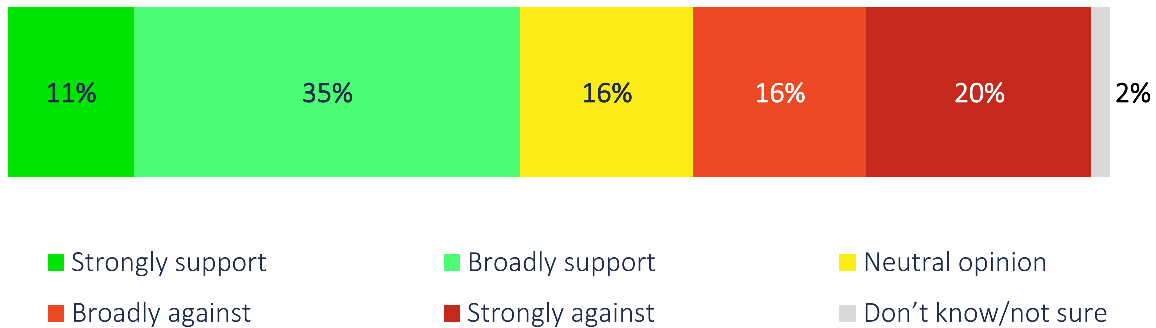
Q13b. Do you believe the roles, procedures and supervision levels listed in Phase 1 are… Base: Total (2,910).
Q14b. Do you believe the roles, procedures and supervision levels listed in Phase 2 are… Base: Total (2,911).
Q15b. Do you believe the roles, procedures and supervision levels listed in Phase 3 are… Base: Total (2,936).

3.7.1 Perceptions of the roles, procedures and supervision levels listed in Phase 1

At the total level, just under half (47%[5]) support the roles, procedures and supervision levels listed in Phase 1, around a third (36%) are against, while 16% are neutral and 2% are unsure.

Those who are against the roles, procedures and supervision levels listed in Phase 1 often demonstrate strong feelings, with 1 in 5 (20%) saying they are 'strongly against'.

[5] Please note, where aggregated percentages do not sum to expected percentages, this is due to rounding.



Q13a. To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? Base: Total (3,108).

Breaking the data down by role, AiTs are again the most supportive of the roles, procedures and supervision levels listed in phase 1 of the draft AA scope of practice (49%) and are more likely to be supportive than opposed (49% vs 35%). Other roles that are more likely to support than oppose the roles, procedures and supervision levels listed in Phase 1 are consultants (46% vs 37%) and Locally employed / Trust doctors (41% vs 33%). Both consultants (46%) and AiTs (49%) are significantly more likely to support the roles, procedures and supervision levels listed in Phase 1 compared to Specialist and specialty doctors (37%).

On the other hand, some roles are less likely to be supportive of the roles, procedures and supervision levels listed in Phase 1. For example, AAs are more likely to be opposed than supportive (45% vs 39%), while similar proportions of Specialist and specialty doctors are supportive and opposed (37% vs 38%, respectively).

Specialist and specialty doctors and Locally employed / Trust doctors are also notably more neutral (24% on both counts).

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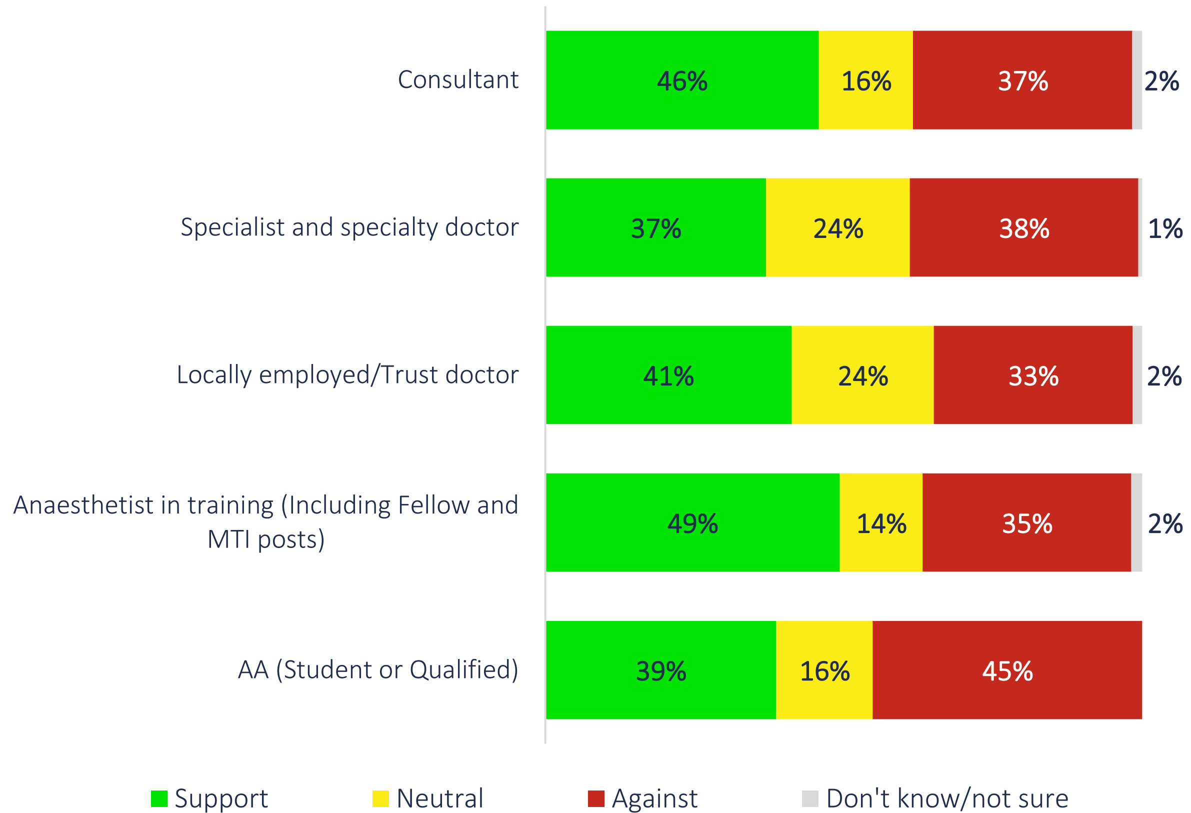
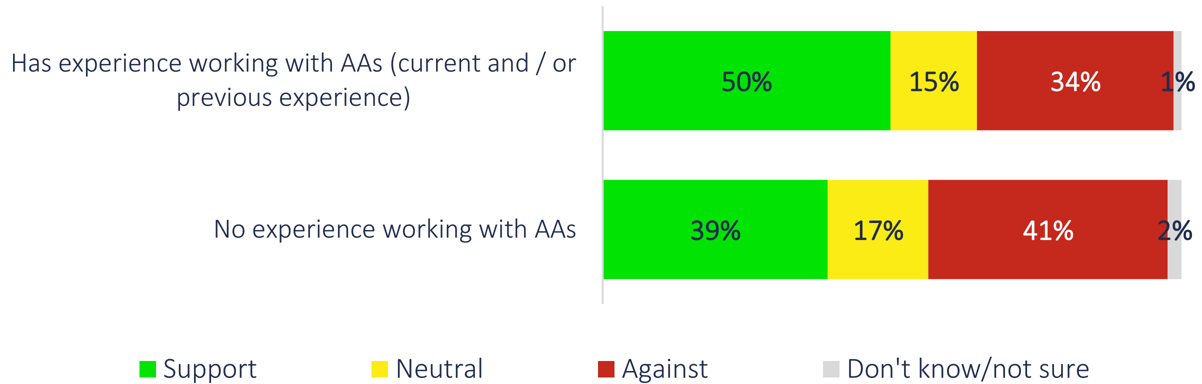


Q13a. To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? Base: Consultants (1,704); Specialist and specialty doctors (154); Locally employed / Trust doctors (63); AiTs (1,149); AAs (31 – caution low base).

In line with previous findings, respondents who have experience working in the same hospital as AAs are more likely to support (50%) than oppose (34%) the roles, procedures and levels of supervision listed in Phase 1. On the other hand, respondents who have no experience working in the same hospital as AAs are slightly more likely to oppose (41%) than support (39%) the roles, procedures and levels of supervision listed in Phase 1, although the figures are relatively equal.



Q13a. To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? Base: Has experience working in the same hospital as AAs (2,190); Has no experience working in the same hospital as AAs (887).

When breaking those with experience with AAs down into direct and indirect experience, the data reveals significant differences.

- Respondents who have worked directly with AAs (i.e., in the same theatre) are more likely to support (52%) than oppose (33%) the roles, procedures and supervision levels listed in Phase 1 of the draft AA scope of practice and are significantly more supportive compared to respondents who have worked with AAs indirectly (44%).
- Though still more likely to support (44%) than oppose (38%) the roles procedures and supervision levels listed in Phase 1 of the draft AA scope of practice, respondents who have worked indirectly with AAs (i.e., in the same hospital) are significantly more opposed compared to respondents who have worked with AAs directly (38% vs 33%).

To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,620*	*570*
Support	52%	44%
	Q	
Neutral	14%	16%

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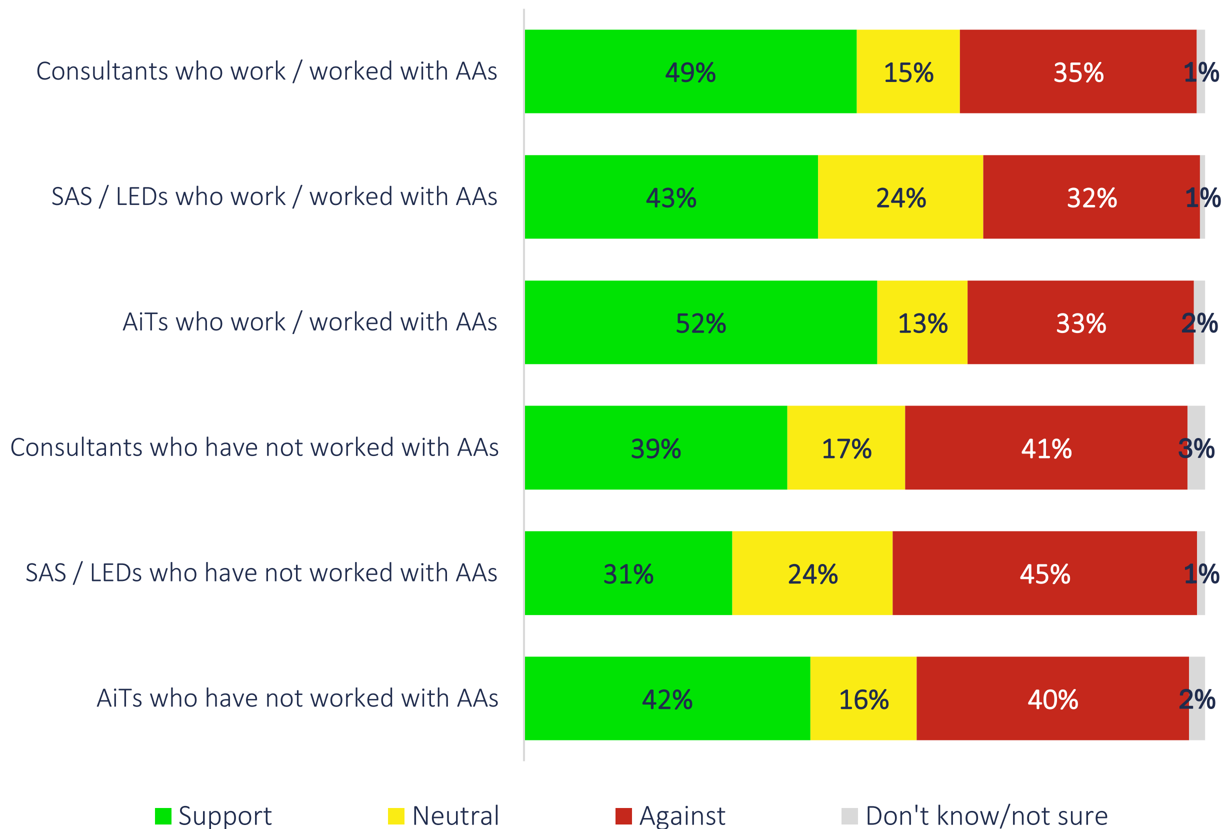
Against	33%	38%
		P
Don’t know/not sure	1%	2%

When breaking the results down a combination of role and experience working with AAs, the data reveals that SAS / LEDs who have not worked with AAs are the most opposed (45%) to the roles, procedures and supervision levels listed in Phase 1, and are significantly more opposed than both consultants who have worked with AAs (49%) and AiTs who have worked with AAs (52%). The elevated levels of neutrality indicated by SAS / LEDs remains stable, regardless of experience with AAs (24%).

Consultants who have worked with AAs are significantly more supportive (49%) of the roles, procedures and levels of supervision listed in Phase 1 compared to consultants who have not worked with AAs (39%), while consultants who have not worked with AAs are significantly more opposed (41%) compared to consultants who have worked with AAs (35%).

Similarly, AiTs who have worked with AAs are significantly more supportive (52%) of the roles, procedures and levels of supervision listed in Phase 1 compared to AiTs who have not worked with AAs (31%), while AiTs who have not worked with AAs are significantly more opposed (45%) compared to AiTs who have worked with AAs (33%).



Q13a. To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? Base: Consultants who have worked with AAs (1,202); SAS / LEDS who have worked with AAs (132); AiTs who have worked with AAs (854); Consultants who have not worked with AAs (502); SAS / LEDs who have not worked with AAs (85); AiTs who have not worked with AAs (295).

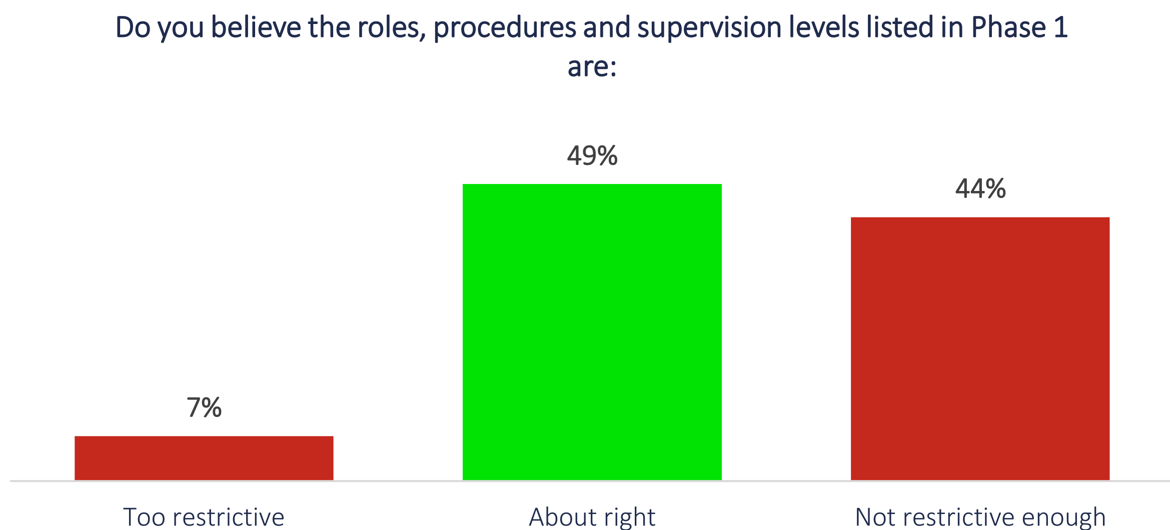
When breaking the data down by UK nation, respondents in Northern Ireland are the least supportive of the roles, procedures and supervision levels listed in Phase 1 of the draft AA scope of practice (27%), and they are significantly less supportive than respondents from all other UK nations. While respondents in Northern Ireland are also more likely to be actively opposed (46%) compared to all other UK nations, the differences in opposition do not reach statistical significance.

To what extent do you support the roles, procedures and supervision levels listed in Phase 1 of the draft AA Scope of Practice 2024? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,552*	*363*	*130*	*56*
Support	47%	42%	51%	27%
	J1	J1	J1	
Neutral	16%	17%	12%	21%
Against	36%	39%	34%	46%
Don't know/not sure	1%	2%	4%	5%
			G1	

How restrictive do respondents believe the roles, procedures and supervision levels listed in Phase 1 are?

49% of the total sample believe the roles, procedures and supervision levels listed in Phase 1 are 'about right', 44% believe they are 'not restrictive enough', and 7% believe they are 'too restrictive'.



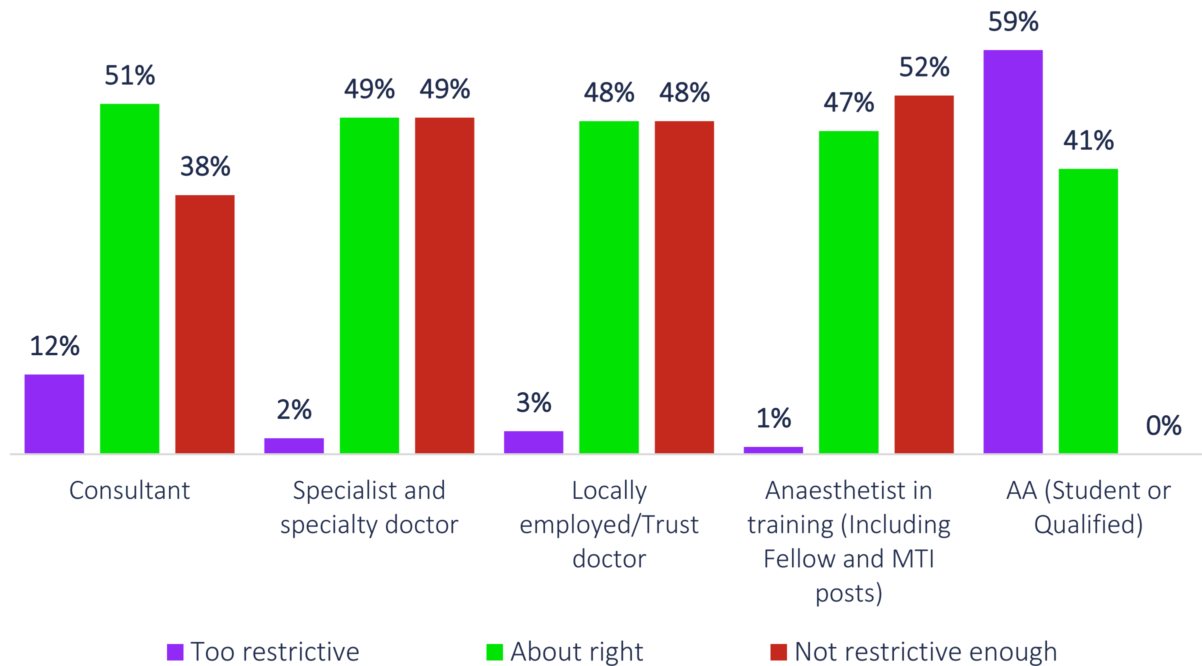
Q13b. Do you believe the roles, procedures and supervision levels listed in Phase 1 are… Base: Total (2,190 respondents).

When breaking down the data by role, consultants are the only role who are more likely to believe the roles, procedures and supervision levels listed in Phase 1 are 'about right' (51%), as opposed to 'too restrictive' (12%) or 'not restrictive enough' (38%).

Results from both Specialty and specialist doctors, as well as Locally employed / Trust doctors, are more mixed, with both equally likely to say the roles, procedures and supervision levels are 'about right' or 'not restrictive enough'.

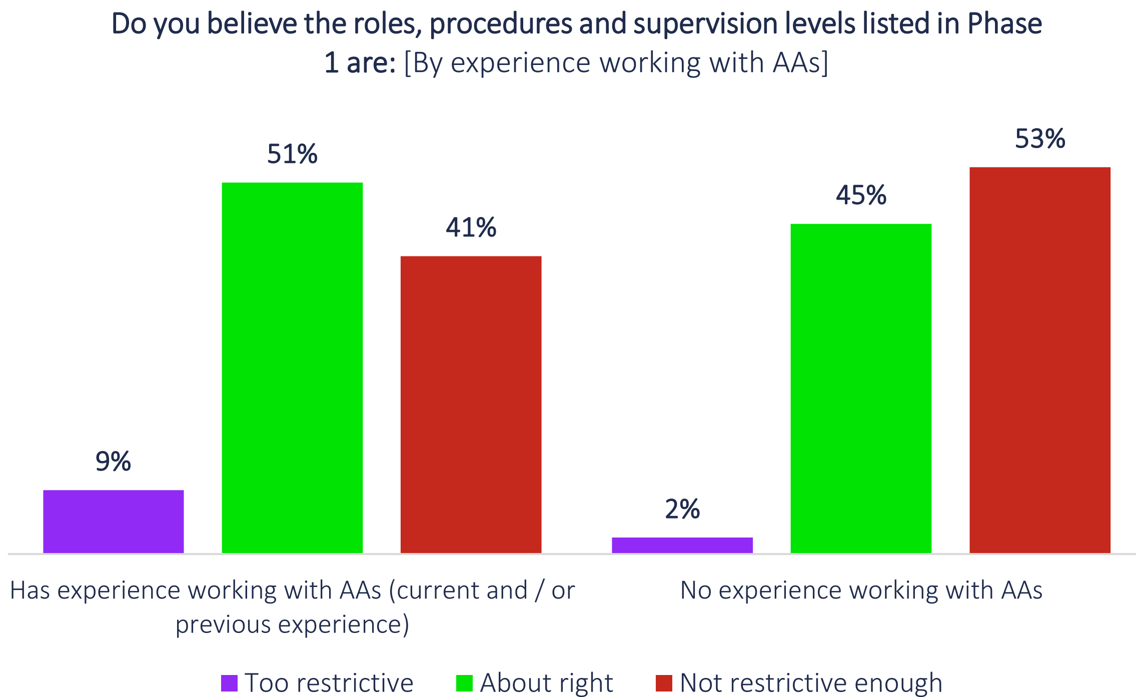
Despite being the most supportive of the roles, procedures and supervision levels listed in Phase 1, AiTs are the most likely to believe that they are 'not restrictive enough' (52%) – they are significantly more likely to believe they are 'not restrictive enough' compared to consultants (38%) and AAs (0%).

Lastly, AAs are the most likely to believe that the roles, procedures and supervision levels are 'too restrictive', and are more likely to believe they are 'too restrictive' compared to 'about right' (59% vs 41%).



Q13b. Do you believe the roles, procedures and supervision levels listed in Phase 1 are… Base: Consultants (1,574); Specialist and specialty doctors (129); Locally employed / Trust doctors (60); AiTs (1,111); AAs (29 – caution low base).

While respondents who have worked in the same hospital as AAs are more likely to believe the roles, procedures and supervision levels listed in Phase 1 are 'about right' (51%) compared to 'not restrictive enough' (41%), respondents who have no experience working with AAs are more likely to say they 'are not restrictive enough' compared to 'about right' – these differences between the two groups are statistically significant.



Q13b. Do you believe the roles, procedures and supervision levels listed in Phase 1 are... Base: Respondents who have experience working in the same hospital as AAs (2,075); respondents who have no experience working in the same hospital as AAs (806).

Breaking those who have worked with AAs down by the proximity of their working relationship with AAs, similar differences emerge. Respondents who have worked directly with AAs are more likely to select 'about right' (52%) compared to either 'too restrictive' (11%) or 'not restrictive enough' (37%), while respondents who have only worked indirectly with AAs are most likely to select 'not restrictive enough' (51%), with 'about right' (48%) following closely behind and very few selecting 'too restrictive (1%). Again, the differences between the proportions of those selecting 'too restrictive' and 'not restrictive enough' reach significance when comparing the two groups.

Do you believe the roles, procedures and supervision levels listed in Phase 1 are:

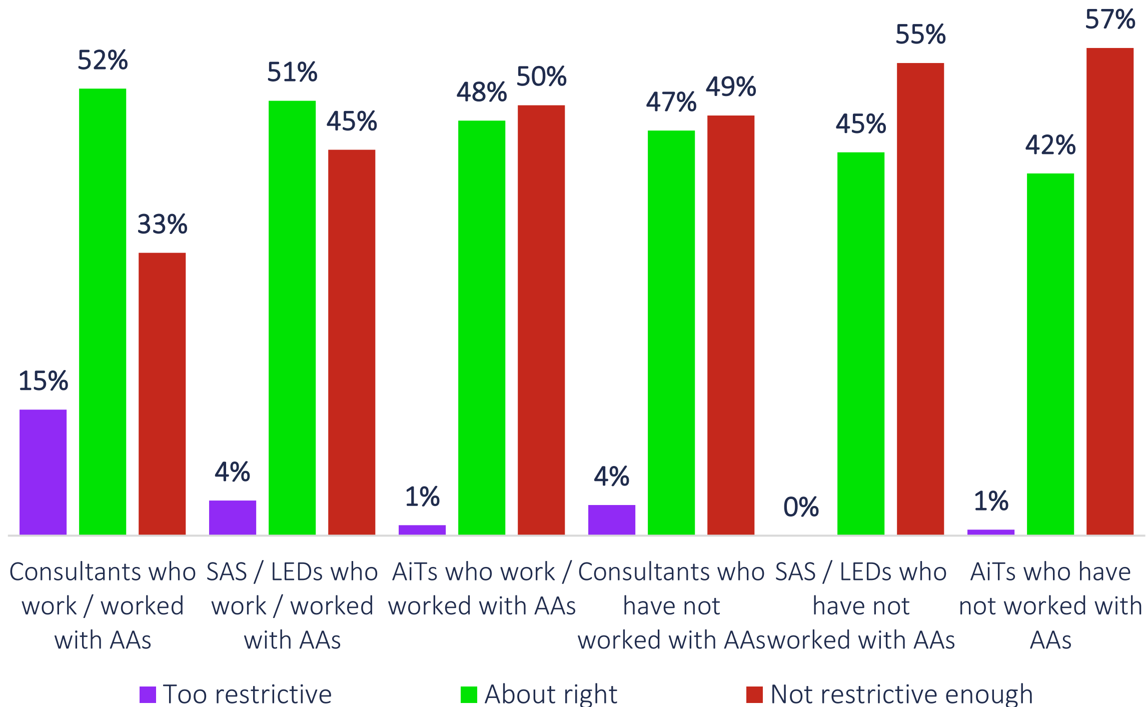
[By experience working with AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,530*	*545*
Too restrictive	11%	1%
	Q	
About right	52%	48%
Not restrictive enough	37%	51%
		P

When combining role and experience working with AAs, again, across the roles, respondents who have worked with AAs are generally more positive compared to respondents who have not worked with AAs.

The data reveals that while AiTs are the most likely to believe that the roles, procedures and levels of supervision listed in Phase 1 are not restrictive enough at the total level, when factoring in experience with AAs, AiTs who have not worked with AAs are more likely to select this than AiTs who have worked with AAs (57% vs 50%), although this difference is not statistically significant.

On the other hand, the differences in responses between consultants who have worked with AAs and consultants who have not worked with AAs is significant. Consultants who have not worked with AAs are significantly more likely to believe the roles, procedures and supervision levels listed in Phase 1 are 'not restrictive enough' compared to consultants who have worked with AAs (49% vs 33%).



Q13b. Do you believe the roles, procedures and supervision levels listed in Phase 1 are… Base: Consultants who have worked with AAs (1,126); SAS / LEDs who have worked with AAs (122); AiTs who have worked with AAs (825); Consultants who have not worked with AAs (448); SAS / LEDs who have not worked with AAs (67); AiTs who have not worked with AAs (286).

While the proportion of respondents selecting 'about right' remains stable regardless of whether respondents hold clinical leadership roles or not, significant differences emerge when looking at the differences between those selecting 'too restrictive' and 'not restrictive enough'.

- Respondents who do not hold a clinical leadership role are significantly more likely than those who do to believe that the roles, procedures and supervision levels listed in Phase 1 are 'not restrictive enough' (46% vs 35%).
- On the other hand, while still in the minority, respondents who hold a clinical leadership role are significantly more likely than those who don't to believe the roles, procedures and supervision levels listed in Phase 1 are 'too restrictive' (15% vs 5%), with respondents who are clinical leads for AAs are particularly likely to believe they are 'too restrictive' (55%).

Do you believe the roles, procedures and supervision levels listed in Phase 1 are:

[By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*622*	*2,288*
Too restrictive	15%	5%
	Y	
About right	50%	49%
Not restrictive enough	35%	46%
		X

Respondents in Northern Ireland are again significantly more likely to believe the roles, procedures and supervision levels listed in Phase 1 of the draft AA scope of practice are 'not restrictive enough' (67%), compared to all other UK nations.

Do you believe the roles, procedures and supervision levels listed in Phase 1 are: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,386*	*349*	*118*	*52*
Too restrictive	8%	9%	3%	0%
	I1J1	I1J1		
About right	50%	46%	52%	33%
	J1		J1	
Not restrictive enough	43%	45%	46%	67%
				G1H1I1

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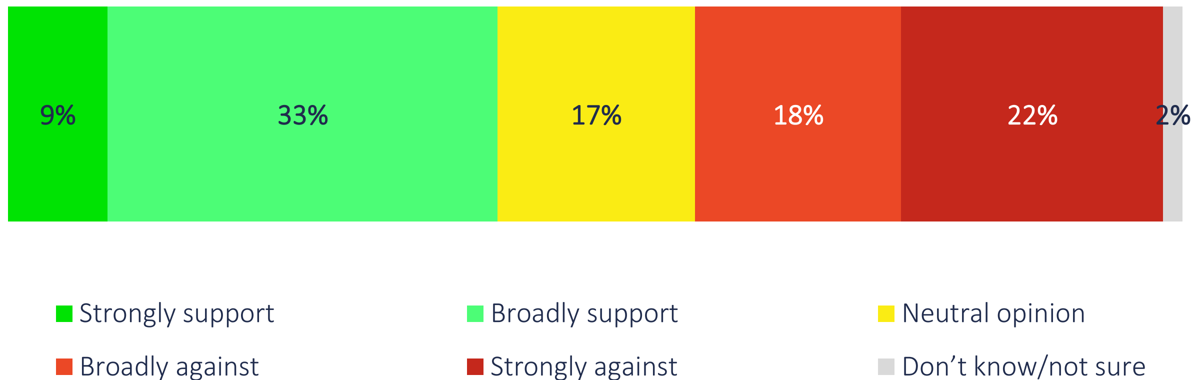
3.7.2 Perceptions of the roles, procedures and supervision levels listed in Phase 2

At the total level, the split of respondents who support or oppose the roles, procedures and supervision levels listed in Phase 2 are relatively equal (42% vs 40%, respectively). Similarly to what has been seen before, those who oppose the roles, procedures and supervision levels listed in Phase 2 are likely to have stronger feelings towards them, as over 1 in 5 (22%) are strongly against them, compared to around 1 in 10 (9%) who strongly support them.

To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024?

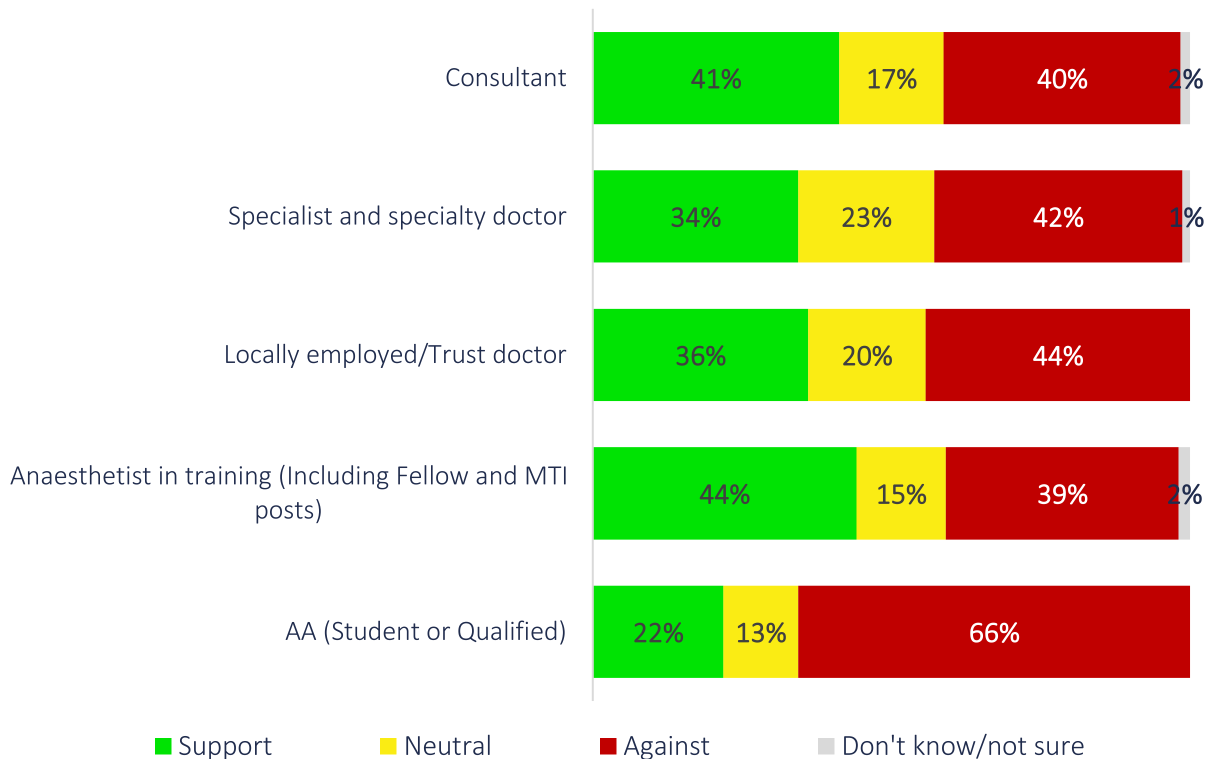


Q14a. To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? Base: Total (3,086 respondents).

Breaking the data down by role, AiTs are again the most supportive (44%) of the roles, procedures and supervision levels listed in Phase 2, and they are significantly more supportive compared to both Specialist and specialty doctors (34%) and AAs (22%). They are also the only role (along with consultants) that are more likely to be supportive rather than opposed (44% vs 39%).

Consultants have mixed perceptions around their support for the roles, procedures and supervision levels listed in Phase 2, with similar proportions saying they support them or are against them.

On the other hand, both Specialist and specialty doctors (42%), as well as Locally employed / Trust doctors (44%), are more likely to be opposed than they are to support the roles, procedures and principles listed in Phase 2. AAs are the most likely to be opposed, with two thirds (66%) selecting this. This is a significantly higher level of opposition compared to consultants (40%); Specialist and specialty doctors (42%) and AiTs (39%).



Q14a. To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? Base: Consultants (1,692); Specialist and specialty doctors (154); Locally employed / Trust doctors (61); AiTs (1,140); AAs (32 – caution low base).

Respondents who have worked in the same hospital as AAs as more likely to support (45%) than oppose (38%) the roles, procedures and supervision levels listed in Phase 2 of the draft AA scope of practice, while respondents who have not worked in the same hospital as AAs are more likely to oppose (44%) than support (35%) them.

Respondents who have worked in the same hospital as AAs are significantly more likely to support the roles, procedures and supervision levels listed in Phase 2, compared to respondents who have not worked in the same hospital as AAs (45% vs 35%). Respondents who have not worked in the same hospital as AAs meanwhile are significantly more likely to be against (44% vs 38%) or neutral (19% vs 16%).

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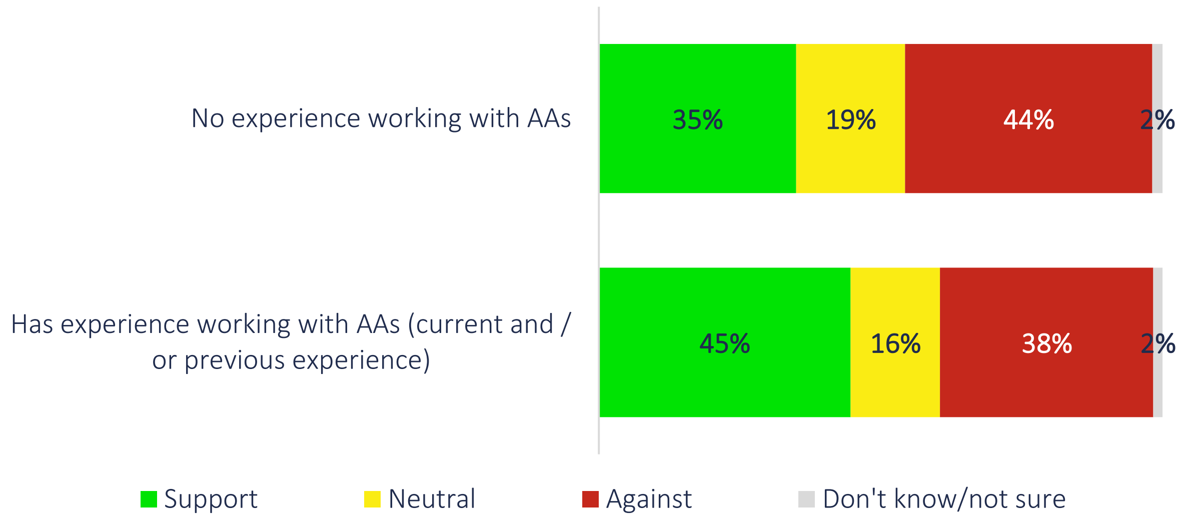
To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024?
[By experience working with AAs]



Q14a. To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? Base: Respondents who have worked in the same hospital as AAs (2,174); respondents who have not worked with AAs (880).

When breaking those who have worked with AAs down by their proximity to AAs, respondents who have worked with AAs directly tend to perceive the roles, procedures and supervision levels listed in Phase 1 more positively than respondents who have worked with AAs indirectly. Respondents who have worked with AAs directly are significantly more supportive compared to respondents who have worked with AAs indirectly (47% vs 39%), while respondents who have worked with AAs indirectly are significantly more likely to oppose them (42% vs 36%).

To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,609*	*565*
Support	47%	39%
	Q	
Neutral	16%	16%

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Against	36%	42%
		P
Don't know/not sure	1%	2%

Combining role and experience working with AAs, the data shows that again, across all roles, those who have worked with AAs are more supportive of the roles, procedures and supervision levels listed in Phase 2 compared to their counterparts who have not worked with AAs. Consultants and AiTs who have worked with AAs are more likely to be supportive compared to opposed, while SAS / LEDs who have worked with AAs are particularly split. None of the roles who have worked with AAs are more likely to be opposed than they are supportive.

On the other hand, all roles who have not worked with AAs are more likely to be opposed to the roles, procedures and supervision levels listed in Phase 2 rather than supportive, with SAS / LEDs being particularly opposed (49%).

When comparing specific roles based on their experience of working with AAs, some significant differences again emerge.

- Consultants who have worked with AAs are significantly more supportive of the roles, procedures and supervision levels listed in Phase 2, compared to consultants who have not worked with AAs (43% vs 36%).
- AiTs who have worked with AAs are significantly more supportive than AiTs who have not worked with AAs of the roles, procedures and supervision levels listed in Phase 2 (47% vs 35%). Similarly, AiTs who have not worked with AAs are significantly more opposed to the roles, procedures and supervision levels listed in Phase 2, compared to AiTs who have worked with AAs (44% vs 37%).

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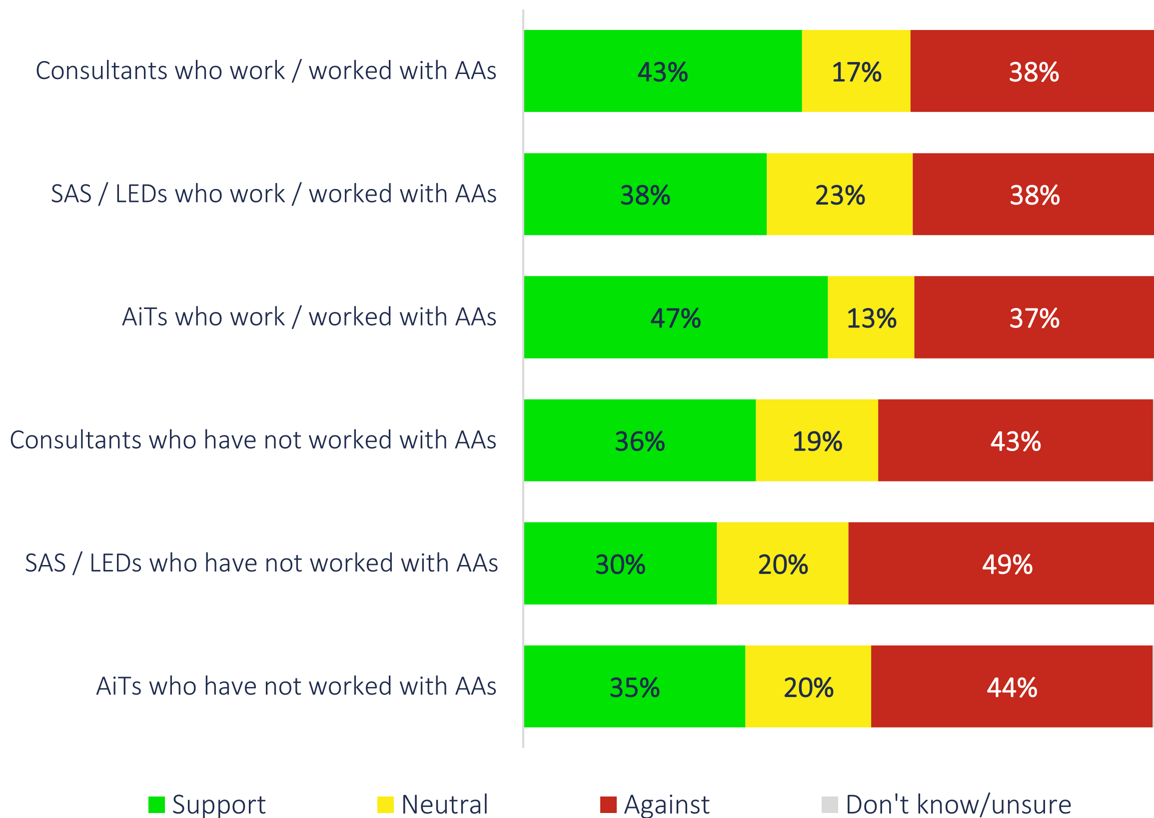

Q14a. To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? Base: Consultants who have worked with AAs (1,192); SAS / LEDs who have worked with AAs (132); AiTs who have worked with AAs (848); Consultants who have not worked with AAs (500); SAS / LEDs who have not worked with AAs (83); AiTs who have not worked with AAs (292).

Respondents in Northern Ireland are significantly less likely to support the roles, procedures and supervision levels listed in Phase 2 of the draft AA scope of practice (26%), compared to all other UK nations.

To what extent do you support the roles, procedures and supervision levels listed in Phase 2 of the draft AA Scope of Practice 2024? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,541*	*356*	*129*	*53*

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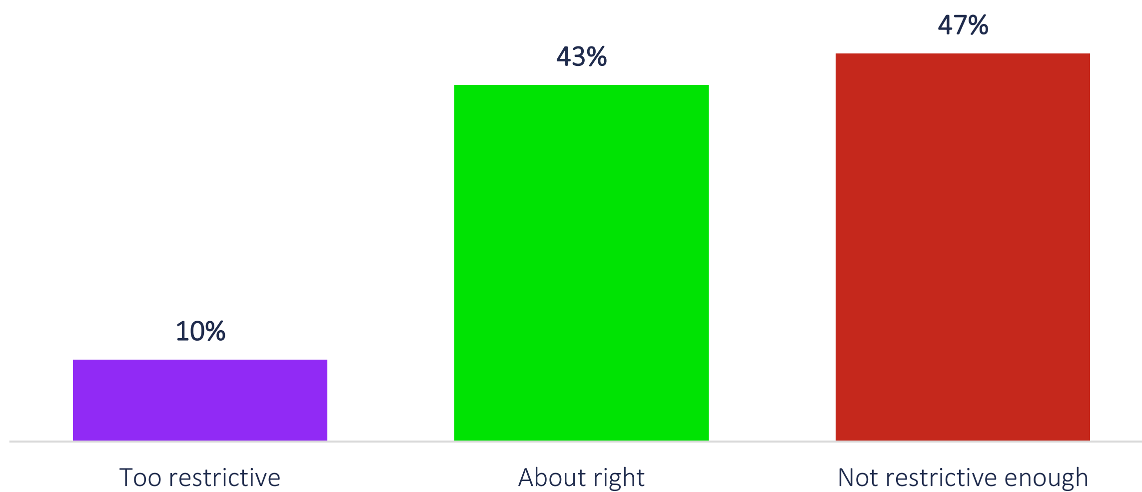
Support	42%	41%	43%	26%
	J1	J1	J1	
Neutral	17%	17%	12%	17%
Against	40%	40%	42%	51%
Don’t know/not sure	2%	2%	2%	6%

How restrictive do respondents believe the roles, procedures and supervision levels listed in Phase 2 are?

At the total level, just under half (47%) of respondents believe that the roles, procedures and supervision levels listed in Phase 2 are ‘not restrictive enough’, just over 2 in 5 (43%) of respondents believe they are ‘about right’, while 10% believe they are ‘too restrictive’.



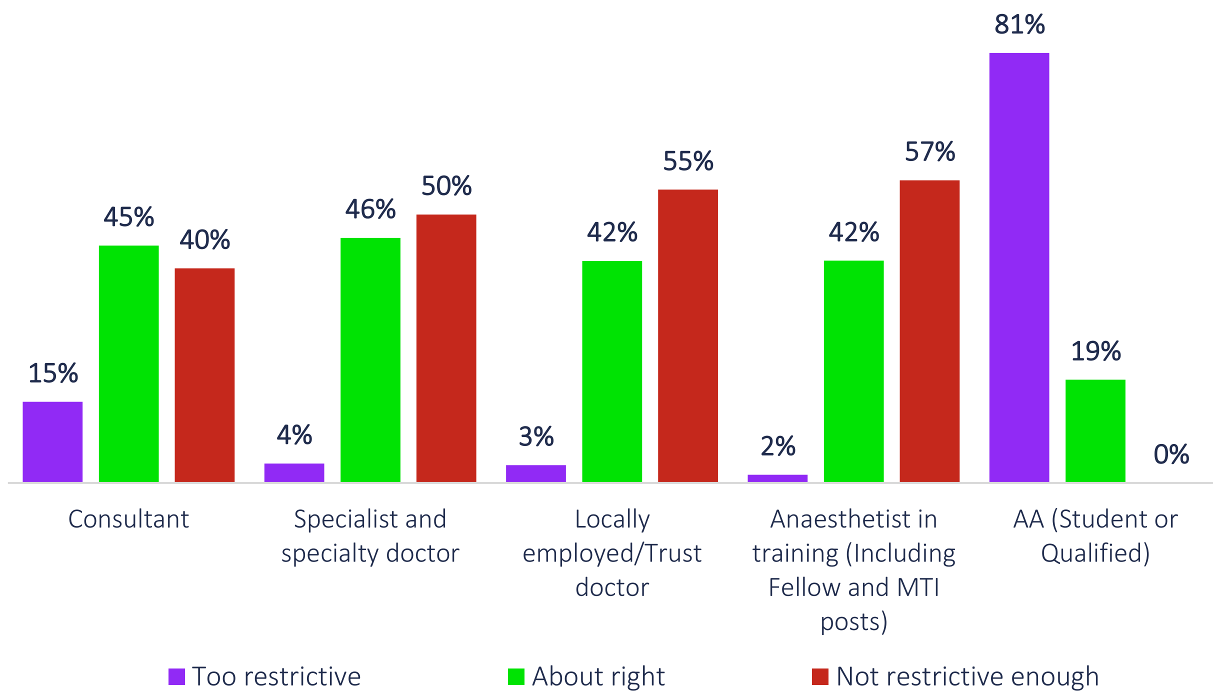
Q14b. Do you believe the roles, procedures and supervision levels listed in Phase 2 are… Base: Total (2,911 respondents).

Breaking the data down by role, consultants are the only group who are more likely to believe the roles, procedures and supervision levels listed in Phase 2 are ‘about right’ (45%) over any other option. Specialist and specialty doctors are slightly more likely to believe the roles, procedures and supervision levels listed in Phase 2 are ‘not restrictive enough’ (50%) compared to ‘about right’ (46%), while both locally employed / Trust doctors and AiTs

are considerably more likely to believe they are 'not restrictive enough' (55% & 57%, respectively) compared to 'about right' (42% & 42%, respectively).

Despite being the most supportive of the roles, procedures and supervision levels listed in Phase 2, AiTs are the most likely to believe they are 'not restrictive enough' (57%) and are significantly more likely to believe this compared to both consultants (40%) and AAs (0%).

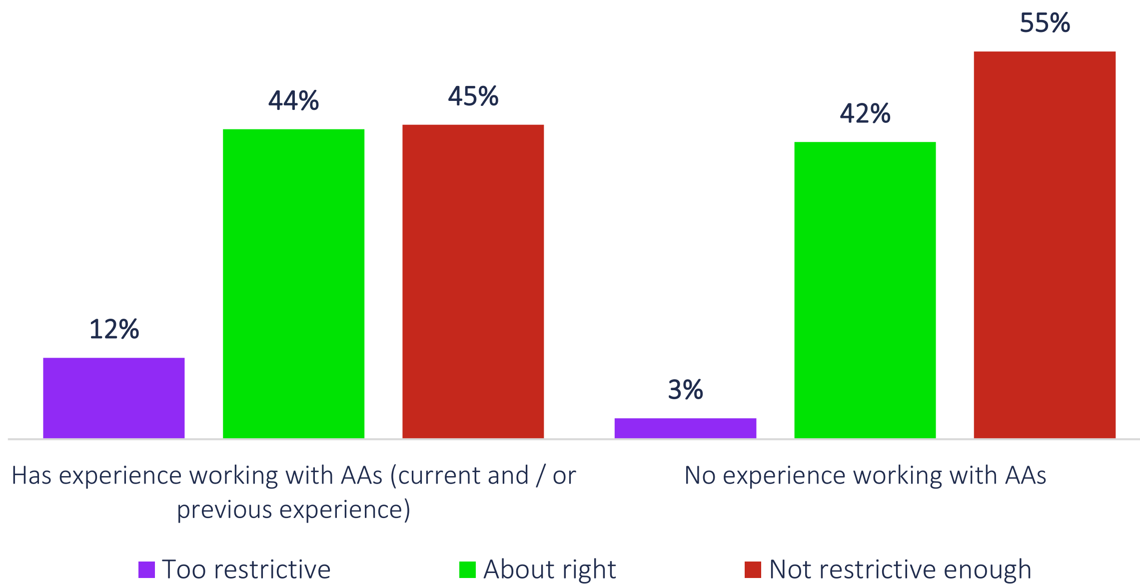
Meanwhile the majority of AAs believe that the roles, procedures and supervision levels listed in Phase 2 are 'too restrictive' – again, this is significantly more than all other roles.



Q14b. Do you believe the roles, procedures and supervision levels listed in Phase 2 are… Base: Consultants (1,570); Specialist and specialty doctors (137); Locally employed / trust doctors (60); AiTs (1,106); AAs (31 – caution low base).

While the proportions of respondents who work / worked in the same hospital as AAs believe the roles, procedures and supervision levels listed in Phase 2 are 'about right' or 'too restrictive' are similar (44% & 45%, respectively), respondents who have not worked in the same hospital as AAs are notably more likely to believe they are 'not restrictive enough' (55%) compared to 'about right' (42%). Again, respondents who have not worked with AAs are

significantly more likely to believe that the roles, procedures and supervision levels listed in Phase 2 of the draft AA scope of practice are 'not restrictive enough', compared to respondents who have worked with AAs (55% vs 45%).



Q14b. Do you believe the roles, procedures and supervision levels listed in Phase 2 are… Base: Respondents who have worked in the same hospital as AAs (2,070); respondents who have not worked in the same hospital as AAs (810).

When breaking down the responses of those who have worked with AAs by how closely they have worked with them, again, significant differences arise even though the proportions of respondents who believe that the roles, procedures and supervision levels in Phase 2 are 'about right' (45% & 42%).

Respondents who have worked indirectly with AAs are significantly more likely to perceive the roles, procedures and supervision levels listed in Phase 2 as 'not restrictive enough' compared to respondents who have worked directly with AAs (57% vs 40%). Furthermore, although in the minority, respondents who have worked directly with AAs are significantly more likely to believe that the roles, procedures and supervision levels listed in Phase 2 are 'too restrictive (15% vs 2%).

Do you believe the roles, procedures and supervision levels listed in Phase 2 are: [By proximity to AAs]

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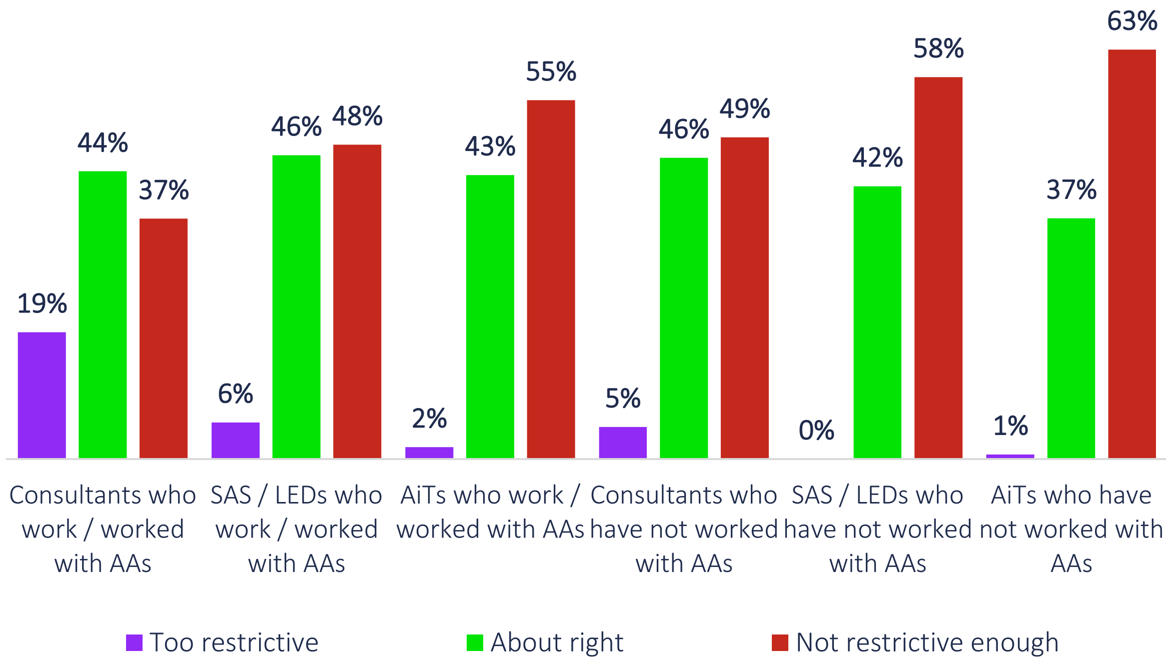
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,527*	*543*
Too restrictive	15%	2%
	Q	
About right	45%	42%
Not restrictive enough	40%	57%
		P

Throughout the findings so far, it has tended to be the case that when combining role and experience working with AAs, those in roles who work with AAs tend to perceive the relevant elements of the draft AA scope of practice as 'about right', although we see a change in that pattern here.

Consultants who have worked with AAs are the only group who are more likely to believe the roles, procedures and supervision levels listed in Phase 2 are 'about right' (44%) over all other options, although the proportions of SAS / LEDs who have worked with AAs selecting either 'about right' (46%) or 'not restrictive enough' (48%) are relatively similar.

Furthermore, it was also noted earlier that consultants are amongst those most likely to believe that the roles, procedures and supervision levels listed in Phase 2 are 'too restrictive'. When cutting the data by a combination of role and experience working with AAs, the figures demonstrate that this is driven by consultants who have worked with AAs – consultants who have worked with AAs are significantly more likely to believe this compared to consultants who have not worked with AAs (19% vs 5%).



Q14b. Do you believe the roles, procedures and supervision levels listed in Phase 2 are… Base: Consultants who have worked with AAs (1,120); SAS / LEDs who have worked with AAs (125); AiTs who have worked with AAs (823); Consultants who have not worked with AAs (450); SAS / LEDs who have not worked with AAs (72); AiTs who have not worked with AAs (283).

In line with previous findings, significant differences also emerge between those who hold clinical leadership roles, despite the fact that the proportions of those selecting 'about right' are relatively equal across both subgroups of respondents (44% & 43%).

Respondents who do not have a clinical leadership role are significantly more likely than those who do to believe that the roles, procedures and supervision levels listed in Phase 2 are 'not restrictive enough' (50% vs 37%). On the other hand, and despite being in the minority, 1 in 5 (20%) respondents who have a clinical leadership role believe the roles, procedures and supervision levels listed in Phase 2 are 'too restrictive', which is significantly more than respondents who do not have a clinical leadership role (20% vs 7%). Digging into the data deeper, the evidence indicates that it's again clinical leads for AAs who are particularly likely to believe that the roles, procedures and supervision levels listed at Phase 2 are 'too restrictive' (68%).

Do you believe the roles, procedures and supervision levels listed in Phase 2 are: [By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*625*	*2,286*
Too restrictive	20%	7%
	Y	
About right	44%	43%
Not restrictive enough	37%	50%
		X

Finally, cutting the data by UK nation shows that respondents in Northern Ireland again express perceptions that are more negative than respondents from the other UK nations. Respondents in Northern Ireland, compared to respondents from all other UK nations, are significantly more likely to believe that the roles, procedures and supervision levels are 'not restrictive enough' (70%).

Do you believe the roles, procedures and supervision levels listed in Phase 2 are: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,389*	*346*	*117*	*53*
Too restrictive	10%	11%	5%	0%
	J1	J1		
About right	43%	43%	43%	30%
Not restrictive enough	46%	46%	52%	70%
				G1H1I1

3.7.3 The roles, procedures and supervision levels listed in Phase 3

Of all the phases respondents are the least supportive of, and most opposed to, those listed in Phase 3.

37% support the roles, procedures and supervision levels listed in Phase 3 of the draft AA scope of practice, 17% are neutral and 45% are against them.

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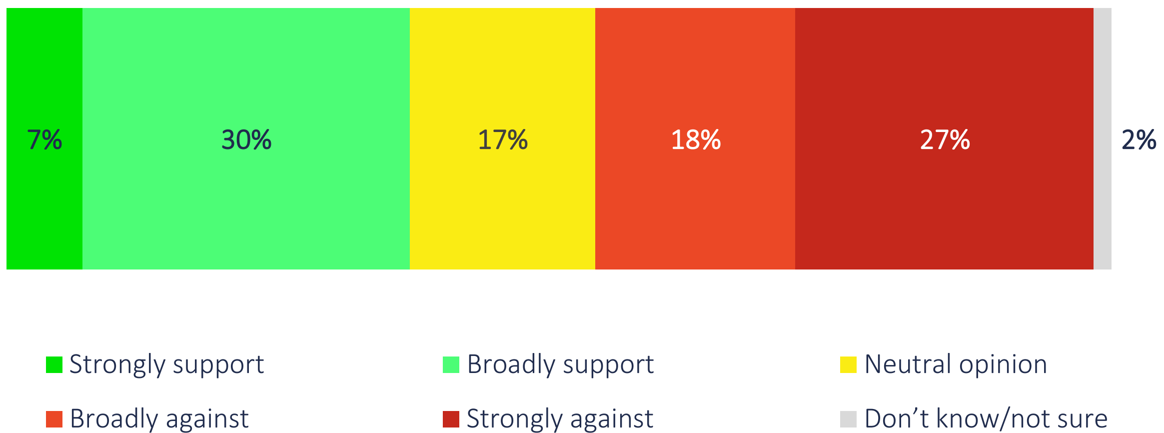

Q15a. To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? Base: Total (3,097 respondents).

AiTs are again the most likely to be supportive of the roles, procedures and supervision levels listed in Phase 3 of the draft AA scope of practice (38%). However, all roles are more likely to be opposed than supportive.

AAs are the most likely to be against the roles, procedures and supervision levels listed in Phase 3 (81%), with nearly half (48%) noting they are strongly against them. AAs are:

- Significantly less likely than all other roles to be supportive of the roles, procedures and supervision levels listed in Phase 3 (13%).
- Significantly more likely than all other roles to be actively opposed to the roles, procedures and supervision levels listed in Phase 3, with around 4 in 5 against them (81%).

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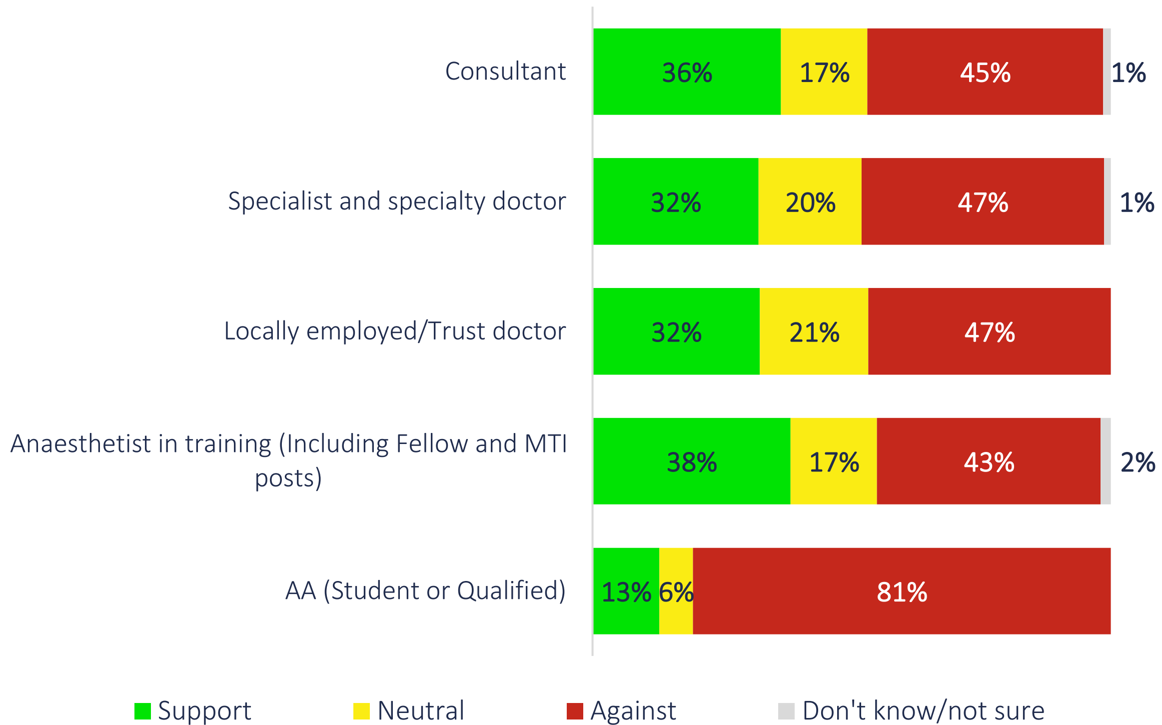

Q15a. To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? Base: Consultants (1,697); Specialist and specialty doctors (156); Locally employed / trust doctors (62); AiTs (1,144), AAs (31) – caution low base).

Both respondents who have and have not worked with AAs are more likely to be against the roles, procedures and supervision levels listed in Phase 3 than they are to support them, although respondents who have worked in the same hospital as AAs are significantly more likely to be supportive compared to respondents who have not worked with AAs (39% vs 32%).

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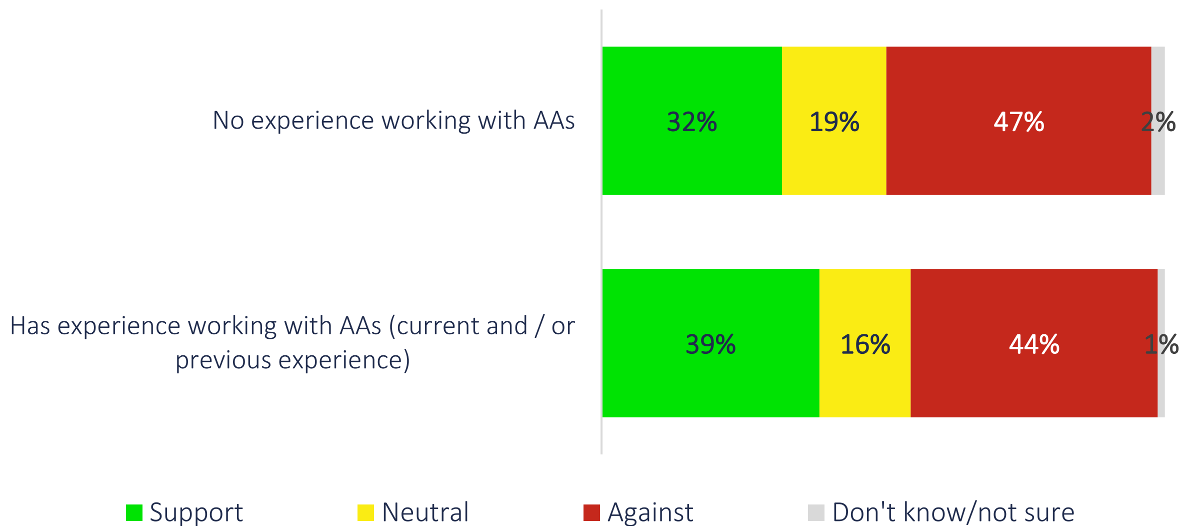
To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024?
[By experience working with AAs]



Q15a. To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? Base: Respondents who have worked in the same hospital as AAs (2,188); respondents who have not worked in the same hospital as AAs (878).

Furthermore, of the respondents who have worked with AAs, those who have worked with AAs directly (i.e., in the same theatre) are significantly more supportive than those who have worked indirectly with AAs (i.e., in the same hospital) (40% vs 35%), although both subgroups of respondents are more likely to be against than support the roles, procedures and supervision levels listed in Phase 3.

To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? [By proximity to AAs]

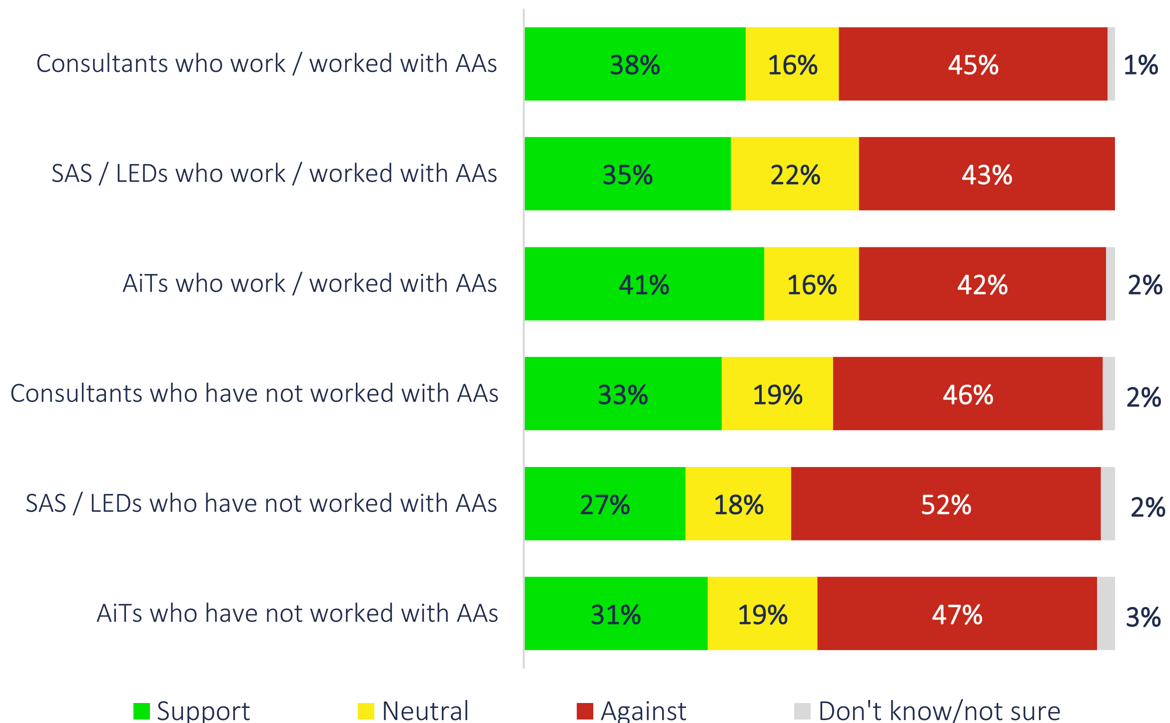
	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,624*	*564*
Support	40%	35%
	Q	
Neutral	16%	16%
Against	43%	46%

Don't know/not sure	1%	2%
		P

Similarly to principles set out in sections 2, 3 & 4 of the draft AA scope of practice, once again, across all roles, those who have worked with AAs are more supportive than those who have not worked with AAs, and compared to their counterparts. With that being said, most subgroups are more opposed than they are supportive, although no subgroups are significantly more opposed than another.

On the other hand, there are some significant differences in terms of the proportion of each subgroup who support the roles, procedures and supervision levels listed in Phase 3.

- AiTs who have worked with AAs are significantly more supportive (41%) compared to all subgroups who have not worked with AAs, including AiTs who have not worked with AAs (31%).
- Consultants who have worked with AAs are significantly more supportive compared to AiTs who have not worked with AAs (38% vs 31%).



Q15a. To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? Base: Consultants who have worked with AAs (1,204); SAS / LEDs who have worked with

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AAs (134); AiTs who have worked with AAs (848); Consultants who have not worked with AAs (493); SAS / LEDs who have not worked with AAs (84); AiTs who have not worked with AAs (296).

Respondents in Northern Ireland are significantly less supportive of the roles, procedures and supervision levels listed in Phase 3, compared to respondents from all other UK nations. While opposition from respondents in Northern Ireland is also notably higher than all other UK nations (57%), these differences are not statistically significant.

To what extent do you support the roles, procedures and supervision levels listed in Phase 3 of the draft AA Scope of Practice 2024? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,546*	*360*	*128*	*56*
Support	37%	36%	40%	21%
	J1	J1	J1	
Neutral	17%	17%	10%	16%
	I1			
Against	45%	46%	48%	57%
Don't know/not sure	1%	1%	2%	5%

How restrictive do respondents believe the roles, procedures and supervision levels listed in Phase 3 are?

At the total level, half (51%) of respondents believe that the roles, procedures and supervision levels listed in Phase 3 are 'not restrictive enough', while just over a third (35%) believe they are 'just right', and 1 in 10 (10%) believe they are 'too restrictive'.

This broadly follows the same pattern as the total data around the restrictiveness of the roles, procedures and supervision levels listed at Phase 2, although the proportion of respondents selecting 'not restrictive enough' is larger, and the proportion of respondents selecting 'about right' is lower.

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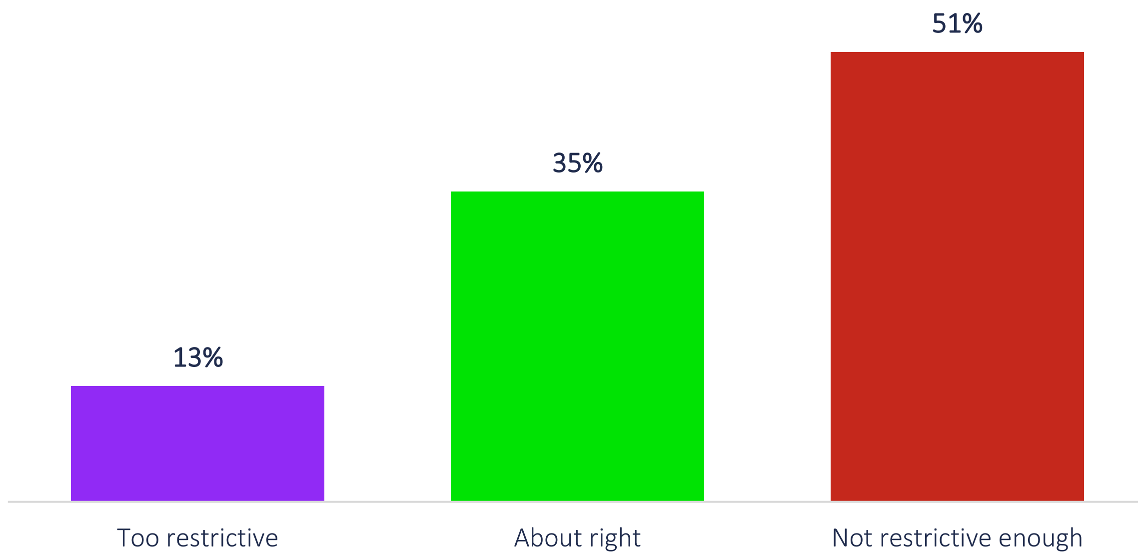
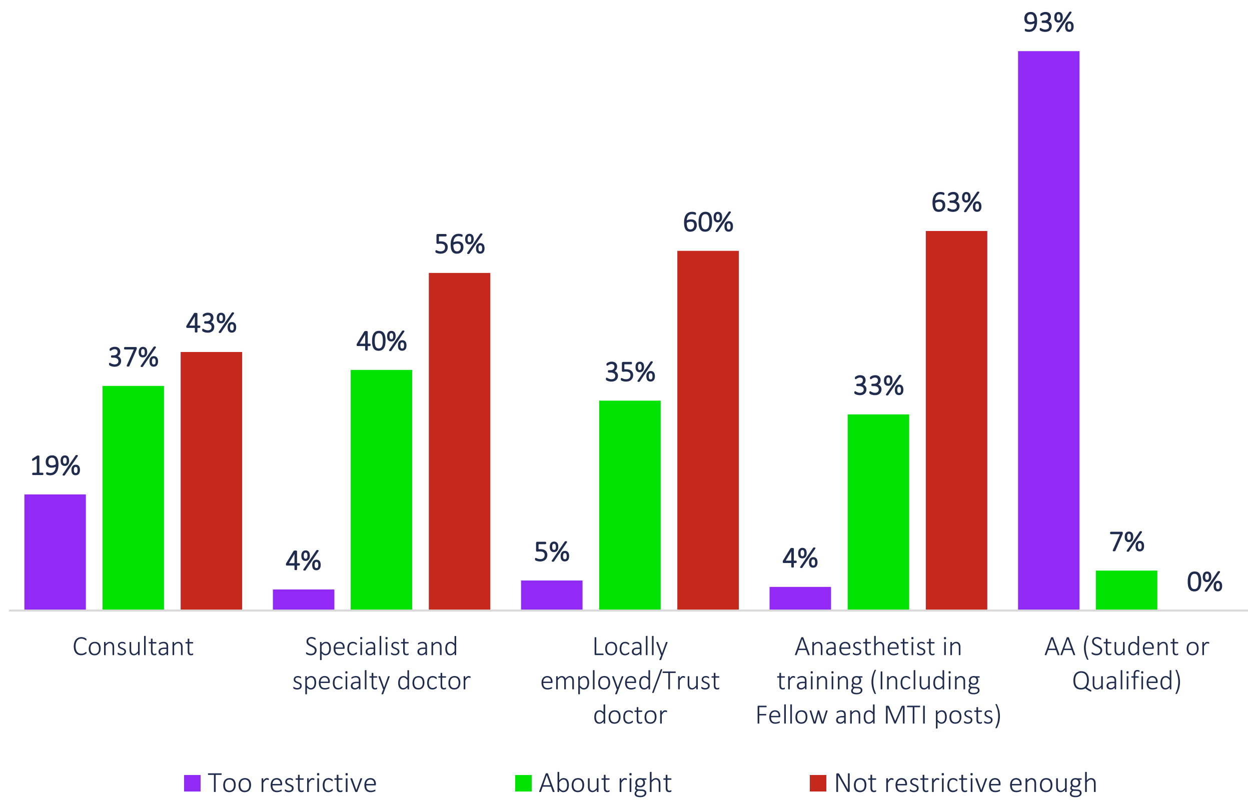


Q15b. Do you believe the roles, procedures and supervision levels listed in Phase 3 are… Base: Total (2,936 respondents).

Looking at responses broken down by role, the vast majority of AAs believe the roles, procedures and levels of supervision listed in Phase 3 are 'too restrictive' (93%) – they are significantly more likely to believe this compared to all other roles. Consultants are the next most likely to believe the roles, procedures and supervision levels listed in Phase 3 are 'too restrictive', although the proportion who select this stands at 19%.

Despite AiTs being the most supportive of the roles, procedures and supervision levels listed in Phase 3 (38% cite being supportive), they are the most likely to believe that they are 'not restrictive enough' (63%) – they are significantly more likely to believe this compared to consultants (43%) and AAs (0%).



Q15b. Do you believe the roles, procedures and supervision levels listed in Phase 3 are… Base: Consultants (1,585); Specialist and specialty doctors (142); Locally employed / Trust doctors (60); AiTs (1,112); AAs (30 – caution low base).

When breaking the data down by experience working with AAs, the proportion of respondents who believe the roles, procedures and supervision levels listed in Phase 3 is 'about right' are in line (36% on both counts), regardless of whether respondents have worked in the same hospital as AAs or not.

However, there are significant differences between the subgroups regarding whether the roles, procedures and supervision levels are either too restrictive or not restrictive enough.

- Respondents who have not worked in the same hospital as AAs are significantly more likely to believe the roles, procedures and supervision levels listed in Phase 3 are 'not restrictive enough', compared to respondents who have worked in the same hospital as AAs (58% vs 49%).

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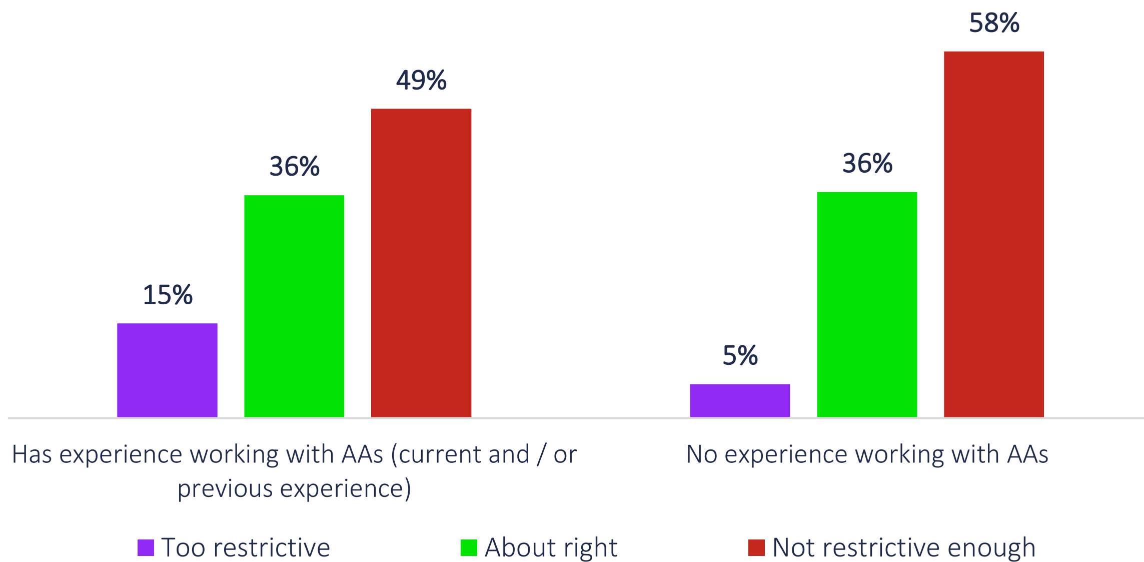
- Although still only reflecting the minority, respondents who have worked in the same hospital as AAs are significantly more likely than respondents who have not worked in the same hospital as AAs to believe that the roles, procedures and supervision levels listed in Phase 3 are 'too restrictive' (15% vs 5%).

Do you believe the roles, procedures and supervision levels listed in Phase 3 are:
[By experience working with AAs]



Q15b. Do you believe the roles, procedures and supervision levels listed in Phase 3 are… Base: Respondents who have worked in the same hospital as AAs (2,094); respondents who have not worked in the same hospital as AAs (812).

Further dissection of the data reveals that of those who have worked in the same hospital as AAs, those who have worked indirectly with AAs are significantly more likely than those who have worked directly with AAs directly to believe that the roles, procedures and supervision levels listed in Phase 3 are 'not restrictive enough' (61% vs 45%). Meanwhile 1 in 5 who have worked directly with AAs believe the scope of practice is too restrictive.

Do you believe the roles, procedures and supervision levels listed in Phase 3 are: [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,548*	*546*
Too restrictive	20%	2%
	Q	

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About right	35%	37%
Not restrictive enough	45%	61%
		P

When combining role and experience working with AAs together, the evidence indicates that consultants who have worked with AAs are the most likely to believe that the roles, procedures and supervision levels in Phase 3 are ‘too restrictive’ (24%), and they are significantly more likely to believe this compared to all other subgroups within this analysis variable.

While the figures fluctuate between those who have worked with AAs and those who haven’t at the overarching level, within each individual role, those who have not worked with AAs are more likely than their counterparts to believe that the roles, procedures and supervision levels listed in Phase 3 are ‘not restrictive enough’, with these differences reaching statistical significance at times. For example:

- Consultants who have not worked with AAs are significantly more likely than consultants who have worked with AAs to believe that the roles, procedures and supervision levels listed in Phase 3 are ‘not restrictive enough’ (51% vs 40%).
- AiTs who have not worked with AAs are significantly more likely to believe that the roles, processes and supervision levels listed in Phase 3 are ‘not restrictive enough’, compared to AiTs who have worked with AAs (68% vs 62%).

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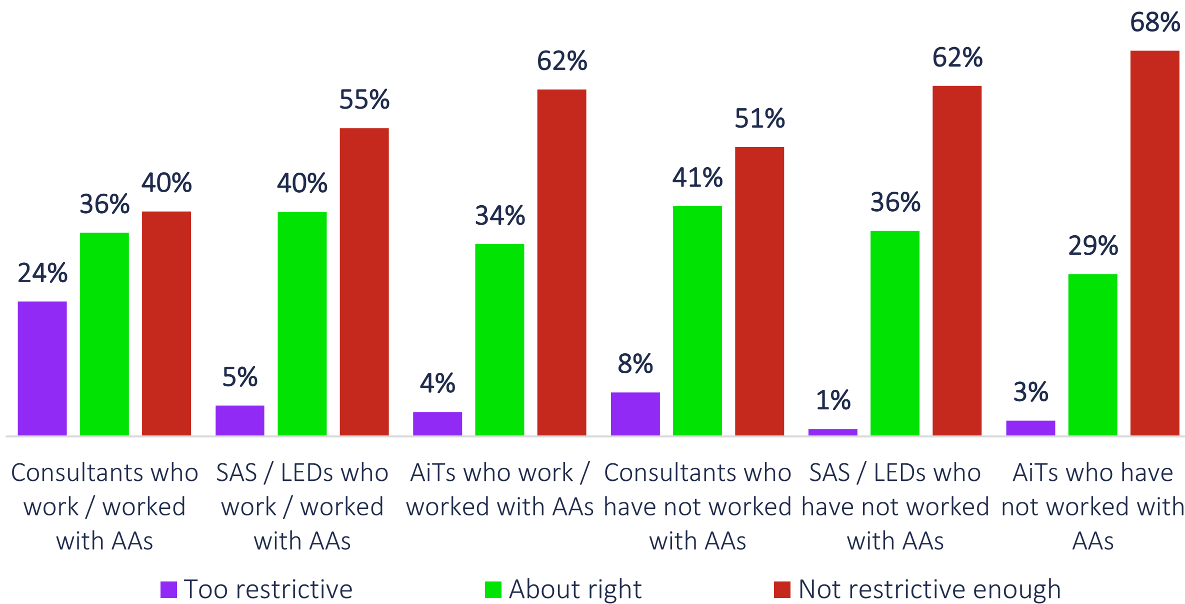

Q15b. Do you believe the roles, procedures and supervision levels listed in Phase 3 are… Base: Consultants who work with AAs (1,137); SAS / LEDs who work with AAs (128); AiTs who work with AAs (827); Consultants who have not worked with AAs (448); SAS / LEDs who have not worked with AAs (74); AiTs who have not worked with AAs (285).

Again, significant differences emerge when breaking down the data by whether respondents hold a clinical leadership role or not, with those who do not hold any clinical leadership roles significantly more likely to believe that the roles, procedures and supervision levels listed in Phase 3 are ‘not restrictive enough’, compared to respondents who do hold clinical leadership roles (54% vs 40%).

On the other hand, the views of those who have clinical leadership roles are more evenly split, with around 1 in 4 (24%) believing the roles, procedures and supervision levels are ‘too restrictive’, 35% believing they are ‘about right’, and 2 in 5 (40%) believing they are not restrictive enough. Although not making up the majority, respondents who hold clinical leadership roles are significantly more likely to believe the roles, procedures and supervision levels listed in Phase 3 are ‘too restrictive’ compared to respondents who don’t hold any clinical leadership roles (24% vs 10%). The evidence again demonstrates that clinical leads for AAs are a considerable driving force of this difference, with around 4 in 5 (81%) believing the roles, procedures and supervision levels listed in Phase 3 are ‘too restrictive.

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Do you believe the roles, procedures and supervision levels listed in Phase 3 are:
[By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*629*	*2,307*
Too restrictive	24%	10%
	Y	
About right	35%	35%
Not restrictive enough	40%	54%
		X

Finally, breaking the data down by UK nation, again, the negative sentiment of respondents in Northern Ireland is apparent in comparison to responses from the rest of the UK nations, with nearly 4 in 5 (77%) respondents in Northern Ireland believing that the roles, procedures and supervision levels listed in Phase 3 are 'not restrictive enough – this is significantly more compared to all other UK nations.

Do you believe the roles, procedures and supervision levels listed in Phase 3 are: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,411*	*249*	*117*	*53*
Too restrictive	14%	14%	9%	0%
	J1	J1	J1	
About right	35%	38%	38%	23%
		J1		
Not restrictive enough	51%	49%	54%	77%
				G1H1I1

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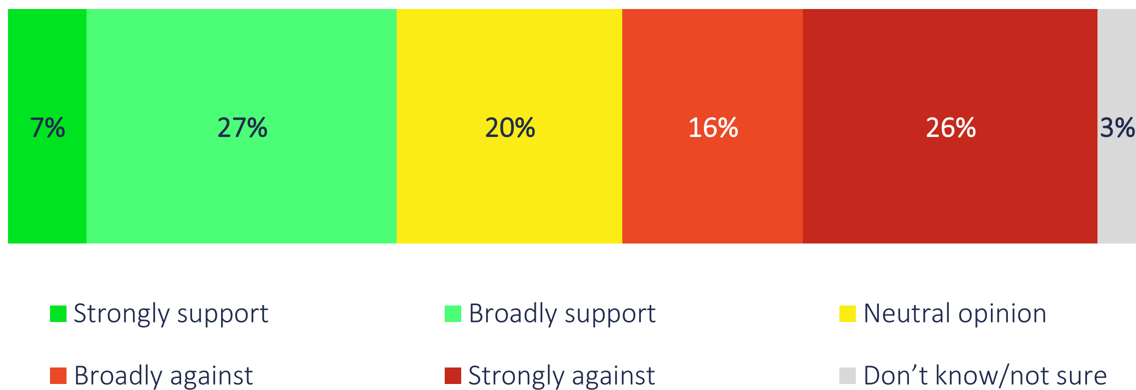
3.8. Perceptions around the proposed transition period for AAs post-qualification

Overall, 42% of respondents are against the transition period for AAs post-qualification, compared to 34% who support it. 20% are neutral and 3% say they are unsure. Again, the majority of those who are against the proposed transition for AAs post-qualification show strong feelings towards this, with around 1 in 4 (26%) reporting they are strongly against it.



Q16a. To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? Base: Total (3,106 respondents).

Whilst there are largely no significant differences to levels of support when comparing most of the roles, it was worth noting that AAs are significantly more likely than the other roles to say they are against the transition period. For all roles, there are greater levels of opposition than support.

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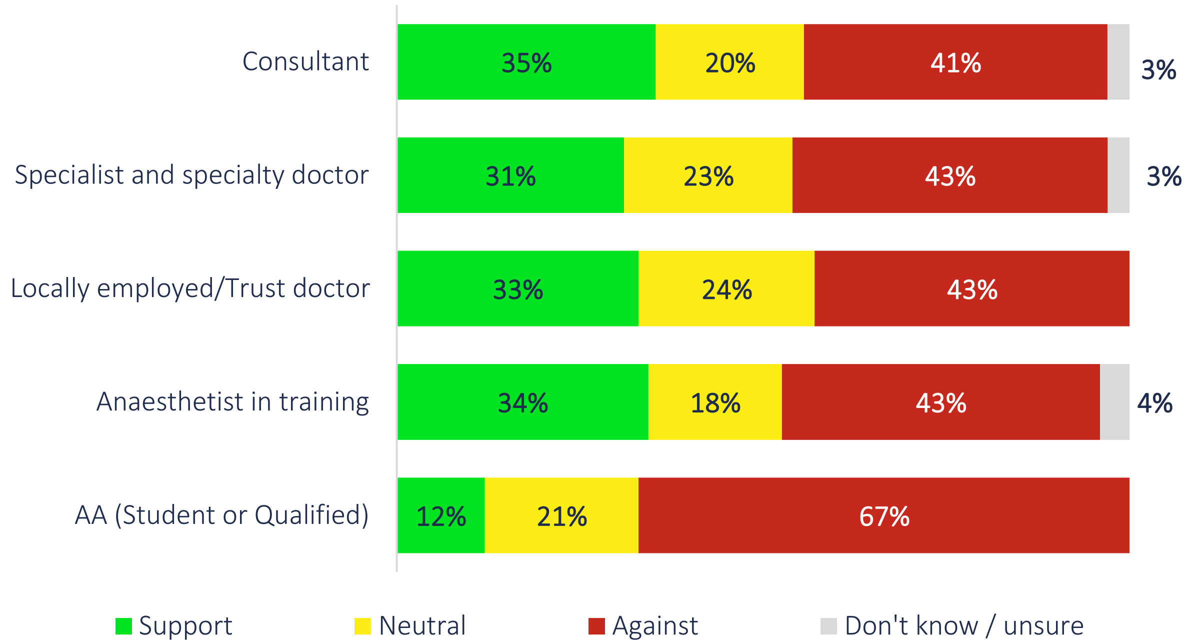

Q16a. To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? Base: Consultants (1,701); SAS (159); LEDs (63); AiTs (1,143); AAs (33 – caution low base).

Meanwhile, whilst respondents are more likely to be against than support the transition period – irrespective of whether they have worked with AAs or not – it is worth noting that those who have never worked with AAs are significantly less likely to be in support of the transition period (26% cite being supportive compared to 38% of those who currently and/or previously worked with AAs).

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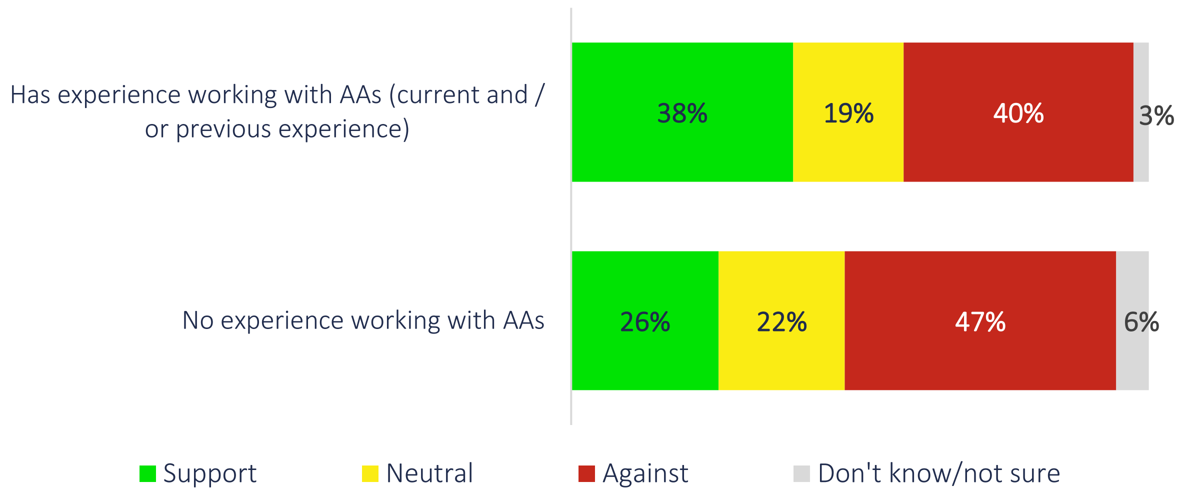

Q16a. To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? Base: Respondents who have worked in the same hospital as AAs (2,188); respondents who have not worked in the same hospital as AAs (885).

Of those who have worked with AAs, respondents who have worked indirectly with AAs are more likely to be against (43%) the planned transition period for AAs post-qualification than they are to support it (32%), whereas the proportions of respondents who have worked with AAs directly who support (41%) or oppose (39%) are more even.

Significant differences emerge where those who have worked directly with AAs are significantly more supportive than those who have worked indirectly with AAs (41% vs 32%). On the other hand, while those who have worked indirectly with AAs are not significantly more against the planned transition period for AAs post-qualification, they are significantly more neutral compared to respondents who have worked directly with AAs.

To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,623*	*565*
Support	41%	32%
	Q	

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Neutral	18%	23%
		P
Against	39%	43%
Don’t know/not sure	3%	3%

Despite there being a lack of significant differences when looking at results by role exclusively, when combining role with experience working with AAs significant differences within roles emerge. For example:

- Consultants who have worked with AAs are significantly more likely than consultants who have not worked with AAs to support the planned transition period for AAs post-qualification (40% vs 25%). Furthermore, consultants who have not worked with AAs are significantly more opposed to the planned transition period for AAs post-qualification, compared to consultants who have worked with AAs (46% vs 38%).
- AiTs who have worked with AAs are significantly more supportive of the planned transition period for AAs post-qualification, compared to AiTs who have not worked with AAs (37% vs 26%).

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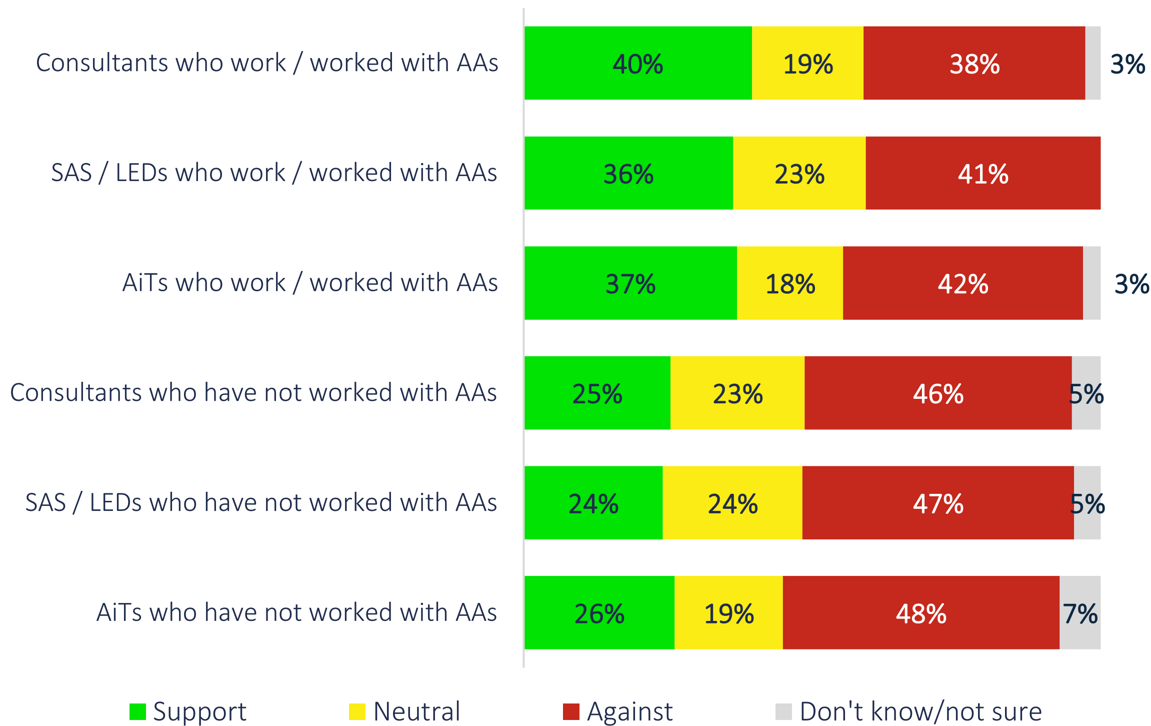

Q16a. To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? Base: Consultants who have worked with AAs (1,202); SAS / LEDs who have worked with AAs (135); AiTs who have worked with AAs (849); Consultants who have not worked with AAs (499); SAS / LEDs who have not worked with AAs (87); AiTs who have not worked with AAs (294).

While support across respondents in England (35%), Scotland (36%) and Wales (37%) remains relatively stable, again, respondents in Northern Ireland are significantly less likely to be supportive compared to all other UK nations (16%), although their elevated levels of opposition (50%) do not reach statistical significance. Additionally, while still in the minority, around 1 in 10 (9%) respondents in Northern Ireland are unsure, which is significantly more than respondents in both England (3%) and Scotland (3%).

To what extent do you support the plan for the transition period for AAs post-qualification of the draft AA Scope of Practice 2024? [By UK nation]

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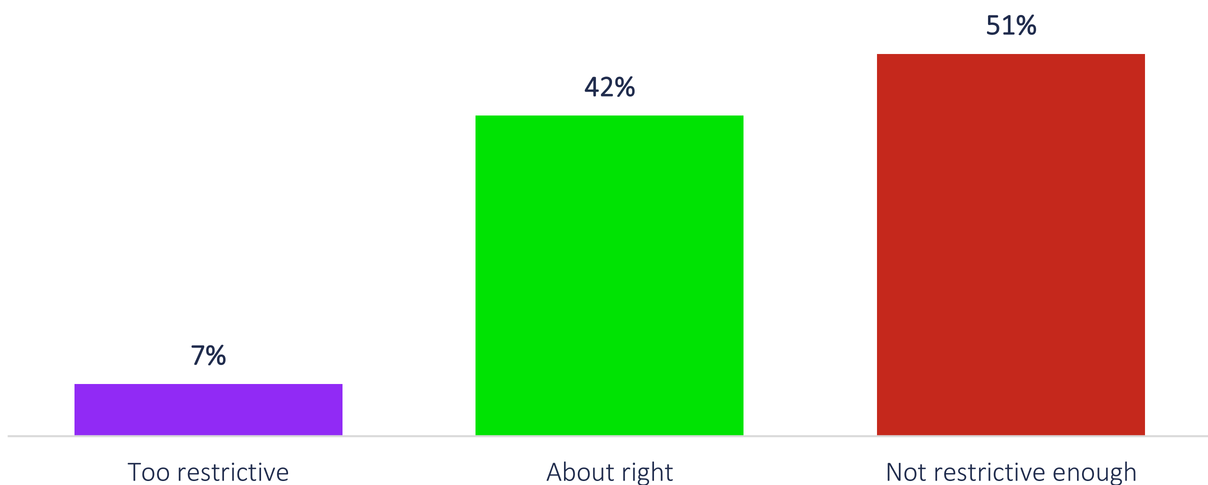
	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,555*	*361*	*127*	*56*
Support	35%	36%	37%	16%
	J1	J1	J1	
Neutral	20%	18%	17%	25%
Against	42%	43%	43%	50%
Don't know/not sure	3%	3%	4%	9%
				G1H1

How restrictive do respondents believe the proposed transition period for AAs post-qualification is?

Around half (51%) of respondents believe that the planned transition period for AAs post-qualification is 'not restrictive enough', while 42% believe it's 'about right' in terms of its restrictiveness. 7% believe the planned transition period for AAs post-qualification is 'too restrictive'.

Do you believe the plan for the transition period for AAs post-qualification is:



Q16b. Do you believe the plan for the transition period for AAs post-qualification is… Base: Total (2,885 respondents).

Consultants (46%) and Specialist and specialty doctors (46%) are both significantly more likely to believe that, in terms of its restrictiveness, the planned transition period for AAs post-qualification is 'about right' compared to

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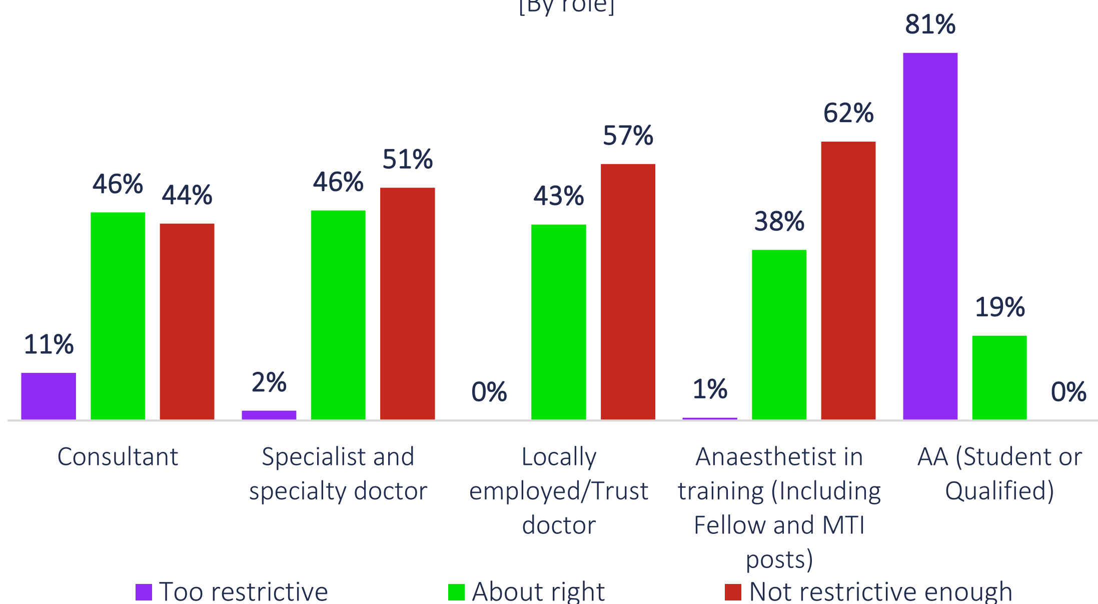
both AiTs (38%) and AAs (19%). Additionally, Locally employed / Trust doctors (43%) are significantly more likely than AAs (19%) to believe that the planned transition period for AAs post-qualification is 'about right'.

There are also significant differences between the proportions of respondents from each role who believe that the planned transition period is 'too restrictive', with the findings from AAs particularly stark.

- AAs are significantly more likely than all other roles to believe that the transition period for AAs post-qualification is 'too restrictive', with around 4 in 5 AAs believing this (81%).
- Although in the minority, an elevated proportion of consultants also believe that the transition period for AAs post-qualification is 'too restrictive' – around 1 in 10 (11%). This is significantly more than all other roles, besides AAs.

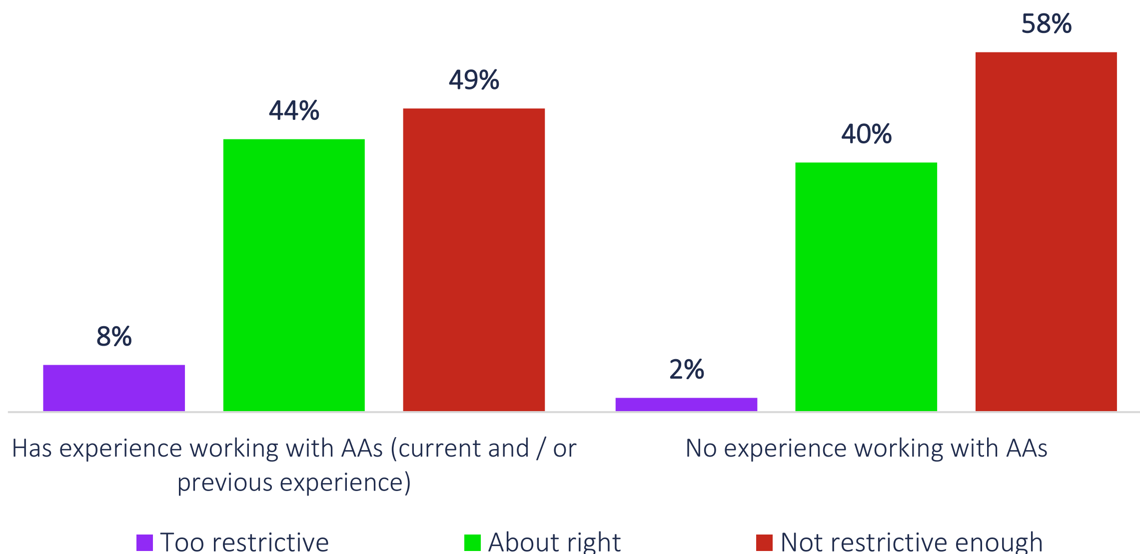
Further significant differences are revealed when looking at the proportion of respondents from each role who believe that the planned transition period for AAs post-qualification is 'not restrictive enough', with AiTs most likely to believe this (62%) while no (0%) AAs believe this.

- AiTs are significantly more likely to believe that the planned transition period is 'not restrictive enough' (62%) compared to consultants (44%); Specialist and specialty doctors (51%); and Locally employed / Trust doctors (57%).
- Locally employed / Trust doctors (57%) & Specialist and specialty doctors (51%) are both significantly more likely than consultants (44%) to believe that the planned transition period is 'not restrictive enough'.



Q16b. Do you believe the plan for the transition period for AAs post-qualification is… Base: Consultants (1,549); Specialist and specialty doctors (140); Locally employed / Trust doctors (60); AiTs (1,098); AAs (32 – caution low base).

Regardless of whether respondents have worked in the same hospital as AAs or not, all are more likely to believe that the planned transition period for AAs post-qualification is 'not restrictive enough' compared to 'about right'. With that being said, respondents who have not worked in the same hospital as AAs are significantly more likely to believe that the planned transition for AAs post-qualification is 'not restrictive enough', compared to respondents who have worked in the same hospital as AAs (49% vs 59%).



Q16b. Do you believe the plan for the transition period for AAs post-qualification is… Base: Respondents who have worked in the same hospital as AAs (2,056); respondents who have not worked in the same hospital as AAs (797).

With that being said, the data illustrates that while those who have worked with AAs are significantly more likely to believe that the planned transition period for AAs post-qualification is 'too restrictive' (as detailed above), it's largely respondents who have worked directly with AAs who are driving this finding, as they are significantly more likely to believe this than those who have worked indirectly with AAs (10% vs 0%).

Furthermore, respondents who have worked indirectly with AAs are significantly more likely than respondents who have worked directly with AAs to believe that the planned transition period for AAs post-qualification is 'not

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restrictive enough' (59% vs 45%), although both subgroups are more likely to believe that the planned transition period for AAs post-qualification is 'not restrictive enough' compared to either 'too restrictive' or 'about right'.

Do you believe the plan for the transition period for AAs post-qualification is: [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,521*	*535*
Too restrictive	10%	0%
	Q	
About right	45%	41%
Not restrictive enough	45%	59%
		P

When combining role and experience working with AAs, consultants who have worked with AAs are the only subgroup who are more likely to believe that the planned transition period for AAs post-qualification is 'about right' in terms of its restrictiveness, compared to either 'too restrictive' or 'not restrictive enough. In addition, although in the minority, consultants who have worked with AAs (13%) are significantly more likely than all other subgroups, including consultants who have not worked with AAs (4%), to believe that the planned transition period for AAs post-qualification is 'too restrictive'.

All other subgroups are more likely to believe that the planned transition period for AAs post-qualification is 'not restrictive enough' compared to either 'too restrictive or 'about right', although the proportions of SAS / LEDs who have worked with AAs selecting 'about right' or 'not restrictive enough' are relatively similar (48% vs 50%). AiTs who have not worked with AAs are particularly likely to believe the planned transition period for AAs post-qualification is 'not restrictive enough' (65%).

While there are significant differences between the roles, as detailed above, there are no significant differences within the roles, between those who have worked with AAs and those who haven't.

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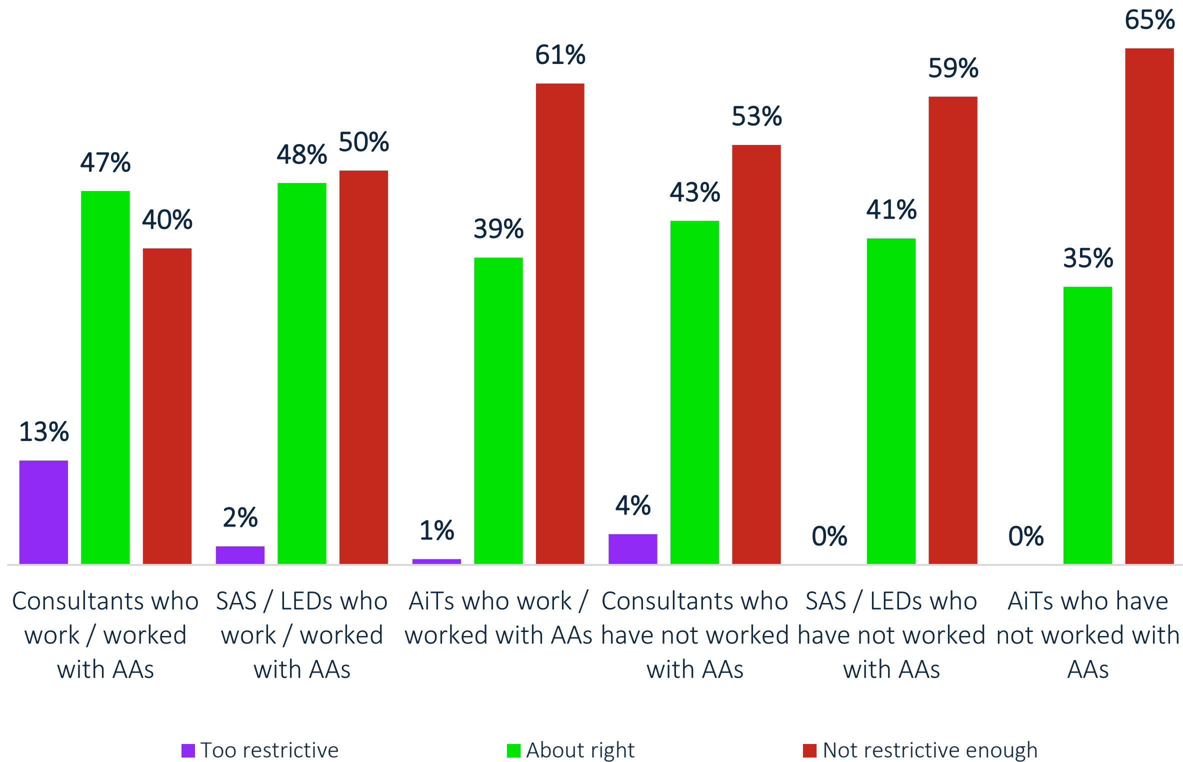

Q16b. Do you believe the plan for the transition period for AAs post-qualification is… Base: Consultants who have worked with AAs (1,110); SAS / LEDs who have worked with AAs (127); AiTs who have worked with AAs (817); Consultants who have not worked with AAs (439); SAS / LEDs who have not worked with AAs (73); AiTs who have not worked with AAs (281).

Breaking down the data by UK nation, again, respondents in Northern Ireland are most likely to believe that the planned transition period for AAs post-qualification is 'not restrictive enough' (71%), and they are significantly more likely to believe this compared to respondents working in both England (50%) and Scotland (51%).

Furthermore, respondents in England are significantly more likely to believe that the planned transition period for AAs post-qualification is 'about right' (43%) compared to respondents in Northern Ireland (29%). Additionally, although in the minority, respondents in England are the most likely to believe that the planned transition period for AAs post-qualification is 'too restrictive' (7%) and are significantly more likely to believe this compared to both respondents in Wales (3%) and respondents in Northern Ireland (0%).

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Do you believe the plan for the transition period for AAs post-qualification is: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,365*	*343*	*119*	*52*
Too restrictive	7%	6%	3%	0%
	I1J1			
About right	43%	43%	38%	29%
	J1			
Not restrictive enough	50%	51%	60%	71%
			G1	G1H1

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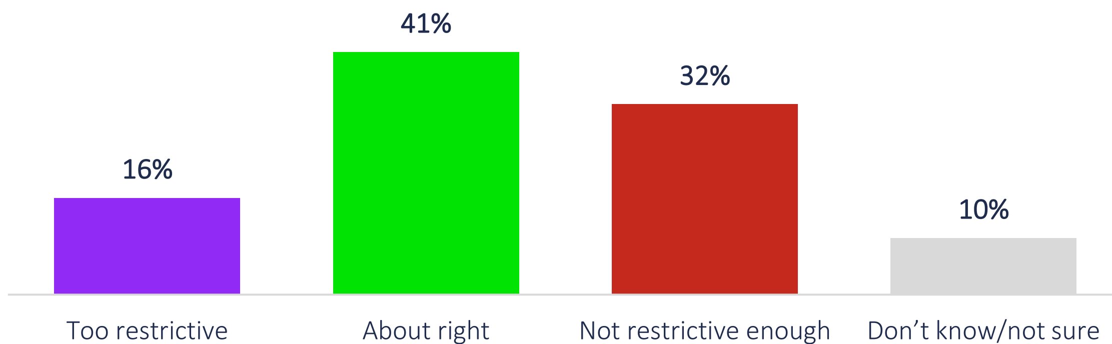
3.9 Perceptions around AAs delivering Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention

Around 2 in 5 (41%) of respondents feel that the proposal of AAs delivering Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention is 'about right', while around a third (32%) believe it is 'not restrictive enough'. 16% believe that the proposal is too restrictive, and 1 in 10 (10%) are unsure.

The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is:



Q17. The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is… Base: Total (3,165 respondents).

Breaking down the data by role, the responses are mixed. Both consultants (41%) and AiTs (45%) have greater proportions of respondents believing that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'about right' compared to either 'too restrictive' or 'not restrictive enough'.

Conversely, greater proportions of Specialist and specialty doctors (43%) and Locally employed / Trust doctors (44%) believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'not restrictive enough' compared to either 'about right' or 'too restrictive'. Both Specialist and specialty doctors and Locally employed / Trust doctors are significantly more likely to believe the proposal is 'not restrictive enough' compared to consultants.

However, the majority (79%) of AAs believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'too restrictive' – this is significantly more compared to all other roles.

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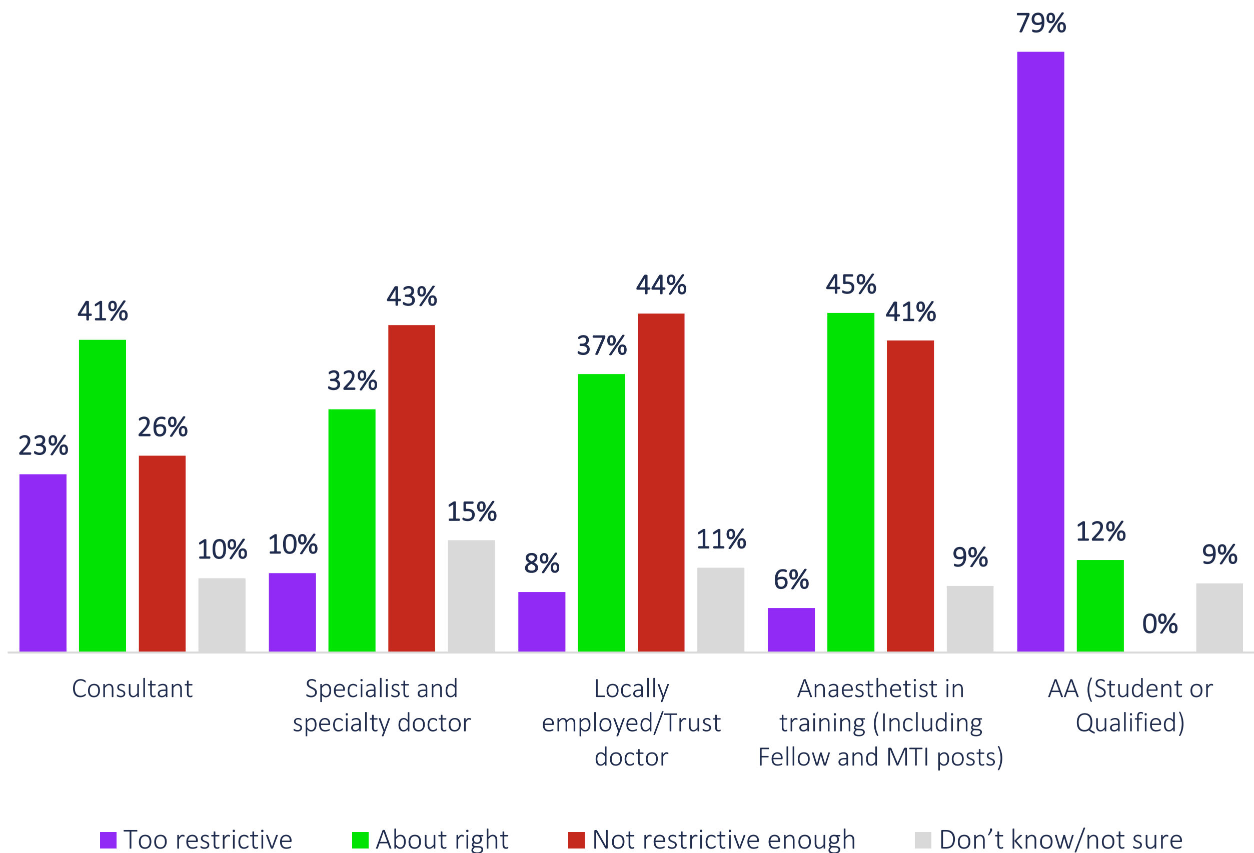
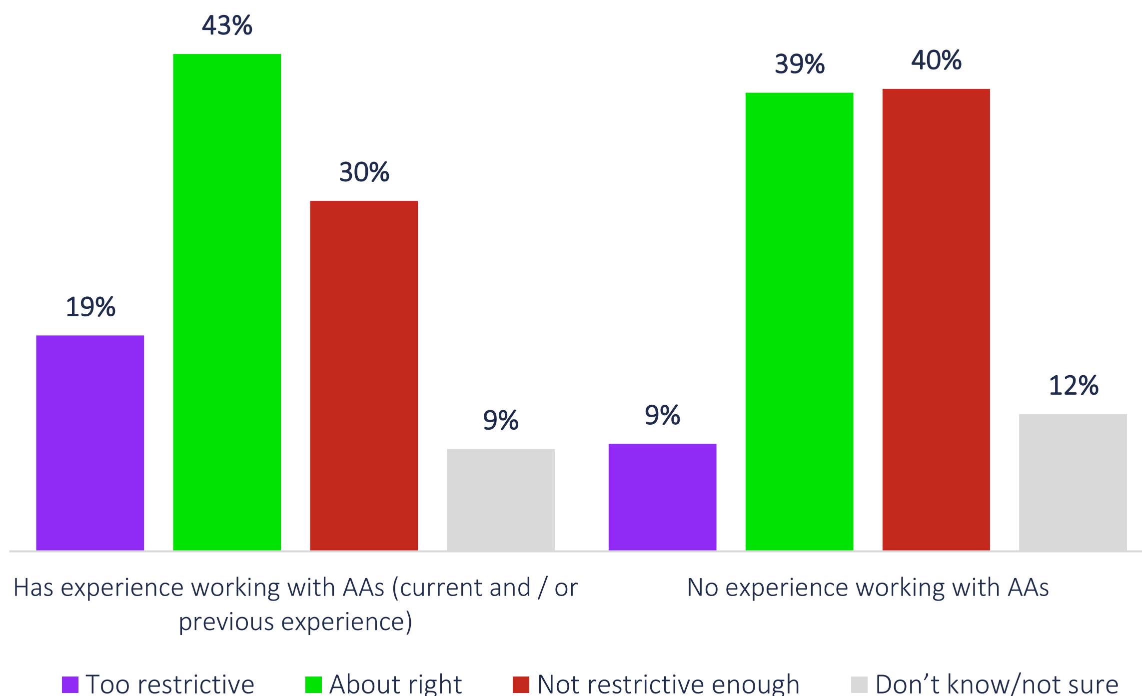


Q17. The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is… Base: Consultants (1,731); Specialist and specialty doctors (163); Locally employed / Trust doctors (63); AiTs (1,168); AAs (33 – caution low base).

Responses are also mixed when breaking the data down by experience working with AAs. While respondents who have worked in the same hospital as AAs are more likely to believe the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'about right' compared to either 'not restrictive enough' or 'too restrictive', respondents who have not worked in the same hospital as AAs have similar proportions believing its 'about right' and 'not restrictive enough'.

While there are no significant differences between the proportion of respondents who have worked in the same hospital as AAs (43%) and the proportion of respondents who have not worked in the same hospital as AAs (39%) selecting 'about right', further significance testing reveals the following differences:

- A significantly larger proportion of respondents who have not worked in the same hospital as AAs believe the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'not restrictive enough' compared to respondents who have worked in the same hospital as AAs (40% vs 30%).
- Around 1 in 5 (19%) respondents who have worked in the same hospital as AAs believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'too restrictive' – this is a significantly greater proportion compared to respondents who have not worked in the same hospital as AAs (9%).



Q17. The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is… Base: Respondents who have worked in the same hospital as AAs (2,232); respondents who have not worked in the same hospital as AAs (900).

Furthermore, cutting the data by the proximity of their working relationship with AAs reveals that respondents who have worked directly with AAs are largely driving the finding that those who have worked with AAs are

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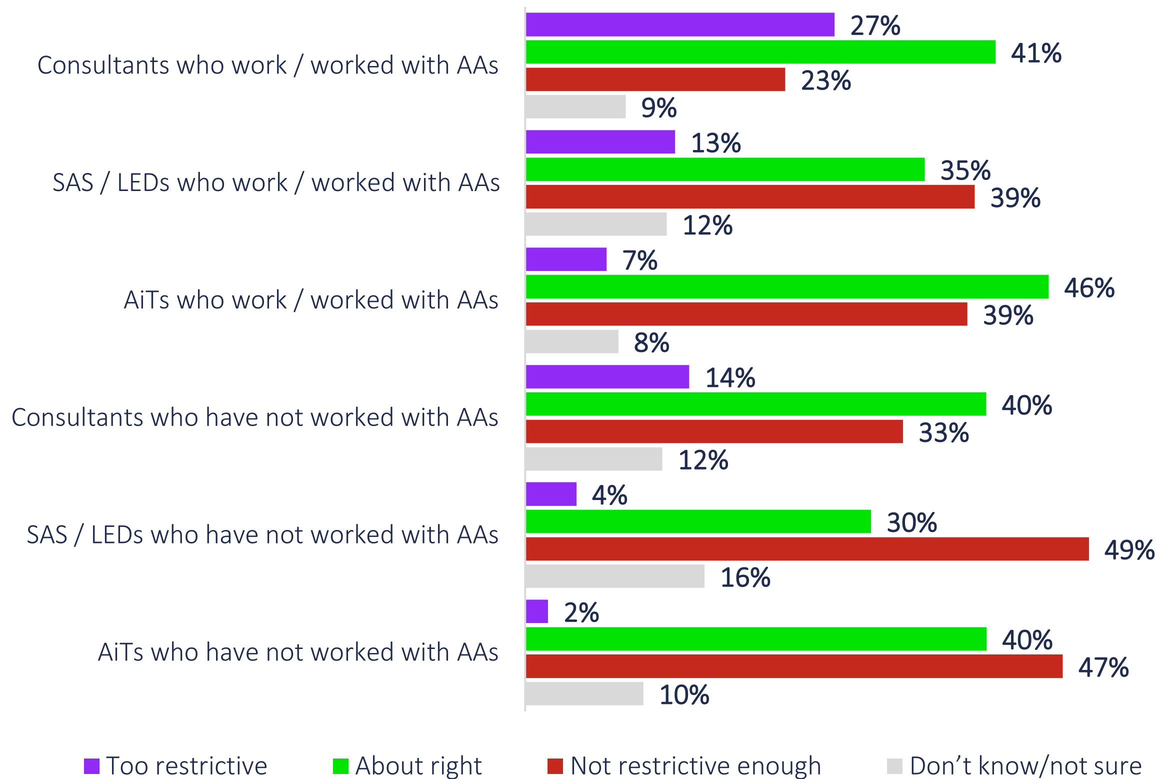
significantly more likely to believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'too restrictive' – they are significantly more likely to believe this than respondents who have worked indirectly with AAs (23% vs 6%).

The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this Is: [By proximity to AAs]

	Has directly worked with AAs (P)	Has worked in the same hospital as AAs (Q)
Base:	*1,657*	*575*
Too restrictive	23%	6%
	Q	
About right	41%	47%
		P
Not restrictive enough	28%	37%
		P
Don't know/not sure	8%	11%
		P

Combining role with experience working with AAs, consultants, both those who have and haven't worked with AAs, and AiTs who have worked with AAs demonstrate greater proportions of respondents selecting 'about right' over both 'not restrictive enough' and 'too restrictive'.

The remaining subgroups are more likely to believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'not restrictive enough', compared to either 'about right' or 'too restrictive'.



Q17. The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is... Base: Consultants who have worked with AAs (1,224); SAS / LEDs who have worked with AAs (137); AiTs who have worked with AAs (869); Consultants who have not worked with AAs (507); SAS / LEDs who have not worked with AAs (89); AiTs who have not worked with AAs (299).

There are also statistically significant differences between respondents who hold clinical leadership roles and those who don't, although both have the greatest proportion of respondents believing that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'about right' (39% & 42% respectively).

Around a quarter (26%) of respondents who hold clinical leadership roles believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is 'too restrictive', which is significantly more compared to respondents who do not hold any clinical leadership roles (26% vs 14%). On the other hand, respondents who do not hold clinical leadership roles are significantly more likely to say it is 'not restrictive enough' (35% vs 24%).

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The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is: [By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*674*	*2,491*
Too restrictive	26%	14%
	Y	
About right	39%	42%
Not restrictive enough	24%	35%
		X
Don't know/not sure	10%	9%

Finally, breaking the data down by UK nation again reveals respondents in Northern Ireland are the most likely to perceive the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs as 'not restrictive enough'.

- Respondents in Northern Ireland are significantly less likely than respondents in all other UK nations to believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs is a) 'too restrictive' and b) 'about right.
- Compared to respondents in all other UK nations, respondents in Northern Ireland are significantly more likely to believe that the proposal of Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention for AAs as 'not restrictive enough'.

The draft AA Scope of Practice 2024 allows AAs to deliver Infrainguinal Fascia-Iliaca block as the sole regional anaesthesia intervention. Do you feel this is: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,603*	*369*	*130*	*56*
Too restrictive	17%	17%	11%	2%
	J1	J1	J1	
About right	42%	41%	47%	27%
	J1	J1	J1	
Not restrictive enough	32%	33%	31%	61%
				G1H1I1
Don't know/not sure	10%	9%	12%	11%

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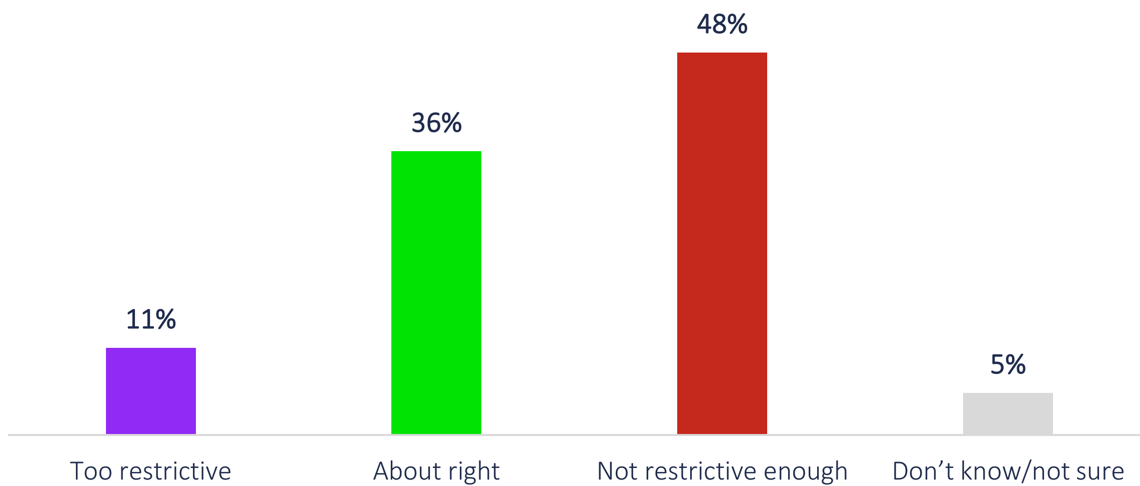
3.10 Overall perceptions of how restrictive the draft AA Scope of Practice is

Nearly half of respondents (48%) feel that the draft AA scope of practice is not restrictive enough. 36% believe it is 'about right', whilst 11% believe it is too restrictive. A final 5% say they don't know or are not sure.

Overall, do you feel the draft AA Scope of Practice 2024 is:



Q18. Overall, do you feel the draft AA Scope of Practice 2024 is...Base: Total (3,170 respondents).

Those who have not worked with AAs are significantly more likely (55%) than those who have worked with AAs (46%) to believe that the draft AA scope of practice is not restrictive enough. However, whether respondents have or have not worked with AAs, a greater proportion within each group still believe that the draft AA scope of practice is not restrictive enough.

Overall, do you feel the draft AA Scope of Practice 2024 is: [By experience working with AAs]

	Yes (currently and / or previously) (N)	No experience working with AAs (O)
Base:	*2,236*	*901*
Too restrictive	13%	3%
	O	
About right	37%	33%
	O	
Not restrictive enough	46%	55%
		N

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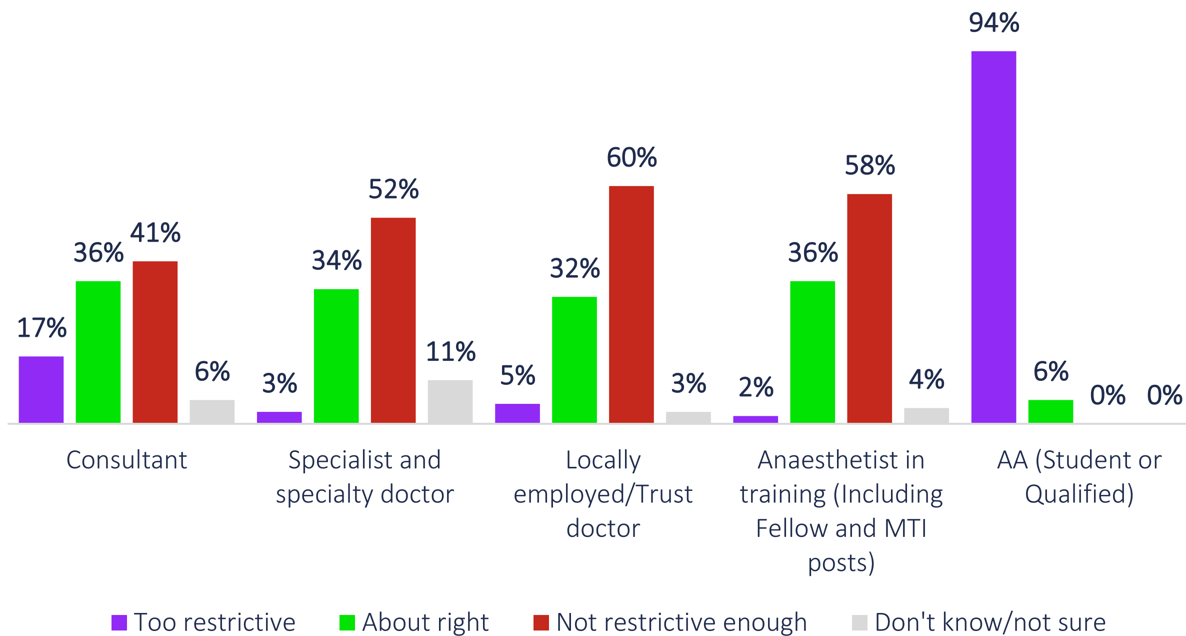
Don't know/not sure	4%	8%
		N

The highest proportion of respondents across all four key roles (consultants, SAS Doctors, Locally Employed/Trust Doctors, and AiTs) report that the draft AA scope of practice is not restrictive enough.

Locally employed / Trust Doctors have the highest proportion of respondents who believe the draft AA scope of practice is not restrictive enough, with 6 in 10 citing this. A similar proportion of AiTs (58%) also say that the scope of practice is not restrictive enough, followed by 52% of SAS Doctors and 41% of consultants.

Whilst only 33 AAs provided an answer to this question, the overwhelming majority (94%) say that the scope of practice is too restrictive.

Overall, do you feel the draft AA Scope of Practice 2024 is: [By role]



Q18. Overall, do you feel the draft AA Scope of Practice 2024 is…Base: Consultants (1,733); Specialist and specialty doctors (160); Locally employed / Trust doctors (65); AiTs (1,172); AAs (33; caution low base size).

Of those who have not worked with AAs, AiTs are the most likely group to say that the draft scope of practice is not restrictive enough, with 64% of this group feeling this way. Meanwhile 58% SAS/LEDs and 49% of consultants (who have not worked with AAs) believe it is not restrictive enough.

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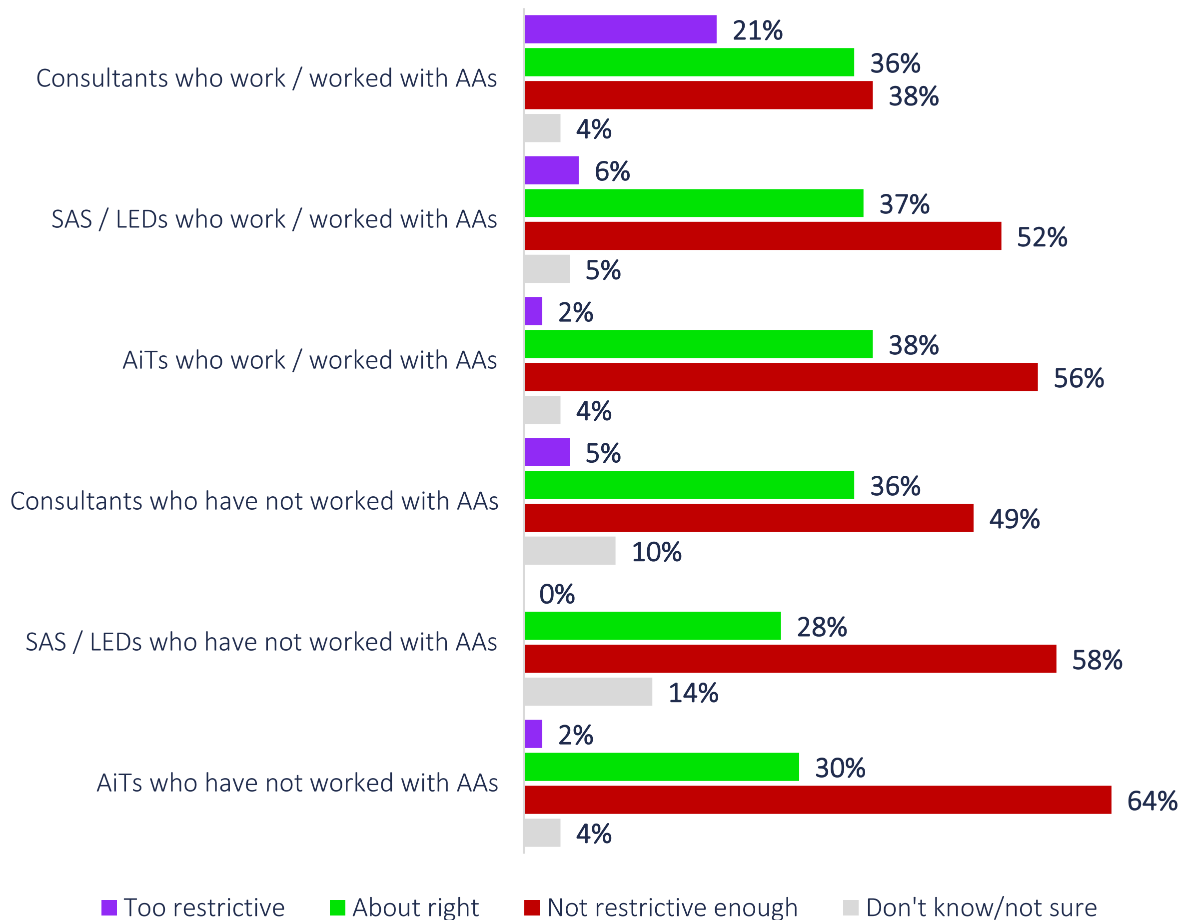
When focusing on those who do work or have worked with AAs, we see that 56% of AiTs believe that the draft scope of practice is not restrictive enough. This group is followed by 52% of SAS / LEDs followed by 38% of consultants. Consultants who work or have worked with AAs are the group who have the highest proportion of respondents who believe the AA draft scope of practice is too restrictive (selected by 21% of this group).



Q18. Overall, do you feel the draft AA Scope of Practice 2024 is…Base: Consultants who have worked with AAs (1,226); SAS / LEDs who have worked with AAs (137); AiTs who have worked with AAs (871); Consultants who have not worked with AAs (507); SAS / LEDs who have not worked with AAs (88); AiTs who have not worked with AAs (301).

Respondents who hold a clinical leadership role are significantly more likely than those who don't to say that the draft AA scope of practice is too restrictive (21% vs 8%). However, a greater proportion of those who hold a clinical

leadership role still believe the draft AA scope of practice is not restrictive enough (39%). Meanwhile over half of respondents who don't have a clinical leadership role say that it is not restrictive enough.

Overall, do you feel the draft AA Scope of Practice 2024 is: [By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*677*	*2,493*
Too restrictive	21%	8%
	Y	
About right	35%	36%
Not restrictive enough	39%	51%
		X
Don't know/not sure	5%	5%

Analysing the data by UK nation shows that respondents in Northern Ireland are significantly more likely to believe that the draft AA scope of practice is not restrictive enough. 71% in Northern Ireland say this, compared to:

- 50% of respondents in Wales.
- 48% of respondents in Scotland and England.

Respondents in England (11%) and Scotland (13%) meanwhile are significantly more likely than those in Wales and Northern Ireland to believe that the draft AA scope of practice is too restrictive. However, for both England and Scotland, a greater proportion of respondents still cite the scope of practice being about right, or not restrictive enough.

Overall, do you feel the draft AA Scope of Practice 2024 is: [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,613*	*364*	*131*	*55*
Too restrictive	11%	13%	5%	2%
	I1J1	I1J1		
About right	36%	35%	41%	24%
			J1	
Not restrictive enough	48%	48%	50%	71%
				G1H1I1

Don’t know/not sure	6%	4%	3%	4%

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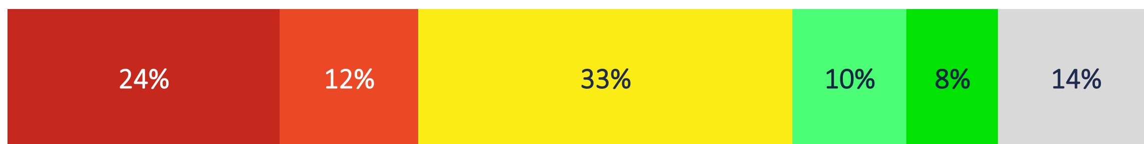
3.11 The perceived impact of the draft AA Scope of Practice on patient safety

3.11.1 The perceived impact on patient services

36% of respondents believe that the draft AA scope of practice will have a negative impact on patient services within their department.

- 33% believe it will have no impact either way.
- 18% believe it will have a positive impact.
- 14% select 'don't know/not sure'.

To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department



Q19. To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department? Base: Total (3,199 respondents).

Consultants see the highest proportion of respondents (across the four key role groups excluding AAs) citing that the draft AA scope of practice will have a negative impact on patient services in their department (43% think this). 40% of SAS Doctors and 39% of Locally employed / Trust Doctors also believe that it will have a negative impact. All three groups are statistically more likely to say that it will have a negative impact compared to AiTs, where less than a quarter (23%) believe it will have a negative impact.

Focusing on AiTs in more depth, we see that AiTs are broadly split across all four answer options.

- 23% believe the draft AA scope of practice impact will have a negative impact.
- 28% believe it will have no impact.
- 27% say it will have a positive impact.
- 22% select don't know/not sure.

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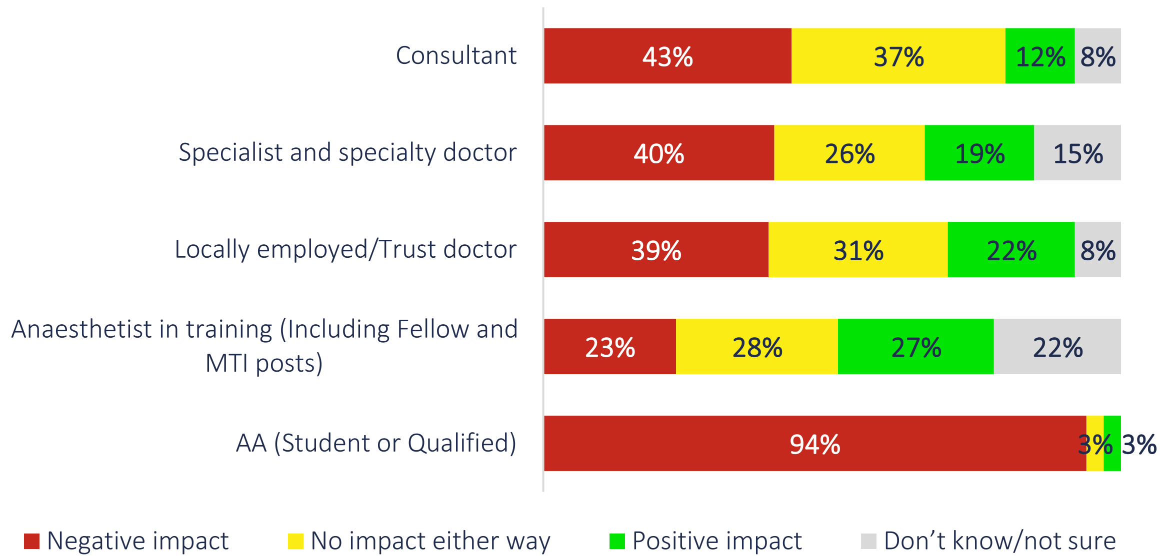
AAs meanwhile are significantly more likely than all other roles to say that the draft scope of practice will have a negative impact on patient services in their department (94% select this).



Q19. To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department? Base: Consultants (1,762); Specialist and specialty doctors (163); Locally employed / Trust doctors (64); AiTs (1,170); AAs (33; caution low base size).

Around of third of respondents, whether they have or have had experience of working with AAs (36%) or not (34%), believe that the draft AA scope of practice will have a negative impact on patient services in their department.

Those who have experience of working with AAs are more likely (20%) to feel that the draft AA scope of practice will have a positive impact compared to those who have not worked with AAs (12%), with this difference being statistically significant.

Meanwhile, 38% of those who have not worked with AAs believe it will have no impact compared to 31% of those who currently or previously have worked with AAs; once again, this difference is statistically significant.

To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department: [By experience working with AAs]

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	Yes (currently and / or previously) (N)	No experience working with AAs (O)
Base:	*2,247*	*919*
Negative impact	36%	34%
No impact	31%	38%
		N
Positive impact	20%	12%
	O	
Don't know/not sure	13%	15%

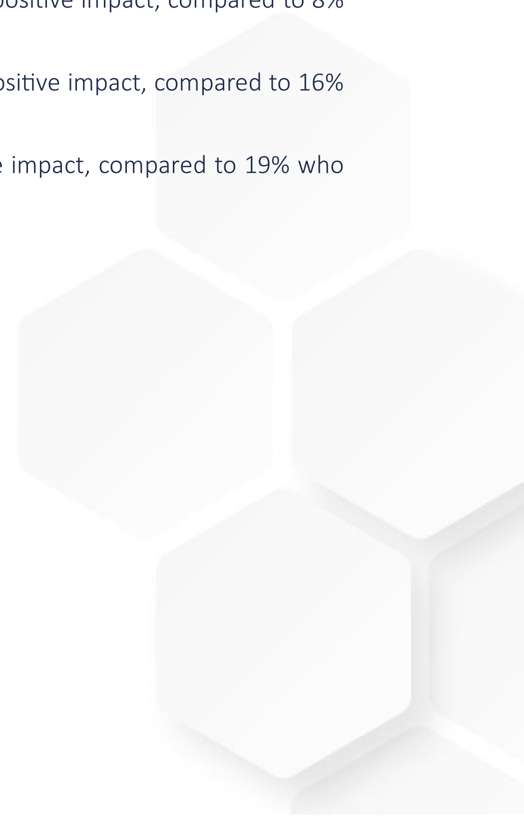
Consultants who work / have worked with AAs, compared to the other roles who have worked with AAs, are significantly more likely to believe that the draft AA scope of practice will have a negative impact on patient services in their department. 45% of consultants select this compared to:

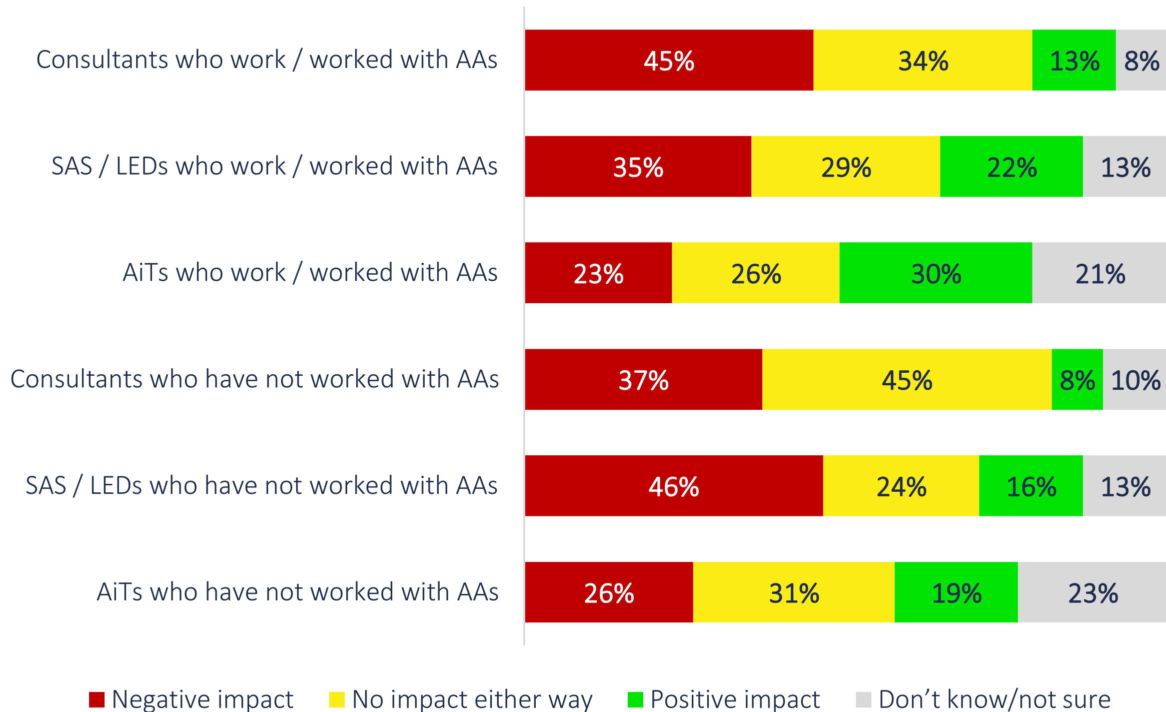
- 35% of SAS / LEDs.
- 23% of AiTs.

The differences between consultants and SAS / LEDs and AiTs are both statistically significant.

For both consultants, SAS / LEDs, and AiTs who work / worked with AAs, respondents are more likely to say that the draft AA scope of practice will have a positive impact compared to respondents in the same role who have not worked with AAs.

- 13% of consultants who work / worked with AAs believe it will have a positive impact, compared to 8% who have never worked with AAs.
- 22% of SAS / LEDs who work / worked with AAs believe it will have a positive impact, compared to 16% who have never worked with AAs.
- 30% of AiTs who work / worked with AAs believe it will have a positive impact, compared to 19% who have never worked with AAs.





Q19. To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department? Base: Consultants who have worked with AAs (1,238); SAS / LEDs who have worked with AAs (136); AiTs who have worked with AAs (871); Consultants who have not worked with AAs (524); SAS / LEDs who have not worked with AAs (91); AiTs who have not worked with AAs (299).

A greater proportion of respondents, irrespective of whether they have a clinical leadership role or not, believe the draft AA scope of practice will have a negative impact on patient services in their department.

Focusing on those who do hold a clinical leadership role first, 44% believe the draft AA Scope will have a negative impact on patient services, and they are significantly more likely to cite this compared to those who don't have a clinical leadership role (34%). Meanwhile 36% of respondents with a clinical leadership role believe it will have no impact, 12% feel it will have a positive impact whilst 8% select don't know / unsure.

Those who do not have a clinical leadership role sees a higher proportion (19%) believing that it will have a positive impact compared to those with a clinical leadership role (12%), with this difference being statistically significant. However, a greater proportion still believe it will have a negative impact (34%).

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To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department? [By clinical leadership role]

	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*684*	*2,515*
Negative impact	44%	34%
	Y	
No impact	36%	32%
	Y	
Positive impact	12%	19%
		X
Don't know/not sure	8%	15%
		X

When analysing the data by UK nation, a greater proportion of respondents in England (37%) and Wales (34%) cite that the draft AA scope of practice will have a negative impact on patient services, whilst 40% of respondents from Northern Ireland also share this concern.

Regarding those who believe the draft AA scope of practice will have no impact, 40% of respondents in both Northern Ireland and Scotland hold this view, compared to 32% in both England and Wales.

The highest proportion of respondents believing that the draft AA scope of practice will have a positive impact is in England, where 19% select this, followed by Wales (18%), Scotland (13%) and then Northern Ireland where 4% of respondents believe it will have a positive impact.

To what extent do you think the draft AA Scope of Practice 2024 will impact patient services in your department? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,632*	*369*	*134*	*57*
Negative impact	37%	29%	34%	40%
	H1			
No impact	32%	40%	32%	40%
		G1		
Positive impact	19%	13%	18%	4%
	H1J1	J1	J1	

Don't know/not sure	13%	17%	16%	16%
		G1		

3.11.2. The extent to which the draft scope of practice provides assurances with regards to patient safety

Over half of respondents (53%) do not feel reassured that the draft AA scope of practice provides assurances with regards to patient safety. Two in five (41%) meanwhile feel reassured whilst 6% select don't know/unsure.

To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety

Q20. To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? Base: Total (3,209 respondents).

Respondents who work / worked with AAs are significantly more likely to feel reassured (45%) with regards to patient safety compared to respondents who have never worked with AAs (33%). However, half of respondents who work / worked with AAs still don't feel reassured.

To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? [By experience working with AAs]

	Yes (currently and / or previously) (N)	No experience working with AAs (O)
Base:	*2,254*	*923*
Reassured	45%	33%

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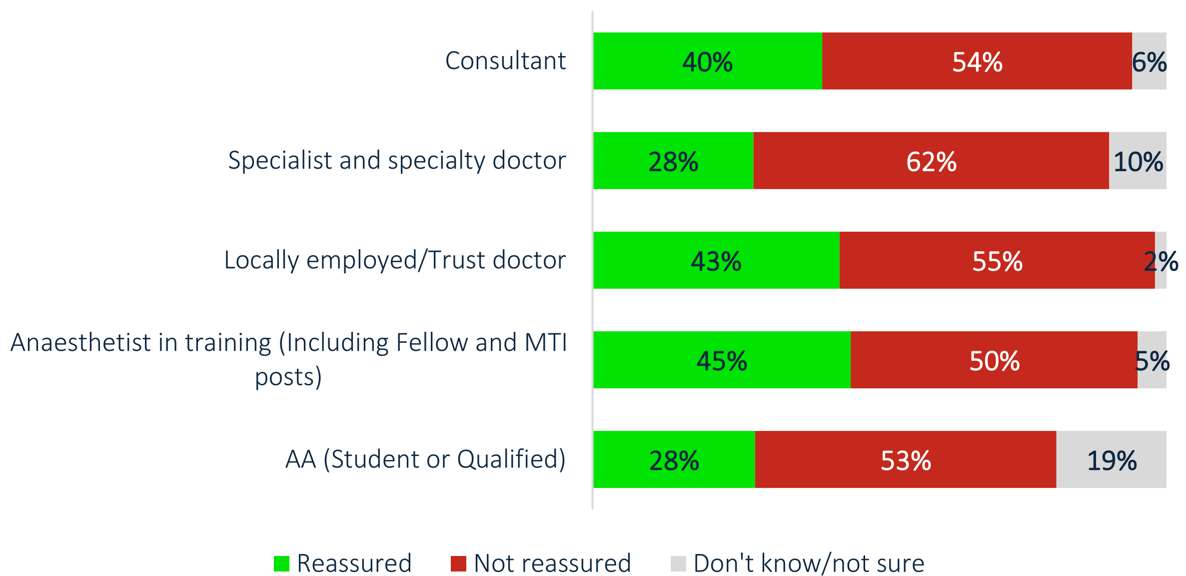
	O	
Not reassured	50%	61%
		N
Don't know/not sure	6%	6%

Over half of consultants (54%), SAS doctors (62%), Locally employed/trust doctors (55%) do not feel reassured, whilst exactly half of AiTs do not feel reassured either. Meanwhile over half of AAs (53%) also do not feel reassured.

AiTs sees the highest proportion of respondents who do feel reassured, with 45% selecting this, followed by Locally employed/trust doctors (43%) and consultants (40%). Both SAS doctors and AAs (28%) have the lowest proportion of respondents who feel reassured.

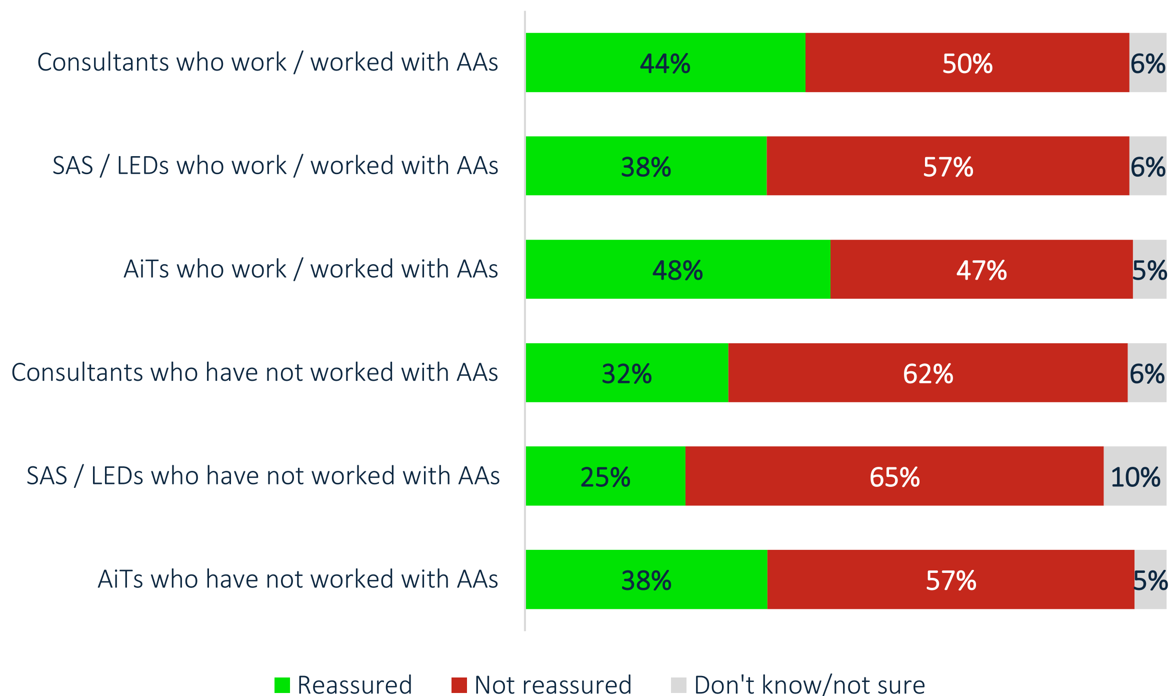


Q20. To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? Base: Consultants (1,767); Specialist and specialty doctors (165); Locally employed / Trust doctors (65); AiTs (1,173); AAs (32; caution low base size).

The majority of roles, irrespective of whether they have worked with AAs or not, sees a greater proportion of respondents citing that they don't feel reassured compared to those who feel assured. The only group of respondents within this variable where a higher proportion feel reassured is AiTs who work / worked with AAs (48% feel reassured compared to 47% who don't feel reassured).

Focusing more closely on respondents in roles where they have not worked with AAs, we see that the strength of feeling in terms of not feeling reassured is heightened.

- 62% of consultants who have not worked with AAs do not feel reassured.
- 65% of SAS/LEDs who have not worked with AAs do not feel reassured.
- 57% of AiTs who have not worked with AAs do not feel reassured.



Q20. To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? Base: Consultants who have worked with AAs (1,240); SAS / LEDs who have worked with AAs (138); AiTs who have worked with AAs (874); Consultants who have not worked with AAs (527); SAS / LEDs who have not worked with AAs (92); AiTs who have not worked with AAs (299).

Analysis for this question has also been conducted on whether respondents hold a clinical leadership role or not. Upon analysis, it was found respondents are broadly in line in terms of the extent to which they feel reassured.

To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? [By clinical leadership role]

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	Has clinical leadership role(s) (X)	Does not have clinical leadership role (Y)
Base:	*684*	*2,525*
Reassured	41%	41%
Not reassured	52%	53%
Don't know/not sure	7%	6%

When analysing levels of assuredness by UK nation, all four nations see a greater proportion not feeling reassured compared to those who do. Respondents in Northern Ireland are significantly more likely to say they are not reassured (67%) compared to those in England (53%) and Scotland (51%). Meanwhile 56% of respondents working in Wales do not feel reassured.

To what extent do you feel reassured that the draft AA Scope of Practice 2024 provides assurance with regards to patient safety? [By UK nation]

	England (G1)	Scotland (H1)	Wales (I1)	Northern Ireland (J1)
Base:	*2,644*	*368*	*133*	*57*
Reassured	42%	40%	37%	25%
	J1	J1		
Not reassured	53%	51%	56%	67%
				G1H1
Don't know/not sure	5%	9%	8%	9%
		G1		