

## **SUPPLEMENTARY MATERIAL**

### **Interview topic guide**

Preliminary information and checks:

- introductions and confirmation of interviewee's name
- recap purpose of the interview, optional nature, able to withdraw data
- confirm still willing to proceed as per consent form, timeframe
- confirm consents to be recorded

Opening questions:

- role/s and experience of the interviewee
- current and previous place/s of work, what is it like?
- local anaesthesia providers: who, how many, what training?
- what kind of experience / knowledge do they have about the wider situation in their country?

Training NPAPs:

- personal experience (NPAPs) or observation/involvement (others)
- what do they recall about training?
  - structure of their training
  - memorable events / experiences
  - content of training

The working practice of NPAs (with a view to then discussing the transition between training and working)

- either personal experience (NPAPs) or working with them (others)
- caseload and nature
- work outside the OR
- factors improving safety and quality of care, and barriers
- job satisfaction / dissatisfaction and reasons

Transition between training and working:

- recall the first day of work (if NPA)
- how well prepared were they? Did they have to adjust?
- what do they wish they knew then, that they know now?
- what is it like working with a newly qualified NPA (for non-NPAs)?

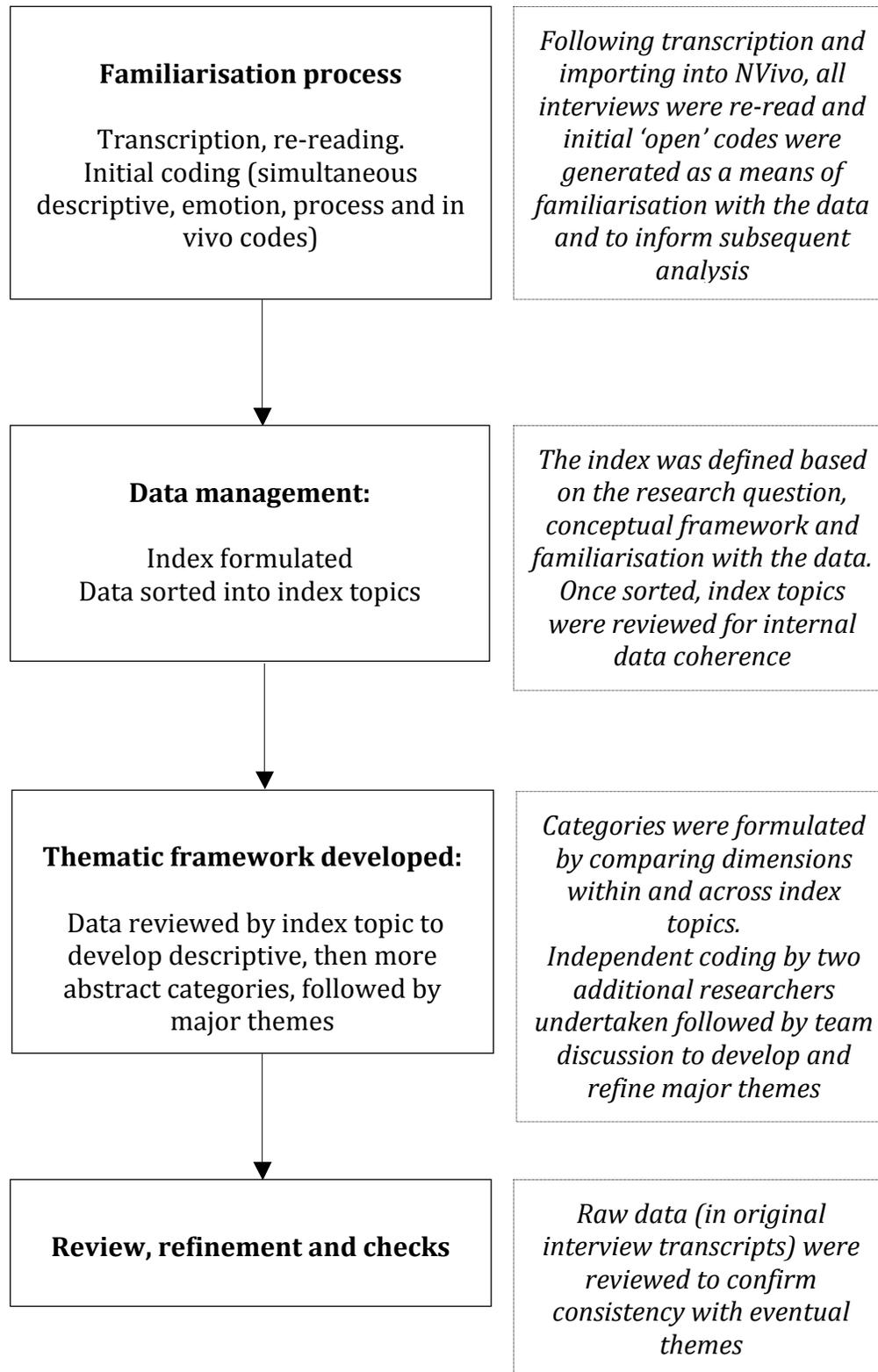
Physician and non-physician anaesthetists (if not already covered)

- Experience working together during NPA training?
- Experience working together after training?

Aspirations:

- How would you change NPA training and why?

## Coding/analytic strategy



The following tables show the index topics used for early data management and the distribution of coder:source.

Table 1: Index created for data management

<b>Index topic</b>	<b>Index subtopic</b>
1. How current training is delivered	1.1 Getting into training 1.2 Training structures 1.3 Experiences in training 1.4 Trainers
2. Transitioning to practice	
3. Working after training	3.1 Doing the job 3.2 Referral and supervision 3.3 CME and career development
4. Relationships across cadres	4.1 NPAs and PAs 4.2 Surgeons and NPAs 4.3 Other NPA cadres
5. Aspirations	
6. International interactions	6.1 International involvement in training 6.2 Countries as comparators 6.3 Other

Table 2: Coding personnel

<b>Coder</b>	<b>Transcripts coded</b>
LB	SL1-2, S2, U1-5
FB	SL1-3, S1-4, S6
HE	SL1-3, S1-6, U1-6
SKI	SL3, S1, S5, U4-6
VT	S3-6, U1-3, U6

## Recruitment flow and participant characteristics

Table 3: Recruitment by country

	Sierra Leone	Somaliland	Uganda
Approached	9 (3N, 2P, 4S)	8 (7N, 1S)	8 (5N, 2P, 1S)
Declined	1 (1S)	0	1 (1N)
Did not respond	4 (2N, 1P, 1S)	1 (1N)	1 (1N)
Accepted but unable to interview	1 (1S)	1 (1N)	0
Accepted and interviewed	3 (1N, 1P, 1S)	6 (5N, 1S)	6 (3N, 2P, 1S)

*N: non-physician anaesthetist; P: physician anaesthetist; S: surgeon*

Table 4: Gender of participants

	Sierra Leone	Somaliland	Uganda
Male	2	2	4
Female	1	4	2

One participant was previously known to the interviewer as a professional colleague. Seven were known to current or previous colleagues of the interviewer (but had no prior direct relationship with the interviewer). Seven were recruited through two or more intermediaries.