

T: 0300 244 4000
E: scottish.ministers@gov.scot

Clare Haughey MSP
Convener
Health, Social Care and Sport Committee
Scottish Parliament

Via email: hscs.committee@parliament.scot

14 December 2023

Dear Clare,

THE ANAESTHESIA ASSOCIATES AND PHYSICIAN ASSOCIATES ORDER

I am writing to the Committee with regard to the Anaesthesia Associates and Physician Associates Order (AAPAO) laid in the Scottish Parliament on 13 December. I thought it might be helpful to provide clarification on the policy intent of this legislation in light of the ongoing public debate around these roles.

The Anaesthesia Associate (AA) and Physician Associate (PA) roles are part of the Medical Associate Professions (MAPs) umbrella; they are trained in the medical model and able to support service delivery across a broad range of settings to increase capacity and resilience within the workforce. The AAPAO, if approved by both the Scottish and UK Parliaments, will bring the roles into statutory regulation by the General Medical Council (GMC).

I would like to take this opportunity to emphasise that the fundamental purpose of statutory regulation is to protect the public, however it has long been recognised that the current model requires reform to adapt to future service challenges and better support wider workforce flexibilities. As health and care needs of our population drives the development of new roles and the enhancement of existing roles, it is always necessary to consider the proportionate level of professional assurance; therefore, I am of the firm view that statutory regulation is necessary in this case.

The AAPAO is the first stage of a long-awaited reform programme which initially aims to provide the GMC with the necessary powers and duties to effectively regulate AAs and PAs. It will establish consistent UK-wide professional standards and expectations, together with individual professional accountability for practitioners to an independent regulator with the statutory powers to take action where these standards are not met.

The Committee may have seen recent negative press coverage relating to the deployment and potential expansion of these roles, on which they may be subject to lobbying by

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interested parties. While there are significantly larger numbers practising in NHS England, the numbers practising in Scotland have historically been comparatively lower. Currently there are around 25 AAs and 128 PAs working in Scotland; they are valued members of the workforce and play an important role in delivering healthcare to the Scottish public. I cannot speak to the workforce strategies of the other governments of the United Kingdom, however I have been, and remain, unequivocal in my position. I see significant potential associated with these roles and I am clear that any growth in the AA and PA workforces must be gradual and evidence-based.

The commencement of the reform programme is several years in the making and the laying of the AAPAO represents a significant milestone. To this end, I look forward to appearing before the Committee in the coming weeks to move the motion and answer members' questions.



MICHAEL MATHESON

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St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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