

Dear Members of the Health, Social Care and Sport Committee

Thank you for your invitation to provide comments on the Anaesthesia Associates and Physician Associates Order (AAPAO) 2024. This response sets out the purpose and our support for this order, as well as the role of the General Medical Council (GMC) in regulating Anaesthesia Associates (AAs) and Physician Associates (PAs)*. Members of the Committee may also wish to refer to the more detailed briefing that we shared with MSPs prior to the laying of the order, which is attached to the covering email for this submission.

We also welcome the [letter](#) from the Cabinet Secretary for NHS Recovery, Health and Social Care to the committee on 14th December. This letter offers helpful clarity on the policy intent of the legislation in light of the ongoing debate in the medical profession about these roles. As the Cabinet Secretary highlighted, as these roles develop to meet the health and care needs of our population, statutory regulation will be crucial in ensuring the proportionate level of professional assurance that patients and the public should expect.

Our role

- 1 We are the independent regulator of doctors in the UK. We work with doctors, their employers, their educators, patients and others to:
 - set the standards of patient care and professional behaviours doctors need to meet
 - make sure doctors get the education and training they need to deliver good, safe patient care
 - check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards we set throughout their careers
 - give guidance and advice to help doctors understand what's expected of them
 - investigate where there are concerns that patient safety, or the public's confidence in doctors, may be at risk, and take action if needed.

* This submission is designed to be read in conjunction with [the joint response from the UK and Scottish Governments](#) to the [consultation on regulating AAs and PAs](#) and the GMC briefing on 'The regulation of physician associates and anaesthesia associates' we shared with MSPs at the beginning of December.

Background

- 2 We welcome the AAPAO laid on 13 December 2023 and support its adoption.
- 3 We think the Order will meet its stated purpose. PAs and AAs are vital members of multidisciplinary teams and practise across the UK to complement the work of doctors. The development of these roles and their regulation is intended to both benefit patients and to provide them with assurance. We know that better supported teams, and more manageable workloads, lead to better patient care. The development of these roles will help the health service deal with ongoing pressures. Regulation will play an important role in letting patients and employers know that PAs and AAs are safe to practise and can be held to account if serious concerns are raised about their conduct or performance. Further detail on this is provided below.
- 4 The AAPAO will pave the way for further changes. The UK government has committed to modernise the regulation of doctors as a priority once this order has been adopted. As with the AAPAO, this is also supported by the Scottish Government.

The AAPAO

- 5 Following a [2014 Law Commission report](#), the UK government committed to reforming the legislative framework for regulated health and care professionals across the UK, and engaged extensively on regulatory reform through a series of consultations including [Promoting professionalism, reforming regulation](#) (2017); [The regulation of medical associate professions in the UK](#) (2017); and [Regulating healthcare professionals, protecting the public](#) (2021).
- 6 The programme of regulatory reform will replace our and other regulators' legislation through a series of statutory instruments, giving each regulator near identical powers through broadly similar legislation.
- 7 As a first step in this programme of reform, the Department of Health and Social Care (DHSC), with the support of the four UK governments, asked us, in July 2019, to regulate PAs and AAs. Since then, we have worked closely with them – and with stakeholders across the four countries – to design detailed regulatory processes for registration, education, standards and fitness to practise for both professions to ensure AAs and PAs have the knowledge and skills to work safely in the UK.

The AAPAO 2024 will bring AAs and PAs into statutory regulation under a new reformed framework. Once adopted we will have powers and duties to:

- Register qualified and competent AAs and PAs; the GMC will hold a single register, divided into two parts, one for AAs and one for PAs
- Set standards of registration, education, and conduct

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- Approve AAs and PAs education programmes
 - Operate fitness to practise processes for AAs and PAs.

Debate within the medical profession

- 8 Whilst this order relates to the regulation of AAs and PAs and not their utilisation in the workforce, we are aware of the ongoing debate within the medical profession about the use of these roles in the health service. Although these are primarily workforce issues, we firmly believe that the regulation of AAs and PAs can act as a lever to help to resolve these. For instance, AAs and PAs will work to the same professional code, [Good medical practice](#), as doctors and as regulated professionals will have to clearly communicate who they are, and their role in the team, just as doctors must do now. When a concern is raised suggesting our standards have not been met we may investigate, and we are developing our detailed processes we will use to handle concerns about AAs and PAs.
- 9 There are comparatively lower numbers of AAs (25) and PAs (128) in Scotland compared to England, and the Cabinet Secretary has outlined his position that there is significant potential associated with these roles, but that any growth in the respective workforces must be gradual and evidence-based. We have offered our support to the Scottish Government as they work on this. For example, if questions arise about how best to safely and effectively integrate PA and AA roles into teams, we will advise on the aspects that fall within our regulatory remit and flag up aspects that are a matter for local/national governance processes or expert professional bodies. We have also stressed the importance of ensuring that postgraduate medical training is protected as the AA and PA workforce increases.

Further regulatory reform

- 10 Our overall governance framework and the regulation of doctors will continue under the Medical Act 1983 (c. 54) after the AAPAO comes into effect.
- 11 We welcome the UK government's intention* to draft and publish a further instrument for consultation in due course to reform both the regulation of doctors and the GMC's operating framework. We also welcome the Scottish Government's support for this.
- 12 We encourage them to progress this work as soon as possible. It will modernise our legislation and replace the current outdated and unnecessarily prescriptive legislation

* Set out in its response to the [consultation on regulating AAs and PA](#) and [explanatory memorandum for the AAPAO](#).

allowing us to be more efficient, less adversarial and give us the flexibility to better protect patients and support all registrants.

Further information

- 13** We would strongly welcome your support on the adoption of the AAPAO.
- 14** If you have any questions about this order, or would like further information about our role as a regulator or our work to bring AAs and PAs into regulation, please contact Ian Somerville, Policy and External Affairs Manager, via gmcscotland@gmc-uk.org.

GMC briefing: The regulation of Physician Associates and Anaesthesia Associates

The General Medical Council (GMC) works with doctors, patients, and other stakeholders to support good, safe patient care across the UK. We set the standards doctors and those who train them need to meet, and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed.

Our remit will shortly extend to the regulation of physician associates (PAs), and anaesthesia associates (AAs). This document sets out what this means for patients and the medical workforce and the work we are progressing to become a multi-professional regulator.

AAs and PAs

- PAs and AAs are part of multidisciplinary teams and practice across the UK to complement the work of doctors. They are part of a wider group known as the Medical Associate Professions (MAPs). PAs have been working in the UK for 20 years, AAs for a little less.
- PAs work under the supervision of doctors in a range of specialties across the four countries of the UK, in both secondary and primary care. They take histories, examine, diagnose, and manage the treatment of patients. There are over 3,500 PAs on the Faculty of Physician Associates (FPA) voluntary register and around 900 new qualifiers each year. In spring 2022 there were 128 PAs working in Scotland according to NHS Education for Scotland (NES).
- AAs support the delivery of anaesthesia in secondary care environments. They perform pre- and post-operative assessments and provide general anaesthesia and other interventions under the supervision of a consultant anaesthetist/senior doctor. We believe there are about 180 AAs currently practising across England, Wales, and Scotland. There are expected to be around 50 new qualifiers in 2024, and around 100 in 2025. There are 120 AAs on the Royal College of Anaesthetists' (RCoA) voluntary register, which could be around two-thirds of all qualified AAs. In spring 2022 there were 25 AAs working in Scotland according to NES.
- The Cabinet Secretary for NHS Recovery, Health and Social Care has recently provided an update on the development of NHS Scotland's approach to the deployment of MAPs. This followed work commissioned of NHS Education for Scotland to establish what the future service and educational requirements for the MAPs workforce across Scotland may look like. He has indicated he is supportive of a gradual and modest increase in NHS Scotland's MAPs workforce, alongside an ongoing expansion of NHS Scotland's wider medical workforce. In doing so, he has also agreed that any expansion should be underpinned by robust evidence of the benefit that can be derived from these roles in specific settings.

The statutory regulation of AAs and PAs

In 2017 the Department of Health and Social Care (DHSC) consulted on which healthcare regulator would be most suitable to regulate AAs and PAs.

The majority of respondents (59%) favoured the GMC. The main reasons they gave were:

- PA's and AA's training, practice and supervision are more aligned to doctors
- being regulated by the organisation responsible for doctors' registration, would improve PA's and AA's professional credibility, and the public's confidence in the role.

- In July 2019, DHSC, with the support of the Scottish Government and other UK governments, asked the GMC to regulate PAs and AAs, which we were pleased to support.
- New legislation is needed before regulation of PAs and AAs can start. The Scottish Government has supported DHSC with this work. Our work with DHSC to design the regulatory processes began in 2020 and is wholly funded by the UK government.
- DHSC consulted on the draft legislation from February to May 2023 and is expected to lay the AA and PA Order (AAPAO) in Westminster and the Scottish Parliament in mid-December, via Statutory Instrument. We will provide you with a further briefing on the SI once it is laid.
- Taking into account the various legislative stages, we anticipate the start date for the regulation of PAs and AAs to be towards the end of 2024.

The benefits of regulation

- We know that better supported teams, and more manageable workloads, lead to better patient care. The development of these roles should help the health service deal with ongoing pressures. They will be part of a medical workforce that is equipped to provide high quality care to patients against a backdrop of constant change.
- These professionals work closely with patients and make significant decisions affecting diagnosis, treatment, and care. Although they work in regulated healthcare settings, currently there are not any profession-specific mandatory standards for their education, training or conduct.
- Regulation plays an important role in letting patients and employers know that healthcare professionals are safe to practise and can be held to account if serious concerns are raised about their conduct or performance.
- The FPA and RCoA have introduced voluntary registers for PAs and AAs. By nature, these do not include those who choose not to be regulated, and do not allow definitive action to be taken when concerns are raised.

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- Statutory regulation will enable us to build on the FPA and RCoAs work. It will also provide assurance to patients, employers and other regulated professionals who place their trust in PAs and AAs.

Patient Safety

- When regulation starts, PAs and AAs will need to follow our professional guidance as set out in [Good medical practice](#) (GMP). As regulated professionals, PAs and AAs will have to clearly communicate who they are, and their role in the team, just as doctors must do now*.
- When a concern is raised suggesting our standards have not been met we may investigate. We are developing the detailed processes we will use to handle concerns about PAs and AAs. These will be similar to those that apply to doctors.

Registering with the GMC

To register with the GMC, PAs and AAs will need to satisfy us that:

- they have the knowledge and skills to work safely as a PA or AA in the UK
- there are no outstanding concerns about their fitness to practise

The evidence of knowledge and skills we'll accept may vary depending on whether they're already practising in the UK and the place they obtained their initial qualification. After regulation is introduced, new PA and AA graduates will follow a process that's similar to the one that UK medical students follow. Following a short transition period that will be defined in legislation, it will become an offence for anyone to practise as a PA or AA in the UK without being on our register. You can find out about evidence PAs and AAs will need to provide on [our website](#).

The GMC role as the regulator of AAs and PAs

- As the regulator for AAs and PAs, the GMC will be responsible for setting the standards, outcomes and requirements that they must meet to gain and keep registration with us, as we do for doctors. These will be set out in our initial regulatory framework.
 - Agreeing curricula and quality assuring their education.
 - National end-point pre-registration two part assessment that we oversee.
 - Clear registration requirements for those who qualify here and overseas to ensure they have the necessary knowledge, skills and experience.

* Good medical practice [82] You must always be honest about your experience, qualifications, and current role.

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- Same standards of GMP applying to PAs, AAs and doctors.
 - Fitness to Practise (FtP) investigations where appropriate.
 - Introducing a system of revalidation to make sure PAs and AAs on our register remain fit to practise.
 - As with the legislation for doctors, the framework may develop further in future, in response to the needs of patients and professionals.
 - Decisions about the employment and deployment of AAs and PAs, the number of training places and the funding of AA and PA courses and student finance are the responsibility of NHS bodies in each of the four UK nations.

The GMC work to bring AAs and PAs into regulation

- Work is well advanced on the design of detailed regulatory processes for registration, education, standards, and fitness to practise. For example:
 - We have begun making the changes needed to our registration systems and have published information on our website about how the registration process will work.
 - PAs and AAs have been included in the development of GMP 2024. The guidance will apply to them once they join our register.
 - We have published a pre-qualification education framework for course providers that works alongside new curricula from the colleges. We also made student professionalism and fitness to practise guidance available to course providers and PA and AA students.
 - We engaged on and published the key principles of a future revalidation approach. Work continues to develop the model further.
 - We have established an external advisory group to oversee our work. Members include organisations representing PAs and AAs, NHS Employers, the four UK health departments, and the British Medical Association (BMA). We also meet regularly and test our approach with key stakeholders including the FPA, RCoA, the Association of Anaesthesia Associates (AAA), and the Physician Associate Schools Council (PASC).