



Royal College of Anaesthetists' response to the consultation on the Regulation of Medical Associate Professions in the UK

Introduction

The Royal College of Anaesthetists (RCoA) welcomes the opportunity to respond to the Department of Health's consultation on the regulation of Medical Associate Professions (MAPs) in the UK.

Anaesthesia is the largest single hospital specialty in the NHS. The RCoA is the professional body responsible for the specialty throughout the UK, with a combined 22,000 fellows and members. We ensure the quality of patient care through the maintenance of standards in anaesthesia, critical care and pain medicine. We have long advocated for the regulation of MAPs in the UK.

MAPs (which include Physicians' Associates (PAs), Physicians' Assistants (Anaesthesia) (PA(A)s), Acute Critical Care Practitioners (ACCPs), and Surgical Care Practitioners (SCPs)) is a term used to describe the wider healthcare workforce of professionals working within, alongside and supporting medical teams. We believe that it is beneficial to treat all these groups in the same way in terms of how they are regulated.

In anaesthesia, PA(A)s have played an important and valued role as part of the anaesthetic team for many years by improving the efficiency of anaesthetic service provision. Likewise, ACCPs are also established professionals who provide patient care within the medical team in intensive care units.

The RCoA is fully committed to achieving statutory regulation of PA(A)s, ACCPs and support statutory regulation for all other MAP groups. As the consultation document notes, there are approximately 165 PA(A)s currently working within the UK who are trained via the Physicians Assistant (Anaesthesia) Postgraduate Diploma programme. Since their introduction in 2003, PA(A)s have delivered high quality patient care and maintained patient safety while also enhancing the work of the entire perioperative team.

Statutory regulation of MAPs has the potential to improve patient safety by providing a standardised framework of governance and assurance across the UK for the clinical practice and professional conduct of MAPs, including PA(A)s and ACCPs.

Over the last 10 years, demand on the anaesthetic workforce has increased¹ and the projections indicate that at least a further 25-40% expansion of the anaesthetic and intensive care service provision will be required up to 2033.² The College believes that registered, regulated PA(A)s and ACCPs supervised by medically qualified consultants, can make a valuable contribution towards a sustainable anaesthetic and intensive care workforce as part of integrated professional teams.

Training and scope of practice

PA(A)s are trained healthcare professionals who are able to manage a wide-ranging anaesthetic caseload, with appropriate consultant supervision and are therefore able to improve operating theatre throughput.³

The postgraduate diploma from the University of Birmingham is workplace-based and completed over 24 months with an additional three months probationary period served in clinical practice. The course comprises 12 modules which introduce trainee PA(A)s to the clinical practice of anaesthesia, the use of anaesthetic equipment, monitoring principles and relevant applied basic sciences. PA(A)s provide support in a range of hospital settings across the perioperative pathway, including:

- Preoperative assessment and planning anaesthetic care
- Intraoperative environment including regional anaesthesia
- Vascular access
- Procedural sedation
- Recovery from general and regional anaesthesia
- Membership of the resuscitation team

However, we are aware that extension of the PA(A) role beyond the point of qualification has occurred sporadically across the UK to include higher risk procedures and, in limited cases, induction and emergence from anaesthesia without direct supervision. In response to this, in April 2016, the RCoA and the AAGBI issued a joint statement on the scope of practice of PA(A)s outlining the range of clinical areas and levels PA(A)s are able to practise upon graduation⁴. In July 2016 the RCoA established a voluntary register for PA(A)s in order to better understand the PA(A) scope of practice across the UK and to develop a comprehensive record of all PA(A)s as a prelude to statutory regulation. The register was always intended as a stepping stone in the professionalisation and expansion of the role, but this development has reached its limit in the absence of a framework for statutory regulation. Such a regulatory framework underpinned by the General Medical Council (GMC) will allow greater oversight of the scope of practise of PA(A)s from the regulator, employers, professional bodies – including

¹ RCoA Medical Workforce Census (2015). <https://www.rcoa.ac.uk/document-store/rcoa-census-2015-final-report>

² CfWI In-depth review of Anaesthetics and Intensive Care Medicine

³ Planning the Introduction of Physicians Assistants (Anaesthesia): Considerations for your Anaesthetic Department (2016). <https://www.rcoa.ac.uk/system/files/Planning-introduction-training-PAA-2016.pdf>

⁴ Joint statement from the RCoA and AAGBI on the Scope of Practice of Physicians' Assistants (Anaesthesia) (2016). <https://www.rcoa.ac.uk/sites/default/files/JointStatementPAA2016.pdf>

Medical Royal Colleges, the Association of Physicians' Assistants (Anaesthesia) (APA(A)) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) – and give greater guidance to individuals.

While the RCoA works with anaesthesia specialist societies, higher education institutions and the Association of PA(A)s to develop and maintain appropriate professional standards for PA(A)s practising in the UK, the RCoA does not have the powers or remit to regulate this group. This means without statutory regulation no national organisation is able to meaningfully oversee any fitness to practise, conduct or other professional issues.

In addition, feedback from RCoA and AAGBI members indicate without statutory regulation numbers of PA(A)s will remain in the very low hundreds as without underpinning statutory regulation there is a lack of confidence in expanding the PA(A) workforce.

The proportionate level of regulation for PA(A)s

The RCoA strongly supports statutory regulation for PA(A)s. Currently the only level of clinical governance safeguards that are in place for PA(A)s are at local hospital or trust level. The RCoA considers that this could impact on patient safety as these safeguards vary across the UK and are applied inconsistently.

The RCoA, AAGBI and the APA(A) agree that statutory regulation is appropriate and necessary at this point in time, and a required precursor to any growth of the role. Statutory regulation is proportionate to the clinical environments, higher risk procedures performed - and patient groups managed - by PA(A)s in their practice.

PA(A)s currently have no regulatory body with statutory oversight of the profession. PA(A)s may hold Nursing and Midwifery Council or Health and Care Professions Council registration (as a former nurse or operating department practitioner etc). However, such existing regulatory frameworks will not cover the totality of their practice as a PA(A), and those professionals who are trained from a science degree background - which our voluntary register shows accounts for approximately 25% of the current cohort - will have no affiliated oversight body. This presents a number of challenges for any over-arching, statutory provisions for maintaining and developing a scope of practice, education and training, professional development and workforce planning. Without statutory registration and regulation it makes it more difficult to identify the distribution of PA(A)s across the UK or accurately map the likely pattern of current and future supply or demand for this workforce group.

It is important that the titles 'Physicians' Assistant (Anaesthesia)' and 'Advanced Critical Care Practitioner' are protected to ensure that patients, employers and other healthcare professionals are confident that individuals holding one of these titles have undergone rigorous training, underpinned by a nationally standardised education, training and professional accountability framework. In the College's opinion only statutory regulation would provide this level of assurance.

Statutory regulation will also ensure there is one unified code of conduct in place for all PA(A)s, ACCPs and other MAPs, paralleling those in place for doctors and Allied Health Professionals. Regulation will also provide a guarantee of the resources to underpin the necessary revalidation processes and fitness to practice machinery to ensure public confidence in these professional groups.

RCoA initial response to the consultation questions

Question 1: What level of professional assurance do you think is appropriate for PAs?

Question 2: What level of professional assurance do you think is appropriate for PA(A)s?

Question 3: What level of professional assurance do you think is appropriate for SCPs?

Question 4: What level of professional assurance do you think is appropriate for ACCPs?

For the reasons outlined above the RCoA believes that statutory regulation must be in place for all four MAPs: PAs, PA(A)s, SCPs and ACCPs. Statutory regulation provides the most appropriate level of regulation for all professionals who provide critical and acute care for patients.

Question 5: In the future, do you think that the expansion of medicines supply, administration mechanisms and/or prescribing responsibilities to any or all of the four MAP roles should be considered?

Yes. This would need to be appropriate to the scope of practice for each MAP group and importantly also extend to the authority to order ionising radiation investigations (X-rays).

Question 6: Which healthcare regulator should have responsibility for the regulation of any or all of the four MAP roles?

The RCoA believes that the GMC are the most appropriate regulator of MAPs.

The GMC have an existing relationship with Medical Royal Colleges, Health Education England, NHS Education for Scotland, Northern Ireland Medical and Dental Training Agency, Health Education and Improvement Wales and other education providers. The GMC also has strong links into training environments and with commissioners who are all involved in the development of professional standards and delivery of education and training, which can facilitate a robust level of regulation and assurance.

All MAPs will be trained and work within the medical model of care and at times all groups will perform tasks on patients, which – from the patient perspective - are indistinguishable from tasks which may also be performed by doctors. Patients are entitled to exactly the same standards and quality of care from their healthcare professional irrespective of the title. Furthermore, without statutory regulation the title is not protected and the opportunity therefore exists for confusion of roles to both the public and other health and social care professionals.

Question 7: Do you agree or disagree with the costs and benefits on the different types of regulation identified above? If not, please set out why you disagree. Please include any alternative cost and benefits you consider to be relevant and any evidence to support your views.

The RCoA recognise that whilst there are costs associated with statutory regulation, these are greatly outweighed by the benefits. We believe that the costs indicated in the consultation document are proportionate to the benefits arising; in the form of confidence and consistency in skills, training and the level of public protection and patient confidence gained from statutory regulation.

From our discussions with the APA(A) statutory regulation of the profession is something that they are keen to achieve. They would be willing to have such regulation and incur the associated costs in order to gain enhanced status for their profession and to ensure national professional safeguards for their practice.

The College encourages members, stakeholders, regional representatives and employers to respond to this important consultation at <https://consultations.dh.gov.uk/workforce/regulation-of-medical-associate-professions/>

The full consultation can be accessed at <https://www.gov.uk/government/consultations/regulating-medical-associate-professions-in-the-uk>

If you have further information or evidence in support of this position and would like to share it with the College, please send this to vperkins@rcoa.ac.uk