Royal College of Physicians | Faculty of Physician Associates

Faculty of Physician Associates' public statement on the RCP extraordinary general meeting (EGM) motions

As previously published, the Royal College of Physicians (RCP) will hold an extraordinary general meeting of fellows on **Wednesday 13 March 2024** to debate issues relating to physician associates. Following a request by some fellows of the RCP, the motions outlined by the RCP, covering issues such as the regulation, supervision and scope of practice of physician associates, will be debated.

The Faculty of Physician Associates (FPA), hosted by the RCP, would like to take this opportunity to set out its position in relation to these motions.

Motion 1: Scope of practice

Physician associates are not doctors. They should not be regarded as replacements for doctors, and they should never replace a doctor on a rota. They are valued healthcare professionals who participate in patient care in addition to the rest of the wider multidisciplinary team.

The FPA, and its predecessor organisation, the United Kingdom Association of Physician Associates, have always maintained that physician associates are not doctors. This has been a key theme since the inception of the profession and is reflected in the original Competency and Curriculum Framework as part of the definition of the role (2006, revised 2012), and continues to be evidenced in the FPA Code of conduct for physician associates, making it clear that that physician associates are '*not a doctor*' and '*must always be honest about [their] experience, qualifications and current role*'.

In August 2022, the newly elected president and vice president of the FPA began working on an additional supportive guidance publication, planned for release in 2024, focusing on the profession's title and introduction to patients, supervision requirements, scope of practice and career development. Following concerns raised by doctors and physician associates to both the RCP and FPA respectively in relation to titles and introductions being used by physician associates, the FPA took immediate steps to publish the titles guidance document, with support from the RCP.

This document, Physician associate title and introduction guidance for PAs, supervisors, employers and organisations, was published in October 2023 and marks the first in the series. The guidance is designed to provide clarity on how physician associates should introduce the role. It highlights the importance of explaining the physician associate title and associated abbreviations, and that physician associates are not doctors. The FPA additionally echoes statements from the RCP and NHS England.

We would like to take this opportunity to clarify that the FPA strongly agrees that all healthcare professionals, including physician associates, should work within their scope of practice. Following on from the FPA titles and introduction guidance, the FPA and RCP are working together to generate additional supportive guidance on supervision and scope of practice for physician associates. We aim to publish these in the coming months. The FPA has always, and continues to, maintain that physician associates are designed to supplement the medical workforce in primary and secondary care, as

additional members of the team, and thereby improve patient access to care. Physician associates are not a replacement for doctors.

The FPA endorses motion 1.

Motion 2: Accountability

This EGM notes the current legal restrictions on who can prescribe medication or request ionising radiation and reminds all medically qualified membership categories of the RCP that they remain responsible for any such decisions by others that they may be asked to endorse.

Physician associates are not currently able to prescribe medications or act as referrers for imaging investigations involving ionising radiation (eg X-rays, CT scans).

It is recognised however that physician associates will become involved in medicines management, and this may include recommending medications as part of a patient's clinical management plan. The General Medical Council's (GMC's) Physician associate and anaesthesia associate generic and shared learning outcomes document makes it clear that newly qualified physician associates are expected to be able to manage prescribed medicines safely, including being able to '*suggest or recommend commonly used medications to a prescriber safely, appropriately, effectively and economically, and be aware of the common causes and consequences of prescribing errors*'. Therefore, as part of a physician associate's pre-registration training, physician associate students learn prescribing skills, with appropriate supervision, which is reflected in the Physician associate curriculum.

GMC guidance makes it clear that that a doctor can prescribe at the recommendation of another healthcare professional, but that the doctor '*must be satisfied that the prescription is needed, appropriate for the patient and within the limits of [their] competence'* and that the doctor '*will be responsible for any prescription [they] sign'.*

Working with the Physician Associate Schools Council (PASC), the FPA will ensure that newly qualified physician associates are aware of their responsibilities with regards to managing prescribed medicines safely, as well as the legal frameworks for which prescription medications can be obtained.

We welcome the RCP's commitment in reminding RCP fellows and members of their responsibilities under the GMC's *Good medical practice* guidance, highlighting particularly the GMC delegation guidance, as well as informing trusts and health boards to ensure that physician associates work within their scope of practice.

The FPA endorses motion 2.

Motion 3: Evaluation

This EGM calls on the RCP to contribute actively to generating an evidence base and evaluation framework around the introduction of PAs, addressing (for example) clinical outcomes, cost effectiveness, safety, the patient experience, staff wellbeing and interrelationships, and implications for the healthcare workforce.

Physician associates first began practising in the UK in 2003. Since then, there have been several developments, including the introduction of a standardised training curriculum in 2006, the introduction of a voluntary register in 2010, a revision of the training curriculum in 2012 and 2023, as well as multiple local, national and international studies looking at the role of physician associates.

Two National Institute for Health and Care Research (NIHR)-funded mixed-methods studies have been conducted within the UK exploring physician associates in both primary care and secondary care. They demonstrated that physician associates are effective and efficient in complementing the work of GPs and can provide a flexible addition to both the primary care and secondary care workforce, but recognised that the lack of regulation, and thus inability to act as referrers for imaging involving ionising radiation or prescribe medications, were limiting factors of the role. They also recognised that this restricted the extent to which physician associates could assist with doctors' workload. In addition to this, there have been several studies in peer-reviewed literature assessing the role and impact of physician associates in the UK NHS, as well as several international studies assessing the role of physician associates in several countries around the world.

As with all of healthcare, the evidence base evolves with time, systems and practices change, and therefore new evidence must be collected to remain up to date and reflect current best practices. This is particularly relevant in a post-COVID-19 era, where the regular use of virtual consultations has changed how healthcare is delivered.

The FPA welcomes the opportunity to further generate and explore the evidence base around the physician associate role, particularly around how the role can best be implemented, utilised and safely deployed within the multidisciplinary workforce.

The FPA endorses motion 3.

Motion 4: Training opportunities

This EGM calls on the RCP to explore, document and address the impact on training opportunities of doctors resulting from the introduction of PAs.

Appropriate access to adequate training and development opportunities through effective supervision is fundamental to safe and effective patient care. We recognise that concerns have been raised by some doctors who feel that physician associates may not enable junior doctors to access all training opportunities.

Surveys conducted by the British Medical Association in 2020, a trade union and professional association for doctors in the UK, previously demonstrated that '*many doctors support and understand the benefits of working in a more multi-disciplinary workforce*' and '*most doctors who have experience of working with MAPs [medical associate professionals] report having positive experiences, with two-thirds rating their experience as highly positive or somewhat positive.*' The BMA also recognised that '*If managed well, MAPs and other new clinical roles have the potential to free up trainees for training.*'

Physician associates, as additional members of the team, and where implemented correctly, could support consultants, junior doctors, and other healthcare professionals in their clinical work and professional development. This may include performing skills such as venepuncture and cannulation, learning extended procedural skills, taking histories and performing physical exams, and completing clinical administrative tasks such as discharge summaries and referrals. Doctors in training programmes require readily available access to training opportunities.

As part of our work, the FPA will continue to urge relevant national bodies, such as NHS England and NHS Employers, to ensure that adequate time is allocated for consultants, GPs and SAS doctors to adequately provide supervision and training of the multidisciplinary team. We will work with

stakeholders to look at the future healthcare educator workforce to ensure that equity of access to supervision and training is appropriate and relevant to the needs of healthcare professionals.

The FPA welcomes a robust evidence base to enable all stakeholders to plan for the future education of a modern multidisciplinary healthcare team.

The FPA endorses motion 4.

Motion 5: Caution in pace and scale of roll-out

In the initial request for this EGM, fellows called on the RCP to pause the roll-out of PA roles. A pause is clearly not feasible given recent legislation. This EGM therefore calls on the RCP to limit the pace and scale of the roll-out until the medicolegal issues of regulation, standards and scope of practice are addressed.

The physician associate profession itself, the FPA and the RCP have called for statutory regulation of physician associates. We echo the RCP's statement that we have been assured by at least four secretaries of state for health that it would be prioritised. Delays to the regulatory processes have been disappointing and our own FPA survey has shown that the lack of regulation has a detrimental impact on patient care, case workloads and junior doctors. We welcome the commitment and attention from parliament towards patient safety and are pleased that following debate in the House of Lords, the Anaesthesia Associates and Physician Associates Order 2024 was passed. This will now mean that physician associates will be brought into statutory regulation by the General Medical Council by the end of 2024.

The FPA recognises that there are range of views within the medical community regarding the physician associate role. Supervision, scope of practice and career development is applicable and fundamental for all healthcare professionals. The FPA wants to once again highlight the collaborative work that the FPA and RCP are already engaged with within this area. The FPA and RCP are aiming to publish additional supportive guidance on supervision and scope of practice for physician associates in the coming months.

There are however several documents already in existence that relate to standards for the physician associate profession. Key documents related to the profession include:

- Physician associate and anaesthesia associate generic and shared learning outcomes (General Medical Council), which describes the generic and shared professional capabilities and outcomes that newly qualified PAs and AAs must meet to be registered by the General Medical Council.
- Physician associate registration assessment (PARA) content map (General Medical Council, which is one component of the GMC's test specification that sets out their requirements for the design and content of the PARA.
- Physician Associate curriculum (Faculty of Physician Associates), which guides higher education institutions in the development of their physician associate courses.
- Code of conduct for physician associates (Faculty of Physician Associates), which sets out the guiding ethical and moral principles and values that physician associates are expected to apply in their daily practice.
- Physician associate title and introduction guidance for PAs, supervisors, employers and organisations (Faculty of Physician Associates), which gives PAs, supervisors, employers and organisations a structured and standardised way of using the physician associate title.

Furthermore, the NHS Long Term Workforce Plan (LTWP) commits to increasing the number of medical school training places, funding for the expansion in training places, as well as expanding other roles such as physician associates. The NHS LTWP outlines that the number of medical school training places will increase to 15,000 per year by 2031/32. By contrast, physician associate training places will increase to establish a total physician associate workforce of 10,000 by 2036/37. The entire physician associate profession will therefore be equivalent to less than 1 year of medical student places.

As such, the FPA believes that through continued collaborative work via professional lines of communication, the issues of regulation, standards and scope of practice have been, or are in the immediate process of being, addressed.

The FPA does not endorse motion 5.

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