

Agenda item:	14
Report title:	The scope of medical regulation: physician associates
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Considered by:	Strategy and Policy Board
Action:	To note

Executive summary

The GMC regulates doctors. In the recent past we have been approached by a number of different organisations to ascertain whether we would be willing to take on the regulation of a new, but expanding, group of health professionals, physician associates (sometimes referred to as Physician Assistants).

The Scottish Government is particularly keen that the GMC's remit be extended to cover physician associates as it wishes to expand their use in Scotland and this is inhibited by the current lack of any regulatory framework. Any extension of our regulatory remit to include physician associates would require legislation. We have nevertheless indicated that we would be prepared to consider whether the GMC should regulate this group if the four governments of the UK were to approach us for our view.

The question of whether we should regulate physician associates raises a broader question about the place of uni-professional models of regulation in a healthcare environment that is increasingly about teams, multi-professionalism and systems. This paper provides an introduction to the issues for the GMC and places on record our proposed way forward.

Recommendation:

Council is asked to note developments surrounding the regulation of physician associates and the possible future role of the GMC.

What are physician associates?

1 A physician associate (PA) is:

'...a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.'¹

- 2 The PA role and the level at which they practise in the UK varies, depending upon the setting in which they are deployed. In one setting they might work 'to a similar scope of practice as a practice nurse' while elsewhere PAs have functioned up to the level of Specialty Training Year 3 (ST3).² In the UK they are not yet able to prescribe medicines, though the Scottish Government is keen that they should do so.³
- 3 Although relatively few in number (currently around 200) and new to the UK (the first PAs began working here in 2005), they are well established in other parts of the world. However, numbers are growing. For example, at the end of 2014 Health Education England's (HEE's) Workforce Plan for England revealed that HEE will commission 205 PA training posts. There is then an ambition to increase PA numbers in the UK and to make sure that maximum value is derived from them as medical role substitutes, which is largely behind the call for them to be subject to statutory regulation. In 2010, the Physician Associate Managed Voluntary Register was established*. The Royal College of Physicians (London) has recently established a new Faculty of Physician Associates.
- 4 Given the ambition that they should be able to prescribe, we have said publicly that PA's should be subject to statutory regulation, though we have not said by whom. We are considering amending our guidance on referral and delegation to say that any doctors working with PAs in the current circumstances should make sure they are part of the voluntary register.

Regulation

- 5 The wish to increase the number PAs and extend their role has led to calls for them to be regulated. The most recent UK government position has been to prefer an expansion of voluntary regulation under the Professional Standards Authority.
- 6 However, the Scottish Government, the Academy of Medical Royal Colleges and PAs themselves, are pushing for statutory regulation under the GMC. We have said that we would give the matter serious consideration if the four governments of the UK and the profession felt we should have this role. In anticipation that we may receive a

* This paper was updated on 27 October 2015 to remove the statement that the Physician Associate Managed Voluntary Register was 'overseen by the Professional Standards Authority' as this is incorrect.

formal request it is timely that we examine the issues and understand the opportunities it may create and the risks involved.

- 7 We are therefore beginning to explore the arguments and possible models for regulation of PAs so that we are in a position to offer a considered response if invited to do so by the four governments of the UK. This work will include, among other things, examining the case for statutory regulation of PAs, and the resource implications and start-up costs in the event that we were to take on this role.

¹ Department of Health's Competence and Curriculum Framework.

² Evaluation of Physician Assistants, Final Report to NHS Scotland (2009)

³ For PAs to be able to prescribe they would need to be listed as an 'appropriate practitioner' for the purposes of the Prescription Only Medicines (Human Us) Order 1997