

# PAAs and AAs: ADM04 - the assessment of conduct and ethics at registration

## Introduction

- 1 This guidance is for authorised decision makers (ADMs) in the Registration and Revalidation Directorate who are asked to consider whether an individual PA or AA meets the standards of conduct and ethics when they apply for registration. This is done by assessing an applicant's fitness to practise, informed by responses provided on the fitness to practise declaration and other information which is provided or obtained during the registration process.
- 2 This guidance aims to ensure transparency, consistency, fairness and proportionality in our approach to making decisions on fitness to practise cases by outlining the factors that decision makers should take into account when they consider these issues.
- 3 When taking this guidance into account, decision makers must apply the [Principles which apply to decision making in relation to registration and revalidation](#).

## Background

- 4 As a medical regulator, we have a legal duty to protect the public. This means we must act in a way that:
  - protects, promotes and maintains the health, safety and wellbeing of the public
  - promotes and maintains public confidence in the professions
  - promotes and maintains proper professional standards and conduct for members of the professions.
- 5 This means that we can take action when individuals seriously depart from the standards of the professions to minimise the risk to the public.
- 6 When we become aware of a concern about a registered physician associate (PA) or anaesthesia associate (AA), we're legally required to undertake an initial assessment where we consider whether a 'question of impaired fitness to practise' has arisen. We do this by assessing a registrant's ability to practise safely and effectively, which is referred to as an assessment of their fitness to practise. This includes considering:

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- the individual’s overall ability to perform their role
  - their professional and personal behaviour
  - the impact of any health condition<sup>1</sup> on their ability to provide safe care.
- 7** We are similarly required to assess fitness to practise when an individual applies for registration. The *Anaesthesia Associates and Physician Associates Order* (the AAPAO) requires us to set the standards for conduct and ethics for PAs and AAs<sup>2</sup>. We have decided<sup>3</sup> that conduct and ethics are included in the standards that applicants must meet when applying for registration. To determine whether these standards are met we undertake an assessment of fitness to practise at registration. This process involves all applicants completing a fitness to practise declaration and an assessment of other relevant information provided by the applicant and/or obtained by us.
- 8** In the context of conduct and ethics, we can only grant registration if an applicant’s fitness to practise isn’t impaired i.e. they don’t pose a current and ongoing risk to public protection, and they meet all other standards and information requirements. Otherwise, their application must be refused, even if they fulfil all other standards and criteria for registration<sup>4</sup>.
- 9** Regulators can only act where there is a legal basis for doing so. Our assessment of fitness to practise is underpinned by the following grounds for action<sup>5</sup>:
- the inability to provide care to a sufficient standard
  - misconduct.
- 10** When assessing an applicant’s fitness to practise, ADMs must firstly decide whether the information we receive raises a question of impairment under any of the grounds for action and if so, whether the applicant’s fitness to practise is currently impaired by virtue of that allegation.

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<sup>1</sup> Health conditions by themselves do not constitute grounds for action under the AAPAO. However, if an individual’s health condition impacts upon their ability to provide care to a sufficient standard we are likely to consider it as part of our overall assessment of the individual’s fitness to practise.

<sup>2</sup> Under Article 3(2)(d).

<sup>3</sup> Under Article 6(1) of the AAPAO.

<sup>4</sup> General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(6)(9).

<sup>5</sup> Set out at article 2(2)(a) of the AAPAO.

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## How to approach the decision

- 11** When making decisions about fitness to practise at registration, ADMs must:
- Firstly, assess the evidence and establish the facts that point to possible impairment on the balance of probabilities.
  - Secondly, consider the seriousness of the fitness to practise concern. Does the evidence indicate concerns which represent such a significant departure from the standards expected that, as a starting point, they indicate a high level of seriousness?
  - Thirdly, consider the impact of any relevant context and the applicant's response to the concern on the seriousness of the issues. Do the context and the applicant's response increase or decrease the seriousness of the concern?
  - Finally, taking into account the seriousness of the facts along with any context or response, consider whether the applicant's fitness to practise is currently impaired. Here, ADMs should consider whether there is a risk to any of the three parts of public protection if the applicant is granted registration.
- 12** To meet the standards of conduct and ethics, PAs and AAs must satisfy the Registrar that their fitness to practise is not currently impaired based on the available evidence (and that they meet the other specified criteria).
- 13** The evidence must be sufficient to persuade the Registrar that the facts are more likely than not to be true: the facts need to be proven 'on the balance of probabilities'. As a result, ADMs are likely to delay making a decision in order to obtain sufficient evidence to reach a conclusion one way or another.
- 14** We have a duty to protect the public and must therefore be cautious when considering registration applications. If ADMs cannot establish the facts on the evidence available, they are entitled to decide that the applicant has not satisfied them that their fitness to practise is not impaired. And if this is the case, registration *must* be refused, even if all other criteria are met.
- 15** Any assessment of current and ongoing risk should look beyond the specific events giving rise to the fitness to practise concern and consider the wider context and how the individual has responded to what has happened.
- 16** In establishing the above, ADMs must judge an applicant's actions against the professional obligations with which we expect registered practitioners and students to comply. These principles, values and standards of care and professional behaviour are set out in our core guidance, [Good medical practice](#), [supporting professional standards](#), and [guidance to PA and AA students](#).
- 17** However, we recognise that these standards are specific to UK practice. Where the applicant

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has lived or worked in another country, ADMs may have regard to any legal or professional requirements to which the applicant has been subject locally when assessing compliance with *Good medical practice* standards. As with any other fitness to practise issue, they should consider whether in light of the available evidence, granting registration would present a risk to public protection or otherwise undermine confidence in the professions and in medical regulation as whole.

## Establishing the facts

- 18** When establishing the facts associated with a potential fitness to practise concern, the standard of proof is the same as in civil proceedings. The evidence must be sufficient to persuade the ADM that the facts are more likely than not to be true: the facts must be proven ‘on the balance of probabilities’.
- 19** In some cases, the facts around a potential fitness to practise concern may be difficult to establish. Some examples of these types of cases are as follows.
- If an applicant’s recollection or interpretation of an incident is different to that of their PA or AA course provider or employer.
  - If an applicant has been charged with an offence but has been acquitted at trial or the charges have not proceeded to trial for any reason.
  - If a third party shares alleged information about an applicant with us that the applicant has not declared themselves.
- 20** ADMs should consider sufficient evidence from a range of sources to assure them that the facts can be proven on the balance of probabilities. The relevant evidence to inform an assessment of whether fitness to practise is impaired at registration is something that needs to be determined on a case-by-case basis.
- 21** If there is a dispute regarding the facts of the case (for example, if an applicant denies an allegation of impaired fitness to practise), ADMs are entitled to assess the weight and relative importance of all of the evidence to determine which is more robust. When considering this, they should consider whether the evidence is:
- objective, provable fact
  - part of a criminal case and therefore subject to a higher standard of proof
  - from a regulated professional
  - repeated by multiple sources
  - part of a broader picture of similar allegations

- relatively recent.

- 22** These factors are not exhaustive or conclusive, and ADMs should use their own judgment when assessing the robustness of a piece of evidence.
- 23** In some cases, it may not be possible to establish all of the facts associated with a potential fitness to practise concern. In these cases, ADMs should assess whether they can establish any facts, events or concerns associated with the case in question which would fall short of the standards of conduct and ethics we expect. If any of the facts that can be established suggest that an applicant’s fitness to practise is impaired, they should consider whether these facts constitute any of the grounds for action in themselves – and if so, whether the applicant’s fitness to practise is currently impaired by virtue of the established facts.
- 24** There may be scenarios in which there is a substantial dispute regarding the facts which ADMs are unable to resolve. In these cases, they may need to seek expert advice from alternative sources.
- 25** When individuals apply for registration, ADMs are entitled to decide that the applicant has not satisfied them that their fitness to practise is not impaired, even if they are unable to fully establish the facts. However, ADMs are likely to delay making a decision in order to obtain sufficient evidence to reach a conclusion one way or another.

### Questions to consider when establishing the facts

Has the applicant been open and honest when completing their fitness to practise declaration?

How robust and objective is the available evidence?

Is the evidence of possible impairment from a reliable source? Can it be trusted?

Does the information available suggest that the applicant has breached any of our guidance (whether this is guidance issued to students or registrants)?

Do any decided or admitted facts amount to one or more of the grounds for action under article 2(2)(a)?

## Assessing the seriousness of a concern

- 26** Assessing the seriousness of a concern is the first step in deciding whether an applicant presents a risk to public protection. This involves considering the extent of any departure

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from the professional standards expected. It also means taking into account any specific factors that may impact on seriousness.

- 27** In cases that involve a caution, conviction or other policy actions this guidance should also be read in conjunction with our [Guidance on convictions, cautions, determinations and other methods of disposal](#) and our [What to tell us when you apply guide](#).
- 28** Behaviour or poor performance that is likely to indicate a high level of seriousness as a starting point includes, but is not limited to:
- sexual assault, indecency or sexual harassment
  - sexual or improper emotional relationships with a patient or someone close to them
  - violence
  - dishonesty
  - unlawfully discriminating in relation to characteristics protected by law
  - deliberately misleading patients or others about their registration or licensing status
  - gross negligence or recklessness about a risk of serious harm to patients
  - a determination case where the regulatory body restricted the practice of the individual from the relevant register or ordered their suspension/removal/erasure.
- 29** Some cases of violence or dishonesty may represent a lower risk to public protection than others. In these cases, ADMs should consider our [Guidance for decision makers when violence and dishonesty may represent a lower risk to public protection](#).
- 30** When considering whether there are any factors which impact on the seriousness of the concern, ADMs should consider whether the behaviour or poor performance:
- was persistent, premeditated, or predatory
  - was directed towards, or involved interaction with, a person with impaired capacity or a person with a particular vulnerability
  - constituted abuse of professional position
  - demonstrated a reckless disregard for patient safety or professional standards
  - undermined the integrity of a system designed to protect the public
  - undermined collaborative working
  - put the individual's own interests before those of patients
  - involved an attempt to hide and/or avoid taking responsibility.

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## Factors to consider when assessing the impact of health conditions

- 31** An applicant having a health condition does not mean that there is a departure from the standards expected of PAs or AAs. But where the impact of a health condition is such that it can pose a risk to patients, PAs and AAs are expected to take steps to manage that risk. Where those steps have not been taken, the impact of a health condition on the individual's ability to practise safely will need to be considered as part of assessing the seriousness of the concern.
- 32** Factors indicating a health condition is unlikely to pose a serious risk to patients and impact on an individual's ability to practise safely include, but are not limited to, the following.
- A health condition has had no significant impact on the individual's behaviour or performance.
  - A health condition has led to an informal supportive or pastoral process by a PA or AA course provider, regulator, or employer to support the individuals. No formal concerns related to the health condition have been raised during the past five years.
  - The type and severity of the health condition means it is unlikely to pose a risk to patient safety now or in the future.
- 33** There are circumstances in which an individual's health condition may pose a serious risk to patients and impact on their ability to practise safely. This will indicate a high level of seriousness as a starting point. These circumstances include, but are not limited to, the following.
- The type and severity of the health condition means there is a clear risk to patients.
  - A health condition has led to a formal fitness to practise investigation process or disciplinary proceedings in the past two years.
  - The individual's health condition has only recently been diagnosed, is not well controlled and it is too soon to know if risks to patients can be appropriately managed by them seeking and following treatment and advice and/or engaging with local support and taking steps to manage risk.

## Assessing the context of a concern

- 34** The publication [What we mean by fitness to practise](#) describes what is meant by 'relevant context' and sets out four types of context that may be seen in any case. Three of these are

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relevant in assessing fitness to practise at registration<sup>6</sup>.

- 35** Where evidence of relevant context is identified, the type should be specified, and the impact considered. If it appears the type of relevant context identified appears to have influenced the applicant's behaviour, performance or health, consideration should be given to whether this increases or decreases the level of risk to public protection posed. The level of weight to attach to this evidence will depend on the individual circumstances of the case. However, evidence of relevant context that may decrease the risk to public protection posed by the individual will usually carry less weight in cases that indicate a higher level of seriousness.
- 36** The ways in which each type of relevant context could increase or decrease the risk to public protection are set out below.

## Working/training/academic environment

- 37** Where the cumulative effect of systems or interpersonal factors that are outside an applicant's control, directly or indirectly influenced their behaviour, performance or health, this is likely to decrease the risk they pose to public protection. However, where their response to the existence of systems or interpersonal factors was otherwise not reasonable in the circumstances, the risk they pose will be increased.

## Role and experience

- 38** Where the applicant has lived or worked in another country, ADMs may have regard to any legal or professional requirements to which the applicant has been subject locally when assessing compliance with *Good medical practice* standards. As with any other fitness to practise issue, they should consider whether in light of the available evidence, granting registration would present a risk to public protection or otherwise undermine confidence in the professions and in medical regulation as whole.
- 39** If the applicant was inexperienced at the time of the circumstances giving rise to the concern and can demonstrate that since then they have developed a deeper understanding of the issue or demonstrated insight and remediation, this may decrease the risk to public protection.

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<sup>6</sup> For the purposes of assessing fitness to practise at registration, the likelihood of an applicant continuing in, or returning to, practice should not be considered as relevant context. This is because granting registration inherently includes unrestricted access to work as a PA or AA. Applying for registration should therefore be considered as being indicative of an intention to work.



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## Personal context

- 40** For personal context to be relevant to the assessment of risk, there must be a direct link between it and the applicant's behaviour, performance or health.
- 41** If the personal context that directly influenced the individual's behaviour, performance or health at the time of the concern has since resolved, this is likely to decrease the risk to public protection. Where the relevant personal context was out of the individual's control, or where they were taking steps to minimise the impact, this will carry more weight. However, where there is an ongoing impact arising from the personal context and steps are not in place to manage this, the risk to public protection may be increased.

## Assessing the response to a concern

- 42** The publication [\*What we mean by fitness to practise\*](#) explains the concepts of insight and remediation which are central to consideration of how an individual has responded to a concern.
- 43** Evidence of insight and remediation will have a different impact on the assessment of risk to public protection in each case, depending on the circumstances and type of concern. The key factors to consider are:
- Does the individual understand what happened and accept how they could have acted differently?
  - Is the concern remediable?
  - Has the concern been remedied?
  - Is the concern likely to be repeated?

## Insight

- 44** Factors that can be relevant to an individual demonstrating insight include, but are not limited to, evidence they have:
- considered the concern, understood what went wrong and accepted they should have acted differently
  - apologised and expressed remorse or regret
  - taken timely steps to remediate and to identify how they will act differently in the future to avoid similar issues arising

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- complied with the professional duty of candour or demonstrated an understanding of how their actions may have been judged in the context of *Good medical practice* and other relevant professional standards
  - co-operated with earlier investigations into the concern from employers, schools, or other regulatory bodies (if they had the opportunity to do so).
- 45** An individual is unlikely to be able to demonstrate insight if they have failed to demonstrate at least some of the factors above or have only demonstrated them in a limited way. Other factors that may indicate an individual lacks insight include, but are not limited to, evidence they have:
- repeated behaviour or performance where the circumstances of a previous complaint or concern are similar in nature or raise similar concerns to the current case
  - tried to minimise the seriousness or impact of their behaviour, poor performance or health condition
  - shown dishonesty or sought to mislead a decision maker in relation to the circumstances giving rise to the concern.
- 46** ADMs may also want to consider the following factors when assessing the impact of insight.
- Whether it includes consideration of how the individual may have done things differently.
  - Any differences in culture, faith and communication that may have impacted on how the applicant has expressed insight or communicated an apology.
  - Whether there is evidence that an applicant wanted to apologise but has been prevented from doing so by systems, procedures, or the culture in their place of study or work.

## Remediation

- 47** Where the concern relates to an individual's behaviour or performance it is crucial that they have taken steps aimed at reducing the risk of similar concerns occurring again.
- 48** Evidence of remediation can take several forms, including, but not limited to:
- character references and other testimonial evidence
  - participating in continuous professional development or other training/mentoring relevant to the concerns raised
  - evidence that shows what the individual has learnt following the events that led to the concerns being raised, and how they have applied this learning in their practice

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- evidence of good practice in a similar environment to where the concerns arose.
- 49** There isn't a set way to demonstrate remediation and so the way in which an individual can show they have actively addressed the concern(s) will depend on the specific circumstances of the case. It's the quality of the steps the individual has taken to remediate the concerns that is key to assessing the impact it has had or can have. Factors ADMs should consider when assessing the quality of remediation are whether it is:
- relevant - in that the steps taken to remediate have directly addressed the concerns identified
  - measurable – in that there is objective evidence available that shows what has been done and what, if anything, is left to be done
  - effective - in that there is enough information available to see how any learning has been assessed and/or applied in the individual's practice.
- 50** When assessing the weight to be attached to remediation, steps started soon after the relevant events will usually carry more weight than those started following a delay. Remedial steps that have been completed will usually carry greater weight than actions started by an individual and not yet concluded, or steps identified by them as action they can take in the future. More weight should be given to objective evidence of remediation than to personal statements.
- 51** It can be very difficult to demonstrate sufficient remediation in cases where there is a high risk of harm to patients due to the individual's deliberate, reckless or persistent behaviour.

## Factors to consider when assessing insight into, and managing the impact of, a health condition

- 52** To demonstrate insight into a health condition, individuals should show that they understand how the management of their health has affected their ability to work as a PA/AA or study. Factors that can demonstrate insight into health concerns include, but are not limited to, evidence they have:
- demonstrated that they fully understand the impact or potential impact of their health condition
  - sought appropriate support for a health condition and are seeking and/or following independent treatment and advice and/or are engaging with local support and steps put in place to manage any risks to patients.
- 53** An individual is unlikely to be able to demonstrate insight if they have failed to demonstrate at least some of the factors above or have only demonstrated them in a limited way. Other

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factors that may indicate an individual lacks insight include, but are not limited to, evidence they have:

- repeated behaviour or performance where the circumstances of a previous complaint or concern are similar in nature or raise similar concerns to the current case
- tried to minimise the seriousness or impact of their behaviour, poor performance or health condition
- shown dishonesty or sought to mislead a decision maker in relation to the circumstances giving rise to the concern.

**54** Health concerns do not need to be remediated, but the individual should demonstrate that they understand how to manage their health condition and they have a plan in place to minimise its impact on their ability to work as a doctor or study. When they are currently working with patients, it's important that they're seeking and following treatment and advice, and taking steps locally to manage any potential risk to patients.

## Is the concern highly unlikely to be repeated?

**55** The extent of the individual's insight and whether the concern has been remediated will inform the assessment of how likely or unlikely it is that the concern will be repeated. The following factors are also relevant:

- whether there was a pattern of similar concerns
- the environment in which the individual has been practising
- where they have been practising in a similar environment to the one in which the concerns arose and have been exposed to situations where there was a risk of them repeating the behaviour or performance giving rise to the concerns, the absence of repetition will be relevant
- the circumstances surrounding the concern(s) - if the concern(s) arose in unique circumstances which are themselves unlikely to reoccur, it may suggest that the risk of repetition in the future is reduced
- what steps the individual has put in place to avoid the circumstances surrounding the concern arising again and/or to cope with those circumstances if they did arise again
- whether the individual has an otherwise positive professional record, including an absence of any other concerns from past or current employers and no previous regulatory action having been taken by another regulatory body.

**56** A low risk of repetition should be carefully distinguished from identifying no risk of repetition. This is because a low, but nonetheless real, risk of repetition might be significant and/or have

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a very serious outcome where:

- the case involves behaviour or poor performance which has a high starting point of seriousness
- there is relevant context that influenced the individual and increases the risk posed to public protection.

## Deciding whether the applicant meets the standards of conduct and ethics

**57** In assessing an individual's ongoing risk to public protection, ADMs should consider the individual circumstances of the allegation and weigh all the available evidence. In doing so, they should bear in mind each of the three distinct parts of public protection and carefully consider whether the individual poses a risk to patients, to public confidence in the professions or to proper professional standards and conduct.

**58** In cases where the extent of the departure from the standards expected indicates a starting point of a high level of seriousness, evidence of relevant context that may otherwise decrease risk and evidence the individual has shown insight and taken steps to remediate, will usually carry less weight because these types of concerns can be difficult to remediate. A view on risk should be weighted to reflect this.

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