

PAAs and AAs: demonstrating knowledge and skills during the transition period

Introduction

1. This policy sets out how physician associates (PAs) and anaesthesia associates (AAs) can satisfy us that they meet the standards of knowledge and skills when applying for registration.
2. The Anaesthesia Associates and Physician Associates Order (AAPAO) requires us to determine standards applicable to associates¹, and sets out what these must relate to. This includes 'knowledge and skills'² and we have set these as two of the nine standards that applicants must demonstrate they meet when applying for registration.
3. The AAPAO establishes common standards for registration, and one single type of registration is granted to all applicants. This provides a level of assurance which maintains the integrity of the register and supports us in delivering against our overarching statutory objectives, as set out in the AAPAO³, of 'promoting and maintaining public confidence in, and proper professional standards and conduct for, members of' the PA and AA professions.
4. The General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules ('the registration rules'), and our policy and guidance, incorporate flexibility for applicants in how they demonstrate they meet the standards.
5. As defined in the [registration evidence policy framework](#), applicants will demonstrate that they meet the standards of knowledge and skills, through evidence of passing a GMC approved registration assessment⁴ within the two years prior to their application. Registration assessments are defined as 'an assessment which is able to test the core knowledge, skills and behaviours of registrants new to practice in the UK'. Passing a GMC approved registration assessment assures us that applicants can safely and effectively apply their learning within the context of UK practice, and to the requisite standard.
6. In line with good practice, the policy will be regularly reviewed to ensure that it remains up to date, fair, proportionate, and effective.

¹ Under part 2, article 3(1) of the AAPAO.

² Under part 2, article 3(2)(b) of the AAPAO.

³ Under schedule 1, article 3(1)(a).

⁴ The registration assessments we accept are set out in the Registration evidence framework.

How will the standards be applied in the transition period?

7. Individuals with a relevant PA/AA qualification, working as PAs or AAs in the UK, have a two-year transition period (until 13 December 2026) to gain GMC registration, before use of the title 'anaesthesia associate' or 'physician associate' becomes restricted to those registered with the GMC⁵. To ensure appropriately qualified and skilled PAs and AAs can continue to contribute to the healthcare workforce in the UK, and can evidence they meet the regulatory standard in a proportionate and targeted way we have provided some flexibility in the types of evidence that can be provided to meet the standards of knowledge and skills during this transition period.
8. In all cases the burden of proof is on the applicant to satisfy the Registrar, and only those who meet the standards of knowledge and skills, alongside the other registration standards and information requirements will be admitted entry to the register. Evidence will be assessed on the basis of robustness, objectivity, and independence, and be subject to verification.
9. At the end of the transition period on 12 December 2026, anyone not registered with the GMC must cease practising as a PA/AA in the UK and stop using the relevant title. On this date, the flexibility which applies only to PAs and AAs who qualified and were practising in the UK prior to the start of regulation, will no longer be acceptable.

How can applicants demonstrate they meet the standards?

10. During the transition period we may not require PAs and AAs who passed a GMC approved registration assessment⁶ more than two years before making their application to retake an assessment, if they can provide us with satisfactory evidence to assure us that they meet the standards of knowledge and skills required to gain registration as a PA or AA.
11. In these cases, we are likely to be satisfied that an associate has met the standards of knowledge and skills if they can provide evidence of recent, post-qualification, UK practice as a PA or AA, accompanied by satisfactory employer references.
12. By practice as a PA or AA in the UK, we mean employed in a clinical role as a PA or AA, or a teaching or research role using the knowledge, skills, attitudes and competences initially obtained through their PA/AA training programme. Where practice is not recent, we have explained other types of supplementary evidence we can consider to support the assessment of knowledge and skills.
13. If an applicant has never passed a registration assessment, or they cannot provide satisfactory supplementary evidence as detailed in this policy, they will generally need to

⁵ Under article 19(1)(b), AAPAO.

⁶ Or the Physician Assistant National Certifying Examination (PANCE), where an individual was accepted on the Faculty of Physician Associate's Managed Register on the basis of a US qualification and PANCE pass.

retake and pass a GMC approved registration assessment to provide objective and up to date evidence of their knowledge and skills. This is to mitigate the risk to patient safety of knowledge and skills degradation during periods post qualification, when applicants are not practising.

What do we consider to be recent practice?

14. PAs and AAs who have practised continuously in the UK for the six months immediately prior to application, in addition to their previous registration assessment pass, are likely to demonstrate that they meet the standards of knowledge and skills.
15. We have identified six months as a proportionate time-period for this specific cohort based on the following factors:
 - Research shows that knowledge and skills fade over time, with evidence that ‘the greatest decline being during the first few months’⁷.
 - It is a sufficient length of employment to enable an applicant to demonstrate the core knowledge and skills required of registrants new to practice in the UK.
 - It is a sufficient length of employment to enable employers to make an assessment of the applicant’s knowledge and skills.
16. Corroborating the evidence of recent UK practice with satisfactory employer references, ensures that the evidence is verified, and provides objective and independent confirmation of the appropriateness of knowledge and skills demonstrated by the applicant.
17. Where applicants have no evidence of UK practice within the last two years, or have never passed an acceptable knowledge and skills assessment, the recommended way to demonstrate they meet the standards of knowledge and skills will be to pass both parts of a GMC approved registration assessment⁸. This is because evidence⁹ suggests that gaps in practice of two years or more is the point at which formal re-training will more often be required prior to a return to practice due to skills fade.
18. There is mixed evidence about how skills decline over a fixed period of time. The table below provides a guide for decision makers and will be considered in order to reach fair and consistent decisions. However, decision makers are not fettered by the criteria and have discretion to depart from it where they have a justified reason for doing so.

Amount and recency of practice	Format of assurance	Likely action
Applicants who have practised continuously	Recent UK practice	No additional assurance required.

⁷ [GMC Skills Fade Research](#), Section 10, ‘Conclusion’.

⁸ AAs who graduated, or started their courses prior to September 2023, will have passed the relevant assessments of their knowledge and clinical/practical skills during their training programme. This is set out in our overarching registration evidence framework.

⁹ [GMC skills fade research 2014](#) and the [Academy of Royal Medical Colleges ‘Return to practice guidance’ \(2017\)](#)

Amount and recency of practice	Format of assurance	Likely action
in the UK for at least the six months immediately prior to their application.	Supported by satisfactory employer reference(s)	
Applicants who have at least six months in the last 12.	Evidence of recent and prior UK practice supported by satisfactory employer reference(s)	Assessment of pattern of applicant's practice history required to determine if it provides sufficient assurance of knowledge and skills, or if additional assurance is required.
Applicants who have some UK practice in the last 2 years, but do not have six months in the last 12:	Evidence of prior UK practice, supported by satisfactory employer reference(s) and supplementary evidence	Assessment of pattern of applicant's practice history, and supplementary evidence where relevant, required to determine if it provides sufficient assurance of knowledge and skills.
Applicants with no UK practice in the last 2 years		Unlikely to have sufficient assurance – Pass in GMC approved registration assessment required.

19. Applicants who do not have evidence of six months continuous UK practice prior to their application for registration can submit evidence of their prior UK practice along with supplementary evidence, such as that detailed below, to demonstrate that they meet the standards of knowledge and skills required.

- Evidence of PA/AA related, UK based continuing professional development (CPD), refresher training, or a return-to-work course.
- Further successful completion of UK postgraduate study restricted to the PA/AA professions, for which the award of a PA/AA qualification is a condition of entry. A MSc top-up programme is the evidence most likely to meet this criteria.

20. The decision maker may take this evidence into account when making their decision.

21. The prompts at the end of this policy provide some guidance on what might make evidence more likely to provide assurance that an applicant has met the standards of knowledge and skills¹⁰. Supplementary evidence alone (eg CPD and/or postgraduate study) is highly unlikely to provide sufficient assurance that an applicant meets the standards of knowledge and skills.

¹⁰ Decision makers will also be mindful of statutory protections, such as maternity leave and disability, when applying our discretion and making decisions, and will consider these on a case-by-case basis.

How will we assess the evidence?

22. In all cases the burden of proof is on the applicant to satisfy the Registrar, and evidence will be assessed on the basis of robustness, objectivity, and independence, and be subject to verification.
23. Applicants with less than six months practise before application can choose to submit evidence, other than that listed, where they believe it demonstrates that they meet the standards. We have provided guidance on what we are looking for within the evidence to provide us with assurance that the standards of knowledge and skills is met. Applicants may find it helpful to consider their evidence against this guidance, to understand whether or not the evidence is likely to provide sufficient assurance.
24. In cases where there is a lack of recent UK practice supported by satisfactory employer references, and the additional evidence provided is limited, or not at the standard required, applicants will be required to take a GMC approved registration assessment in order to demonstrate the standards of knowledge and skills.

Starting points for assessing whether evidence demonstrates an applicant meets the standards of knowledge and skills

Evidence	More likely to provide assurance	Less likely to provide assurance
UK practice	<p>Gaps in practice of less than three months duration - gaps of less than three months may still affect confidence and skills levels, but appear less likely to cause significant problems. Research suggests the majority of professionals in these cases should be able to return to work safely and successfully.</p>	<p>Gaps in practice of more than three months duration – these gaps appear more likely to significantly affect knowledge and skills. The length of the period of absence will generally be considered to correspond with the risk of knowledge and skills fade (eg longer gaps carry a greater risk of more significant skills fade).</p>
	<p>Higher duration of previous practice, and level of prior expertise/proficiency – evidence suggests that these are mitigating factors against skills fade, because ‘the higher the level of learning and proficiency prior to hiatus the higher the level of retained skills will be’. Also, continuity of prior practice provides assurance that the previous employer was able to gain a good oversight of the applicants practice, and that any concerns with the applicants practice were more likely to have been identified, reported and/or managed.</p>	<p>Multiple posts of short duration - Lack of continuity, and short duration may mean applicant is not integrated into the clinical governance processes, and concerns about their practice may not be effectively identified, reported and/or managed.</p> <p>Limited prior experience/proficiency - In these circumstances the previous role(s) offer less mitigation against skills fade, because evidence shows that over learning (learning beyond the minimum) is associated with better retention of learned skills.</p>
	<p>Satisfactory employer references to support all posts, confirming that the applicant has demonstrated appropriate knowledge and skills for UK practice.</p>	<p>Employer references that raise issues, or a lack of employer references to support posts - no objective and independent confirmation of demonstration of appropriate knowledge and skills in post.</p>

Evidence	More likely to provide assurance	Less likely to provide assurance
CPD related to the PA/AA role	<p>Format of CPD includes participatory learning - Factors such as keeping in touch with peers and staying aware of developments, can mitigate skills fade¹¹. Participatory learning means undertaking activity that involves interaction with one or more other professionals.</p>	<p>Format of CPD is all self-directed learning and contains no participatory learning – There is evidence that self-assessment of competence is not sufficient to determine how skills fade may be addressed¹². However we will take into account where there are valid reasons why online learning was the best available way for the applicant to keep their knowledge and skills up to date (for example if caring responsibilities or remote location meant the applicant found it difficult to attend learning related to their practice as a PA or AA with others).</p>
	<p>Subject matter of CPD targeted to both the breadth of core generalist knowledge and skills, as well as CPD directly relevant to the applicant’s practice. Applicants are required to maintain core required knowledge and skills, as well as maintaining and developing their specific area of practice.</p>	<p>Subject matter of CPD is limited in breadth, and/or the subject matter and quality of the CPD is not suited to their role - the breadth of the applicant’s CPD should be wider than the specific area of practice in which they are/were working, to enable them to gain a broad educational and professional experience and maintain their generalist knowledge and scope. It should also enable them to keep up to date with specific developments in their specific area of practice.</p>
	<p>Evidence is supported by an overarching personal development plan - The applicant has taken a targeted and structured approach to CPD while out of practice, demonstrating that their CPD is of the type, and breadth required to meet the standards of knowledge and skills</p>	<p>There is no evidence of planning the CPD activity – robust and verifiable evidence of maintenance of the required breadth of knowledge and skills is unlikely without a plan to achieve this.</p>

¹¹ ‘There is a consensus that skills fade may be mitigated for through keeping in touch with peers during a hiatus and staying aware of relevant developments.’ Section 7.2, [GMC skills fade research](#).

¹² ‘There is evidence that self-assessment of competence does not necessarily match the findings of more objective assessments of competence. This has potential patient safety implications, and suggests that self-assessment would not be sufficient to determine how skills fade may be addressed.’ Section 7.2, [GMC skills fade research](#).

Evidence	More likely to provide assurance	Less likely to provide assurance
	(eg as recommended as good practice for their profession ¹³).	
	<p>Evidence demonstrates the applicant has reflected on and learned from the CPD they have undertaken – applicants have considered whether their CPD activities have helped them to meet their objectives and, if not, whether they need to do any further learning or other activities to keep their knowledge and skills up to date.</p>	<p>There is limited/no evidence of reflection on CPD – reflection is an integral part of maintaining, developing, and improving performance and the quality of an individual’s work. <i>Good medical practice</i> requires regular reflection on standards of practice¹⁴.</p>
	<p>The CPD includes a summative assessment – provides objective evaluation of the knowledge and skills level attained through the CPD undertaken.</p>	<p>The CPD includes no assessment or a formative assessment only – no objective assurance about level of knowledge and skills of applicant in relation to the CPD content.</p>
<p>Further successfully completed UK postgraduate study restricted to the PA/AA professions, for which the award of a PA/AA qualification is a condition of entry.</p>	<p>It includes an assessment of knowledge and skills across the PA/AA role– provides robust and objective evidence of level of knowledge and skills in the PA/AA role.</p>	<p>It does not include an assessment, and/or is focused only on a specific element of the role – would not meet standard for objective and robust evidence, and/or would need supplementary evidence to assure us of the breadth of knowledge and skills required to meet the standards.</p>

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¹³ For example in the [Faculty of Physician Associate guidance on CPD](#) and the [Association of Physicians’ Assistant’s \(Anaesthesia\) guidance on CPD](#)

¹⁴ [Good medical practice para 13](#).