

PAs and AAs: Registration Evidence Framework

Introduction

1. This framework describes the overarching approach to how Physician Associate (PA) and Anaesthesia Associate (AA) applicants can demonstrate the registration standards and information requirements¹. The Anaesthesia Associates and Physician Associates Order (AAPAO) establishes common standards for registration and one single type of registration is granted to all applicants.
2. The [General Medical Council \(Registration\) \(Anaesthesia Associates and Physician Associates\) Rules \('the registration rules'\)](#)² explain:
 - our process for the assessment of international qualifications,
 - the procedural requirements applicants must comply with when applying for registration, and
 - the process we will follow when determining applications for registration.
3. The rules, policies and guidance referenced in this framework, incorporate flexibility for applicants in how they demonstrate they meet the standards and information requirements. We refer to these as the requirements for registration.
4. In all cases the burden of proof is on the applicant to satisfy the Registrar³, and evidence will be assessed on the basis of robustness, objectivity, and independence, and be subject to verification.
5. If applicants provide acceptable forms of evidence to demonstrate the requirements for registration, they will join the register of PAs and AAs. This level of assurance maintains the integrity of the register and supports us in delivering against our overarching statutory objectives, as set out in the AAPAO⁴, of promoting and maintaining public confidence in, and proper professional standards and conduct for members of, the PA and AA professions.
6. In cases where an applicant is unable to satisfy the Registrar that they meet the standards for registration, and/or of their identity and/or that their declaration of insurance and indemnity is appropriate and adequate, then their application will be refused⁵.

¹ As set out at Article 6(1) of the Anaesthesia Associates and Physician Associates Order (AAPAO).

² Made under paragraph 4(1)(a) of Schedule 4 of the AAPAO.

³ Where the AAPAO and the rules refer to decisions taken by 'the Registrar', these powers and functions have been assigned under the GMC Schedule of Authority to individuals who are referred to as Authorised Decision Makers (ADMs).

⁴ Schedule 1, Article 3(1)(a).

⁵ Under Part 2, rule 6(9)(b) of the registration rules.

Standards and information requirements for registration

7. The standards for registration⁶ are:
 - a. education and training
 - b. knowledge and skills
 - c. experience and performance
 - d. conduct and ethics, and
 - e. proficiency in English language.
8. Applicants must also provide the following information to the Registrar as part of a registration application⁷:
 - proof of the applicant's identity, and
 - evidence to demonstrate that the applicant has in force, or will have in force, by the date on which the applicant begins to practise in the UK, an indemnity arrangement, insurance policy, or a combination of these, which provides appropriate and adequate cover in respect of the applicant's practice as an associate.
9. We have set out in this framework the broad types of acceptable evidence that applicants can provide to demonstrate that they meet the requirements for registration and the rationale for this. The types of evidence applicants can provide may differ depending on their individual circumstances, and the Registrar can exercise discretion when assessing this.
10. In line with good practice, we'll regularly review this framework to ensure it remains up to date, fair, proportionate, and effective.

Transition period

11. Under the AAPAO, Article 19(1)(b) (which relates to the use of the title anaesthesia associate or physician associates) will not take effect until 13 December 2026. This means there is a two-year transition period for individuals with a relevant PA/AA qualification who are practising as PAs or AAs in the UK to gain registration. To support this group, we have explained in the framework where there is flexibility in the types of evidence that can be provided to meet the standards and information requirements.

⁶ These are the standards we have determined, from those set out at Article 3(2), as required for registration under article 6(1)(a) of the AAPAO.

⁷ Under Part 2, Article 6(1)(c)(i) and 6(4) of the AAPAO.

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12. We have taken this position to ensure that appropriately qualified and skilled PAs and AAs can continue to contribute to the healthcare workforce in the UK, and that the introduction of statutory regulation does not disadvantage them disproportionately.
 13. When the transition period ends on 12 December 2026, anyone not on the register of PAs and AAs must stop practising as a PA/AA in the UK and can no longer use the protected titles of Physician Associate or Anaesthesia Associate. On this date, the flexibility in our policies to support practising PAs and AAs into regulation will no longer apply.

Evidence requirements

14. The registration rules require all applicants to apply for registration by submitting a completed application to the regulator⁸, and by providing the information and evidence set out below⁹. The validity periods that apply to evidence requirements will be set out in individual policies.

Education and training

15. Applicants need to provide evidence of their education and training which has led to them obtaining a ‘relevant qualification’ for the purposes of registration. Education and training is the foundation for entry into the register and provides assurance that applicants have a baseline knowledge.
16. Applicants are only eligible to apply for registration where they hold a relevant qualification¹⁰. The registration rules define a ‘relevant qualification’ to mean ‘an approved qualification or a qualification which is accepted by the Regulator for the purposes of registration as an associate’¹¹.
17. Under this definition, relevant qualifications include:
 - **UK PA or AA qualifications, approved by the GMC** – to gain approval for a qualification through our Education approval process, the course provider must have: demonstrated that they have incorporated into their course the high-level learning outcomes set out in the relevant UK-wide curriculum; confirmed they have degree awarding powers; and provided evidence to demonstrate how the course meets our [course standards](#). When a course is approved, the qualification awarded upon successful completion of the course is also approved. Approved courses then enter our rolling cycle of quality assurance to ensure that they maintain our standards.

⁸ Part 2, rule 5(1).

⁹ Under Part 2, rule 2.

¹⁰ Under Part 2, rule 4(1)

¹¹ Under Part 1, rule 2.

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- **International PA or AA qualifications which meet the [relevant acceptable overseas qualifications criteria \(AOQ\) criteria](#)** - all international PA and AA qualifications will be assessed against the relevant AOQ criteria for assurance that they are acceptable for the purposes of registration as an associate¹². If the qualification meets our criteria, the applicant will be able to apply for registration and the qualification will be accepted as evidence to demonstrate the education and training standards for that individual. As part of assessing an international PA or AA qualification we can make enquiries, for example from the awarding institution, a regulator/ relevant government body, or request information from the person holding the qualification¹³.

18. During the transition period, relevant qualifications will also include:

- **Qualifications which have been accepted by the Faculty of Physician Associates (FPA) or Royal College of Anaesthetists (RCoA) for entry onto the voluntary register for the relevant profession.** This includes UK qualifications, and qualifications held by PA graduates of nationally recognised physician associate programmes from the United States of America who have passed the Physician Associate National Certifying Examination (PANCE)¹⁴ administered by the National Commission on Certification of Physician Assistants (NCCPA).
- **Qualifications based in biomedical science, granted by UK institutions, the award of which has permitted individuals to practise as a PA or AA in the UK.**

19. Including UK qualifications awarded prior to GMC regulation within the definition of ‘relevant qualifications’ is a proportionate and fair approach to enabling established PAs and AAs joining during the transition period to evidence the education and training standards. It would be a disproportionate impact of regulation, and have a negative impact on the healthcare workforce, to require these individuals to undertake a new PA or AA qualification if their existing qualification has been accepted by a recognised body such as the FPA/ RCoA or assessed by an employer appropriate for UK practice. The inclusion of US qualifications accepted by the FPA is based on the fact that the PA role originated in the US, and that UK training programmes and the PA role are based on that US model.

20. Like all other applicants, PAs and AAs with a relevant qualification joining the register during the transition period will have to demonstrate that they meet all of the standards and information requirements set out within this framework.

21. All applicants have to provide evidence of the relevant qualification, including the dates they were obtained. All applicants may need to have their relevant qualification verified¹⁵, to ensure that qualifications are authentic. For applicants with a UK qualification, we will verify

¹² Under Part 2, rule 4(2).

¹³ Under Part 2, rule 4(3)

¹⁴ The PANCE will also be accepted as evidence of knowledge and skills, see paragraph 32.

¹⁵ Under PART2, rule 6(5).

these directly with the awarding institution. For overseas applicants, verification will be through an external provider. Further detail on how this information to support applications can be provided can be found in our [applicant guidance](#) .

Knowledge and skills

22. Applicants are required to provide evidence of their knowledge and skills. This assures us that applicants can safely and effectively apply their learning within the context of UK practice, and to the requisite standard. The standards of knowledge and skills are set at the level of a graduate of a UK PA or AA training programme.
23. Applicants will demonstrate that they meet these standards through providing evidence of a pass in a GMC approved registration assessment¹⁶. Registration assessments test the core knowledge, skills and behaviours of applicants new to practice in the UK. For PAs, the GMC approved registration assessments are the Physician Associates Registration Assessment (PARA) or its forerunner the Physician Associate National Examination (PANE). For AAs it is the Anaesthesia Associate Registration Assessment (AARA). The AARA is a new assessment and is a requirement for AA students who started their courses from September 2023 onwards.
24. Each of the GMC approved registration assessments have two elements: a knowledge test, and an assessment of clinical/practical skills. The PARA/PANE is administered by the Royal College of Physicians (RCP), and the assessment of clinical skills is through an objective structured clinical assessment (OSCE). The AARA knowledge test (AARA- KT) is administered by the GMC. For those on a UK AA training programme the assessment of clinical skills (AARA-CSA) will take place during their training programme in the form of a series of supervised learning events in the workplace. International AA applicants will have to take the AARA-KT and will sit a separate clinical assessment.
25. Where the registration assessment is not administered by us, we will receive the results directly from the assessment provider. A pass in a PARA or AARA will be valid for two years.
26. We will specify the maximum number of attempts that will generally be accepted for both assessments, and this will be set out in the relevant assessment policies.

Validity of registration assessment pass

27. Evidence of a recent pass (within two years prior to application) in a GMC approved registration assessment will be acceptable as satisfying the standards of knowledge and skills.
28. If an applicant's registration assessment was undertaken more than two years ago, they will generally need to retake and pass a GMC approved registration assessment in order to

¹⁶ Under rule 5(2)(e)

provide valid evidence of their knowledge and skills to apply for registration. This is to mitigate the risk to patient safety of knowledge and skills degradation during periods post qualification, when applicants are not registered.

How can currently employed PAs/AAs demonstrate knowledge and skills during the transition period?

29. If an applicant has worked as a PA/AA in the UK prior to the start of regulation but has never previously passed a GMC approved registration assessment, they will need to pass the relevant assessment before they can apply for registration.
30. As the UK AARA is a new assessment it is a requirement for AA students who started their courses from September 2023 onwards.
31. During the transition period, we will not require AAs who qualified before September 2023 to sit the AARA if they have recent employment as an AA in the UK covering six months before applying for registration. This is because their knowledge and skills will have been previously assessed directly through the vocational AA training programme and resulted in the award of their qualification. In these circumstances, recent practice, along with satisfactory employer references, can be accepted as additional evidence to demonstrate the standards.
32. During the transition period, PA applicants with a PANE or PANCE¹⁷ pass that is more than two years old can demonstrate their knowledge and skills if they have recent employment as PA in the UK covering six months before applying for registration. This is because recent practice, along with satisfactory employer references, can be accepted as additional evidence to demonstrate the standards.
33. If applicants cannot provide this, we are likely to ask for further evidence to help us decide if the knowledge and skills standards are met.
34. Our [policy](#) details the broad types of evidence we are likely to consider during the transition period. In cases where there is a lack of recent practice supported by employer references, and the additional evidence provided is limited or not at the standard required, PA/ AA applicants will be required to take the relevant registration assessment. If an applicant's gap in practise is due to parental leave, ill health, disability, or refugee status, this will be considered on a case-by-case basis.

¹⁷ The Physician Associate National Certifying Examination (PANCE) is included for those whose US qualification, and PANCE pass was the basis for them being admitted to the FPAVMR.

Experience and performance

Experience

35. We will accept an applicant's relevant qualification as proportionate evidence to demonstrate the experience standard¹⁸. This is because qualifications for these professions include exposure to working in clinical settings.

Performance

36. We require details of an applicant's employment history and employer references, where relevant to the application¹⁹, to provide assurance that no concerns about performance have arisen while they have been practising as, or training to be, a PA or AA.
37. Applicants are required to provide details of registration held with any other regulatory body in the UK or overseas²⁰, to provide additional assurance about their performance whilst working in other roles both within and outside healthcare. We may also require other evidence, where relevant to support the applicant's fitness to practise²¹.
38. Where an applicant has been practising overseas this might include confirmation from other regulators or other relevant bodies, that the applicant is in good standing, and if there are any restrictions on their practice. Our [guidance for applicants](#) will set out further details on the circumstances in which an applicant might be asked to provide this evidence.

Conduct and Ethics

39. We need to ensure that applicants joining the register of PAs and AAs are safe and fit to practise in the UK. Our guidance, [Good medical practice](#), sets out the standards of care and behaviour expected of PAs and AAs working in the UK.
40. All applicants are required to provide evidence as to their conduct and ethics. Our [policy](#) explains that applicants will provide this evidence through completion of a fitness to practise declaration²², and by providing other evidence to support their fitness to practise, where appropriate²³.
41. If an applicant discloses information which causes us to consider that their fitness to practise may be impaired, we will need to investigate the matter. Matters that might suggest an

¹⁸ Under Part2, rule 5(2)(e).

¹⁹ Under Part2, rule 5(2)(c) and (h),

²⁰ Under Part2, rule 5(2)(f).

²¹ Under Part2, rule 5(2)(h).

²² Under Part2, rule 5(2)(g).

²³ Under Part2, rule 5(2)(h).

applicant's fitness to practise may be impaired will be considered under the two grounds for action set out in the AAPAO²⁴.

42. We may refuse an application for registration if the applicant has not satisfied us about their fitness to practise and therefore that the standards for conduct and ethics are not met²⁵. Further guidance on [what applicants need to tell us before they apply](#) is accessible on our website.

English language

43. Applicants must provide evidence of their knowledge of the English language²⁶. PAs and AAs are required to have this due to the nature of the work they do and the level and different types of interactions they have with other members of the healthcare team, patients and the public²⁷.
44. It is our responsibility as the regulator of these professions to ensure applicants can demonstrate the required proficiency in the English language and our [policy](#) explains how applicants can satisfy us of this.
45. If applicants are unable to provide acceptable up to date evidence of their English language, or it emerges during the application process that there are concerns about this, we will refuse to grant registration²⁸.

Registration information requirements

46. In addition to providing evidence that they meet the standards for registration, applicants must also provide the information requirements set out in the AAPAO²⁹:
- proof of identity, and
 - evidence that they have in force, or will have in force by the date they begin to practise as a PA or AA in the UK, indemnity and insurance (I&I) arrangements which provide appropriate and adequate cover in relation to their practice.

²⁴ Under article 2(a) of the AAPAO - inability to provide care to a sufficient standard, or misconduct.

²⁵ Under Part 2, rule 6(9)(b)(i)

²⁶ Under Part 2, rule 5(2)(i)

²⁷ *Good medical practice* paragraph 5 states 'You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.'

²⁸ Under Part 2, rule(9)(b)(i)

²⁹ Under article 6(1)(c)(i), and 6(4)(a) and (b) of the AAPAO

Identity

47. We have a statutory obligation to ‘take steps to guard against, and facilitate the discovery of, falsification of the register’³⁰. We must also ‘record in the register in respect of each registrant...information in respect of the person’s identity...which...the regulator is satisfied serves the purpose of public protection’³¹. To fulfil this, applicants must provide their personal details³² (including their full name, date of birth and contact details), and evidence of their identity³³ as part of their application.
48. Pre-registration ID verification is also an important part of the assurance framework we have in place to ensure that we meet this obligation³⁴.

Evidence of identity

49. Evidence of identity is a standard requirement for all applications for registration, but how we obtain evidence of identity may differ depending on the applicant’s individual circumstances.
50. Applicants will be asked to provide evidence of their identity during the application process, in the form of a copy of an identity document. In the case of currently employed PAs and AAs, evidence of identity will in some cases be obtained from key stakeholders (e.g. UK course providers or voluntary registers) ahead of the application process.
51. We may however request additional ID evidence from individual applicants if there is a discrepancy between the identity evidence from different sources, or if we have other concerns.
52. We will have received evidence of all applicants’ identity before we carry out ID verification. Our [guidance for applicants](#) sets out the detail about the specific types of evidence applicants can provide to meet our requirements.
53. Our [policy on ID verification](#) explains our requirements and the types of documents that are acceptable.
54. We will refuse registration if we aren’t satisfied as to the applicant’s identity³⁵.

Insurance and indemnity

55. All applicants are under a statutory obligation to ensure that they have in force, or will have in force by the time they begin to practise in the UK, insurance and indemnity (I&I)

³⁰ Under Article 5(1)(b) of the AAPAO.

³¹ Under Article 5(3)(c).

³² Under Part 2, rule 5(2)(a).

³³ Under Part 2, rule 5(2)(b).

³⁴ Under Part 2, rule 6(5).

³⁵ Under Part 2, rule 6(9)(b)(ii).

arrangements that provide appropriate and adequate cover for the work they do. Our guidance, [Good Medical Practice outlines at para 101](#) that, ‘you must make sure that you have appropriate and adequate insurance or indemnity that covers the full scope of your practice. You should keep your level of cover under regular review.’

56. Our [policy](#) explains how applicants can comply with these I&I requirements through a final declaration as part of the registration application process³⁶. Although in some circumstances we may ask applicants to provide further information about their I&I arrangements. If we aren’t satisfied that the declaration provided is adequate or appropriate, the application will be refused³⁷.
57. If we become aware that an individual does not have appropriate I&I cover, we may remove their registration³⁸ or refer the matter as a concern relating to their fitness to practise. An ‘unintentional’ failure to have appropriate I&I in place will be dealt with primarily as a registration issue, whereas a more serious allegation that a patient was intentionally misled about the individuals’ I&I status may also raise a concern under the standards of conduct and ethics.

Process of assessment and decision making

58. The AAPAO states that ‘the Registrar must register a person who applies for registration...if the applicant meets the standards for registration’ (as above), has provided proof of their identity and evidence in relation to their identity and I&I arrangements, and has complied with the procedure for applying for registration³⁹. The procedure for making an application is set out in our rules and [guidance for applicants](#). Provided an applicant demonstrates satisfactory evidence of all the requirements above, we have a statutory duty to grant registration to the individual⁴⁰.
59. As explained, the rules allow us to take steps to verify evidence provided by applicants as part of their registration application⁴¹. We may also, make enquiries, or request information from the applicant⁴² to assist us in assessing and making a decision on an application, where we consider it relevant. The rules require applicants to provide any additional information requested by dates we specified ⁴³.

³⁶ Under Part 2, rule 5(2)(j).

³⁷ Under Part 2, rule 6(9)(b)(iii).

³⁸ Article 9(2)(c)(cc) and Part3, rule 16(1).

³⁹ Under Part 2, article 6(1).

⁴⁰ Under Part 2, rule 6(9)(a).

⁴¹ Under Part 2, rule 6(5).

⁴² Under Part 2, rule 6(1).

⁴³ Under Part 2, rule 6(3).

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60. Authorised decision makers' (ADM) guidance is in place to support consistent, fair, and proportionate decision making. These pieces of guidance outline the factors that ADMs should take into account when they consider whether or not the evidence satisfies us that each of the standards has been met.
61. Following consideration of the application and evidence the Registrar must decide to grant⁴⁴ or refuse the application⁴⁵ if they are not satisfied:
- that the standards for registration are met,
 - of the identity of the applicant, or
 - that the declaration of insurance and indemnity is appropriate and adequate for their practice as an associate.
62. The Registrar can refuse to make a decision and close the application where the applicant has failed to provide the information and declarations required or to pay the required fee⁴⁶.
63. We will notify applicants of our decision, and the rules set out when we must do this, and the information we must provide to applicants⁴⁷.

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⁴⁴ Under Part 2, rule 6(9)(a).

⁴⁵ Under Part 2, rule 6(9)(b).

⁴⁶ Under Part 2, rule 6(9)(c).

⁴⁷ Rule 7 provides details of the time-limits for notifying applicants, and of the information we must include.