

PAAs and AAs: the assessment of conduct and ethics at registration

Introduction

- 1 This policy sets out our approach to considering whether applicants meet the standards of conduct and ethics when they apply to join the register of PAs and AAs. It explains our responsibilities to assess conduct and ethics as part of a registration application, how issues are identified and considered, and how we make our decisions. In addition to the policy, we also have guidance to support the decision makers who consider whether an applicant meets the standards and is fit to practise. This ensures that such decisions are proportionate, transparent, fair and consistent.
- 2 In line with good practice, we'll regularly review this policy to ensure it remains up to date, fair, proportionate, and effective.

Background

- 3 Our role as a medical regulator is 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.
- 4 This means that we can take action when individuals seriously depart from the standards of the professions to minimise the risk to the public.
- 5 When we become aware of a concern about a registered PA or 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:
 - the individual's overall ability to perform their role
 - their professional and personal behaviour

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- the impact of any health condition on their ability to provide safe care.
- 6 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 AAs¹. We have decided² 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.
 - 7 Decision makers 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](#).
 - 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.

What we mean by fitness to practise at registration

- 9 The register of PAs and AAs is there to give confidence that PAs and AAs who hold registration with us meet the standards expected of them. When an individual applies for registration with us, before granting registration we must fulfil our duty to protect the public by determining that they meet the standards of conduct and ethics (i.e. their behaviour, performance or health³ do not pose a current and ongoing risk to public protection).
- 10 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 action⁴:
 - the inability to provide care to a sufficient standard

¹ Under Article 3(2)(d).

² Under Article 6(1) of the AAPAO.

³ 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 have set out in this guidance when it is likely to be considered as part of our overall assessment of the individual's fitness to practise.

⁴ Set out at Article 2(2)(a) of the AAPAO.

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- misconduct.
- 11** A finding of impairment can only be made where the evidence engages one of the relevant legal bases and the applicant is assessed to pose a current and ongoing risk to one of more parts of public protection. To assess if an applicant poses any risk to public protection, the following needs to be considered:
- the seriousness of the concern
 - any relevant context
 - how the individual has responded to the concern.
- 12** Assessing the seriousness of the concern involves considering the extent of any departure from the professional standards expected and/or the impact of an applicant's health condition on their ability to practise safely. It also means taking into account any specific factors that may impact on seriousness. For example, if the behaviour was an isolated incident, whether it was premeditated or persistent, or whether it was an abuse of power.
- 13** Assessing the impact of any relevant context involves looking at information known to us about the specific setting or circumstances surrounding a concern and considering if, and how, it has influenced the applicant's behaviour, performance or health. There are different types of context (described in detail in our publication [What we mean by fitness to practise](#)). The impact of the relevant context may be to increase or decrease the risk to public protection.
- 14** Assessing how the applicant has responded to the concern involves examining the evidence available to establish if they have: shown insight into their own practice and behaviour; taken steps to remediate any issues, such as participating in training, supervision, coaching or mentoring relevant to the concern raised; kept their knowledge and skills up to date; managed their health effectively and been working within their area(s) of competence.

How our approach to fitness to practise at registration differs from our approach to fitness to practise for current registrants

- 15** There are some aspects of assessing fitness to practise at registration that are different to assessing fitness to practise concerns when individuals are registered with us.
- **The binary nature of the decision to grant or refuse registration.** Deciding that an applicant is fit to practise when they apply for registration means granting unrestricted

registration to work as a PA or AA in the UK. The Registrar has no power to grant registration with conditions attached.

- This means that decision makers must consider whether granting registration to an applicant would present a risk to patient safety or otherwise undermine confidence in the professions and in regulation as a whole. This is different to the powers we have if a registered PA or AA is found to be impaired. In these circumstances, conditions can be applied to their registration to address the risk to public protection.
- **The extent to which the applicant meets the standards in *Good medical practice*.** We expect applicants to follow the standards set out in *Good medical practice* from the moment they submit their registration application. However, we recognise that the standards set out in *Good medical practice* are specific to UK practice. Where the applicant has lived or worked in another country, decision makers 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, decision makers will 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.
- **The demonstration of an individual's knowledge of English.** The assessment of fitness to practise at registration does not include requiring an applicant to demonstrate their knowledge of English, as this is a separate standard all applicants must meet under the AAPAO. If concerns arise about a registered PA or AA's language capability this will be considered under the inability to provide care to a sufficient standard ground for action.

How we become aware of fitness to practise concerns at registration

16 When an individual applies for registration with us, they will complete a fitness to practise declaration⁵ which asks them to tell us about:

- Cautions, convictions, and other police matters

⁵ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(5)(2)(g).

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- fixed penalty notices and penalty notices for disorder
 - action taken against them by a PA or AA course provider or employer
 - clinical negligence and medical negligence claims
 - management of health conditions.

17 We expect that we will be informed about most fitness to practise concerns by applicants through their completion of the declaration. Our [What to tell us when you apply](#) guide gives more information about what applicants should tell us when they apply. Most fitness to practise concerns will fit into one of the categories in this guide. However, there may be factors that do not exactly align with one of the five categories but may still represent a fitness to practise concern. We expect applicants to read the guidance, be open and honest and to use their judgment when declaring potential fitness to practise concerns.

18 In addition to the declaration, applicants may also need to give us details of all their work history and certain other activities for the last five years or since they qualified⁶. We'll need a Certificate of Current Professional Standing (or as a minimum other evidence of the applicant's good standing which provides the same information as the CCPS) if they've been registered with a regulatory authority in another country⁷. We may ask for employer references to cover work during the last five years for which the applicant did not hold registration, including if the applicant was working in a country with no formal regulation of PAs and AAs⁸.

19 We will also consider outstanding, or new, concerns about an applicant's fitness to practise if they apply to re-enter the register. Applicants for re-entry who were removed following a fitness to practise process will need to satisfy a tribunal that their fitness to practise is not impaired⁹. Applicants who: were automatically removed; were removed during fitness to practise proceedings or with a fitness to practise measure of conditions or suspension in place; were removed for fraudulently obtaining registration; or have had fitness to practise concerns raised since they left the register will have to satisfy us that their fitness to practise is not impaired to be granted re-entry to the register¹⁰.

⁶ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(5)(2)(c).

⁷ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(5)(2)(f).

⁸ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(5)(2)(h).

⁹ AAPAO, Articles 6(2)(b) and 6(3)(b).

¹⁰ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 4(25)(1).

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- 20** Applicants should be open and honest when declaring potential fitness to practise concerns on their application. If they aren't, we could refuse their application. If we later find out they didn't tell us about something relevant, we will investigate it to find out why and we may open a fitness to practise case.
 - 21** In some cases, other third parties (such as colleagues, classmates, or other regulatory bodies) may share information with us that we use to inform our assessment of an applicant's fitness to practise at registration.
 - 22** If we are informed that an applicant has a history of fitness to practise concerns with their employer, another regulatory body, or a professional membership body, this will not necessarily prevent them from being registered with us. We will consider information provided by third parties and will seek clarity or further information as required¹¹. We will look at the decision or outcome resulting from any previous investigations into the concern and will consider this, along with the actions that led to the concern, and any additional evidence we are provided with, to inform our decision about whether to grant registration.

How we make decisions about fitness to practise at registration

- 23** 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).
- 24** 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, the decision maker is likely to delay making a decision in order to obtain sufficient evidence to reach a conclusion one way or another.
- 25** We have a duty to protect the public and must therefore be cautious when considering registration applications. If the decision maker 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. In these cases the applicant will not have met the standards of conduct and ethics and registration *must* be refused, even if all other standards and criteria are met.
- 26** When we become aware of a potential fitness to practise concern, we initially establish the

¹¹ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(6)(1).

facts and then establish whether any of those facts amount to either of the grounds for action¹².

- 27** If the concern warrants further investigation, decision makers will investigate its level of seriousness, any relevant context, and the applicant's response. This will inform our consideration of whether granting registration would present a risk to public protection or otherwise undermine confidence in the professions and in regulation as a whole.
- 28** In all cases, the assessment of current and ongoing risk looks beyond the specific events giving rise to the fitness to practise concern and considers the wider context and how the individual has responded to what has happened.

Assessing seriousness

- 29** 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 from the professional standards expected and/or the impact of an applicant's health condition on their ability to practise safely. It also means taking into account any specific factors that may impact on seriousness.
- 30** An applicant having a health condition does not mean that there is a departure from the standards expected of PAs and 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.
- 31** Our initial assessment of the potential seriousness of the concern will determine the extent to which it is investigated. In cases where, if proven, the concern may indicate that an individual's fitness to practise is impaired (and registration is therefore refused), we may seek to gather further evidence to establish the facts of the concern and any factors which may decrease or increase the seriousness of the concern.
- 32** 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 or indecency
 - sexual or improper emotional relationships with a patient or someone close to them

¹² Under Article 2(2)(a) of the AAPAO.

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- violence
 - dishonesty
 - unlawfully discriminating in relation to characteristics protected by law
 - deliberately misleading patients or others about their 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.

33 Although violence and dishonesty generally indicate a high level of seriousness, some cases of violence or dishonesty may represent a lower risk to public protection than others. In these cases, decision makers may consider our [*Guidance for decision makers when violence and dishonesty may represent a lower risk to public protection*](#).

34 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 higher 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 context

35 The next step in assessing an applicant's fitness to practise is considering any relevant context that may impact on their risk to public protection.

36 Where evidence of relevant context is identified, its impact on the seriousness of the concern and associated risk to public protection will be considered. If it appears the type of relevant context identified may have influenced the applicant's behaviour, performance or health, consideration will be given to whether this increases or decreases the level of risk to public protection posed by the individual. 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.

37 Relevant context could be related to the applicant's:

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- working/training/academic environment
 - role and experience
 - personal context.

Assessing response

38 An applicant's response to the concern will also impact on our assessment of their risk to public protection. We will assess the individual's insight into an issue as well as their willingness and capability to remediate the issue.

Insight

39 For an individual to remediate, it's important they have insight into the concern. To actively address concerns about their behaviour, performance or impact of a health condition, the applicant must first recognise there is a concern and try to understand how it arose. The key question is whether the applicant understands what happened and accepts how they could have acted differently.

40 Evidence of insight is likely to be persuasive where it includes consideration of how the individual might have done things differently. When assessing the weight to be attached to evidence of insight, the following are relevant considerations.

- The nature and quality – for example, a full acknowledgment of what has occurred and what the individual needs to do differently, will carry more weight than a simple 'I'm sorry'.
- The timing – for example, an apology given soon after the relevant events can carry more weight than if it were given following a delay and just before, or at, the decision point.

Remediation

41 Regarding remediation, 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.

42 The key questions decision makers will be considering in reference to remediation are:

- Is the concern remediable?
- Has the concern been remedied?
- Is the concern likely to be repeated?

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- 43** 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 they have had or can have.
- 44** 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.

Making a decision

- 45** After considering the individual circumstances and evidence associated with each potential fitness to practise concern, decision makers will make a final decision about an applicant's ongoing risk to public protection. In doing so, they will 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 profession or to proper professional standards and conduct.

Outcomes

- 46** If an applicant is able to demonstrate that they have sufficiently remediated any fitness to practise concerns then a decision maker can determine that they meet the standards of conduct and ethics. However, if a decision maker cannot conclude that an applicant's fitness to practise is not impaired, the applicant will not have met the standards and will be refused registration¹³.
- 47** In these circumstances we will notify the applicant of our decision, informing them of the full reasons why we have refused their application and details of how the applicant can seek permission to appeal the decision.
- 48** After 12th December 2026, it will become an offence for individuals to work as a PA or AA without being registered. If applicants practise without being on the register of PAs and AAs, this may affect any other registration that they hold or any current application for GMC registration.

¹³ General Medical Council (Registration) (Anaesthesia Associates and Physician Associates) Rules 2024, Part 2(6)(9).

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