

12 September 2024

Dr Hilary Williams

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Chair
Professor Dame Carrie MacEwen

Chief Executive and Registrar
Charlie Massey

Dear Dr Williams,

Thank you for your letter of 15 August 2024 inviting myself and Carrie to join the Royal College of Physicians' (RCP) Council meeting on 19 November 2024. My office has been in touch separately to confirm that Colin and I will attend the meeting, and that Carrie must unfortunately send her apologies. We will of course ensure your Council members receive a written briefing in advance covering the questions posed in your letter.

You also invited us to share our views on the College's draft guidance on safe and effective practice for physician associates (PAs). I'm grateful to have been given an opportunity to comment prior to publication. We welcome the draft guidance and appreciate the pressures that the College is facing as a result of the wide range of strongly held views around how PAs can be safely deployed in both primary and secondary care.

We have responded to the consultation via your online portal as requested and I have attached a copy of our full response at [annex A](#). However, I also wanted to write to you to outline the key points in our feedback and expand on the issue of delegation and supervision and how your draft guidance aligns with our standards, as the word limit in the online portal made it challenging to effectively communicate our feedback on these points in its entirety.

Overall, we think the draft guidance will be helpful to PAs, their supervisors and employers and will also provide a level of reassurance to patients and the public. There are elements of the guidance that could be particularly useful, for example around defining the roles of clinical supervisor and developmental supervisor. We also welcome the recommendation that the medical director or chief medical officer should provide overall clinical oversight.

However, as detailed in our full response we have some concerns that we think should be addressed before the guidance is published:

- We wonder whether the draft guidance conflicts in any way with guidance produced or being produced by other organisations including NHS England, CQC, HEE, RCGP and others, which could prove difficult to reconcile at a local level for employers.
- We question whether guidance on the integration of PAs into the multi-disciplinary team should in any way focus on the impact on doctors' training rather than on how to ensure safe and high-quality care for patients.
- We do not think that the role of clinical supervisor can only be delivered by a consultant, GP or specialist/associate specialist. While there should be a named consultant with overall responsibility, we believe clinical supervision may be delivered by other members of the team including trainee doctors, provided they are competent to provide this supervision and there is appropriate clarity around delegation.
- The section of the guidance dealing with scope of practice appears somewhat restrictive and we think some of the language in this section could be refined.
- The College may want to consider whether this guidance goes beyond its remit in seeking to place requirements on employers in relation to matters of employment.
- There are some inaccuracies throughout the guidance that should be addressed, for example around PAs' ability to ordering ionising radiation once regulated, PAs' registration, revalidation, etc. that should be addressed. These are highlighted in more detail in our full response.
- In terms of style and structure we believe the guidance could benefit from some refinement as there is a degree of repetition and duplication across the document and the numbering system for sections and paragraphs is somewhat confusing. Addressing these issues would help make the guidance more accessible and easier to understand.

Finally, we would like to note that although we believe the sections of the guidance dealing with delegation and supervision are helpful overall, we do have concerns around the extent to which they align with our own guidance. I have attached a full briefing note from our Standards team at [annex B](#) which sets out our concerns in detail, and I would be grateful if you could please pass this feedback on to the relevant team for their consideration.

Thank you again for the opportunity to comment on this guidance. I hope you find this feedback helpful, and we look forward to seeing the final version.

Yours sincerely,



Charlie Massey

Annex A

GMC consultation response

1 Patient safety

‘Patient safety is of the utmost importance in healthcare and must be the foremost consideration during the development and deployment of PA roles.’ (page 3)

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support doctors and physician associates to deliver safe and effective patient care?

- Agree
- **Neither agree nor disagree**
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

Overall, we think the draft guidance could be helpful to PAs, employers and those who work with them and may also provide a level of reassurance to patients. However, we do wonder whether this new guidance conflicts in any way with existing guidance produced by others (NHSE, CQC, HEE, etc). It would be difficult for organisations who employ PAs in England to reconcile any such conflicts at local level and this may be further exacerbated by the range of further guidance around PAs that has been or is currently being produced by other organisations (eg RCGP). We think employers will find it difficult to negotiate their way around such a range of guidance – particularly if there are significant conflicts in terms of the oversight arrangements that employers should have in place.

We are also concerned that the guidance on PA supervision and scope of practice appear in places to be somewhat burdensome and restrictive, to the extent that, if adopted as drafted, it could have the effect of dissuading employers from employing PAs. The College also might want to reflect on the extent to which the draft guidance deviates from current practice, and whether the College has taken account of areas of good practice that we know exists across the country in hospitals and GP practices that have safely incorporated PAs into their teams.

Finally, we wondered whether the guidance may go beyond the College's remit in seeking to place requirements on employers in relation to matters of employment.

2 Impact on medical training

‘The PA role within a clinical team should ideally facilitate training opportunities for doctors.’ (page 16)

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support the career and educational development of doctors?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

We question whether guidance on the integration PAs into the multi-disciplinary team (MDT) should focus on the impact on doctors' training rather than on how to ensure safe and high-quality care for patients. We would also like to understand why the proposal is to measure the impact of employing PAs on doctors' training when we understand this is not the approach taken for other roles within the MDT.

In any event, we do not believe that the relatively small number of PAs currently employed in the UK could effectively facilitate the training of the much larger number of trainee doctors. It is also worth noting that NHS England's (NHSE) Long Term Workforce Plan sets out the ambition to increase the number of doctors in the workforce far more swiftly than the number of associates. Therefore, we do not agree that the guidance as drafted would have a noticeable impact on the career and educational development of doctors.

3 Supervision

'Supervision is key to safe and effective practice. The importance and role of supervision within healthcare is widely established.' (pages 8–11)

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support the safe and effective supervision of PAs by doctors?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

The approach set out in this guidance appears to be generally sensible, although it may be perceived by employers as quite challenging in practice, particularly if it places additional burdens on supervisors over and above the guidance already published by NHSE. Particularly for those who have already successfully integrated PAs into their teams.

Additionally, this guidance describes three levels of supervision whereas HEE guidance on the Core Capabilities Framework for Medical Associate Professions, published in 2022, describes four 'defined tiers'. It might be difficult for employers to reconcile conflicting guidance in this area.

It might also be helpful to ensure that the draft guidance for PAs aligns with current arrangements for other ARRS roles, Foundation doctors and trainees, and to explain the reasons for any significant divergence where it exists.

The guidance states that ‘PAs can practice in the UK under the clause of delegation’, however no such clause exists. Delegation and supervision are different concepts, and the GMC publishes separate guidance for both.

Finally, we note that on page 8 of the guidance you have linked to a GMC document called ‘Standards for medical supervisors.’ We believe this may have been linked to in error as this document is not about general supervision and instead sets out the framework we use to monitor a doctor’s health and progress during a period of restricted practice. We would suggest linking to the following guidance instead:

- [Good medical practice](#)
- [Leadership and management for all doctors](#)
- [Delegation and referral](#)

‘There are two types of supervising doctor, the developmental supervisor (DS) and the clinical supervisor (CS). Each individual PA must have a developmental supervisor (DS). The role of the DS is to oversee the long-term clinical, educational and professional development of the PA. The clinical supervisor (CS) of the PA must be the consultant, GP or specialist / associate specialist who retains clinical and professional responsibility for patients treated under their care.’

To what extent do you agree or disagree that PAs should have both a developmental and a clinical supervisor? Is the distinction between the two roles clear? Do you agree with the definitions and duties of each? Do you agree with the role title of ‘developmental supervisor’?

- Agree
- Neither agree nor disagree
- Disagree
- Don’t know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

While we agree with the distinction between CS and the DS set out in the guidance, we are somewhat concerned that too many duties may be assigned to the DS. In addition to a CS and DS the PA will also have a line manager who, for example, could agree a PA’s work schedule and provide pastoral support.

We also do not agree that the CS role can only be delivered by a consultant, GP or specialist/associate specialist. While there should be a named consultant with overall responsibility, we believe clinical supervision may be delivered by other members of the team including trainee doctors, provided they are competent to provide this supervision and there is appropriate clarity around delegation.

We are also mindful that the College's remit may not extend to defining titles and job descriptions on behalf of employers.

'Any specialty advice given by PAs remains the responsibility of their clinical supervisor.'

To what extent do you agree or disagree that any specialty advice given by a PA should remain the responsibility of their clinical supervisor?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

We believe this section should be reworded. As currently drafted it gives the impression that the supervisor will be held responsible if the PA gives incorrect advice to a patient or a colleague, which is not in keeping with our guidance.

To what extent do you agree or disagree that specialist and associate specialist doctors should be able to act as supervising doctors? Note: this is new guidance. Previously these roles were restricted to GPs and consultant doctors.

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

While we agree that specialist/associate specialist doctors should be able to act as supervisors, we do not agree that supervision should be restricted only to this group, consultants and GPs. Clinical supervision may be delivered by other members of the team including trainee doctors, provided they are competent to provide this supervision and there is appropriate clarity around delegation.

4 Working in a team with a PA

'PAs cannot prescribe medications while working as a PA. PAs need to refer any prescribing matters to a fully registered prescriber responsible for the patient's care. Whenever possible, this should be their supervising doctor.' (pages 11–12)

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support safe and effective team working, especially around medicines management?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

While we think the guidance is sensible overall, we are concerned there may be a negative impact on patient care if PAs are barred from doing tasks which would help reduce doctors' workloads (eg preparing discharge summaries).

PAs are trained in preparing prescriptions and are involved in prescribing decisions. This is reflected in our professional standards guidance (GMP paragraph 7). Therefore, the line 'PAs need to refer any prescribing matters to a fully registered prescriber....' is not quite aligned with how we understand the role of PAs in proposing and providing prescriptions. The guidance also refers to 'the FPA PA curriculum' – it is worth referencing that the curriculum will be approved by the GMC following the introduction of statutory regulation.

PAs may be granted prescribing rights in future should the UK government decide to legislate for this following the introduction of regulation, which would require the guidance to be revised.

As in several other places in this guidance it implies that PAs will be unable to order ionising radiation once regulated. This is not correct. Ionising radiation is covered by different legislation to prescribing. Registered healthcare professionals can request ionising radiation for patients as 'non-medical referrers' (NMRs) providing their employer has entitled them and they have undergone the appropriate training. The position statement from the British Institute of Radiology provides further detail on the training and governance requirements for NMRs and the different types of entitlement. PAs may be able to become NMRs once they are registered with the GMC.

5 Career development, evidence-based practice and CPD

'As PAs progress in their career, they will become more experienced in their specific area of practice, which may include developing additional clinical, practical, managerial, leadership and academic skills. PAs should be supported in their career development and must follow a defined training pathway. Development of these pathways must be undertaken nationally by medical royal colleges and specialist societies, following multi-stakeholder participation and in collaboration.' (pages 12–13)

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support PAs to develop their careers in a safe and effective way that adheres to national standards and guidance?

- Agree

- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

We believe this section represents a relatively restrictive scope of practice, and we query the use of the phrase 'progressing within a scope of practice'. For instance, it may be clearer to say 'PAs may develop their individual scope of practice by following a defined pathway.'

More generally, the document relies heavily on the existence of 'nationally agreed development pathways.' It is unclear what will happen where these don't exist in a particular specialty/area of work or are contested, nor what or who would then determine how an individual PA may be safely deployed.

If this guidance is extended on a UK-wide, the term 'nationally', which is used throughout the document, may need replacing. It may be more appropriate to refer to 'specialty-specific development pathways.'

We also think that there are some errors in section 5.1 that may need addressing:

- *We would make a distinction between entry-level knowledge and skills, and entry-level scope of practice. While one informs the other, it doesn't completely determine it.*
- *Paragraph 1 states 'The PA course is quality assessed internally and externally'. In truth, the GMC will need to approve all PA courses and quality assure them against our standards and the PA curriculum which will only be formally approved after the start of regulation.*
- *Paragraph 4 – we think it might be useful to reflect the role of the GMC in setting standards for PAs when regulation begins at the end of the year.*

6 Governance structures for PAs, employing a PA and revalidation

'Organisations must have clear governance processes that provide oversight of the PA role, with professional accountability and oversight by the medical director (MD) / chief medical officer (CMO).'

To what extent do you agree or disagree that this draft guidance for employers and supervisors will support employers to put in place clear governance processes when employing a PA, particularly around accountability and oversight?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

If you have any further views on this, please provide these in up to 250 words, if possible.

Response:

While we strongly agree with the statement ‘organisations must have clear governance processes’ and welcome the recommendation that the MD/CMO should provide oversight, we think the guidance is unclear on where the College believes PAs should sit within the organisational structure.

We also question the proportionality of measures such as seeking the agreement of all team members before employing PAs given this is not the approach taken for any other roles.

We would also like to address several points relating to PAs’ registration and revalidation:

- *PAs’ registration will not be ‘renewed’. There is a requirement to pay an annual fee and engage with revalidation. Failure to do those two things could result in removal from the register.*
- *We would prefer reference to the GMC’s revalidation requirements to be separated out from the guidance around CPD requirements for voluntary registrants on page 8. The FPA and/or RCP are free to advise on the number of CPD hours that should be undertaken and which portfolio product should be used to record those hours but we’d like to avoid any suggestion that these will be GMC requirements.*
- *It is not quite right to say that revalidation ‘will become a legal requirement after the transition period’. Before we set individual revalidation dates for PAs and AAs we need to develop and consult on revalidation rules. We will set out our timeline for this soon as well as giving more detail on our expectations and requirements for associates and employers.*

Additional information

Is there anything we haven’t covered? Please let us know here, in up to 250 words, if possible.

Response:

In Appendix D - it is not quite right to say that only US qualified PAs are ‘allowed’ to work in the UK. It would be more accurate to say that only US-qualified PAs have been permitted to join the PAMVR.

We believe it is crucial to ensure this guidance is consistent with the guidance published or currently being produced by other organisations to prevent confusion for employers.

Finally, in terms of structure – there is significant repetition and duplication within the guidance, and the numbering system in the document is confusing because the section numbers do not align with the paragraph numbers. For example, at the top of page 5, paragraph 6.5 is immediately followed by section 3.2. Addressing these issues would help make the guidance more accessible and easier to understand.

Annex B

Briefing note on delegation and supervision

1. What our professional standards say about supervision

In our core professional standards [Good medical practice 2024](#) (‘GMP’) we say: _____

60. *You must follow our more detailed guidance on Leadership and management for all doctors.*

61. *You must make sure that all colleagues whose work you are overseeing have appropriate supervision.*

In our more detailed guidance [Leadership and management for all doctors 2012](#) ('Leadership') we say:

All doctors

17. *You should establish clearly with your employer the scope of your role and the responsibilities it involves, including non-clinical responsibilities. You should raise any issues of ambiguity or uncertainty about responsibilities, including in multidisciplinary or multiagency teams, to clarify:*

- a. supervision arrangements for staff and lines of accountability for the care provided to individual patients*
- b. who should take on leadership roles or line-management responsibilities*
- c. where responsibility lies for the quality and standard of care provided by the team*

All doctors

60. *You must recognise and work within the limits of your competence and you must make sure, to the best of your ability, that you are appropriately supervised for any task you perform. You must be willing to ask for advice and support from colleagues when necessary.*

Doctors with extra responsibilities

61. *You must make sure that the people you manage have appropriate supervision, whether through close personal supervision (for junior doctors, for example) or through a managed system with clear reporting structures.*

62. *If you are responsible for supervising staff, whatever your role, you must understand the extent of your supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed. You must support any colleagues you supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities. You must be satisfied that the staff you supervise have the necessary knowledge, skills and training to carry out their roles*

We have included the text above to show what we say in *Leadership* about supervision. When supervising junior staff, supervising doctors can support junior staff (such as PAs) with their professional development by delegating tasks when appropriate.

2. What our professional standards say about delegation

In GMP we say:

66. *You must be confident that any person you delegate to has the necessary knowledge, skills and training to carry out the task you're delegating. You must give them clear instructions and encourage them to ask questions and seek support or supervision if they need it.*

67. *If a task is delegated to you by a colleague but you're not confident you have the necessary knowledge, skills or training to carry it out safely, you must prioritise patient safety and seek help, even if you've already agreed to carry out the task independently.*

As with all paragraphs in GMP, the above paragraphs apply to all doctors for all instances of delegation.

In our more detailed guidance [Delegation and referral 2024](#) ('Delegation') we explain delegation as follows:

3. *Delegation involves asking a colleague to take responsibility for providing care or treatment on your behalf. Accountability for safe delegation is shared between the colleague delegating and the colleague to whom care or treatment is delegated. You must work collaboratively with colleagues to make sure delegation is appropriate.*

We provide this guidance on how to delegate appropriately:

4. *You must be confident that the colleague you delegate to has the necessary knowledge, skills, and training to carry out the task, or that they will be adequately supervised to ensure safe care.*

5. *Usually, you'll delegate to a colleague who is a medical, health or social care professional registered with a statutory regulatory body. If a colleague is not registered with a statutory regulatory body, registration on a managed voluntary register can give some assurance that they've met defined standards of competence, and that they adhere to agreed standards for their professional skills and behaviour. Information about accredited registers can be found on the website of the Professional Standards Authority. Until statutory regulation is in place, physician associates can join the Physicians Associate Managed Voluntary Register and anaesthesia associates can join the Royal College of Anaesthetists voluntary register.*

6. *The colleague's role, grade and training can also provide some reassurance of their level of competence.*

Paragraphs 7-11 of *Delegation* explain how to give instructions when delegating.

Paragraphs 12-14 of *Delegation* explain the duties on those who are receiving delegated tasks. These duties will apply to PAs when they are regulated by us.

Paragraphs 24-27 of *Delegation* explain accountability as follows:

24. *When you delegate or refer care you are accountable for:*

a. your decision to delegate or refer care

b. the steps you take to make sure patient safety isn't compromised

c. the instructions you give d. the overall management of a patient if you're the responsible consultant or clinician.

25. *When you delegate or refer a patient's care to a colleague or service in line with the principles set out in this guidance, you are not accountable for the actions (or omissions) of those to whom you delegate or refer care.*

26. *When you accept responsibility for a delegated task you are accountable for the steps you take to prioritise patient safety.*

27. *If there is ambiguity or uncertainty about who has responsibility for a task in a multidisciplinary or multi-agency team, you should follow the guidance in paragraph 17 of Leadership and management for all doctors 2012.*

We hope in setting out what is said in (1) *GMP* and (2) *Leadership* and (3) *Delegation* about the distinct concepts of supervision and delegation, the following points can be understood:

- We have had standards relating to supervision of junior staff by senior staff for many years. These principles will apply to PAs and AAs when they come into regulation.
- There are duties in *Delegation* for both doctors delegating to their colleagues and those accepting the delegated tasks.
- We are clear that when delegating tasks in line with the principles set out in *Delegation*, those doctors delegating tasks are not accountable for the actions (or omissions) of those to whom they delegate.
- When any member of staff (which will include PAs/AAs in December) accepts responsibility for a delegated task they are accountable for the steps they take to prioritise patient safety.

3. The review of [Leadership and management for all doctors 2012](#)

In 2024 we began a review of [Leadership and management for all doctors 2012](#) and [Raising and acting on concerns about patient safety 2012](#). In 2025 we will publish a new draft of both pieces of more detailed guidance for our stakeholders to comment on.

In addition to the above, we have [this advice on our ethical hub](#).

4. Other general points

Lack of alignment with our existing standards

As our professional standards guidance covers both supervision and delegation for doctors (and will apply to PAs and AAs in December), we are concerned as your draft guidance does not align with our professional standards guidance and this has the potential to cause confusion.

We think that your draft guidance as it currently stands is not aligned as it seems to conflate supervision with delegation. As you can see, these concepts are treated separately in our current professional standards guidance. In the context of senior doctors and junior staff, delegation is an element of supervision, but it is not the same thing.

Earlier this year we updated our standards on *Delegation*. As explained above, we are now embarking on a review of our *Leadership* standards which is where we set out our expectations around supervision. We will invite a wide range of stakeholders to share their views with us about supervision as part of this process and update the standards based on the feedback we receive. There is a possibility that our review will lead us to a different place than where the current standards are placed, but we won't know that until we have followed due process. Therefore, we are unable to say much more about supervision at this stage than what we already say in *Leadership*.

Miscellaneous points

Where the draft guidance references our professional standards guidance, we would ask that all hyperlinks should take the reader to the landing page on our website, and not straight to the PDF of the standards. This is because the landing page contains important contextual information.