

GMC response to the Leng Review's call for evidence

Independent review of physician associate and anaesthesia associate professions

21 March 2025

Summary

We welcome the opportunity to respond to the Leng Review's call for evidence as we believe that the review represents an important step towards addressing some of the concerns about physician associate (PA) and anaesthesia associate (AA) roles and their deployment.

We have written this submission to share our experience and insights on how professional regulation contributes to enhancing and maintaining safety, effective teamworking, and the delivery of good quality patient care by PAs and AAs.

Our submission underlines the reasons why PAs and AAs were brought into statutory regulation towards the end of last year and how this regulation works to protect the public. We also highlight the progress that we have made to transition practising PAs and AAs into statutory regulation and how a system-wide approach can support their ongoing deployment and development.

Our role

The General Medical Council (GMC) is the independent regulator of doctors, PAs and AAs in the UK.

We work with them and other stakeholders to:

- set the principles, values, and standards of professional behaviour expected of all doctors, PAs and AAs registered with us
- make sure medical students, PA and AA students get the education they need to meet the standards for registration with us
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they are keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what is expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk, and take action if needed.

The reason for regulation

In 2017, government consulted on whether PAs and AAs should be brought into statutory regulation and, if so, who the regulator should be. The clear outcome of the public consultation was that they should be regulated. In 2019, government asked the GMC to regulate both

professions and the legislation to enable this to happen, the Anaesthesia Associates and Physician Associates Order 2024 ('the Order'), was laid in Parliament in December 2023 and is now law.

We supported statutory regulation for PAs and AAs because they represent a clearly identifiable group of professionals with a defined body of knowledge, skills and expected standards. We also supported this because PAs and AAs perform complex roles, and operate, while supervised, with some degree of autonomy, which presents a significant potential risk to patients.

Furthermore, public, employer and health professional confidence in these roles requires assurances about their standards of training and practice, and accountability – which regulation seeks to provide.

It is therefore important to recognise as a starting point, that, as with any regulated healthcare profession, PAs and AAs undertake complex work that will pose some level of risk to the public. That is why they were brought into regulation. Statutory regulation then serves to mitigate some of that risk and we expand below on how our regulatory framework seeks to achieve that.

Our regulatory framework

Regulation will help assure patients, colleagues and employers that PAs and AAs are appropriately educated and qualified, can contribute safely and appropriately to the care of patients and can be held to account if serious concerns are raised. This is the underlying purpose of regulation for all healthcare professionals.

As a multi-professional regulator, we recognise and regulate doctors, PAs and AAs as three distinct professions. We are therefore well placed to work with others across the health system to identify and address issues that concern all three professions. For example, the availability of supervisors and student training placements.

Our regulatory framework for PAs and AAs is described within the Order and we have developed rules, standards and guidance to give effect to the legal powers and duties that are set out within it. We expand on four core areas of this framework below.

Education and training

One of our main duties as a regulator is to ensure that education prepares PAs and AAs to deliver good, safe patient care across the UK. The powers conferred to us by the Order provide the foundation for our approach in regulating the education that PAs and AAs receive. The Order requires us to set standards for the education and training of associates that will give them the clinical knowledge and skills they need to demonstrate before they can register with us. It also gives us powers to approve curricula, courses and assessments that meet our standards and ensure they continue to do so through regular monitoring and quality assurance.

Prequalification curricula standards

Each UK-wide curriculum (one for PAs, and one for AAs) provides detailed requirements on what should be taught to PAs and AAs. Our expectations for each curriculum are set out in our [Standards for PA and AA curricula](#), which must be met for each curriculum to be approved. Each curriculum incorporates our [PA and AA generic and shared learning outcomes](#) as well as profession-specific outcomes.

The PA curriculum is maintained by the PA Schools Council (PASC) and the AA curriculum is maintained by the Royal College of Anaesthetists (RCoA). Draft curricula were published in September 2022 and UK PA/AA courses should have been teaching to these curricula from September 2023.

Now that regulation has commenced, we have the power to approve PA and AA curricula. We received curricula submissions from the PASC and the RCoA in March 2025. As curriculum holders, PASC and RCoA must submit an application that evidences how our standards and requirements have been addressed in the design and development of the curricula. Once we have approved these curricula, all PA and AA courses will implement the relevant curricula so that learners are able to achieve the outcomes required to graduate.

Course approval, monitoring and quality assurance

Providers who wish to continue delivering PA or AA pre-qualification education, or who wish to establish a new course, must apply for approval of their course. Each provider must ensure that the courses they develop meet our [Standards for the delivery of PA and AA pre-qualification education](#).

Once courses are approved, they enter our rolling cycle of quality assurance to ensure that they maintain our standards. As part of this, we take both proactive and reactive quality assurance action, which allow us to check that courses are meeting our standards. These replicate the activities we currently undertake to quality assure programmes of education and training for medical schools (and for postgraduate medical training programmes for doctors).

Registration

We decide, in line with the legal requirements in the AA PA Order, who can work as a PA or AA by setting the standards and requirements that individuals must meet to enter our register.

These are the same for all applicants irrespective of whether they hold a UK PA or AA qualification, or one awarded outside of the UK. Applicants demonstrate they meet the standards and requirements for registration by providing the evidence and information below:

- they have a relevant qualification
- their training, experience or assessments
- their work history covering the past five years

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- employer and regulator references
 - evidence of English language if their qualification was obtained outside the UK
 - a fitness to practise declaration
 - an indemnity and insurance cover declaration
 - an identity check.

In relation to assessments, all PAs are required to complete the Physician Associates National Exam (PANE) or, as it will be known from September 2025, the Physician Associates Registration Assessment (PARA).

All newly qualified AAs who began their course after September 2023 must pass the equivalent assessment for AAs, the new Anaesthesia Associate Registration Assessment (AARA). Both of these assessments are two-part tests of clinical knowledge and skills.

These assessments assure us that eligible PAs and AAs have the right clinical knowledge and skills to demonstrate their readiness to practise in the UK, and set a common threshold for safe practice that is appropriate at their point of entry to the register.

We have set out our requirements for the design and content of the assessments in published [content maps](#). The content maps were developed by GMC-led working groups that included doctors, PAs and AAs and were then subject to consultation with stakeholders. They reflect the agreed curricula for PAs and AAs and the outcomes we expect them to achieve on qualification.

If a PA or AA obtained their qualification from outside the UK, we will assess it against our criteria for acceptable overseas qualifications before they can take the PARA or AARA and therefore be eligible to apply for registration.

The Order established a two-year transition period for PAs and AAs to join the register. From 13 December 2026 it will be an offence to practise as a PA or AA without holding GMC registration.

Professional standards

PAs and AAs, together with doctors, must follow [Good medical practice](#) (2024 version), which sets out the principles, values and standards of professional behaviour expected of all our registrants. Separate guidance, [Achieving good medical practice: guidance for PA and AA students](#), produced in collaboration with the Physician Associate Schools Council, sets out how the principles and values of *Good Medical Practice* apply to PA and AA students.

Good medical practice is designed to be a supportive framework to guide registrants when caring for patients and working with colleagues. The standards describe good practice but are not a set of rules, and therefore PAs and AAs should apply them using their judgement in the specific circumstances they face.

Good medical practice is supported by our [more detailed guidance](#) which specifies areas that we often receive questions about. Topics include delegation and referral, maintaining personal and professional boundaries and using social media. Our [ethical hub](#) similarly provides additional information explaining how to apply our professional standards in practice.

Fitness to practise

The professional standards describe good practice, and not every departure from them will be considered serious. When a concern is raised with us about a doctor, PA or AA, which may include instances where an individual has departed from our professional standards, we must assess if that individual poses any current and ongoing risk to one or more of the three parts of our overarching objective to protect the public:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the medical professions, and
- promoting and maintaining proper professional standards and conduct for members of those professions.

We do this by considering the following:

- how serious the concern is
- any relevant context that may impact on risk
- how the doctor, PA or AA responded to the concern, including evidence of insight and remediation.

Once we have assessed the risk, we will consider if regulatory action (for example: a warning, conditions, suspension, or erasure) is required to address the concern.

The introduction of regulation – preliminary findings from our data

As we set out below, preliminary data is already beginning to identify how statutory regulation is working to promote public protection. Although regulation has delivered some early benefits in a short period of time, more time will be needed for regulation to bed in and for further benefits to be fully realised.

Registration data

As of 13 March 2025, we have received over 2500 completed registration applications which

represent approximately 47% of PAs and 61% of AAs on the voluntary registers.¹ There are also over 1500 applications in progress which have not yet been submitted. We have now granted registration to over 1400 PAs and AAs and we expect these numbers to grow over the coming months.

A small number of PA applicants were not granted registration because they had not passed the PANE. Because there is no automatic right to registration all applicants must meet our published standards. Therefore, if a current PA has not passed the PANE they cannot apply for registration and will not be permitted to practise as a PA once the transition period expires unless they pass the examination and gain registration.

In this way, regulation is already beginning to raise standards of practice through ensuring that only those individuals with the right clinical knowledge and skills are entered onto our registers.

PA and AA curricula and course approval

Over the past three years, we have worked with PA and AA curricula developers and course providers to help prepare them for the introduction of regulation.

Now that regulation has started, the PASC and RCoA have submitted their curricula for approval and we expect to make our decisions following a further evaluation against our standards. We expect curricula to be living documents that should adapt to reflect the needs of patients and services over time. Therefore, any subsequent changes to the curricula will need to be evidence-based, subject to wider engagement and consultation with stakeholders and submitted to us for further approval.

Over the past three years, we have worked closely with all 37 PA and AA course providers to help prepare them for regulation. We asked each organisation to engage with a voluntary version of our quality assurance process and completed a self-assessment to demonstrate how their programmes align with our standards for managing and delivering education.²

In addition, we have

- met with learners and educators to gather insights into their experiences to ensure that the self-assessment information accurately reflects the actual learning environment
- conducted on-site visits to assess clinical placements and the learning environment, meeting with staff, educators, students, and stakeholders to ensure that all elements meet our required standards.

¹ This is an estimated figure as not all PAs and AAs on the voluntary registers opted-in to sharing their data with us.

² We did not have powers to require course providers to engage with our processes prior to the start of statutory regulation.

We have concluded and are recommending to our Council that the majority of courses meet our standards for approval. There are a small number of courses where we do not have satisfactory assurance that they meet our standards in full and we will recommend attaching conditions to approval or we will not recommend them for approval. The first approval decisions will be taken by our Council in April.

Some of these concerns arose where applications failed to provide sufficient evidence of how areas set out in our [PA and AA generic and shared learning outcomes](#) would be taught - including areas relating to managing prescribed medicines safely, working collaboratively, developing and maintaining effective team working, and raising concerns.

Where conditional approval is granted, or in cases where approval is not, we will work with the course providers through a targeted action plan to address these concerns to support each course to meet our standards in full within an agreed timeframe.

We also gained valuable insight into how these courses are run and how students in PA and AA programmes learn. For example, AA courses emphasise practical 'on-the-job' learning where their employers play a larger part in teaching compared to PA courses. Our quality assurance approach is flexible enough to accommodate these differences and, in some cases, we have requested that course providers make changes to the delivery of their course to ensure that they meet our standards.

Collaborating with the wider system

While regulation plays a central role in promoting public protection with regard to the practice of PAs and AAs, a system wide approach is needed to ensure that PAs and AAs are supported to practise safely, effectively and ethically. Collaboration between organisations – including regulators, professional bodies, the four UK governments and respective health services and provider organisations – plays a vital role in promoting multidisciplinary team working, delivering revalidation, determining safe practice, and ensuring appropriate supervision.

Revalidation

As with all healthcare professionals, we expect that PAs and AAs, once registered, will wish to further develop their skills and competence over time. For example, they may move into a different or more specialised area of practice. All PAs and AAs will need to ensure that they continue to work within their competence, that their professional knowledge and skills remain up to date and that they remain fit to practise.

The Order requires us to periodically assess PAs and AAs throughout their career, and we will do so through the process of revalidation. Revalidation was introduced for doctors in 2012 to provide assurance that doctors remain up to date and fit to practise across the whole scope of

their practice. We are developing a similar model for PAs and AAs and we'll consult on our rules for how revalidation will be delivered. We will engage with stakeholders and provide more information on our timeline as this work develops throughout 2025.

PAs and AAs will need to demonstrate, by way of evidence that they bring to appraisal on an annual basis, that they remain competent to undertake their role, that they have the necessary training and skills to undertake that role and that they are up to date and fit to practise in that role.

[Good medical practice](#) states that doctors, PAs and AAs must:

- keep their professional knowledge and skills up to date and to take steps to monitor, maintain, develop, and improve their performance and the quality of their work
- regularly take part in training and/or continuing professional development
- regularly reflect on the standards of care they provide.

Once every five years, we will ask a PA or AA's employer for a recommendation to confirm they are:

- collecting the required supporting information and discussing it during an annual appraisal
- fit to practise and complying with any conditions on their registration and working within the bounds of their competence
- keeping their knowledge and skills up to date by participating in appropriate CPD and learning activities.

We expect that this recommendation will likely be made by their named supervisor or another senior doctor in the organisation in which they work.

Although revalidation will not be introduced until the end of the transition period, PAs and AAs are already expected to have an annual appraisal with their employer and collect supporting information from the time they join the register, in line with our updated [Guidance on supporting information for revalidation](#).

Scope of practice and supervision

As the Review considers the supervision and oversight, including a scope of practice, for PAs and AAs, we want to highlight the part we play in ensuring that they meet a common threshold for safe and effective practice at the outset of their careers.

As outlined above, the Order requires us to set the standards for the education and training of PAs and AAs that will give them the clinical knowledge and skills they need to demonstrate before they can register with us. The registration assessments that PAs and AAs will need to complete before being granted registration assess a standardised baseline of clinical knowledge

and skills for both professions. A PA or AA's scope of practice at the beginning of their careers will therefore be informed by the clinical knowledge and skills they have learned during their pre-qualification training and that they have demonstrated objectively by passing our two-part assessment.

Our standards do not impose ceilings on what individual doctors, PAs and AAs can do once registered. This is because we recognise that competence will vary by individual and is shaped by their supervised training and experience.

The role of employers

Robust systems of clinical governance are important to ensure a consistent approach to the safe and effective deployment of all healthcare professionals. Employers have a clinical governance responsibility to ensure that all their employees are appropriately trained and competent to do the activities they are tasked with. It is an employer's responsibility, with the involvement of clinical leaders and supervisors, to determine which activities or specific tasks an individual can carry out and what level of supervision is required.

We would expect employers to be aware of, and have regard to, relevant guidance produced by royal colleges and other specialist professional bodies when they are making decisions about deployment.

To support employers, we have issued our updated guidance [Effective clinical governance to support revalidation](#). It emphasises that PAs and AAs must be supervised and recommends that organisations identify an individual at Board level to be responsible for PAs and AAs. It also suggests establishing local processes to govern how these professionals are deployed and supervised. The work of a PA or AA must be overseen by a named senior doctor and they must work together to agree appropriate limitations to their practice.

As with other professionals that doctors supervise and work alongside in multidisciplinary teams, doctors are not accountable to us for the decisions and actions of PAs and AAs, provided they have delegated responsibility in line with the standards and guidance in:

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

Many doctors already supervise colleagues or lead multidisciplinary teams that include PAs and AAs. However, when it comes to good supervision, there is not a one-size fits all approach. PAs, AAs and their named supervisors should agree a level of supervision appropriate to each professional's skill level, experience, role and the nature of the task.

We are currently in the final stages of developing materials for our website, to support doctors who are supervising PAs, and help them to apply the principles in our guidance within their practice. This material, due to be published in spring, brings together all of our relevant

standards, expanding on these with further advice, as well as signposting to a range of other resources published by others.

The role of medical royal colleges and other professional bodies

Medical royal colleges and other specialist professional bodies have the level of clinical expertise required to provide more detailed guidance on PA and AA scope of practice within their specialty areas. A number of medical royal colleges have undertaken work in developing such guidance. We have also published our responses to the draft guidance, including the [Royal College of General Practitioners](#), the [Royal College of Physicians](#), and the [Royal College of Anaesthetists](#).

While it is not for the regulator to endorse the finalised guidance, we will have appropriate regard to it in the discharge of our regulatory functions, and will therefore consider this when assessing any concern about a PA or AA that is raised with us.