

Recommendations to Council

RCP short life working group on the
role of physician associates

May 2024

Foreword

I [wrote a blog piece](#) about the skill set of the senior physician in September 2023, only a couple of months into my role as RCP vice president for Wales. As I type this, that blog feels more relevant than ever, as our profession asks questions of itself about our role in the NHS and as medical leaders. The past six months have been highly damaging for the college, and so I was honoured, if daunted, to be asked to chair this short life working group on the role of physician associates (PAs) following the RCP's extraordinary general meeting in March 2024.

It has been a fascinating and, at times, challenging piece of work. Membership of the group has been made up of a diverse variety of career grades, specialties and opinions. I want to thank all members for their thoughtful, constructive, and often passionate contributions.

As this work has progressed, I have come to realise that PAs themselves have been let down by a lack of coherent joined up oversight from national bodies over the past decade. The past year, in particular, has had a serious impact on many individual PAs. Many of them are living with uncertainty about their future and for some, a challenging social media environment has caused significant distress. As medical leaders, it is clear that we must support existing PAs with long term, secure and fulfilling career development before expanding the PA workforce any further. It is possible for the NHS to support *both* early career doctors and PAs by:

- limiting the further expansion of PA roles until the issues of regulation, supervision and national scope of practice are addressed through clear guidance.
- publishing a clear plan to expand the number of postgraduate medical training places, alongside protected time for senior doctor supervision and a longer term plan to increase educator, supervisor, mentor and trainer capacity in the NHS.

Our patients deserve to be treated by regulated healthcare professionals working to a clear national scope of practice and consistent clinical and professional standards of competence, professional support, and career development – be this PA, doctor, nurse, or any other valued member of the multidisciplinary team – we cannot allow patient safety to be risked by anyone in the team working outside of their clinical scope of practice or without appropriate supervision.

A failure on the part of national bodies, including the NHS, the General Medical Council (GMC) and royal colleges, to define, deliver and maintain national standards poses a risk to clarity and patient safety, and has contributed to growing dissent across the wider NHS workforce. It is time to put this right.

Dr Hilary Williams FRCP

Chair, RCP short life working group on the role of physician associates

RCP vice president for Wales

Consultant medical oncologist, Velindre Cancer Centre, Cardiff

PostEGM@rcp.ac.uk

Background

This short life working group (SLWG) was established following the RCP Council meeting on 10 April to develop recommendations for next steps following the extraordinary general meeting (EGM) and the ballot of fellows in March 2024. The group was formed to:

1. identify immediate and long-term objectives to deliver the outcome of the ballot on the EGM five motions.
2. make recommendations on the appropriateness and feasibility of the actions the RCP committed to prior to the EGM.
3. consider how best to carry out the recommendations, including who (individuals, groups, institutions) should be actively involved in their delivery.
4. identify any learning for the RCP that comes to the fore during discussions.
5. present an agreed outline of proposed actions for discussion at Council on 21 May, for sign off by Council via email by 28 May 2024.

Membership of the group included RCP officers, elected council members, censors, regional advisers, EGM letter signatories and representatives from the Trainees Committee, Patient Carer Network, Student Foundation Doctor Network, New Consultants Committee and Faculty of Physician Associates (FPA). The group met six times over the course of three weeks.

Recommendations of the short life working group on PAs

Recommendations

1. The RCP should publish an update and send out member communications as soon as possible after Council on 21 May with the working group recommendations and next steps agreed by Council, a statement clarifying the financial relationship between the RCP and FPA and an explanation of how/who the RCP will lobby to limit the further expansion of the PA role.

Motion 1: Scope of practice

Physician associates are not doctors. They should not be regarded as replacements for doctors, and they should never replace a doctor on a rota. They are valued healthcare professionals who participate in patient care in addition to the rest of the wider multi-disciplinary team.

The RCP should:

2. publish a statement/open letter setting out a revised policy position on support for the Long Term Workforce Plan and share this with stakeholders, including NHSE. *See supporting paper, DOC 24-35 (b)*
3. write to the GMC for more detail and formal written clarification on the role of the GMC in overseeing national scope of practice for PAs following qualification.
4. commission advice from the medical defense organisations on the legal implications of prescribing on behalf of PAs, and what safe delegated prescribing practice looks like.
5. consult externally on *Physician associates: national guidance for safe and effective practice*.
6. limit its role to overseeing the scope and supervision of PAs working in the physician specialties and should update the RCGP and other royal colleges of this decision.
7. ask specialist societies whether they see a role for PAs in their own specialty. If they do, societies should develop and publish advanced national scopes of practice for their own specialty. This could be carried out collaboratively with other specialties or faculties. Scopes of practice should be regularly reviewed, kept updated to remain relevant and oversight should be provided by the regulator.

To be actioned

Statement to be issued by end of May 2024.

Council to discuss and approve statement. To be issued by end of June 2024.

Write to GMC by end of June 2024. Response shared with Council no later than July 2024.

To be commissioned by end of June 2024.

Consultation to be published by end of July 2024.

Communications to be issued by end of June 2024.

Write to specialist societies by end of July 2024.

Motion 2: Accountability

This EGM notes the current legal restrictions on who can prescribe medication or request ionising radiation and reminds all medically qualified membership categories of the College that they remain responsible for any such decisions by others that they may be asked to endorse.

The RCP should:

8. acknowledge existing evidence of significant patient safety issues [raised by the British Medical Association](#) and other sources, including concerns about quality of training, supervision, scope of competence, and the risk of role confusion.
9. write to the GMC for more detail and formal written clarification on:
 - a. the accepted approach to the delegation of prescribing by a PA (including whether the patient requires direct review by doctor prior to prescribing or requesting ionising radiation).
 - b. how and when PAs might become prescribers, how this will be governed, and whether PAs will be considered medical or non-medical prescribers.
10. proactively advise fellows and members that they should:
 - a. follow legal and regulatory advice around delegated prescribing and requesting of ionising radiation, as per the GMC's response to rec 8.
 - b. agree to only supervise other health professionals if they are appropriately job planned and funded for the extra time commitment, with the clinical and educational supervision of early career doctors (trainees, SAS and LE doctors) taking priority over other professional groups.
11. work with the Royal Pharmaceutical Society through the Medicine Safety Joint Working Group to ensure there is clarity on the role of PAs with regards to prescribing medication and the Royal College of Radiology in respect of ordering ionising radiation.

Statement to be issued by end of June 2024.

Write to GMC by end of June 2024. Response shared with Council no later than July 2024.

Communications to be issued by end of August 2024.

To be commissioned by end of June 2024.

Motion 3: Evaluation

This EGM calls on the RCP to contribute actively to generating an evidence base and evaluation framework around the introduction of PAs, addressing (for example) clinical outcomes, cost effectiveness, safety, the patient experience, staff wellbeing and interrelationships, and implications for the healthcare workforce.

12. The RCP should commission an external provider to develop and publish an evidence base, economic analysis, and evaluation framework around the introduction of PAs, including the impact on patient safety and doctors in training.

To be commissioned by end of September 2024; findings to be reported into Council in March 2025.

Motion 4: Training opportunities

This EGM calls on the RCP to explore, document and address the impact on training opportunities of doctors resulting from the introduction of PAs.

The RCP should:

13. establish a cross-college project group to work collaboratively with other workstreams to support and empower the next generation of physicians. *See supporting paper, DOC 24-35 (c)*
14. run a national survey of trainee physicians and hold a series of focus groups to explore and document the impact on training opportunities of doctors resulting from the introduction of PAs.

To be established by end of June 2024 and delivered through 2024–2025.

Survey to be issued in September 2024.

Motion 5: Caution in pace and scale of roll-out

In the initial request for this EGM, fellows called on the RCP to pause the roll-out of PA roles. A pause is clearly not feasible given recent legislation. This EGM therefore calls on the RCP to limit the pace and scale of the roll-out until the medicolegal issues of regulation, standards and scope of practice are addressed.

The RCP should:

15. confirm to RCP members and relevant stakeholders that limiting the pace and scale of the rollout of PA roles is now RCP policy, while acknowledging that the pace and scale of expansion of PA roles is not the responsibility of the RCP alone.
16. close the PA [managed voluntary register](#) (PAMVR) to new members, while offering support to existing registrants through the transition period to regulation, noting that FPA, CQC and NHS Improvement [support mandatory MVR registration for employment](#) in the NHS.

Statement to be issued by end of June 2024.

Consensus not reached due to a diverse range of views in the group. Urgent legal advice should be sought by the RCP. Final decision on action and timelines to be made by Council.

Supporting information

While not specifically relating to the EGM motions themselves, the following information and actions were felt important by the group and have therefore been included here.

Physician associate curriculum

The [draft PA curriculum](#) sets out the competencies of a newly qualified PA, but does not provide a pathway or framework for developing advanced national scope of practice, and there is no structured approach to agree and regulate competency, scope and professional standards beyond graduation. This is at odds with other clinical patient-facing roles.

Oversight of the profession

Following the development of advanced national scopes of practice by specialist societies (see rec 7), the GMC should oversee professional standards for PAs including scope and ceiling of practice, how the PA training curriculum interacts with scope, and how this aligns across specialties. In the future, the RCP should also consider working with other relevant colleges to establish an intercollegiate committee on MAPs.

Physician Associate Managed Voluntary Register (PAMVR)

The [PAMVR](#) was set up to protect patients from harm and registrants must adhere to the [Code of Conduct for Physician Associates](#). While the register is voluntary and there is currently no nationally agreed scope or supervision guidance, stopping new registrants from joining could encourage employers to employ non-FPA members and poses its own risk to patient safety. The MVR will be closed once the GMC register is opened, so although joining the GMC register will not be mandatory until 2026/27, PAs will be strongly encouraged to join it. The NHS should [make joining the GMC register a condition](#) of employment as soon as the register is open.

An independent faculty of PAs

The RCP will work with the Faculty of Physician Associates to develop a clear timeline for its transition to an independent faculty of PAs within 12 months.