

House of Lords debate | Review of physician associate and anaesthetist associate roles and government plans in advance of the outcome

Summary

The Royal College of Physicians (RCP) [strongly welcomed the recent announcement](#) of an independent review of the PA role from the secretary of state for health and social care. We have been **calling on NHS England to limit the pace and scale of the rollout of the physician associate role** since March 2024, when our Fellows voted overwhelmingly in favour of a slowdown in the expansion of the PA role.

Over the past 18 months, many medical professionals, including members of the RCP, have raised concerns about the PA role. The concerns raised by the medical community have resulted in many organisations, including the RCP, to change their stance on the PA role.

The RCP believes that there is a limited role for physician associates (PAs) working in hospitals in the medical specialities if they are supported by clear supervision arrangements, professional regulation, and a nationally agreed scope of practice.

During the debate, the RCP would be grateful if Peers would consider raising:

- whether government and NHS England will commit to limit the pace and scale of the rollout that was set out in the 2023 LTWP.
- whether government and NHS England will commit to reviewing the projections for growth in the PA role in the 2025 revision of the NHS Long Term Workforce Plan.

Physician associate projections in the Long-Term Workforce Plan

The NHS Long Term Workforce Plan published in 2023 set out projections for growth in the PA role to a total of 10,000 by 2036/37. The RCP is clear that there must be a limit in the pace and scale of this proposed rollout and that these projections must be reviewed in response to the concerns of the medical community.

The Long-Term Workforce Plan is due to be refreshed in 2025. The RCP is calling on NHSE to slow down the expansion of PA roles and review these projections for growth as part of that revision.

The Leng Review

The Leng Review is a vital opportunity to ensure that there is a nationally agreed scope of practice for PAs, a nationally defined ceiling of practice and a clearly defined role within a multi-disciplinary team. There needs to be national action to better define and shape the PA role to benefit patients and reduce current risks.

We are pleased that PA scope of practice will be part of the review. [The RCP wants to NHSE to lead the development of a national scope of practice for PAs](#), with input from royal colleges and specialist.

The review must also consider the impact of the PA role on patient safety and training opportunities for resident doctors.

The RCP hopes that the Leng Review will address the disconnect created by the continued implementation of the policy direction set out in the NHS Long Term Workforce Plan against the growing concerns of doctors on the ground which are leading to reduced demand for the PA role in healthcare delivery. NHSE must acknowledge that the landscape has changed and is changing, and provide the necessary support to those who are affected.

We welcome that the conclusions of the Leng Review will inform the UK government's workforce plan to deliver the 10 year health plan. In addition to reviewing the projections for growth in the PA role, the RCP has [called on NHSE](#) to

increase postgraduate medical specialty places and prioritise [more comprehensive and transparent workforce modelling](#) of the medical workforce needed to meet future patient demand in the 2025 refresh of the Long Term Workforce Plan.

The RCP view on physician associates

Many of our members have significant concerns about the safe deployment of PAs and their scope of practice. **The RCP is calling on NHS England to limit the pace and scale of the rollout of the physician associate role.**

There is broad agreement in RCP Council that PAs should have a limited role working in hospitals and secondary care - supported with appropriate supervision, professional regulation, and a nationally agreed scope of practice. RCP Council were clear that the role of a PA should not be compared to a doctor at any career stage.

On the 19th November 2024, RCP [Council agreed that](#):

- PAs should support, not replace, doctors
- the RCP should not draw any comparisons between PAs and doctors
- PAs should have a nationally defined ceiling of practice and a clearly defined MDT (multi-disciplinary team) role
- PAs should only be supervised by consultants, specialist or associate specialist doctors
- the RCP should clarify what clinical supervision means for general internal medicine
- the RCP should call on the Leng review to consider the impact of the PA role on training opportunities for resident doctors.

The RCP continues to support the regulation of PAs. Regulation will provide a welcome assurance of patient safety, including a fitness to practice procedure, which could result in PAs being unable to practise if they do not meet certain standards and thresholds.

RCP work on the supervision and scope of practice of physician associates

In December 2024, the RCP will publish draft safe and effective practice guidance on the supervision of PAs, alongside a definition of the PA role drafted by the RCP Resident Doctor Committee and agreed by the RCP PA oversight group and RCP Council.

The RCP Resident Doctor Committee is also working with PAOG to develop an interim General Internal Medicine scope of practice document for newly qualified PAs that will **act as a placeholder until the Leng Review reports in spring 2025**. In the meantime, the RCP will continue to advocate for a nationally agreed ceiling of practice for PAs in its written evidence to the Leng review.

For more information, contact Jacob Hayes, senior public affairs and policy manager