

PA/AA update

Action	To note
Purpose	<p>The Anaesthesia Associates and Physician Associates Order will come into force on Friday 13 December 2024. This paper summarises completed work on the regulatory framework for physician associates (PAs) and anaesthesia associates (AAs).</p> <p>It also confirms to Council our readiness to begin regulation.</p>
Decision Trail	N/A
Recommendation(s)	Council is asked to note the report.
Annexes	None
Author contacts	<p>[Redacted]</p> <p>[Redacted]</p> <p>Any enquiries to: GovernanceTeamMailbox@gmc-uk.org</p>
Sponsoring director/ Senior Responsible Owner	[Redacted]

Agenda item M5

PA/AA update

Background

- 1** The Anaesthesia Associates and Physician Associates Order (AAPA Order) will come into force on 13 December 2024. This will make the GMC a multiprofessional regulator for the first time since 1956, when the General Dental Council took on full responsibility for the regulation of dentists. This paper summarises our regulatory approach to PAs and AAs and confirms our readiness to begin registering these professionals.
- 2** It has been more than five years since the Government announced, after public consultation, that the GMC was to regulate PAs and AAs. Legislative development did not proceed as quickly as originally anticipated, but the professions continued to grow. In 2019 there were estimated to be fewer than 2,000 PAs and AAs in the UK; today that figure is approaching 5,000. Regulation is of critical importance and will begin against a backdrop of heightened attention and sensitivity about the roles of PAs and AAs in the workforce.
- 3** Work to prepare the rules, policies, processes, and systems required for starting PA and AA regulation is close to completion. The full costs of this work have been recharged to the Department of Health and Social Care (DHSC) to reflect Council's agreed principle that our existing registrants should not have to pay the cost of bringing new professions into regulation. This arrangement mirrors approaches taken by other regulators when adopting new professions.

Our regulatory approach

- 4** Our legal powers and duties in relation to PAs and AAs are set out in the AAPA Order, which is expected to act as the template for updating legislation across healthcare regulators. The AAPA Order will operate alongside the Medical Act, which governs our regulation of doctors, until Government enacts reforms to modernise our legislation in its entirety.
- 5** Whilst we will have two separate pieces of legislation for a period, regulation of PAs and AAs has been purposely integrated into current organisational structures and information systems, to aid efficiency and to create a platform for reformed doctor processes in future.
- 6** To implement the duties and powers set out in the AAPA Order, the GMC is required to make rules setting out the operational processes and procedures through which we will regulate PAs and AAs. We recently consulted on those rules and Council will meet on 13 December to formally 'make' the rules, thereby completing the necessary steps to commence regulation.
- 7** The initial regulatory framework encompasses:
 - Registration
 - Professional standards
 - Education
 - Fitness to Practise

Agenda item M5

PA/AA update

- 8 The remainder of this paper summarises our approach in each area, with a particular focus on operational preparedness. Further detail is available on our [PA and AA web hub](#).

Registration

- 9 Registration applications will open on Monday 16 December. There is no automatic transition on to the register for existing PAs and AAs – all professionals will need to make an application and demonstrate they meet the standards we have set out in rules and policy.
- 10 Whilst it is not a legal requirement for PAs and AAs to be registered until December 2026, we will strongly encourage early registration and expect employers to do likewise¹. We therefore anticipate a high volume of applications. We have recruited a small, dedicated PA/AA applications team and this will be supplemented with flexible, temporary resource for the first few months to help process the expected initial spike of applications.
- 11 As a result of close working with the Faculty of PAs (FPA) and the Royal College of Anaesthetists (RCOA), we have been able to verify qualifications in advance for most PAs and AAs who are on the UK voluntary registers. Where that has happened, we will directly invite individuals to apply for registration. PAs and AAs who do not receive an invitation will be able to apply via our website and their qualification and assessment details will be verified as part of the application process.
- 12 We plan to stagger invitations for voluntary registrants across several weeks to manage demand on our processing teams. Most applications will be straightforward but some – for example where the professional has declared fitness to practise issues or has not worked recently – may require additional evidence to be submitted. We are aiming to register those PAs and AAs who choose to apply, and are deemed eligible, by the end of March 2025.
- 13 In the run up to regulation we will continue to communicate our registration arrangements to PAs, AAs, students, course providers and employers to make sure they understand what they need to do and when. Council will approve the fee for registration in December but, to provide advance notice for PAs and AAs, we will announce the indicative fee in October.

Professional standards

- 14 Once a PA or AA has joined our register, they will need to follow *Good medical practice*, which sets out the standards of care and behaviour expected of them.

We have been raising awareness of our professional expectations amongst PAs, AAs and students for some time now, using newsletters, webinars and speaking events at national, regional and local level. Outreach colleagues will continue to provide this advice and support after regulation starts, in a similar way as they already do for doctors.

3

¹ Under the AAPA Order, the PA and AA titles do not become protected until two years after regulation starts.

Agenda item M5

PA/AA update

- 15** *Good medical practice* is supported by a range of more detailed guidance, some of which has already been updated to cover PAs and AAs. The remainder – for example guidance on confidentiality, end of life care and the professional duty of candour – will be refreshed for the start of regulation. This will not be a full review of these remaining pieces of guidance, but a lighter touch exercise to make technical changes confirming that each piece applies to doctors, AAs and PAs from December.
- 16** The standards describe good practice and exist to guide registrants when caring for patients and working with colleagues. Some of the more detailed guidance covers areas that are not equally relevant to every PA or AA (or doctor). PAs and AAs must use their professional judgement to apply the standards to their day-to-day practice, just as doctors do now.

Education

- 18** At the outset, the regulatory framework for PA and AA education will cover only teaching and learning that leads to the award of an initial PA or AA qualification², and not anything beyond that point. This is because there are currently no formal post-qualification development pathways for PAs and AAs such as those that exist for doctors.
- 19** [Our pre-qualification education framework for PAs and AAs](#) consists of:
- GMC-owned generic and shared learning outcomes, which set out the broad knowledge, skills and behaviours that new PAs and AAs should have when they qualify.
 - Outcome-based curricula, owned in draft form by the FPA and the RCoA, which specify the competencies that must be taught on GMC-regulated PA and AA courses.
 - GMC-owned specifications for the registration assessments for each profession, which set out the detailed knowledge and skills needed for registration.

Council will be asked to approve standards for curricula and course providers at the same time as it approves the rules in December. We will then be able to approve UK-wide PA and AA curricula, as well as individual courses, with conditions if needed. We have been carrying out quality assurance (QA) checks of PA and AA courses on a voluntary basis since 2021, supported by appointed GMC education associates. These will continue on an ongoing cycle after regulation starts, and we will publish reports of our QA activity including an annual summary for each course provider.

² PA and AA qualifications are delivered as two-year postgraduate diploma or masters programmes. There are currently 37 PA course providers in the UK and three offering the AA course.

Agenda item M5

PA/AA update

Fitness to practise

- 21** Prior to registering any PA or AA we will assure ourselves they are fit to practise. The registration process requires a self-declaration, just as it does for doctors. In addition, if a PA/AA has previous UK practice, they will need to provide a reference from their most recent employer. We will also receive information from the FPA about any PAs who have been subject to formal investigation during their voluntary registration³.
- 22** Our fitness to practise teams, and the Medical Practitioners Tribunal Service, will be ready to address and act on any concerns about registered PAs and AAs from the outset of regulation. It is important to note we can only investigate or take regulatory action against PAs and AAs who are registered with us. In the early period of regulation, we may receive concerns about PAs and AAs who are not yet registered. In these cases we will log the information, pending any future registration application. Where appropriate, we will refer any concerns that fall outside our remit to employers or other bodies that may be able to act in the interim.

Strategic communications and engagement

- 23** We have prepared a comprehensive communications and engagement plan, covering all our key audiences, to support the start of regulation. Separately, we are developing approaches to ongoing communication with our new PA and AA registrants, including email newsletters and social media, alongside our existing doctor registrants. We will also integrate organisations representing, employing or educating PAs and AAs into our arrangements for strategic engagement and relationships.

Data, research and insight

- 24** In the short term our plans for data gathering and reporting in relation to PAs and AAs focus on operational management information – for example, numbers of applications, concerns, and investigations. We will also develop a standard data pack to support information requests from stakeholders and media organisations from the outset of regulation.
- 25** Because our data and insights on PAs and AAs will build up over time, our initial reporting will not be as wide-ranging as it is for doctors. For example, our online Data Explorer and *State of Medical Education and Practice in the UK* reports will not cover PAs and AAs for at least the first two years of regulation. We will refine reporting plans over the coming months and engage stakeholder organisations, including the Professional Standards Authority, to understand their requirements.

³ Equivalent data is not available for AAs because their voluntary register does not include formal standards or a conduct process. However, employers will be able to tell us about any AA concerns via the reference.

After regulation starts

- 26** Our regulatory framework for PAs and AAs will, of course, develop over time. One priority is to introduce revalidation for these professions as soon as possible, building on our published [guidance on clinical governance covering doctors, PAs and AAs](#). We will also keep under review our role in post-qualification education and training, which may include some form of prescribing responsibilities in future, should Government legislate to that end.
- 27** We have begun embedding PAs and AAs into our corporate arrangements for governance, risk management, and equality, diversity and inclusion. Council will receive specific reports on PA and AA activity where relevant, particularly in the early years of regulation.
- 28** There has been much debate in recent months about the PA and AA professions. As a result, PAs and AAs are facing instability and uncertainty, particularly in relation to employment prospects. We hope regulation will provide greater assurance to employers and encourage a shift to a more constructive public discourse. However, we recognise the impact of current challenges is likely to be felt for some time.
- 29** We have acknowledged and responded to the concerns of doctors and patients in this context, focussing primarily on the benefits that professional regulation will bring for patient safety. We have also stressed the need for professional behaviours both in person and online and called on system partners to show leadership and help move the debate into a healthier space. We will continue to support the work of employers, statutory education bodies, colleges and others in developing guidance and raising awareness to facilitate the effective integration of PAs and AAs into the multi-disciplinary team.

Agenda item M5

PA/AA update