RCGP Briefing: Orders and Regulations - *Anaesthesia Associates and Physician Associates Order 2024 and the associated regret motions and motion to decline.*

House of Lords, 26 February 2024

Background

The Physician Associate (PA) role was first introduced in the UK in 2002 but their use in general practice expanded significantly in the late 2010s. In recent months, and particularly in view of the planned expansion of PA numbers set out in the Long-Term Workforce plan for England, there has been increasing debate about the role of PAs in general practice.

As of June 2023, there were a recorded 1,707 Full Time Equivalent (FTE) PAs working in general practice in England. The NHS Long Term Workforce Plan for England projects another 10,000 PAs joining the NHS workforce by 2036-37 overall, but does not specify how many will be working in general practice.

The expansion of PAs and other additional roles within general practice has happened at a time when the number of fully qualified GPs in the workforce has fallen. As of November 2023, there are 690 fewer fully qualified FTE GPs compared to 2019 and 1,881 fewer compared to September 2015, despite the government`s promises for 6000 additional GPs. The number of patients per fully qualified GP rose by around 7% since 2019. The NHS Long Term Workforce Plan identified a need for an extra 15,000 GPs by 2036/37 but admitted that more must be done to recruit the extra GPs needed and has not yet set out how this is going to be achieved.

The draft order laid in Parliament would give the GMC powers to:
• register AAs and PAs whom it assesses to be appropriately qualified and competent,
• to set standards of practice, education and training, and requirements for continual professional development and the conduct of AAs and PAs.
• approve AA and PA education and training programmes,
• operate fitness-to-practice procedures, investigate concerns and, if necessary, prevent or restrict an associate from practising.

The RCGP's position on PAs

The RCGP has always welcomed multidisciplinary working but a key factor for successful multidisciplinary working is clarity of roles and accountabilities. It is concerning that in the 12 years since the introduction of PAs, their regulation, role, scope of practice, induction and supervision standards within general practice, have not been properly defined.

The RCGP's position on PAs has been clear since 2017:

- PAs must always work under the supervision of GPs.
- PAs must be considered additional members of the team, rather than substitutes for GPs.

- PAs do not replace GPs or mitigate the need to urgently address the shortage of GPs.
- PAs must be regulated as soon as possible.
- Public awareness and understanding of the PA role must be improved.
- Training, induction and supervision of PAs within general practice must be properly designed and resourced.

In light of the expansion of PA numbers in general practice in recent years, and the ambitions to continue to grow the PAS workforce set out in the LTWP, the lack of progress on the above has raised significant concerns amongst our members including the following:

a) Regulation

It is of significant concern that PA regulation has not yet been implemented. It is vital that this is implemented as quickly as possible to protect patient safety. It is equally important that regulation of PAs is done in a way that helps to clarify the current lack of public understanding on the differences between doctors and PAs.

b) PA scope of practice in general practice

There is an urgent need for clarity on the scope of practice within which PAs might work in general practice, including consideration of the PA role in managing undifferentiated symptoms which must be approached with extreme caution. This is paramount for patient safety. Within general practice settings, clinicians hold a high level of risk, and uncertainty is often significantly higher than in other settings.

c) **PA induction and supervision**

All PAs working in general practice need to be supervised by a fully qualified GP. Clear standards for induction and supervision need to be agreed. The onerous nature of the supervision required for PAs, and other members of the MDT, and the lack of resourcing or protected time for this, are concerning and need to be addressed as a matter of urgency. According to our last survey, 60% of GP partners reported that their practice doesn't have the support needed to train and develop all the new roles introduced into general practice. There are additional significant barriers due to lack of space in our poorly resourced GP premises.

d) Urgent need for a clear and funded strategy on GP expansion

GPs are uniquely trained to manage uncertainty and risk, and as outlined above, they play a crucial role in supervising PAs and other members of the practice team. Therefore, there is an urgent need for a fully-funded plan to increase the size of the GP workforce. There must be concerted efforts to increase the number of UK-trained medical students who enter GP training and supporting retention of GPs to remain in the workforce for longer, including through properly resources national retention schemes.

Currently, many PAs in general practice are funded through the Additional Roles Reimbursement Scheme (ARRS), which provides funding for certain additional roles to meet patient needs. The current rules for ARRS funding are causing inefficiencies as they

are not flexible enough to respond to local needs. In particular, the rules around ARRS do not let PCNs / practices to use this funding to hire GPs or practice nurses. We need Treasury support to introduce a system with more flexibility to hire GPs and general practice nurses (GPNs) using ARRS funding.