Pre-ARM briefing
Doctors working in MDTs and new clinical roles
Pre-ARM briefing – Doctors working in MDTs and new clinical roles

This briefing:
– Provides members with the latest developments around new clinical roles
– Directs members to the BMA’s latest publications and guidance on new clinical roles
– Proposes topic areas that members could consider when submitting motions to ARM

The term ‘new clinical roles’ is often used to describe members of the expanded multi-disciplinary team (MDT). In a large organisation such as the NHS where there is a near constant process of service redesign, it is inevitable that new roles will be created from time-to-time. While it is true that new clinical roles spring up from new approaches to service delivery, they may also arise from new ideas on career progression or out of necessity, for example when there is a shortage of doctors (eg Advanced Critical Care Practitioners). You can read more about some of these roles in our ‘New clinical roles within the NHS’ briefing.

Multi-disciplinary working has been established for some time in most secondary care settings, but now in primary care in England the development of PCNs (primary care networks) is directing funding towards the employment of roles such as clinical pharmacists, physician associates, social prescribers and physiotherapists. In Wales, Primary Care Clusters have been developed as a way to enable collaboration of staff across practices and services. While non-medical clinical roles are being introduced in greater numbers throughout the UK, there is some variation between the nations in how, and how quickly, they are being introduced.

Currently, with NHS funding stretched, a medical recruitment and retention crisis and the ongoing agenda of moving care into the community, we are seeing an unprecedented period of new clinical role development. To help with the development of pan-BMA views on issues relating to new clinical roles and to help to shape the BMA’s strategic thinking in this area, a ‘New clinical roles reference group’ has been established and a roundtable meeting for elected members was held at BMA House in January 2020.

Caring, Supportive, Collaborative

In an all-member survey carried out in 2018 as part of our Caring, Supportive, Collaborative project 52% of respondents said that they spend 1-3 hours or more per day on work that could be done by another non-medical clinical professional while 48% of doctors supported the expansion of the non-medical clinical workforce, 27% were neutral and 25% against. The report also showed that our members have some strong concerns about the expansion of non-medical clinical roles, with 74% worried about accountability and 64% highlighting the possibility that they would be used as a cheaper alternative to doctors.

Following this, our Caring, Supportive, Collaborative report we called for measures to ensure that new roles are not considered cheaper options for care provision in place of doctors’ expertise, doctors’ training is not compromised, regulation is introduced and there is clarity around accountability for the new professions, and patients, the public and other clinicians have a better understanding of the roles that MAPs perform.
MAPs (medical associate professions)
In January 2020 we published two new documents on MAPs (Physician Associates, Anaesthesia Associates, Surgical Care Practitioners and Advanced Critical Care Practitioners).

Principles for effective working with medical associate professions outlines a range of principles that can help to improve the ways that doctors and MAPs work together and identifies possible solutions to some of the common problems that have arisen with the introduction of MAPs. Medical associate professions in the UK provides key information about MAPs, including roles, regulation, and prescribing. A MAPs patient information briefing is also in production.

Following a consultation to which the BMA responded, it has been confirmed that Physician Associates and Anaesthesia Associates would be regulated by the GMC. Once regulation is in place, a consultation on prescribing rights will follow.

The BMA is represented on Health Education England’s MAPs Oversight Board through which we are influencing the development of a career framework for MAPs. We have a seat on the GMC’s MAPs External Advisory Group and we are increasing our engagement with MAPs representatives in line with a resolution from last year’s ARM.

Key issues to consider
This briefing is intended to inform debate at the BMA’s 2020 Annual Representative Meeting. In submitting motions to the ARM, the representative body may wish to make proposals that aim to:
— Ensure that doctors and other clinical roles are helped to work well together
— Consider the long-term role of the doctor in relation to multi-disciplinary working