

BMA Briefing – Regulation of physician and anaesthesia associates - The Anaesthesia Associates and Physician Associates Order 2024

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Summary

Using powers in the Health Act 1999, the Government have introduced secondary legislation via The Anaesthesia Associates and Physician Associates Order 2024 (AAPAO) to provide for the regulation of PAs and AAs by the General Medical Council, the doctors' regulator.

Across the medical profession, concerns have been raised about the way physician associate (PAs) and anaesthesia associate (AAs) clinicians have been introduced and deployed, which is blurring the distinction between doctors and these non-medically qualified professionals. Patients and their families are often unaware they have not been seen or assessed by a doctor, which has had, at times, fatal consequences for patients. PAs and AAs do not hold a medical degree and are not medically trained - they are not doctors. The AAPAO will only make the situation worse.

The BMA strongly opposes this legislation and calls on Peers to oppose this Order.

To address our concerns around the increasing role of PAs and AAs the BMA is calling for three things:

- **Regulation** – the BMA believes that PAs and AAs should not be regulated under the GMC, and instead calls for their regulation by the Health and Care Professions Council to provide necessary differentiation.
- **Professional titles** – the BMA is calling for a rename of 'Physician Associates / Anaesthesia Associates' to 'Physician Assistants / Anaesthesia Assistants' to provide clarity for patients.
- **Recruitment** – the BMA calls for a moratorium on employment of PAs/AAs until there is clarity and material assurances about their role and scope of practice.

Passage of legislation

The AAPAO was introduced by Government in December 2023 and debated by the 6th Delegated Legislation Committee on 17 January. The House of Commons then approved the legislation on 22 January despite over 20,000 doctors and patients writing to MPs to express their concerns over this legislation. The Order was passed in the Commons and will be debated in the House of Lords Grand Committee on Tuesday 6 February.

Parliamentary concerns

During the Delegated Legislation Committee session, the BMA's serious concerns were raised by various MPs, particularly the risk to patient safety. Margaret Greenwood MP, highlighted our concerns about patient confusion, saying "to patients, associates and doctors may look the same. They appear to be doing a similar job. But the fact is that the associates do not have the same qualifications or expertise as doctors." Barbara Keeley MP stated that "patients and clinicians must have a clear understanding of the skills, qualifications, and limitations of those providing care." Rachael Maskell MP, recognised the lack of detail within this SI, "the challenge to this SI is a lack of clarity of title, role and competencies associated with each role. It could therefore be argued...that the HCPC for example could be a more relevant registrant."

A full transcript of the session can be found [here](#).

An [Early Day Motion](#) has also been laid in the Commons regarding the 'Classification and regulation of NHS medical associate roles and patient safety' as outlined in the AAPAO. This motion rightly highlights the dangers of binding in legislation the professional titles Physician Associate and Anaesthesia Associate which is shown to confuse the public with tragic consequences.

These concerns have also been highlighted by the House of Lords Secondary Legislation Committee. In their report on the Order, they outline their concerns around the legislation's transparency, noting the below:

*The Order makes the first use of powers inserted into the parent Act by the Health and Care Act 2022 to give the GMC direct powers to make and amend standards and procedures for these associates, **removing the process from Parliamentary oversight. The Explanatory Memorandum should have been more explicit on this point and on what safeguards remain.***

Given the objection to this Order, from doctors, patients and parliamentarians, **the BMA urges Peers to oppose this legislation on the grounds of public safety.**

BMA Survey

In late 2023 the BMA ran a [survey](#) to illustrate the scale of the problem, in the face of Government's seeming indifference to the concerns of medical professions. It was widely reported by the media (including [ITV](#), the [Guardian](#) and the [Daily Mail](#)) that, 87% of doctors who took part said the way PAs and AAs currently work in the NHS was always or sometimes a risk to patient safety. The BMA carried out surveys of both doctors and the public. We received over 18,000 responses from doctors and over 2,000 from members of the public.

In that survey, both doctors and the public reported confusion about the role of PA and overwhelming concern about patient safety in the NHS due to the current ways of employing physician associates and anaesthesia associates.

Survey of doctors

- **87% of doctors** who took part said the way PAs and AAs currently work in the NHS was always or sometimes a risk to patient safety.
- **Nearly 80% of doctors** stated that they were occasionally or frequently concerned that a PA or AA they worked alongside was working beyond their competence.
- **86% of doctors** reported that they felt patients were not aware of the difference between these roles and those of fully qualified doctors, showing the immense scope for patient confusion about the level of care they are receiving.

- **72% of doctors** do not support the future regulation of PAs and AAs by the GMC.
- **80% of doctors** felt that PAs and AAs would be more appropriately named ‘assistants’ than ‘associates’, as they were in the past.

Survey of patients

- 29% of patients said they did not know whether or not they had been seen by a PA.
- **Over half of patients** hadn’t heard of PAs or AAs.
- When receiving treatment, 41% of patients were not always sure which kind of clinician was treating them, and 68% felt it was important that they should know.

Doctors believe that regulation by the GMC will increase this blurring of lines between them and PAs and AAs with nearly three-quarters believing that the GMC, the doctors’ regulator, is not the appropriate body to also regulate those not medically trained. The AAPAO provides for exactly this, which is why we are opposed to it. It will also enshrine in law the title of Physician Associate and Anaesthesia Associate, which we know is providing dangerous confusion for patients.

The risks to patient safety are quite clear, therefore we are calling for an immediate moratorium on all recruitment and expansion of medical ‘associate’ roles until such a time that their scope of practice is properly and nationally defined, agreed, and quality assured.

What the BMA is calling for

Statutory regulation of PAs and AAs

Since 2017 the BMA has consistently opposed the proposals for the GMC to regulate PAs and AAs. We believe they should be regulated by the Health and Care Professions Council (who regulate other health professions such as physiotherapists, paramedics and radiographers). Regulating via the GMC will only reinforce patient confusion, as the GMC’s entire history is as the regulator of medical practitioners only.

The BMA is not alone in having concerns around the potential for confusion, the Academy of Medical Royal Colleges wrote in its letter of 2 November 2023 to the GMC that it is “concerned about the proposed regulation of MAPs by the GMC where the distinction between a medical practitioner and a MAP is not immediately obvious to either patients or the wider healthcare team.” In response to this the GMC has announced that PAs will receive an alphabetical prefix to their GMC number to distinguish them from doctors who have a seven-digit GMC reference. We believe this is insufficient on its own to help both patients and the wider healthcare team to distinguish between doctors and PAs.

Oppose this secondary legislation

Given the choice of regulator and confusing professional titles, we strongly oppose this legislation and call on Peers to voice their concerns with this Order.

Pause recruitment of PAs and AAs

The BMA has called for an immediate halt to the recruitment of PAs and AAs until the issues set out in this briefing have been addressed. This is in line with the Royal College of Anaesthetists who have also passed policy calling for a pause in recruitment of AAs while further consultation takes place.

The Royal College of Surgeons have also publicly recognised a gap in standards for PAs working in surgical settings, advising that caution be exercised when deciding on the scope of activities that PAs in extended surgical teams are asked to undertake.

The British Society of Interventional Radiology has also called for the recruitment of PAs to be halted until a defined scope of practice is introduced and they are formally regulated by a governing body other than the GMC.

Background on physician associates and anaesthesia associates

What are physician associates and anaesthesia associates?

PAs work as part of a multidisciplinary team with supervision from a named senior doctor, providing care to patients in primary, secondary and community care environments. AAs work within the anaesthetic team under the supervision of an autonomously practicing anaesthetist, such as a consultant or SAS doctor.

Doctors must complete a five-year medical degree. PAs have to complete two years of training.

The first PAs were formally introduced in the UK in 2003, under the name 'physician assistant'. The name of the role changed from physician assistant to physician associate in 2014. Around 80% of doctors responding to our survey felt that PAs and AAs would be more appropriately named 'assistants' than 'associates'. In our survey, 86% of members reported that they felt patients were not aware of the difference between these roles and doctors, and 41% of patients responding to our survey said they were not always sure which kind of clinician was treating them.

To patients, PAs/AAs and doctors may look the same and appear to be doing a similar job. But the fact is, PAs and AAs do not have the same qualifications or expertise as doctors. Too many patients believe they have been seen by a doctor when they haven't, and this can lead to tragic consequences.

Tragic consequences

Confusion over the role of PAs has led to tragic outcomes. For example, Emily Chesterton, died aged 30 after two appointments with a physician associate whom she believed was a GP. The 30-year-old was told her calf pain was a sprain, when she actually had a blood clot, later causing her death. Sadly, this is not an isolated incident. Ben Peters, a healthy 25-year-old, died from a heart haemorrhage after being diagnosed with a panic attack by a PA.

It is now abundantly clear that the public find the title 'physician associate' highly misleading and confusing, with Mrs Chesterton, Emily's mother, noting that "physician associate sounds grander than a GP."

The BMA has always supported multidisciplinary team working and recognises the crucial roles that different staff perform in the NHS. A central tenet of well-functioning teams is that patients and clinicians have a clear understanding of the skills, qualifications and, where relevant, the limitations of those providing care.

Expansion of PAs and AAs

As of September 2023, there were almost 4,000 PAs on the Faculty of Physician Associates register and the GMC estimates there are 900 new PAs qualifying in the UK each year.

PAs are seen by the UK Government and NHS England as one of the ways in which workforce pressures in the NHS can be alleviated. In the NHS Long-Term Workforce Plan, the Government set out plans to significantly expand the number of PAs and AAs in the NHS. The plan states that the NHS will increase to a PA workforce of 10,000 PAs by 2036/37.