

MAPs Core Capabilities Framework Consultation – for the public – [form here](#)

Background

Medical Associate Professionals (MAPs) are a group of healthcare workers including Physician Associates (PAs), Anaesthesia Associates (AAs), and Surgical Care Practitioners (SCPs).¹ Unlike medical doctors who undertake more than 10 years of medical education and training to become GPs or consultant doctors, MAPs have only completed a two year postgraduate course. They cannot work without supervision by a doctor. They cannot prescribe medication or request X-rays. They are not the same as doctors in any way.

More than 18,000 doctors recently completed a survey where they expressed grave concerns about how the NHS is employing MAPs.² They are worried that MAPs are being asked to do jobs beyond what should be expected from someone with only a two-year course. Some high profile cases in the media have discussed deaths that have occurred from patients seen by MAPs working in a capacity beyond their competence.³ For public safety reasons, the British Medical Association (BMA) has called on the NHS to stop recruiting MAPs until a proper review of the role is made and limits to where and how they can work are in place.⁴

The Government, however, has stated its intention to more than triple the number of MAPs working in the NHS by 2036/37 as part of the NHS long term workforce plan.⁵ They do not appear to be listening to doctors' worries about patient safety or concerns that patients may be confused about MAPs, thinking they are being seen by a doctor when they are not. All patients deserve to know who is treating them and what qualifications they have.

We are already seeing cases where doctors, including your local GPs, are being replaced by non-doctors.⁶ It is vital that you respond to the Government and insist that these professions are not allowed to develop further without the proper scrutiny of the role and to develop limits on where and how they can work to keep patients safe.

This is your NHS, and your voice is important.

How you can help

This consultation will guide the future development of MAPs. As a member of the public it is important you make your voice heard on the future of your NHS. We have provided useful information below, along with some suggestions to help you answer the questions.

The deadline for responding is midday on Friday 2nd February 2024.



Questions

Please see our suggested responses in **bold** for members of the public who are concerned about the rushed roll out of MAPs without consideration of how they may be employed in the NHS and what limits on their role will be needed to keep patients safe. People may also worry that they have not had sufficient explanation about what a MAP is, what training they have had, and how they are different from doctors or nurses.

It may also be effective to respond 'unsure' to any question where a section is written relatively clearly but there is a large amount of missing information or context. If this is the case, make sure that you state that in the comment box e.g., 'I am unsure how to reply to the question as the content of the section is missing many relevant details but the writing style is okay. Key things that are missing are...'

Part 1: Please fill in your details in this part, the 'I am a patient and/or carer' is likely the most suitable option.

Part 2: The Framework – refers to this [document](#). Sections at the beginning of each question are lifted from the document but you can find greater details about the proposed four tiers of job progression in the linked document and you may want to read it over before replying.

The consultation is asking you to decide if the document clearly explains to you what the MAPs role is and which capabilities a MAP should have at each proposed level of their career.

It is likely that you may not have even heard of MAPs or been aware that you may have been seen by a PA at your GP surgery when you phoned for an appointment. This is not good for patients. It is important that you are informed who is treating you.

Key concerns from doctors about the MAP role that you should know before completing the survey:

- They are not currently regulated, although there are plans to do so under the General Medical Council (GMC) who regulates doctors. The BMA believes that this is inappropriate and will be confusing to patients.⁷ MAPs are not doctors and should be regulated under a different regulator for allied health professionals.
- Without regulation, MAPs have no professional responsibility to maintain standards of patient safety and professional obligations. As such, there is no way of holding them to account should they behave irresponsibly and/or patients come to harm.
- The UK is short of 1000s of doctors and consultants, and more are leaving each year.⁸ Instead of making more jobs for doctors and more training pathways to become a consultant, the government wants to give you MAPs with less training and qualifications. They are even offering GP practices funding to have PAs instead of doctors.⁹
- We worry about patient safety. MAPs have less than a fifth of the training of most senior doctors. They do not have knowledge of medications and should not be managing complex patients. They must always be working under the supervision of a doctor.
- We believe that you should be given a choice about who is treating you and would support patients to ask to be seen by a doctor when in hospital or at a GP.
- We think that the government would be wise to halt the hiring of MAPs and allow the role to be well considered and researched before using it in the NHS. Like a new medication needs to be thought about and researched in trials first and only sold to patients when we are sure it is safe.

Q1: Please indicate the extent to which you agree that the 'Background and Introduction' to the framework section is clear and understandable. **Do not agree or Unsure**

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- There is no information in the first paragraph about the qualifications MAPs have, their level of training, or the fact that they are dependent practitioners that must have oversight by doctors. Patients should know who is treating them and this should be clearly communicated at all times.
- We are worried that the MAP role is not clearly defined and there are no limits of what they can do. We believe that defining their scope of practice is needed before any career pathways are developed.
- The best people to define this scope are doctors as they supervise MAPs and know what things a doctor can do and what would be inappropriate for a MAP to do as they do not have enough medical knowledge or qualifications to work safely.

Q2: Please indicate the extent to which you agree that the 'Who is this framework for and how can it be used?' section is clear and understandable. **Do not agree or unsure**

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- We worry that patients will not know who is treating them or what qualifications they hold. This needs to be clearly communicated in this document.
- We think that it is inappropriate for the employer to be developing a role when a regulator is not assigned and there is no defined scope of practice for MAPs. Doctors need to set the scope of practice first before anything else.
- This framework fails to show how MAPs will be demonstrating that they possess any key capabilities at the time they start their job nor that standards will be maintained over time. Unless this can be demonstrated, we worry that patient care will be compromised.

Q3: Please indicate the extent that you agree the Medical Associate Professions: An Overview section of the framework is clear and understandable? **Do not agree or unsure**

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- We think it is inappropriate for the employer to set the scope of practice and the job plan. We worry that this will lead to MAPs being asked to perform tasks way beyond their competence/capabilities, as is currently already happening and linked with harm to patients. This phrase must be removed from this document entirely.
- It is not enough to simply say that patient safety is the priority. The government must act to make sure that it is by having the highest qualified people in senior roles and those with much less training and knowledge, such as MAPs, should only be allowed to do limited roles under direct supervision of a doctor.

Q4: Please indicate the extent to which you agree with the definitions of the 4 tiers of practice for MAPs and the indicative requirements to work at each tier of practice. **Do not agree or unsure**

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- These descriptions look very much like job descriptions of doctors, which is inappropriate for the level of training of MAPs. They must not be allowed to work in a way that would put patients at risk. This means they must have daily supervision by a doctor on site who can also see the patients if necessary.
- We worry that patients will not be able to tell from the titles who these people are and what level of training they have.
- It is wrong for MAPs to not be regulated by the correct regulator and to have appropriate limits on their practice to keep patients safe. These need to be in place before any career pathways are developed.

Q5: Referring to “Implementing MAPs in the workplace” section in the framework, please indicate the extent to which you agree that it is clear and understandable. Do not agree or unsure

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- We worry that not enough consultation has been done before rolling out MAP roles in the NHS.
- 87% of doctors in a recent survey are concerned that MAPs are a risk to patient safety.
- There are not enough consultants or GPs to safely supervise MAPs at the level they require and so the quality of patient care will be reduced if more MAPs are given jobs in the NHS

Q6: Are the appendices a useful set of workforce development tools? No

A comment box will open and you can write your concerns. Some things we are worried about in this section include:

- On the employer checklist we do not believe that it encourages the employer to consider the increasing needs of patients in the NHS today and how MAPs with only a two year qualification are not prepared to deal with this kind of complexity. Employing a doctor instead would be safer for patients and be more effective as they can prescribe, have more medical knowledge, and are independent practitioners.

Q7: If you wish, please provide other comments about any aspect of this framework

Here is the opportunity for you to explain to NHSE and the Government how concerned you may be about having 1000s more MAPs quickly rushed into NHS jobs without proper risk benefit analysis.

You might mention how important it is for you to know who is treating you and what level of training they have and for this to be clearly communicated in this framework and in any NHS setting.

You might note that when you are a patient in a hospital that you want your care managed by doctors rather than MAPs with lesser qualifications.

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