Medical associate professions in the UK

What are MAPs (medical associate professions)?

The following four professions are part of the 'medical associate professions' grouping. These are the only professions that are considered to be MAPs:

1. PA (physician associates)
2. AAs (anaesthesia associates) – known as physician’s assistants (anaesthesia) prior to 2019
3. SCPs (surgical care practitioners)
4. ACCPs (advanced critical care practitioners)

For more information about the training and work of these professionals, please see our guide to New Clinical Roles Within the NHS.

Medical associate profession numbers in the UK?

– Physician associates are by far the most numerous of the MAPs. The NHS Interim People Plan estimates that there will be over 2,800 physician associate graduates by the end of 2020, rising to over 5,900 by the end of 2023.

– As of 2019, there are around:
  – 130 ACCPs working in the NHS
  – 180 AAs working in the NHS
  – 200 SCPs working in the NHS

The decision to group the four professions

The move to bring the professions under a single umbrella began with HEE (Health Education England) in 2014, with the intention to work 'towards a common education and training programme to support a route to statutory regulation'. This originally applied to PAs, AAs and SCPs with ACCPs added later.

HEE created a MAPs oversight board and invited the BMA to send a representative to its Career Framework & Quality subgroup along with representatives from employers, royal colleges and the devolved nations. The group’s task was 'to describe quality management, training and a career framework for Medical Associate Professions (MAP), so that a clear professional identity is developed which supports arrangements for statutory regulation'. The work of the subgroup has now been subsumed into HEE’s MAPs oversight board, on which the BMA is represented.

MAPs differ in crucial ways; in terms of the tasks they perform, the ways that they train and their entry requirements. These differences mean that developing a single career framework is challenging. Development is ongoing and with preparations underway for regulation, the role of the GMC may be crucial in the future of a combined MAPs career framework.
The reasons for the introduction of MAPs

The appearance of MAPs in UK healthcare reflects a trend towards the development of multi-disciplinary teams as well as the need to ensure that there is sufficient workforce to meet demand in the NHS.

PAs are seen by the UK government as one of the ways in which workforce pressures in the NHS can be alleviated. In June 2015, the then Secretary of State for Health, Jeremy Hunt, announced that 1,000 PAs would be introduced into general practice in England to assist in tackling GP workload pressures.

The devolved governments have also identified PAs as a potential way to address workforce and workload pressures.

The NHS in England remains committed to developing multi-disciplinary working and continues to promote PAs as a major component of the future workforce, as demonstrated in the NHS Interim People Plan (2019):

‘Physician associates, as generalist healthcare professionals trained to a medical model, will increasingly become an indispensable part of our primary and acute care teams.... we will begin work to review current models of multidisciplinary working across primary and secondary care to ensure they support the service models outlined in the NHS Long Term Plan and meet the needs of providers of different sizes in different geographies.’

– NHS Interim People Plan

Regulatory status

None of the MAPs are currently regulated specifically for their role as MAPs, however SCPs and ACCPs are subject to statutory regulation through previous roles. Unlike PAs and AAs, SCP and ACCP roles can only be taken up by individuals who are already registered healthcare professionals.

Currently, PAs and AAs are not subject to any form of statutory regulation, however following the 2017 consultation, The Regulation of the Medical Associate Professions in the UK, PAs and AAs are now scheduled for statutory regulation. It was announced in 2019 that the GMC would be the regulator.
BMA response to the consultation on MAPs regulation

A consultation, The Regulation of the Medical Associate Professions in the UK, was published in October 2017. It asked which, if any, of the MAPs professions should be regulated and which organisation should be designated as their regulator. The BMA response to the consultation argued that all 4 professions should be regulated and that HCPC (Health & Care Professions Council) should take responsibility for regulation, rather than the GMC.

This was because:

- The HCPC is already a multi-professional regulator with significant experience of regulating a range of healthcare professionals. Its regulatory system is supported by both broad-based and profession-specific standards which already takes account of both the similarities and differences of the professions it regulates.
- The HCPC has an established history of bringing new professions into statutory regulation and, unlike the GMC (General Medical Council), its existing governance arrangements are designed in such a way to accommodate further professions. This should allow it to oversee the regulation of MAPs within a relatively short time period.
- Although cost should not be the dominant factor in deciding who regulates MAPs, the HCPC system of regulation and its governance structure means that the cost to the tax payer and regulated professionals would be minimised.
- The GMC should not be distracted from its core function of protecting patients and improving medical education and practice across the UK. It should not be unnecessarily diverted from its efforts to improve how it regulates doctors (including reducing their regulatory burden).

The choice of GMC as regulator

In July 2019 it was announced that the GMC would take on the role of regulator for PAs and AAs.

The DHSC provided the following reasons for their choice:

- The need to be assured that the chosen regulator will be best able to ensure effective public protection. Based on the independent assessment made by the PSA (Professional Standards Authority) on an annual basis, the HCPC has failed 6 out of 10 of the fitness to practice standards set by the PSA for the last two years. In contrast the GMC continues to meet all of the PSA standards.
- PAs and AAs are both trained to the medical model and work closely with medical practitioners. Regulation by the GMC will mean that the organisation will have responsibility and oversight of all three professions allowing them to take a holistic approach to the education, training and standards of the roles.
- The majority of respondents to the consultation were in favour of the GMC taking on regulation, including the professional bodies representing the two roles and Medical Royal Colleges.’ (59% for GMC, 20% for HCPC from 3063 total responses)
When will regulation for PAs and AAs be introduced?

It is not clear exactly when regulation will be introduced, but the GMC has estimated that it will take at least 2 years (by 2021). The preceding period will include the preparation of legislation, a consultation on the legislation and time for the GMC to prepare to take on this new role. The estimate is based on the time taken in the past for the introduction of similar legislation.

The decision to only regulate PAs and AAs

In October 2018, The Secretary of State for Health and Social Care, Matt Hancock, announced that he had decided to move ahead with plans to regulate two of the four professions – PAs and AAs, while ACCPs and SCPs would not be put forward at this time. Future regulation of these professions has not been ruled out. This decision confirmed when the government response to the regulation consultation was published in February 2019. PAs and AAs must hold an undergraduate degree, usually biomedical sciences or a health-related science, but to become a PA or an AA there is no requirement to be a registered healthcare professional. These roles are described as ‘direct entry’ roles and currently they are not subject to any form of statutory regulation.

To become a SCP or an ACCP, it is necessary to already be a registered healthcare professional. These roles, therefore, do not have direct entry and practitioners will be subject to statutory regulation through their background role.

It was therefore decided to prioritise the two professions that are currently not subject to any form of statutory regulation.

Decisions on regulation and the career framework will apply across the UK.

Can MAPs prescribe?

Currently, none of the MAPs have prescribing rights because of their status as a MAP. However, prescribing is a part of the role for both SCPs and ACCPs. Candidates for SCP and ACCP roles must already be registered healthcare professionals, meaning that they are eligible to take a qualification in non-medical prescribing.

AAs and PAs are currently not permitted to prescribe or request ionising radiation. Unlike SCPs and ACCPs, AAs and PAs do not need to be registered healthcare professionals from a previous role. However, a small number of PAs have previously held prescribing roles and are registered health care professionals, and this means that they personally retain those prescribing rights. We believe that this is potentially confusing for patients, clinicians and employers and in 2019 the BMA endorsed a statement from the RCP and the Faculty of Physician Associates which recommended that no PA should prescribe until all PAs are able to do so.

The consultation on regulation of MAPs included questions about the prescribing rights for MAPs, but in their response, the government stated that prescribing would be treated as a separate question and that a separate consultation would follow.
The BMA’s view

Many doctors see the potential that MAPs and other new clinical roles have in helping reduce workload pressures and allowing doctors to focus on tasks where their expertise is essential. In a 2018 BMA member survey, nearly half of doctors (47%) supported the expansion of the non-medical clinical workforce to ease pressures (compared to just 25% who disapprove of this approach).

Despite this general optimism, doctors have expressed a range of concerns. While new clinical roles cannot and should not be seen as replacements for doctors, they can help to support doctors.

To ensure they are genuinely able to do this and not add extra pressure, our Caring, Supportive Collaborative report called for the following safeguards:

– New clinical roles must not jeopardise the training of future doctors. Being employed in permanent roles within teams, MAPs naturally over time earn the confidence of senior doctors and are often chosen over junior doctors to assist on work that would be essential experience for a doctor in training. All departments and care settings must take measures to balance the service provision benefits of MAPs, such as PAs (physician associates), with the training priorities of doctors in training.

– Every member of the multidisciplinary team should have a clear understanding of their colleagues’ scope of practice, lines of accountability and supervision responsibilities. The public and other clinicians need a better understanding of the roles that MAPs perform. All clinicians must be regulated appropriately for the tasks they perform.

– Regulation and prescribing rights must be granted. All clinicians should be regulated appropriately for the tasks they perform, which is why we have called for statutory regulation for each of the MAPs.

These issues are explored further in the BMA’s Principles for Effective Working document, which provides employers and doctors with advice on how the way that doctors and MAPs work together can be improved.

Professional indemnity coverage

As with other members of staff, any MAPs working for an NHS Trust/Health Board will be covered for any clinical negligence claims by the relevant Health Department’s clinical negligence scheme (eg the CNST (Clinical Negligence Scheme for Trusts) in England). In primary care, Physician Associates working in England and Wales are now covered by the CNSGP (Clinical Negligence Scheme for General Practice) in England, and the GMPI (General Medical Practice Indemnity) scheme in Wales. Practices in England in Wales no longer need to secure clinical negligence indemnity coverage for their clinical staff. In Scotland and Northern Ireland practices will need to ensure that appropriate indemnity is in place to cover PAs along with their other clinical staff. MAPs working in any part of the NHS should be advised to have their own personal professional insurance from one of the medical defence organisations.