BMA

Scotland

BMA Scotland:
Final position paper on PA, AA and SCP ("Medical Associate Professional") roles in Scotland.

British Medical Association
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1. Introduction

Across the medical profession, concerns have been raised about the way Physician Associate (PAs) and Anaesthesia Associate (AAs) have been introduced and deployed in our NHS, which is blurring the distinction between doctors and these non-medically qualified staff, to the detriment of patient safety and doctor training.

This has consistently been raised as a key issue by BMA members in Scotland. As a result, BMA Scotland has undertaken a series of surveys, issued a range of statements and raised these concerns directly with the Scottish Government.

In line with a motion passed at Scottish Council[1], the following position paper outlines the background to this issue, our serious concerns around patient safety, the implications for training of doctors and future workforce planning, and sets out our recommendations to address the issue for the good of Scotland's NHS and the patients it cares for.

2. Background

What are the roles in question?

There are three main roles that are classed as part of the "medical associate professions" (MAPs) grouping working in the Scottish NHS. Other roles such as nurse practitioners, radiographer and advanced practitioners are not classed as MAPs.

1. Physician associates (PAs)

PAs are healthcare workers who have undertaken a two-year course in Physician Associate studies. They work as part of multidisciplinary teams and require supervision from a named senior doctor at all times.

2. Anaesthesia associates (AAs) – known as physician assistants (anaesthesia) prior to 2019

The Royal College of Anaesthetists (RCoA) describes AAs as "practitioners that work within the anaesthetic team under the supervision of an autonomously practicing anaesthetist, such as a consultant or SAS doctor."

3. Surgical care practitioners (SCPs)

The Royal College of Surgeons of England (RCSEng) describes SCPs as registered non-medical healthcare professionals who have extended the scope of their practice by completing an accredited training programme. They work as members of the surgical team and perform surgical interventions and pre-operative and post-operative care under the supervision of a senior surgeon.

Doctors must complete a five-year medical degree. PAs and AAs typically have to complete two years of clinical training. PAs and AAs are currently not permitted to prescribe medication or request ionising radiation. None of these workers are doctors or can replace doctors.[2]

1 BMA Scotland statement: Role of PAs and AAs in Scotland's NHS (home.blog)

2 https://www.rcpe.ac.uk/college/college-publishes-new-statement-medical-associate-professions

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. The intended purpose of the role was to relieve pressure on doctors and their workload, performing tasks within the competency of their two years of training.

What are BMA Scotland's concerns?

Doctors' concerns about the role of MAPs focus on these main areas:

1. The patient safety implications of these roles

BMA Scotland's concern is that these roles are not clearly enough defined, with some MAPs operating beyond their competence, threatening patient safety.

There is increasing evidence of this – both from direct reports of members and from the BMA survey regarding MAPs. A lack of clear definition around these roles means there is 'scope creep' beyond what was originally envisioned and the competencies of these roles and therefore beyond what is both safe and effective for patients and the NHS. This is a particular issue as PAs and AAs have only two years of training and lack the bread and depth of knowledge to be able to safely undertake many aspects of medicine.

2. Terminology as "Medical Professionals"

BMA Scotland believes that only doctors should be referred to as "medical professionals" and that the GMC and the NHS should not be referring to MAPs as medical professionals – as has been the case in the recent consultation on regulation.

3. Confusion among patients who may believe they have seen a doctor, but instead have seen a non-medically trained professional – again with serious patient safety implications.

Patients and their families need to know who they are being treated by, and the level of their experience and skills. It is becoming worryingly clear that this isn't always happening, and doctors are deeply concerned about the implications this has on the level and safety of care that is being delivered. There is evidence that this confusion has led to patient harm across the UK – including, tragically deaths that have occurred in England.

3. The potential impact on the training of doctors and medical students, who lose out on vital opportunities to gain experience that are instead provided to MAPs – along with the increased burden to provide training on senior doctors.

Junior Doctors and medical students in Scotland working with those in these roles in Scotland have found themselves often relegated to, at best, second place when it comes to the fight for the limited and stretched training opportunities that an understaffed and underfunded NHS has created. With permanent members of departments at times being preferred over rotational trainees, doctors are increasingly being overlooked, which has a huge impact on morale and providing ample time and opportunity to progress to the next stage of their career. This is particularly true given the amount of vacancies currently being felt in the senior doctor workforce, whose time to provide training is becoming increasingly pressured.

4. That the number of these roles in NHS Scotland may be expanded in order to attempt to plug medical vacancies and compensate for poor medical workforce planning with a less effective and safe alternative.

Scotland is in a medical workforce crisis across both primary and secondary care. Our latest FOI research show consultant vacancies standing at 1,076 or 15.16% when all posts are counted[3]. Since 2013, the GP WTE workforce has fallen by 5.35% – a fall of 196.7 WTE GPs and rota gaps are a major issue for junior doctors. Given the time it takes to train a doctor – the Government may see extra recruitment of MAPs as a shortcut to solving these problems, as has been the case with the workforce plan set out in England.

What has the BMA Scotland done so far?

BMA Scotland has consistently raised these concerns over recent times – meeting with NES, making several statements, blogs and press releases. During our regular engagement with the Scottish Government – including directly with the current Cabinet Secretary for Health and his predecessor – BMA Scotland elected representatives have articulated members views and urged the adoption of our recommended approach – set out later in this paper. [4]

UK wide, the BMA set out a document setting out the safe scope of practice for MAPs,[5] which NHS employing organisations should adopt to help doctors and other staff to provide safe, high-quality care. These safe practice parameters reflect the BMA's view that MAP qualifications are appropriate for working in an assistant role under the direct supervision of a doctor – they should not make independent treatment decisions and must not see undifferentiated patients.

The guidance is designed to set out the BMA's recommendations in relation to safety – NHS employers are encouraged to adopt this safe scope of practice immediately.

Subsequent to that, the BMA has published the first guidance for doctors supervising physician associates (PAs) and other medical associate professionals.

The guidance includes specific recommendations for both supervising doctors and employers, emphasising the importance of supervising doctors having allotted time for discussions with PAs and to review patients. Practical recommendations are also included for non-supervising doctors who work with MAPs in their departments or primary care settings.[6]

5. Scottish position

How many MAPs are currently working in Scotland?

There is currently a concerning lack of clarity around the full numbers of MAPs working in Scotland's NHS. The most recent figures from NHS Education for Scotland (NES) indicated there are around 148 MAPs working in Scotland's NHS – although this figure does not include primary care and it is clear that more work needs to be done to further establish the numbers of these roles. For example, BMA Scotland conducted a Freedom of Information request to establish further the numbers of MAPs working in Scotland, which suggested that the headline headcount was 261 headcount, 243 WTE in 2023.

Current Scottish Government response

The Scottish Government set out its position on MAPs in a stakeholder letter issued in November last year. It stated that "the Cabinet Secretary for NHS Recovery, Health and Social Care has indicated that he is supportive of a gradual increase in NHS Scotland's MAPs workforce. In doing so,

3 https://www.bma.org.uk/bma-media-centre/bma-scotland-more-than-600-consultant-vacancies-missing-from-official-figures

4 Physician Associates/Anaesthesia Associates (PAs/AAs): Update (home.blog)

5 maps-scope-of-practice2024-web.pdf (bma.org.uk)

6 https://www.bma.org.uk/supervisionofmaps

he has agreed that any expansion should be underpinned by robust evidence of the benefit that can be derived from these roles in specific settings and contexts."[7]

We are not aware that such evidence exists, hence one of the key reasons we have called for a halt in this planned expansion of these roles. This would match the Government's own position, as expressed above.

This letter set out the range of work the Scottish Government has planned on this issue. At the time of issuing the letter, the Scottish Government also reference a previous piece of guidance issued to Health Boards that "patients should be advised that they are being treated by a PA or PA(A) (Physician's Assistant (Anaesthesia)) not a doctor."

This year, the Scottish Government have set up a MAPs Programme Board and a MAPs Advisory Board. The BMA has seats on both of these organisations to consider the future of the role of MAPs in the health service in Scotland.

6. BMA survey of medical profession in Scotland

In order to help understand the extent of concerns around use of PAs and AAs, the BMA has carried out surveys of doctors and the public. We received some 1,700 responses from doctors in Scotland.

Doctors who responded reported overwhelming concern about patient safety in the NHS due to the current ways of employing PAs and AAs. Key findings included:

- 65% of respondents in Scotland have worked or trained with MAPs, meaning that contact with MAPs is widespread in NHS Scotland.
- Around 69% of Scottish respondents were concerned that MAPs were occasionally or frequently working beyond their competence.
- Fewer than 13% of doctors in Scotland reported that MAPs improved patient care.
- Around 80% of Scottish doctors believe the way MAPs currently work in the NHS is a risk to patient safety. Fewer than 7% of Scottish respondents think MAPs are never a risk to patient safety as they are currently employed in the NHS.
- The most pressing concerns of doctors in Scotland regarding MAPs included: the quality of MAPs training (70% of respondents), the quality of their supervision (79%), that they work outside their competence (84%), and that the public would confuse them with doctors (80%). In fact, only 1% of doctors in Scotland think patients fully understand the MAP role (with only 14.4% thinking patients fully or to some extent understand the role).
- Only around 29% of respondents in Scotland reported a decreased workload since the employment of MAPs. In fact, 44% reported that their workload had increased instead.
- 61% of respondents in Scotland found their training negatively affected by the presence of qualified PAs in the workplace. Around 61% also believed that training MAPs somewhat or very negatively impacted doctors' training in general. Fewer than 14% of Scottish respondents found the presence of MAPs positively affected their training.
- 82.8% believe that the public confuses MAPs with doctors and 98% believe that it is important that the public know who is treating them.
- In order to reduce confusion over the role, fewer than 6% of respondents in Scotland think that MAPs should claim to have undertaken medical training and fewer than 6% think MAPs should refer to themselves as medical practitioners.
- Fewer than 4% of respondents in Scotland think that MAPs should get the same prescribing rights as doctors after regulation. Some support limited and defined scope (50%) while 40.3% do not think that MAPs should be granted prescribing rights at all.

All these findings support the concerns that BMA Scotland has set out around the use and deployment of MAPs – providing clear evidence that this is an issue that needs to be addressed.

7 Physician Associates/Anaesthesia Associates (PAs/AAs): Update (home.blog)

7. Regulation ofMAPs

The BMA across the UK argued strongly against the proposals put forward by both the Westminster and Holyrood Government's for the General Medical Council to be made the regulator of MAPs . This issue required Scottish Parliament approval as the issue is devolved.

We did so on the basis that this will lead to further and potentially dangerous blurring of the lines between doctors and clinicians with considerably less training and expertise.

Despite our suggestion that these groups should be regulated by the Health and Care Professions Council who already regulate other health professions such as physiotherapists, paramedics and radiographers – neither Government changed their plans.

As such the GMC has consulted on its plans around regulation and proposed rules, standards and guidance. However, our serious concerns around the decision to make GMC the regulator for MAPs remain.

8. Recommendations

While the BMA has considerable concerns about how MAPs are currently being deployed , we also believe that they could be part of the workforce plans for the wider healthcare system if significant changes are made. However, they are not and must not be used as a substitute for doctors who undergo years of medical training to provide complex, highly skilled care to their patients. There must be no blurring of the lines between MAPs and doctors.

As a result at this stage, we make the following recommendations:

- The job title "physician assistant," should be reintroduced. This is what physician associates were called until 2014. We believe it's a clearer title that better reflects the role, and crucially, reduces any confusion for patients. AAs should be called physician assistants (Anaesthesia) – as they were previously- or anaesthesia assistants. Similarly, BMA Scotland recommends that MAPs should not be referred to as medical professionals
- All recruitment of new MAPs must be halted until there is clarity and material assurances around their scope of practice.
- The BMA has produced a safe scope of practice for the medical associate professions, which NHS employing organisations should adopt to help doctors and other staff to provide safe, high-quality care.
- MAPs must never, in person or on social media, describe themselves as doctors, GPs or medical consultants.
- MAPs cannot replace the expertise offered by a medically qualified practitioner, and this must be recognised in pay scales. All clinicians working in the NHS should be paid properly, but it is clearly wrong that a newly qualified doctor entering postgraduate training is paid over £11,000 less per year than a newly qualified PA, while the doctor's role, remit and professional responsibility is far greater. We estimate that this is a 35% differential, which is manifestly unjust. We will continue our fight for fair pay for all doctors working in the NHS.
- BMA Scotland has consistently called for a workforce plan that aligns demand against the staff required to meet that demand. If and when this plan is developed it must properly and effectively address concerns about the role of MAPs set out in this statement and ensure the plan for the future reflects this position.
- The development and nationwide adoption of the robust clinical governance structures identified by NES as crucial for the safe deployment of these roles.
- The explicit prioritisation of doctors for training opportunities over other roles such as PAs and AAs – the "right of first refusal" for doctors for all training opportunities.
- NES and HBs must work together to provide high quality MAPs workforce information – in the same way this is provided for doctors and other health professionals.
- The work of the Programme and Advisory Board set up by the Scottish Government must provide ample opportunity for stakeholders and voices from all parts of the profession, such as the BMA, to be listened to and acted upon.

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