

Response ID ANON-GXHC-BNRE-H

Submitted to **The Regulation of Medical Associate Professions in the UK**

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Your details

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Are you happy for the Department of Health to use your email address to contact you to clarify points in your response if necessary?

Yes

How you are responding

Are you responding as an individual or on behalf of an organisation?

Organisation

Organisation details

What is the name of your organisation?

Name of organisation:

Action against Medical Accidents (AvMA)

In which country is your organisation based?

England

Other:

AvMA is a registered charity covering the whole of the UK.

Physician Associates (PAs) - assessment of risk

Q1 What level of professional assurance do you think is appropriate for PAs?

Statutory regulation

Please provide further information to support your answer.:

The UK's professions are amongst the most tightly regulated in the world. One of the primary purposes of regulation is to set and maintain professional standards and provide protection to the public and anyone using those professional services. Within health and social care, the protection that is provided by professional regulation is in effect being undermined as a result of an increasing proportion of the healthcare workforce falling outside of any regulatory framework. This presents a significant risk to those being cared for both at home as well as within healthcare settings. For example, we have unregulated healthcare assistants providing personal care for often extremely vulnerable patients within their homes and forms of care which would have formerly been the domain of nurses to provide. There is in this situation no logic to having highly regulated nurses at one end of the spectrum which is recognised as important whilst in practice allowing patients to be cared for by a completely unregulated workforce with all the attendant risks attached.

The four medical associate roles referred to within this consultation all provide aspects of clinical care which would otherwise largely be the domain of doctors. It is therefore important that patients are afforded the protection that regulation provides. At the same time, there is real concern about the fragmentation and delegation of professional roles across the clinical professions, and the risks this presents to patients who will often be unaware that they are not being treated by a qualified and regulated nurse or doctor.

Being trained just to perform specific parts of a doctor's role is always going to present a potential risk in that these individuals will not generally have the same breadth and depth of knowledge, training or clinical experience to equip them to identify and deal with the more complex cases or to always be aware of where the gaps in their knowledge are. With the pressures within our health services, there is always a real risk that an inappropriate level of clinical responsibility will be placed on medical associates presenting a significant risk to patient safety. Statutory regulation would help maintain professional boundaries but those boundaries would need to be policed. It would also be essential to continue to review the nature and extent of professional training to ensure medical associates

are equipped to deal with what is inevitably going to be an expanding role, not least because of financial restraints and failures in long term workforce planning.

We do need to look at a more responsive form of statutory regulation that can adapt more quickly to new challenges and risks whilst keeping at its core the protection of patients.

Physicians' Assistants (Anaesthesia) (PA(A)s) - assessment of risk

Q2 What level of professional assurance do you think is appropriate for PA(A)s?

Statutory regulation

Please provide further information to support your answer.:

As above in response to Q1. One of the concerns would be if there was a rapid expansion in numbers of PA(A)s and other MAPs in order to meet workforce shortages. This could lead to inconsistent standards as new institutions enter into the market to provide training but without necessarily having the benefit of either experience or access to established and consistent standards to underpin that training.

Surgical Care Practitioners (SCPs) - assessment of risk

Q3 What level of professional assurance do you think is appropriate for SCPs?

Statutory regulation

Please provide further information to support your answer.:

As above in response to Q1 & Q2.

Advanced Critical Care Practitioners (ACCPs) - assessment of risk

Q4 What level of professional assurance do you think is appropriate for ACCPs?

Statutory regulation

Please provide further information to support your answer.:

This is a high risk environment with specialised skills required. Given that ACCPs come from a range of professional backgrounds, it is important that there is consistency in the standards applied to this role and against which they can be benchmarked. This would be best achieved by bringing them within one professional umbrella as opposed to the regulation of this role being spread across a number of different regulators.

There is however the potential for unintended consequences with the regulation of medical associate professions in terms of an increasing blurring of professional boundaries and there being a lack of clarity over roles and responsibilities. It is important to ensure that individuals do not stray beyond their training and competency and that there is clarity within professional teams to where those boundaries lie. With increasing pressures within our health services, MAPs and other associate healthcare workers are likely to find themselves being pressured by employers to practise beyond the boundaries of their competencies. There is also the risk that some individuals will inevitably lack the insight to recognise when they are practising outside of their competency and training. AvMA has assisted with a recent case involving a death where an individual in an advanced nurse practitioner role, failed to call for medical assistance, partly because it was their stated belief that they had the equivalent skills and competence of a consultant. That situation can easily arise in organisations that are poorly led and where boundaries are not applied. With all these associate roles, maintaining those boundaries will be essential to patient safety, and should be part of CQC monitoring.

Prescribing responsibilities

Q5 In the future, do you think that the expansion of medicines supply, administration mechanisms and/or prescribing responsibilities to any or all of the four MAP roles should be considered?

Don't know

If yes, please specify which professions and your views on the appropriate level of prescribing responsibilities e.g. independent prescriber or supplementary prescriber:

Potentially yes but subject to the prescribing rights being clearly delineated and restricted to a prescribed list. It is also on the basis that the MAPs are subject to statutory regulation, and to a consistent, high standard of education and training that equips them to take on an enhanced role. It is also bearing in mind the risks as set out previously of individuals overstepping professional boundaries. One of the benefits of not giving prescribing rights is that it does at least provide an opportunity for the patient to have that additional level of oversight.

As indicated previously, fragmenting and delegating professional roles is not without risks to patients and patient safety always has to be the central consideration. A two year training course cannot readily or safely substitute for the ten years or more of medical education and clinical experience, particularly with respect to diagnostic and decision making skills, even for those who come from a nursing or allied background. This would potentially require a fundamental overhaul of training to better equip other healthcare professions to take on an extended medical role.

Consideration of the appropriate professional regulator

Q6 Which healthcare regulator should have responsibility for the regulation of any or all of the MAP roles?

General Medical Council

If other, please specify:

Please provide further information to support your answer.:

The GMC from the point of view that MAPs are performing clinical roles normally the preserve of doctors and the standards applicable should be set at that level. However, it is important that there is a clear distinction between the medical register and the register for MAPs to reinforce the role boundaries and to reduce the risk of individuals working beyond their competency and training.

It is also important that patients and the public can easily make that distinction and readily identify whether someone is a doctor (or nurse) as opposed to someone in an associate or assistant role. It has become increasingly difficult for patients to be able to identify who is or isn't a qualified nurse or doctor with terms such as 'clinician' being used by associate roles which many patients would interpret as meaning 'qualified doctor'. This can be important. If a patient is given advice that they are concerned may not be correct, they are potentially more likely to challenge that and seek alternative advice if they can readily identify that the person they are speaking to is possibly not qualified to give that advice.

Costs and benefits analysis

Q7 Do you agree or disagree with the costs and benefits on the different types of regulation identified on pages 30 to 33 of the consultation document? If not, please set out why you disagree. Please include any alternative costs and benefits you consider to be relevant and any evidence to support your views.

Don't know

Please provide further information to support your answer.:

This is outside of our remit but ultimately, this is about assurance of standards and safeguarding patients.

Equality considerations

Q8 Do you think any changes to the level of professional assurance for the four medical associate professions could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty or by Section 75 of the Northern Ireland Act 1998?

Don't know

Please provide further information to support your answer.:

Outside of our remit in terms of our role but the level of professional assurance has to be that which provides the greatest protection for patients.

Feedback

Help us improve how the Department of Health runs consultations by answering the following questions:

Satisfied

Further comments:

For the purposes of an organisational response, it is important to be able to print and share drafts prior to submission. This format does make that more difficult. It is also more restrictive in terms of being able to add additional relevant information outside the limitations of the questions. This is on the basis that sometimes the right questions aren't being asked.

Somewhat satisfied

Further comments:

Inability to go back to the previous page (as opposed to being sent back to the beginning), print drafts etc. If this facility is available, it is not obvious.