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BMA

MAPs Regulation Consultation
Professional Regulation Branch
Department of Health
2W06 Quarry House
Leeds
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22nd December 2017

Dear Sir / Madam,

Re: The regulation of medical associate professions in the UK

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We welcome the opportunity to respond to this important consultation on the regulation of medical associate professions (MAPs) in the UK.

What level of professional assurance do you think is appropriate for Physician Associates, Physicians' Assistants (Anaesthesia), Surgical Care Practitioners, and Advanced Critical Care Practitioners?

We agree that patient safety and risk of harm to patients should be the key determinant for whether a profession should be subject to statutory regulation. We therefore accept the conclusion reached by the Department that, along with other factors, the wide-ranging scope of the physician associate role (including the provision of direct and interventional care to patients) means that the introduction of statutory regulation for physician associates is both necessary and proportionate.

However, we do not agree that there is currently insufficient evidence to decide whether physician assistants (anaesthesia) should be regulated, or whether other forms of professional assurance are more proportionate. We believe that the routine undertaking of high risk interventions and the likelihood that physician assistants (anaesthesia) will be required to make urgent autonomous decisions provides sufficient justification for statutory regulation.

Although surgical care practitioners, and advanced critical care practitioners are required to be registered healthcare professionals, and are therefore already subject to statutory regulation, we do not believe the protection afforded through accountability to the regulator the individual is registered with provides sufficient professional assurance given the extended practice (including high risk activities) in different roles that will be undertaken. It is important that statutory regulation and the accompanying professional standards are directly linked to the specific activities undertaken by the healthcare professional.

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We are also not convinced it's appropriate to consider the small number of patients treated by surgical care practitioners and advanced critical care practitioners now or in the near future, or the relatively slow rate of projected growth in physician assistants (anaesthesia), as an important factor in determining the level of professional assurance required. These extrinsic factors should carry little weight when considering the level of professional assurance required.

Overall, we believe that statutory regulation of all four MAP roles would provide the most thorough form of assurance and would bring the additional benefit of giving other healthcare professionals more confidence in working with them. Although we recognise the benefits of voluntary and accredited voluntary registers in setting standards for people working in unregulated health and care occupations, importantly these have an extremely limited ability, if any, to hold practitioners to account because removing someone from a voluntary or an accredited voluntary register would not affect their ability to practise.

The introduction of statutory regulation would also provide an opportunity to review the professional title of physician associate. Concerns remain within the medical profession that the term can too easily be confused with doctors working as associate specialists.

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?

We agree that the expansion of medicines supply, administration mechanisms and/or prescribing responsibilities to any or all of the four MAP roles should now be considered by the government. The process required to expand prescribing responsibilities to a profession is appropriately set out in the consultation – as this process can take a number of years to complete we would urge the Department of Health, the devolved administrations, NHS England the Medicines and Healthcare products Regulatory Agency and other health and care system partners to consider and bring forth proposals to expand prescribing responsibilities.

As acknowledged in the consultation, prescribing is a high-risk activity which should only be carried out by individuals operating in a regulated context. Although there is no legal requirement for a profession to be subject to statutory regulation before it can be given prescribing responsibilities, we would strongly encourage the Department to work on proposals to expand prescribing responsibilities in parallel with efforts to secure statutory regulation. Given the variation in the roles of MAPs, and the number of ways a regulated healthcare professional can supply or administer medicines to patients, these proposals will require careful and thorough consideration.

Extension of prescribing responsibilities could undoubtedly lead to an expansion of the remit of some or all MAP roles. However, the impact of these roles on other healthcare professions must be examined. For example, we have significant concerns about the impact of MAPs, and in particular the role of physician associates, on junior doctors' training. We have therefore welcomed the decision by Health Education England, following lobbying by the BMA, to carry out a full impact analysis of physician associates on the training of doctors and medical students.

It is widely acknowledged that the NHS is beset by workforce shortages. Increasing workload, low morale, stress and burnout are common for many doctors working in the NHS today. We understand the potential for MAPs to play a role in tackling current and future workload pressures, but the development and expansion of MAPs must not come at the expense of the development of a robust workforce strategy that provides and fully supports doctors.

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

Given the diversity of training structures, career paths and healthcare responsibilities among the different professions, we strongly believe that the public interest is best served by the continued regulation of doctors through a separate medical regulator. As such we would urge the Department to regulate MAPs through the Health and Care Professions Council (HCPC).

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. It also has an established history of bringing new professions into statutory regulation and, unlike the General Medical Council (GMC), its existing governance arrangements are designed in such a way to accommodate further professions. As such we believe it would be able 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.

As the professional association for the UK's doctors and medical students, we are acutely aware of the important role and heavy programme of work the GMC currently undertakes. Managing the UK medical register, setting the standards for doctors, overseeing doctors' medical education and training (including the approval of the curricula and assessments for 65 medical specialties and 32 sub-specialties), investigating and acting on concerns about doctors, and helping to raise standards through revalidation are all essential components of its remit. In addition, in 2016 the GMC's Council also identified the following themes as the focus of its 2018-2020 strategy:

- A refreshed understanding of its purpose and value
- Supporting doctors in maintaining good medical practice and reducing harm ('upstream regulation')
- Strengthening collaboration with its regulatory partners across the health services
- Strengthening its relationship with the public and the profession
- Being responsive to the changing political landscape and the needs of the health services across the four countries of the UK

It is vital that the Department does not distract the GMC 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) by a request from the Department for it to oversee the regulation of MAPs.

Do you agree or disagree with the costs and benefits on the different types of regulation identified?

Although we generally agree with the range of benefits set out for voluntary registration, accredited registration and statutory regulation, as stated earlier we do not believe that financial cost should be a dominant factor in deciding whether MAPs should be subject to statutory regulation, or in deciding who regulates them.

We are also concerned that the statement in the initial assessment that one of the benefits of statutory regulation is the removal of a potential barrier to extension of scope of practice (enabling employers to maximise the potential of MAP roles), is not balanced by acknowledging

the potential negative impact this may have on other healthcare professions, such as junior doctors and medical students. The fact that Health Education England has agreed to conduct a full impact analysis of physician associates on the training of doctors and medical students should have been noted in this assessment.

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?

We do not believe that changes to the level of professional assurance for MAPs would impact on any of the protected characteristics covered by the Public Sector Equality Duty or the Northern Ireland Act 1998.

We hope that our submission is useful – please do not hesitate to contact us for more information if required. We would be happy for our comments to be identified and attributed to us in future reporting.

Yours sincerely,

Raj Jethwa
Director of Policy