BMA

BMA comments on Royal College of Psychiatrists consultation on the *Interim guidance on Physician Associates working in mental health*

-Submitted by email 6th August 2024-

Dear RCPsych Physician Associates Task and Finish Group,

Thank you for providing us with an opportunity to comment on the College's *'Interim guidance on Physician Associates working in mental health'.* Our feedback below follows a review of the draft by our pan-BMA MAPs Steering Group, with added input from our Consultants Committee's National Mental Health Lead, Dr Andrew Molodyniski.

We welcome a recognisable shift in approach from the College to one which is closer to the BMA's published positions. We also recognise this is interim guidance while further work is undertaken as part of your wider PA Review. However, some important gaps remain that we believe could be addressed when developing the full report:

- There is a lack of detail on what is appropriate for a PA to do under supervision, and what they must not do. Although further work is being undertaken by the College to produce a scope of practice later this year, additional detail is necessary. Page 22 of our safe scope document describes specific procedures and activities that we believe PAs can safely be expected to do, may do in certain circumstances, and must not do. We believe that doctors, PAs, employers, and patients all benefit from having access to this level of detail. Such detail provided by the College should include the procedures and activities set out in the BMA document and build on these where necessary. Were the College to provide this but reach different conclusions to the BMA, we would be happy to provide further input or clarification to help us reach a consensus.
- The interim guidance *states 'It is the responsibility of employers and supervisors to be clear on the scope of practice for the Physician Associate within the MDT and CMHT'.* However, this falls short of what we believe is in the best interests of patients – a clear nationally agreed and detailed scope of practice. Currently there is significant variation in what PAs are currently employed to do due to a lack of scope definitions, with many working beyond what we believe is the

competences granted by short physician associate studies course. Interim College guidance reinforcing the acceptance of locally agreed scope, without a reference to the use of forthcoming national scope with an appropriate ceiling should be reconsidered. The BMA's scope document remains available now to fill the void for NHS employers.

- The guidance requires substantial development regarding who is supervising and what supervision entails. The BMA scope of practice document and supervision guidance that states that only consultants, GPs, and autonomously practising SAS doctors should supervise PAs. The interim guidance does not state how closely a PA should be supervised and by what modality. Without such specifications, there is a risk that PAs will be placed in unsafe situations without adequate supervision thereby increasing the risk of patient harm.
- The guidance helpfully states that *'PAs should not see undifferentiated patients with mental health problems'* but unnecessarily limits this to '*Physician Associates in primary and emergency care'*. The statement that that *'PAs should not see undifferentiated patients with mental health problems'* should instead be added to *the 'Employment / Role'* section on page 4.

More broadly, it would be helpful for the College to amend some of the existing terminology it uses to describe PAs. For example, the current competency framework states *'Physician associates are medically trained, generalist healthcare professionals'.* We do not agree that PAs are *'medically trained'*. It would be helpful for the College to review its PA material to ensure terminology describing PAs as *'medically trained'* or as *'medical professionals'* is removed.

We hope this feedback is helpful and look forward to further engagement as you develop your final report.