

# Regulating anaesthesia associates and physician associates: General Medical Council consultation on proposed rules, standards and guidance

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NHS Providers has all trusts in England in voluntary membership, collectively accounting for £115bn of annual expenditure and employing 1.4 million people.

This document outlines our response to the General Medical Council's (GMC) [consultation](#) on their proposed rules, standards and guidance for regulating anaesthesia associates (AAs) and physician associates (PAs). Should you have any questions, please contact Olli Potter, senior policy officer (workforce), [oliver.potter@nhsproviders.org](mailto:oliver.potter@nhsproviders.org).

**Note:** the [blue](#) highlights below denote our given response to multiple choice questions.

## Education and training

1. To what extent do you agree or disagree that the standards set out within the Standards for PA and AA curricula describe the essential criteria that must be met for each AA and PA curriculum to be approved?

[Agree](#)/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

In 2021, we [responded](#) to the Department of Health and Social Care's (DHSC) consultation on regulating healthcare professionals, broadly agreeing with the proposals for regulatory reform; most notably the increased oversight and flexibility for professional regulators, allowing them to adapt to the changing needs of healthcare professionals and the sector with agility.

We agree with the standards for PA and AA curricula, as outlined in the consultation documentation and note the different approach proposed for oversight of individual courses for

AAs and PAs, compared to the current oversight of medical schools, and all courses offered by them, for doctors. This proposal is pragmatic considering the structure of educational institutions that currently, and in future will, offer courses for AAs and PAs.

2. To what extent do you agree or disagree that the standards set out within the Standards for the delivery of PA and AA pre-qualification education describe the essential criteria that must be met for an AA and PA course to be approved?

**Agree**/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the standards for the delivery of PA and AA pre-qualification education outlined in the consultation documentation. It will remain important for both the PA registration assessment (PARA) and the AA registration assessment (AARA) to consider how the roles of PAs and AAs complement the work of 'traditional' roles in the health service.

3. To what extent do you agree or disagree with our proposed approach to approving pre-qualification education and training, as described within our rules?

**Agree**/Disagree / Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers agrees with the proposed approach for approving pre-qualification education and training as outlined in the consultation documentation. We welcome the comprehensive stakeholder engagement that underpinned their development.

4. To what extent do you agree or disagree with our proposed approach to monitoring and quality assuring pre-qualification education and training, as described within our rules?

**Agree**/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the proposed approach to monitoring and quality assuring pre-qualification education and training as outlined in the consultation documentation. We note that **current guidance** on reporting a concern only outlines reporting routes for doctors in training and medical students. We would support the development of guidance for employers or trainers who also wish to raise a concern and would be happy to facilitate stakeholder engagement as part of any future guidance development.

5. To what extent do you agree or disagree with our proposed approach to attaching conditions to or withdrawing our approval of pre-qualification education and training, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

No further comments.

## Establishing a register

6. To what extent do you agree or disagree with our proposed approach to the form and keeping of the register, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

In our [response](#) to DHSC's 2021 consultation on regulatory reform, we previously agreed with the proposed approach to the form and keeping of professional registers across the sector's regulators. As such, we broadly agree with the proposed approach outlined in the consultation documentation. We note that the GMC have recently [confirmed](#) that it will introduce an 'A' prefix for AAs and PAs on the register, to distinguish from the seven digit registration numbers provided for doctors. Other professional regulators in the sector use prefixes to denote different types of registrants, and we welcome this approach for AAs and PAs, which will help ensure greater clarity for both patients and colleagues.

We also note that the GMC proposes moving from mandatory to voluntary data collection of a registrant's gender. While we agree that the publication of a registrant's gender is not essential to public protection, we strongly encourage the GMC to consider its public messaging to registrants regarding this change to ensure the highest possible declaration rates are maintained. As part of this, it is essential to communicate to registrants the reasons for diversity monitoring data collection, and how this data will be utilised. Data on the protected characteristics of registrants is important in understanding the register, the workforce and the impact of regulatory processes on different and intersecting communities. We would also encourage the GMC to diversify their data collection on gender by offering registrants the option to self-identify using their own preferred term, should they prefer to do so.

The proposals outlined in the consultation documentation do not suggest making the collection of data on other protected characteristics mandatory and instead focus on making the collection of data on gender voluntary. We believe, however, there is scope for the GMC to consider mandating the collection (noting again that this does not require publication) of all diversity data upon registration to increase data collection rates. This could be implemented by the addition of an option for registrants to select 'prefer not to say' in response to any mandatory field.

If not already in place, we would encourage a process that allows registrants to review their previously submitted diversity data, as this removes the burden for registrants who have already submitted data in the past, allowing them to make edits only if and when required. This will also be important in the context of revalidation processes, which we understand will be consulted on at a later stage.

## Gaining entry to/removal from register

7. To what extent do you agree or disagree with our proposed approach to registration, as described within our rules?

**Agree/Disagree/Neither agree nor disagree or don't know**

**Please provide a reason for your answer.**

We broadly agree with the proposed approach to registration as outlined in the consultation documentation. We welcome the fact that AAs and PAs already working in the NHS will not need to take the pre-qualification exam. However, we note that it will be important to ensure appropriate guidance is developed by the GMC for employers and employees to guide them through the introduction of regulation for AAs and PAs, particularly as some will already be working within the NHS and will be on the voluntary registers administered by the Royal College of Anaesthetists and the Faculty of Physician Associates (hosted by the Royal College of Physicians). Additionally, as part of future wider regulatory reform, we welcome pre-qualification exams also becoming formalised for doctors via the Medical Licensing Assessment (MLA).

While less pertinent to the initial introduction of regulation for AAs and PAs, as these changes form the blueprint of wider future regulatory reform, we point to our August 2022 [response](#) to the Nursing and Midwifery Council's consultation on proposed changes to its rules around English language requirements for registrants. In our response we noted feedback from trust leaders that English language competency requirements are overly rigid and are often a barrier to the registration and employment of highly qualified international applicants. We would, therefore,

welcome a review of English language competency requirements by the GMC as part of the wider agenda for regulatory reform.

8. To what extent do you agree or disagree with our proposed approach to re-entry, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We broadly agree with the proposed approach to re-entry outlined in the consultation documentation. However, while it is positive that the GMC will be able to ask a registrant for evidence of maintenance of knowledge and skills while they are off the register, there will be limited opportunities for them to do so if they are suspended from practice. We would ask for clarity for registrants on how their knowledge and skills can be maintained in these circumstances.

9. To what extent do you agree or disagree with our proposed approach to removal, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers agrees with the proposed approach to removal, as outlined in the consultation documentation. We particularly welcome the increased flexibility that will allow for automatic removal of registrants convicted of a listed offence, which will ensure swift action can be taken for the protection of patients, the public and colleagues. This will be a welcome addition in the regulations for doctors as part of wider regulatory reform in the future.

We are also supportive of proposals to streamline the process of voluntary removal from the register, particularly for registrants who are not going through the Fitness to Practise process. It will, however, be important for the GMC to collate and publish data on the reasons for requesting voluntary removal from the register, registrants' intended next steps and their protected characteristics, where available. This will aid the understanding of workforce trends alongside other data collected on the workforce by partners across the sector.

10. To what extent do you agree or disagree with our proposed approach to handling requests for removal (including where there may be outstanding fitness to practise concerns), as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

As above, we agree with the proposed approach for handling requests for removal from the register and have no further comments.

11. To what extent do you agree or disagree with our proposals for when decisions to remove an entry from the register will take effect?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers agrees with the proposals for when decisions to remove an entry from the register will take effect, as outlined in the consultation documentation. We would note, however, that it would be beneficial for an additional step to be considered that requires an employer to confirm they have received the notification of a person no longer being registered. This would avoid the risk of an employer being unaware of an employee's registration having been revoked.

## Fitness to practise

12. To what extent do you agree or disagree with our proposed approach to initial assessment, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the proposed approach to initial assessment as outlined in the consultation documentation, particularly: the increased discretion afforded to the GMC; and that the AA and PA Order (AAPAO) specifically excludes material produced for either the purposes of an associate's professional development or for the purpose of their personal reflection. The latter is something we would like to see for all other registered professionals in healthcare as it is important to fostering a learning culture which positively benefits the quality of patient care.

13. To what extent do you agree or disagree with our proposed approach to interim measures and interim measure reviews, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers agrees with the proposed approach to interim measures and interim measure reviews, as outlined in the consultation documentation. In particular, we welcome the streamlining of processes to the benefit of registrants, employers and patients. We also welcome the fact that employers will be notified throughout the process. We would like to see these changes implemented for doctors as well.

14. To what extent do you agree or disagree with our proposed approach to accepted outcomes, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

While we welcome movement to a more streamlined single decision maker model, noted in the consultation documentation as being in line with other similar investigatory processes, it will be important to ensure that every effort is made to reduce the risk of unconscious bias. The consultation documentation notes single decision makers are common in the justice system, however, 2022 [research](#) by the University of Manchester shows evidence of racial bias in the judiciary. The recent '[Too hot to handle](#)' report by Professor Joy Warmington and Roger Kline considers racism in the health service, underpinned by a survey of NHS staff and a review of recent employment tribunal cases centred on race discrimination. It found a lack of confidence in investigatory processes and a reluctance or refusal to acknowledge race as an issue. The GMC has conducted its own [work](#) into reducing disproportionality in Fitness to Practise concerns too. We would, therefore, suggest that this new single decision maker model is reviewed in line with feedback from regulated professionals and that all findings are published for transparency to ensure that this new model does not increase the risk of discrimination and/or unconscious bias, on the basis of race, or other protected characteristics.

15. To what extent do you agree or disagree with our proposed approach to adjudication, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers broadly agrees with the proposed approach to adjudication, as outlined in the consultation documentation. We particularly welcome increased flexibilities that will make the process fairer and more efficient, while case managers will be able to resolve a wider range of issues. We are of the view that the Medical Practitioner Tribunal Service (MPTS) is the correct body for this, as AAs and PAs will be under the remit of the GMC. However, we note that the rules

outline that a current registrant who is a doctor, AA or PA can become a tribunal panel member. We would like to seek clarification on this point, as none of the other listed member criteria allow for a doctor to sit on a tribunal panel for AAs and PAs, and AAs and PAs will not sit on a tribunal panel for doctors.

16. To what extent do you agree or disagree with our proposed approach to final measure reviews, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the proposed approach to final measure reviews, as outlined in the consultation documentation, and welcome increased flexibility and removal of the need for a hearing by default. It is also positive that arising concerns will be considered alongside existing measures applied to an individual.

17. To what extent do you agree or disagree with our proposed approach for accepted outcome decisions to be made by a single case examiner, selected from a team of case examiners?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the proposed approach for accepted outcome decisions, as outlined in the consultation documentation. This process is more streamlined, but as noted in response to question 14, we again note the risk of bias in decisions made by one person, and would ask that this process is reviewed after implementation to assess impact.

18. To what extent do you agree or disagree with our proposed decision-making principles for impairment guidance?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

No further comments.

19. To what extent do you agree or disagree with our proposed decision-making principles for guidance on what restrictive action is required?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.



No further comments.

20. To what extent do you agree or disagree with our proposed decision-making principles for guidance on warnings?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

No further comments.

## Revisions and appeals

21. To what extent do you agree or disagree with our proposed approach to revisions, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

NHS Providers agrees with the proposed approach to revisions, as outlined in the consultation documentation, and particularly welcomes the increased powers for the GMC to revise more decisions. We note, however, that there should be an ability for revisions to be requested when the conduct of an examiner is in question (particularly with regard to our concerns related to bias, as raised in our response to question 14). The draft rules that accompany the consultation refer to a decision being "wrong in fact or law" but not on the basis of bias, error or misconduct. In the case of a decision being wrong on the basis of these issues, we would want to see this recorded as a revision, as the registrant is not at fault.

22. To what extent do you agree or disagree with our proposed approach to internal appeals, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We agree with the proposed approach to internal appeals, as outlined in the consultation documentation. We welcome the broader scope for appeals for swifter resolution. As in our response to question 15, we seek clarity on the provision for a doctor to sit on the appeals panel.

## Fees

23. To what extent do you agree or disagree with our proposed approach to setting and charging fees, as described within our rules?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We would need to see the full details of proposed fees before commenting on them, but we agree with the principles outlined in the consultation documentation so far. Trust leaders have told us that fees are a barrier to registration for some.

24. To what extent do you agree or disagree with our proposed principles for setting and varying fees in future?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

As in our response to question 23, we would need to see the full details of the proposed fees before commenting on them, but we broadly agree with the principles outlined in the consultation documentation. We note, however, that the welcome proposal for a reduced fee for refugees could be expanded to other socio-economically disadvantaged groups across all registrants. We also welcome the fact that a discounted fee for lower earners will be considered in the future, and would like to see this enacted as soon as possible, considering the importance of diversifying routes and removing disproportionate barriers into NHS careers.

## Equalities considerations

25. Referring to our separate Equality Impact Assessment (EqIA), to what extent do you agree or disagree that we have identified all relevant impacts (for AAs, PAs, and members of the public) for our proposed rules/guidance/standards as currently drafted?

Agree/Disagree/Neither agree nor disagree or don't know

Please provide a reason for your answer.

We broadly agree that the Equality Impact Assessment (EqIA) published alongside this consultation identifies all relevant impacts of the proposed rules, guidance and standards. As referenced in our response to question 24, we would like to see discounted fees for refugees, lower earners, and other socio-economically disadvantaged groups across all registrants as soon as possible. It is positive to see that voluntary collection of data around protected characteristics will commence with regulation, but as referenced in our response to question 6, we would like to

see a commitment to analysis and publication of trends within this data, alongside efforts to ensure communications to registrants are clear on the why and how of protected characteristics data collection. As outlined in our responses to questions 14 and 17, we would like to see further information on how the prospect of unconscious bias will be tackled and eliminated as part of implementation review and wider impact assessment.

## Welsh language

26. In your opinion, could the proposals have either positive or negative effects on opportunities for people to use the Welsh language and on treating it as no less favourable than English?

Agree/Disagree/**Neither agree nor disagree or don't know**

Please provide a reason for your answer.

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27. Could the proposals be revised in any way to increase opportunities for people to use the Welsh language and to help treat it as no less favourable than English? Agree/Disagree/**Neither agree**

**nor disagree or don't know**

Please provide a reason for your answer.

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