

Consultation on Regulation of associate medical professionals in the UK

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other

Statutory Regulation

Statutory regulation is important ensure patient safety. PA's can work on their own, unsupported and unsupervised so statutory regulation would be appropriate. It will also provide legal authority and accountability

Statutory regulation will also improve the quality of patient care by setting professional standards for behaviour, competence and education, and ensuring fitness to practise, which will be legally enforceable. The title of Physician Associate will also be protected, ensuring that anyone who hasn't been properly trained, educated and qualified is not able to work as a PA.

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other

Statutory Regulation

As Q.1 but there is also a need for universal standards as there may be occasions when a consultant anaesthetist unavailable, although this may be infrequent the risks are very high.

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

- Voluntary registration*
- Accredited voluntary registration*
- Statutory regulation*
- Other*

Statutory Regulation

As Q1. Although SCP's are already registered and regulated this an entirely different scope of practice with high risk interventions NHS workforce changes make it more likely that associate medical professionals will work increasingly independently

Without statutory regulation and agreed standards for education & training these may vary with resulting variation in competence.

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

Voluntary registration
Accredited voluntary registration
Statutory regulation
Other

Statutory Regulation

See response to Q1 and 3.

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?

Yes
No
Don't know

Don't know

All of the roles could act as supplementary prescribers if they have appropriate training. These practitioners will all be working with patients with complex needs and multiple co-morbidities and probable poly-pharmacy with high risk of adverse interactions. Therefore the RCR does not favour independent prescribing

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

General Medical Council
Health and Care Professions Council
Other
Don't mind

As dependent practitioners associate medical professionals should be held accountable by similar standards of professional practice and regulation as adhered to by doctors. The General Medical Council (GMC) would therefore be the most appropriate regulator for the professionals.

GMC approves the relevant medical curricula and therefore appropriate regulatory body for associate medical professionals standards for training, accreditation and revalidation

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.

Agree
Disagree
Don't know

Don't know

Statutory regulation although more costly it affords greater benefits and assurance to patients, public and professionals.

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?

Yes
No
Don't know

No

- Statutory regulation is currently applied to many different professionals working in the NHS
- The regulatory bodies have to abide by PSED regulations
- This should be no different