

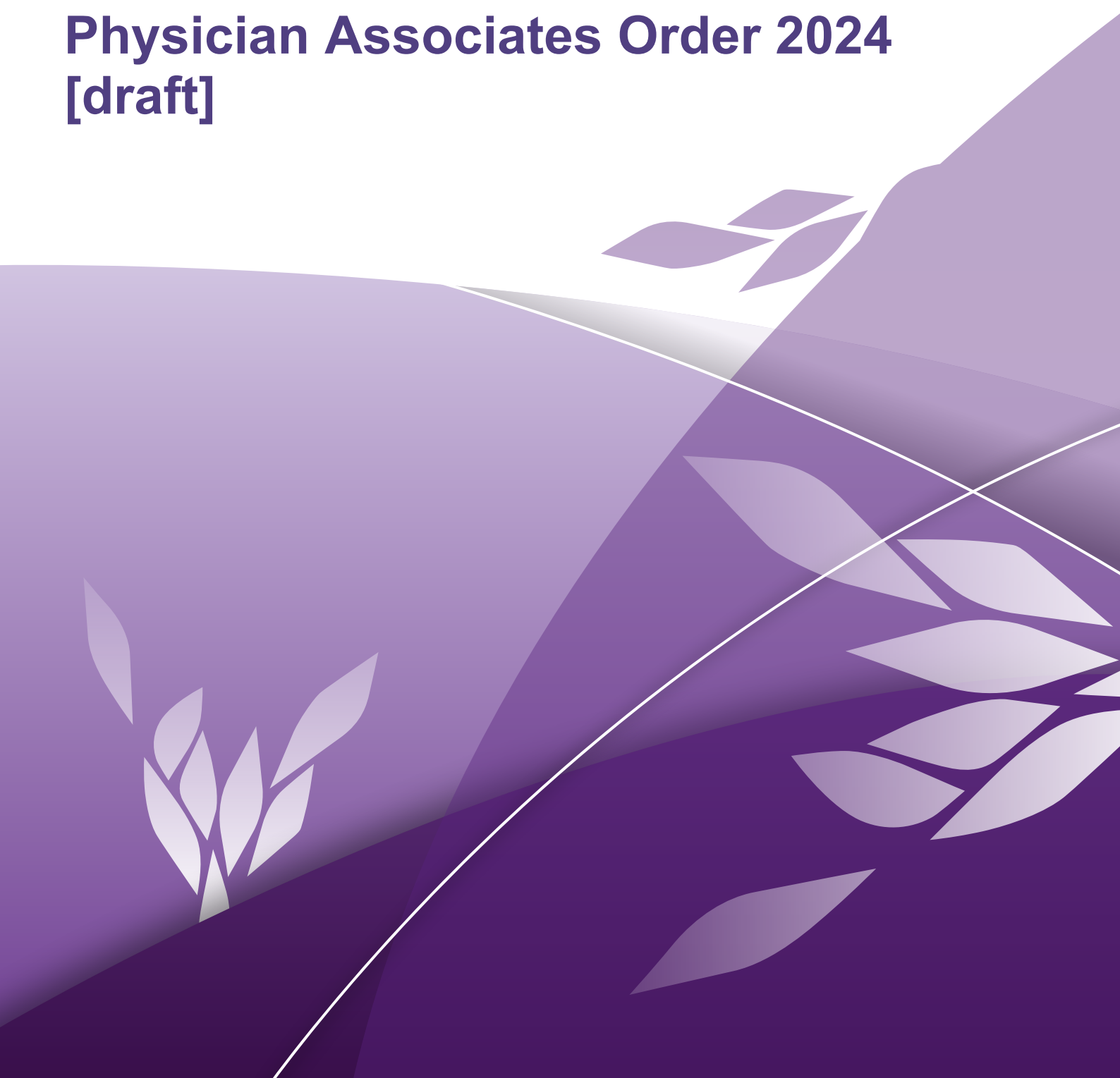


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Health, Social Care and Sport Committee

The Anaesthesia Associates and Physician Associates Order 2024 [draft]



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Health, Social Care and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for NHS Recovery, Health and Social Care and matters relating to drugs and alcohol policy.



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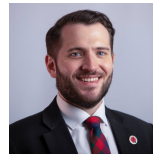


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Introduction

1. This report sets out the Health, Social Care and Sport Committee's consideration of a Statutory Instrument (SI) at its meeting on 16 January 2024. The [minutes of the meeting](#) and the [Official Report](#) have been published on the Committee's webpages.

Background

2. Physician Associates (PAs) and Anaesthesia Associates (AAs) are two of three groups collectively known as Medical Associate Professions (MAPs). The third group, not associated with this instrument, are Surgical Care Practitioners.
3. The Faculty of Physician Associates defines the roles of PAs on its [website](#) as follows:
 - ” Physician associates are healthcare professionals who work as part of a multidisciplinary team with supervision from a named senior doctor (a General Medical Council registered consultant or general practitioner), providing care to patients in primary, secondary and community care environments.
4. The Royal College of Anaesthetists defines the role of AAs on its [website](#) as follows:
 - ” Anaesthesia associates (AAs), formerly known as physician assistants (anaesthesia), are trained, skilled practitioners that work within the anaesthetic team under the supervision of an autonomously practicing anaesthetist, such as a consultant or SAS doctorⁱ.
5. There are 36 universities in the UK offering PA courses and 3 universities providing AA courses. There are currently 3,000 PAs and 180 AAs across the UK, with 128 PAs and 25 AAs working in Scotland.
6. The Scottish Government notes that MAPs contribute to the increased clinical capacity required to deliver the [NHS Recovery Plan 2021 - 2026](#) .
7. PAs and AAs are currently subject to voluntary regulation by the Faculty of Physician Associates and the Royal College of Anaesthetists respectively.

ⁱ SAS refers to specialty and specialist doctors


The Anaesthesia Associates and Physician Associates Order 2024 [draft]

8. The Anaesthesia Associates and Physician Associates Order 2024 [draft] is a Statutory Instrument (SI) laid on 13 December 2023. SIs are a type of secondary legislation made by the UK Government which cover all parts of the UK, including Scotland. When this happens the Scottish Government and the Scottish Parliament have an agreement, or “protocol”, explaining how they will work together. The instrument is subject to the affirmative procedure (Rule 10.6).
9. The policy note states that the purpose of the instrument is to—
 - ” allow the statutory regulation of anaesthesia associates (AAs) and physician associates (PAs) by the General Medical Council (GMC). It provides a framework for AA and PA regulation and establishes the powers and duties in relation to the GMC, including the autonomy to set out the detail of its regulatory procedures in its rules.

Delegated Powers and Law Reform Committee Consideration

10. The Delegated Powers and Law Reform Committee considered the instrument at its meeting on [9 January 2024](#) and made no recommendations in relation to this instrument.

Health, Social Care and Sport Committee consideration

11. The Health, Social Care and Sport Committee is required to consider and report on the instrument.
12. Michael Matheson MSP, the Cabinet Secretary for NHS Recovery, Health and Social Care ("the Cabinet Secretary") lodged motion [S6M-11668](#) proposing that the Committee recommends approval of the Regulations.
13. Before the Order was laid, the Committee received a letter on the same subject from the [Nursing and Midwifery Council](#) on 11 December 2023. The Committee also received a letter from the [Association of Anaesthetists](#) on 9 January 2024. A targeted call for views was undertaken, and submissions were received from the [General Medical Council](#), [British Medical Association Scotland](#), and the [Professional Standards Authority](#). All the responses are supportive of the need to regulate PAs and AAs but some of the submissions raised specific issues with the order.
14. The Committee took evidence from the Cabinet Secretary, and Scottish Government officials, at its meeting on [16 January 2024](#).
15. In an opening statement, the Minister set out the purpose and objective of the instrument. In particular, the Minister highlighted that this "statutory instrument is first and foremost about patient safety". The Minister further set out the collaborative work between the four UK Governments to regulate PAs and AAs and that this instrument is part of wider reform of the regulation of health professionals:
 it is the first step towards a more modern and flexible model of regulation, establishing the first generation of a framework that will ultimately apply consistently across the health professions.
16. The Committee considered a number of issues in relation to the instrument.
17. The Committee raised concerns from certain stakeholders regarding a perceived risk that the appointment of the GMC, which also regulates doctors, as the regulator of PAs and AAs, could blur the boundaries between qualified doctors and these Medical Associate Professions. The Cabinet Secretary responded that "just under 60 per cent" of respondents to the 2017 Department of Health and Social Care (DHSC) consultation indicated that they considered the GMC to be the most appropriate body to carry out regulation of AAs and PAs. The Cabinet Secretary further argued that there were already a range of existing regulators with regulation responsibilities encompassing multiple different professional groups and that there should be no cause for confusion "so long as there is a clear regulatory body that is responsible for dealing with any issues relating to AAs and PAs".
18. The Committee raised further concerns around:
 - expanded use of PAs and AAs in clinical practice
 - the current scope of practice of PAs and AAs and potential future expansion of

that scope

- how these roles are supervised given a lack of clarity over their precise scope
 - the potential impact of a growth in PA and AA roles on junior doctors' access to training opportunities
19. In relation to the recent expansion in numbers of PAs and AAs, the Minister responded by outlining how the Scottish approach to the deployment of PAs and AAs will differ to the approach taken by the UK Government. The Cabinet Secretary stated that the "use of PAs and AAs is a key part of the UK Government's workforce plan" and indicated that the Scottish Government "will take much more of an incremental and evidence-based approach to how PAs and AAs will be used in NHS Scotland and how they will be deployed and utilised in the workforce". The Cabinet Secretary further indicated that the Scottish Government has set up a programme to develop an implementation process for PAs and AAs in NHS Scotland:
- ” Our wider approach to the development of the workforce will be informed by our newly established medical associate professions— MAPs—implementation programme and overseen by a programme board that is made up of a range of key partners.
20. The Cabinet Secretary acknowledged concerns about potential inconsistencies of approach by individual NHS boards in determining the scope and extension of practice of PAs and AAs. He indicated that the national programme board would undertake work to ensure a consistent approach in this respect. Scottish Government officials added that defining a national scope of practice for PAs and AAs could be difficult, given that PAs in particular could be deployed in a wide range of healthcare settings, and suggested a more nuanced approach:
- ” The scope of practice for PAs and AAs will be specific to the individual healthcare professional in question. It will take into account the skills and knowledge that they have attained in the course of their initial training; it will reflect any constraints or limitations associated with the role in which they are deployed at a given point in time; and it will reflect the skills and experience that they have attained over the course of their careers in the form of continuing professional development.
21. The Scottish Government highlighted that [guidance](#) on the scope of practice for AAs has been produced in collaboration with the Association of Anaesthesia Associates by the Royal College of Anaesthetists and Association of Anaesthetists. They further noted that the Faculty of Physician Associates is currently considering producing similar guidance for PAs. The Scottish Government has committed to review what guidance might be required to support organisations, supervisors, PAs and AAs in defining the scope of practice. However, the Cabinet Secretary also noted that most health regulators do not operate by setting out a scope of practice and that supervision or intervention is carried out on the basis of whether an individual is acting within the scope of their competence at any given point in their career.
22. The Committee raised concerns that the training of PAs and AAs might impact negatively on junior doctors' access to training opportunities. The Cabinet Secretary

noted the importance of ensuring that the training environment for junior doctors is not compromised. Scottish Government officials further argued that investing in the PA and AA workforce would create additional clinical capacity to free up doctors' time, allowing them to focus on other activities and that this should include supporting doctors in training with the provision of high-quality training opportunities.

23. Following the evidence session, the Cabinet Secretary moved motion S6M-11668—That the Health, Social Care and Sport Committee recommends that the Anaesthesia Associates and Physician Associates Order 2024 [draft] be approved.
24. The motion was agreed to by division: For 8, Against 2, Abstentions 0. (For: Clare Haughey, Emma Harper, Gillian Mackay, Ruth Maguire, Ivan McKee, Carol Mochan, Paul Sweeney, David Torrance; Against: Sandesh Gulhane, Tess White).
25. The Health, Social Care and Sport Committee recommends that the Anaesthesia Associates and Physician Associates Order 2024 [draft] be approved.

