14 Queen Street
Edinburgh EH2 1LL

**T** 01312473018
**M** 07768005850
**E** tjays@bma.org.uk

BMA

Scotland

**Health, Social Care and Sport Committee**
The Scottish Parliament
Edinburgh
EH99 1SP

By email: HSCS.committee@Parliament.Scot

9 January 2024

# The Anaesthesia Associates and Physician Associates Order 2024

**To whom it may concern**

BMA Scotland welcomes the opportunity to submit evidence to the Health, Social Care and Sport committee on The Anaesthesia Associates and Physician Associates Order 2024.

BMA Scotland strongly opposes 'The Anaesthesia Associates and Physician Associates Order 2024' and the proposals for the GMC to regulate Anaesthesia Associates (AAs) and Physician Associates (PAs) on the basis that this will lead to further and potentially dangerous blurring of the lines between doctors and professionals with considerably less training and expertise.

Our concern is that the use of these roles in the NHS is already impacting both patient care and the quality of training for doctors in Scotland. We strongly believe and recommend that these professional groups should be regulated by the Health and Care Professions Council (HCPC) who already regulate other health professions such as physiotherapists, paramedics and radiographers.

We urge the committee to consider the evidence provided below and support our view that, using the devolved powers available to them, the Scottish Government should pursue our proposed alternative path for regulation in Scotland. Our suggestion of an alternative regulator will best protect patient safety and allow the GMC to focus solely on doing more to address the issues it faces in effectively delivering its primary role as the regulator of doctors.

Even with regulation, our concerns about these roles are likely to remain. Given the possible implications for patients, this is an issue we believe is of the utmost importance and would be eager to provide evidence in person to the committee to further discuss these points and the arguments set out below.

**National director (Scotland):** John Robertson
**Co-chief executive officers:** Neeta Major & Rachel Podolak

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**Introduction**

Across the medical profession, concerns have been raised about the way AAs and PAs clinicians have been introduced and deployed, which is blurring the distinction between doctors and these non-medically qualified professionals. Patients and their families are often unaware they have not been seen or assessed by a doctor, which in other parts of the UK has had, at times, fatal consequences for patients[1]. PAs and AAs do not hold a medical degree and are not medically trained - they are not doctors. It is our belief that 'The Anaesthesia Associates and Physician Associates Order 2024' will only make the situation worse if implemented in Scotland.

The BMA strongly disagrees with this legislation and calls on MSPs on the Health and Sport Committee to oppose its introduction and recommend the Scottish Government rethinks its approach urgently.
The BMA believes that Medical Associate Professionals (MAPs) should not be regulated under the GMC, and instead calls for their regulation by the Health and Care Professions Council to provide necessary differentiation between these roles and those of a doctor.

With a similar order being considered by Westminster, the BMA is also making this case to MPs and the UK Government. However, with the UK Government already committed to a substantial expansion of AAs and PAs, this is an opportunity for Scotland to take a different, safer approach that will be better for patients and ultimately the NHS as a whole.

**BMA Scotland survey**

In order to help understand the extent of concerns around the use of AAs and PAs, the BMA has carried out surveys of doctors and the public. We received some 1,700 responses from doctors in Scotland and over 2,000 from members of the public across the UK.

Doctors who responded reported overwhelming concerns about patient safety in the NHS due to the current ways of employing AAs and PAs.

**What are physician and anaesthesia associates?**

PAs work as part of a multidisciplinary team and must be supervised by a named senior doctor, although there are concerns this does not always happen in practice. They provide care to patients in primary, secondary and community care environments. AAs work within the anaesthetic team under the supervision of an autonomously practicing anaesthetist doctor, such as a consultant or a specialist, associate specialist and specialty doctor (SAS) doctor. Neither AAs or PAs are able to prescribe medication.

Doctors must complete a five-year medical degree. AAs and PAs typically have to complete two years of clinical training.

The first PAs were formally introduced in the UK in 2003, under the name 'physician assistant'. The name of the role changed from physician assistant to physician associate in 2014.

However, BMA Scotland is concerned about 'role creep' and AAs and PAs working beyond these definitions of their roles – which are sometimes both unclear and not properly monitored. This view is shared by our members – **some 69% of those who responded to our survey had either occasionally or frequently been concerned that a AA or PA they have worked or trained alongside was undertaking work beyond their competence.**

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[1] BBC News (2023) *Call for physician associate clarity after misdiagnosis death:* https://www.bbc.co.uk/news/uk-england-manchester-66211103

Around **75% of doctors who responded to our survey felt that AAs and PAs would be more appropriately named 'assistants' than 'associates'**. In our survey, **83% of members reported that they felt patients were not aware of the difference between these roles and doctors.**

To patients, AAs and PAs and doctors may look the same and appear to be doing a similar job. But the fact is, AAs and PAs do not have the same qualifications or expertise as doctors. Too many patients believe they have been seen by a doctor when they haven't, and this can lead to tragic consequences.[2]

As well as opposing this Order, we are also urging the Scottish Government, on patient safety grounds, to change the professional titles of AAs and PAs to an alternative which makes clear their role. Possibilities include 'Physician Assistant' and 'Physician Assistant (Anaesthesia)/Anaesthesia assistant' or 'medical assistant'. Essentially, there needs to be an urgent change to a title that is clearly and decisively differentiated from that of doctor, so there can be no further confusion for patients.

**Regulation of AAs and PAs**

While it is clear that AAs and PAs require regulation, the BMA has consistently opposed the proposals for the GMC to perform this role. We believe they should be regulated by the Health and Care Professions Council (who regulate other health professions such as physiotherapists, paramedics and radiographers).

Regulation via the GMC will only reinforce patient confusion, as the GMC's entire history is as the regulator of medical practitioners only. **To be clear, the GMC is and should remain solely the doctors' regulator, to enable the organisation to focus entirely on this role and remove any possibility of creating any further confusion between the role of a doctor and those of AAs and PAs.**

***Dr Iain Kennedy, Chair BMA Scotland:***

***"In terms of regulation BMA Scotland is worried that asking the GMC – which regulates doctors across the UK – to do this will only further increase the risk of confusion around these roles. We will be making a strong and clear case that an alternative should be sought. For the good of our profession, and our patients."***

BMA Scotland also emphasises that even with regulation, our concerns about these roles and how they are deployed within Scotland's NHS will remain considerable. Patient safety risks will persist – and patients are likely to continue to be confused by the level of experience and skills of the professional they have been seen by. This is particularly true while current job titles of AAs and PAs remain in place We set out these concerns in more detail in section 'General concerns about AAs and PAs role'. It equally will not solve the issues of these roles impacting on the training and opportunities for doctors to develop their skills and experience. We hope that even beyond this SI, there will now be a period of reflection and consideration on how these roles operate. In that period BMA Scotland have already proposed a moratorium on further recruitment.

**Unsuitability of GMC as the regulator**

BMA Scotland, and the BMA at a UK level have consistently highlighted concerns over the performance of the GMC. Over a considerable period of time, the Association has persistently called for the regulator to address the fear and distrust that the profession has towards it, and suggest this starts with a comprehensive independent review of the GMC's processes while awaiting much needed legislative reform at a UK level. There are also concerns over racial discrimination and bias in GMC decision making

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[2] New survey shows "shocking scale" of concern from doctors over use of physician associates - BMA media centre - BMA - asked "Have you ever received NHS healthcare or treatment by any of the following professionals", 29% of the public who responded said they weren't sure whether they had received healthcare or treatment from PAs.

and processes that need to be addressed and resolved[3]. In the BMA's view, adding to the GMC's responsibilities while such fundamental issues with its primary role exist would be inadvisable and potentially damaging. While the GMC remains a reserved responsibility it is a significant material point that we would urge the Committee to give weight too in the consideration of this SI. It would be a far better approach to allow the GMC to focus solely on getting its current, substantial and primary role right, rather than overburden it with a whole new group of professionals.

In contrast, the HCPC already has responsibility for regulating roles in other health professions such as physiotherapists, paramedics and radiographers - including advanced practitioners from these professions who fulfil similar roles to what the PA role was introduced to do.

**General concerns about AAs and PAs role**

In line with our survey results, we have highlighted concerns with the role of AAs and PAs in Scotland's NHS. **For example, 80.3% of those who responded to our survey said that they believe the way AAs and PAs currently work in the NHS is always, or sometimes, a risk to patient safety**.

***Dr Iain Kennedy, chair of BMA Scotland, said:***

***"There is absolutely no doubt that doctors across Scotland have serious concerns about the confusion, and resulting impact on patient safety, caused by the use of Physician Associates and Anaesthesia Associates in our NHS.***

***"We have a duty of care to our patients and their families – and they need to know who they are being treated by, and the level of their experience and skills. It is becoming worryingly clear that this isn't always happening, and I am deeply concerned about the implications this has on the level of care that is being delivered.***

***"In addition to this, there is a clear impact on junior doctors, who are sometimes being placed behind AAs and PAs in the queue for access to key training opportunities. Senior doctors simply do not have the time to effectively train two separate professions and unfortunately it is often the junior doctors who are being impacted by this, which is unacceptable, since it is our younger colleagues who will one day step into our shoes – not PAs or AAs."***

**Plans for the role in Scotland**

The Scottish Government recently wrote to stakeholders around the role of AAs and PAs and their plans for the future of the workforce. This suggested a "gradual increase in NHS Scotland's MAPs workforce"– but now is not the right time to make that step. Indeed, we remain to be convinced such an expansion will at any point be justified.

BMA Scotland is absolutely clear that increasing use of AAs and PAs is not the right action or in any way acceptable at this stage. This is particularly true while concerns around the safety of these roles exist and no substantial testing or evidence is in place that proves the opposite. In the absence of such evidence, BMA Scotland would propose a much more precautionary approach. That is why we have asked the Government to clarify what the language in the letter means urgently – including what is meant by a gradual increase in numbers – is this in absolute numbers of MAPs, the roles they can undertake or both?

Our fears remain that this planned expansion will be used to paper over the cracks of the frankly dire medical workforce planning that has left us in the doctor vacancies crisis we currently face across

[3] BMA (2023) *The General Medical Council must do more to address concerns of racial bias in its regulatory work, says BMA* https://www.bma.org.uk/bma-media-centre/the-general-medical-council-must-do-more-to-address-concerns-of-racial-bias-in-its-regulatory-work-says-bma

Scotland. On that basis we believe they must halt any AA or PA expansion plans while the work outlined in the Scottish Government stakeholder letter is undertaken and the full views of all stakeholders sought at the very least. Indeed, as BMA Scotland has made clear it is yet to see any evidence that these roles improve outcomes or experiences of patients, or that they are in freeing up time for doctors as may have originally been envisaged as a possible positive of their introduction. As such, BMA Scotland is calling for a pause on any further recruitment of AAs and PA and suggest the need for robust monitoring, analysis and supervision of the roles already in place.

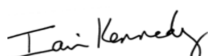
**Conclusion**

BMA Scotland urges the Health Social Care and Sport Committee to oppose the passing of this order, and engage in a fuller discussion and investigation of the roles of AAs and PAs in the NHS in Scotland, in order to ensure patient safety and minimise the impact the role is having on the training of doctors. This approach would also allow the GMC to focus on its primary role, addressing the considerable issues it faces and restoring the confidence of doctors in Scotland.

Our clear view is that the HCPC would be far better suited to regulate these professions and in doing so would provide clarity for patients that these clinicians are not doctors. The HCPC is already a multi-professional regulator with significant experience of regulating a range of healthcare professionals.

Notes/further reading:
https://www.bma.org.uk/bma-media-centre/bma-scotland-scottish-doctors-express-serious-concerns-over-deployment-of-physician-and-anaesthesia-associates-in-the-nhs
Physician Associates/Anaesthesia Associates (PAs/AAs): Update (home.blog)
SJDC update: role and scope of PAs/AAs (home.blog)
BMA Scotland statement: Role of PAs and AAs in Scotland's NHS (home.blog)

Yours sincerely



**Dr Iain Kennedy**
Chair of BMA Scotland