

Regulating anaesthesia associates and physician associates: consultation on our proposed rules, standards and guidance

(This consultation also covers our fitness to practise decision-making principles that will apply to doctors, anaesthesia associates and physician associates)

Consultation Questions

Consultation runs: 26 March – 20 May 2024

Introduction

Welcome to the General Medical Council's consultation on our proposed rules, standards and guidance for regulating anaesthesia associates and physician associates.

In July 2019, the UK Government, with the support of the devolved governments, asked the General Medical Council to regulate two additional professional groups, anaesthesia associates (AAs) and physician associates (PAs).

The Anaesthesia Associates and Physician Associates Order (AAPAO or 'the Order'), drafted by government and laid in the UK and Scottish Parliaments on 13 December 2023, establishes a legislative framework for the regulation of these two groups.

We're consulting on the draft rules and standards that are required to implement the legal duties and powers within the AAPAO and bring AAs and PAs into statutory regulation later this year.

We are also consulting on fitness to practise policy principles that will inform the content of guidance that will govern our regulation of AAs, PAs and doctors. We are proposing to introduce new and updated guidance for doctors based on these principles at the same time as introducing guidance for AAs and PAs, so that they too can benefit from the more streamlined, clear and accessible decision-making framework that our guidance will provide.

Before responding, you will need to read our [consultation document on our website](#).

The consultation closes at 23:59 on **20 May 2024**.

How to respond to the survey

We want to hear a variety of perspectives before we finalise our rules, standards and policy principles to inform the content of guidance, so we encourage you to complete as many questions as possible. We have grouped our rules, standards and guidance by regulatory function, in the order that AAs and PAs are likely to encounter them across their career. You can choose which sections to complete on the next page.

At the end of the survey, we will ask you to complete a series of Equality Monitoring questions. We will also ask you if you are happy for us to publish anonymous quotes from your response.

Consultation Questions

You can choose to respond to as many consultation questions as you like. You can see the relevant consultation questions for each option by selecting the drop down below. **Doctors who wish to respond to the fitness to practise decision-making principles can jump straight to that section.**

No consultation question is mandatory, so you can engage with the topics that are most relevant to you. However, if you do respond to a question, we ask that you provide a reason. This will enable us to better understand your response and better take this into account when analysing feedback and implementing changes to our proposals.

We will ask you to say whether you want us to treat your response as confidential. We also require you to tell us whether you are responding as an individual or as an organisation, so we can filter you to the appropriate questions about you.

Education and Training

Before reviewing [our proposed rules and standards](#), we encourage you to first read Part 2 of the consultation document, which provides further details on the purpose and scope of these documents.

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.

There is a close correlation between the 'Standards for PA and AA curricula' and Excellence by Design: standards for postgraduate [medical] curricula. However, not all of the standards or requirements from Excellence by Design are directly translatable to Standards for PA and AA curricula but equally, there are some notable omissions.

One of the most notable omissions is that there are no standards for a programme of assessment. Instead, standards and requirements for assessments are included in 'Standards for the delivery of PA and AA pre-qualification education' and so while the Faculty of Physician Associates and the Royal College of Anaesthetists have responsibility for the respective PA and AA curricula, it would appear that it is up to each course provider to decide how best to assess individuals on these courses, based on the relevant curriculum. Similarly, theme 4 is about monitoring and improvement, but not quality assurance. In Excellence by Design, quality assurance is defined as 'The quality assurance (QA) of medical education and training in the UK includes all the policies, standards, systems and processes in place to maintain and enhance quality. We carry out systematic activities to assure the public and patients that medical education and training meets the required regulatory standards'. QA is only mentioned once in 'Standards for the delivery of PA and AA pre-qualification education' but is set out extensively in the rules and so it is not clear from the PA and AA curriculum standards that there will be a consistent or robust approach to QA for PAs and AAs by the GMC.

In terms of standards that have been included, CS1.3 states that 'The curriculum supports flexibility and transferability of learning' but there is no corresponding requirement as there is in Excellence by Design. It is therefore unclear what this means in the Standards for PA and AA curricula when there will only be two curricula and the related requirement in Excellence by Design was to 'support flexibility and transferability of learning outcomes and levels of performance across related specialties and disciplines.'

CR1.2 states that the purpose of the curriculum is to ‘Describe the knowledge, skills and capabilities of a graduate’ but given that the curricula is for pre-qualification PAs and AAs, all of whom are already expected to be graduates with an appropriate degree, this requirement should be made clearer to link to the knowledge, skills and capabilities that need to be demonstrated, and to what level, to complete the course.

CS2.3 states that ‘The curriculum and development process make sure education and training is fair and is based on principles of safety and equality’. The corresponding standard in Excellence by Design is about ‘principles of equality and diversity’ and it is not clear why safety has been included in this standard for PAs and AAs and it differs to S2.3 in ‘Standards for the delivery of PA and AA pre-qualification education’ which rightly includes much more detail about safety. Careful thought will be required about exactly how safety can be appropriately addressed in a curriculum standards document. If it is to be included however, and given the role of PAs and AAs, it would make more sense for safety to be included in a separate standard and/or requirement and not included with equality and diversity where it is difficult to understand the relationship.

CS3.1 states ‘The curriculum must describe the outcomes that learners must demonstrate to progress or complete their course.’ However, this does not make sense and the statement should be matched to the corresponding standard in Excellence by Design which requires the curriculum to outline outcomes that learners must demonstrate in order to move through and complete training.

CR3.1 states ‘Identify the learning outcomes that are the expected knowledge, skills, capabilities, levels of performance and experience, learners must demonstrate to complete their course’ but it is difficult to understand what is meant by such a mixture of terms, especially when capabilities, levels of performance and experience do not appear in the course standards either (although this document does refer to knowledge, skills and ‘behaviours’).

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.

There is a close correlation between the ‘Standards for the delivery of PA and AA pre-qualification education’ and Promoting excellence: standards for medical education and training.

However, given that the ‘Standards for PA and AA curricula’ do not include standards for assessment or QA, it is unclear against what standard the assessment and QA activities outlined in ‘Standards for the delivery of PA and AA pre-qualification education’ will be judged

and how this will be managed by the GMC. R2.17 references a Registration Assessment but it is not clear what this is, whether it is a national assessment, and what the standards are for it.

It should be noted that R2.18 does not make sense as a requirement.

3. To what extent do you agree or disagree with our proposed approach to approving 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.

Given concerns raised above about how the standard of assessments will be addressed given their omission in the 'Standards for PA and AA curricula', there should be specific reference in the rules to how the standards and implementation of assessment will be dealt with by the GMC.

4. To what extent do you agree or disagree with our proposed approach to monitoring and quality assuring 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.

In line with previous comments, it is noted that within the rules, there is an extensive section about the quality assurance activities that may take place, even though QA is not explicitly referenced in the 'Standards for PA and AA curricula' and only once referenced in 'Standards for the delivery of PA and AA pre-qualification education'. While it would seem appropriate to have robust and consistent QA processes in place as outlined in the rules, all three documents should take a consistent approach to describing standards, expectations and processes around QA.

However, until we see the scheme in action we cannot fully comment. A possible provisional registration year could be a potential consideration.

5. To what extent do you agree or disagree with our proposed approach to attaching conditions to or withdrawing our approval of 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.

Consideration should be given to setting out broad timeframes for course providers to fully meet any identified steps where conditions are attached to approval.

More clarity is needed on who will manage this and whether there will be capacity to manage appropriately and effectively.

Establishing a register of AAs and PAs

Before reviewing [our proposed rules](#), we encourage you to first read Part 3 of the consultation document, which provides further details on their purpose and scope.

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.

The approach seems to be fair and proportionate, and in the interests of public safety. It is helpful to see a distinction between doctors and associates through the use of a prefix.

Gaining entry to and removal from the AA and PA register

Before reviewing [our proposed rules](#), we encourage you to first read Part 4 of the consultation document, which provides further details on the purpose and scope of these documents.

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.

The approach seems to be fair and proportionate, and in the interests of public safety. We would advise a provisional registration year.

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.

Largely this seems to be fair and proportionate, but should there not be flexibility in relation to the time limit for submitting a further application for re-entry to the Register? Particularly when suspension orders issued at substantive FTP hearings can be much less.

We support the increases in requirements (as compared with current arrangements for doctors) for evidencing steps taken to maintain knowledge and skills during their time off the Register which we believe provides stronger safeguards for patients.

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.

It also seems pragmatic to remove people from the Register where they have been convicted of an offence that is incompatible with registration as a healthcare professional. This reduces the regulatory burden on all stakeholders.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

Fitness to practise proceedings and decision-making principles

Before reviewing our [proposed rules](#) and [decision-making principles](#), we encourage you to first read Part 5 of the consultation document which gives more details on the purpose and scope of these documents.

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.

Largely this seems fair and proportionate, but it isn't clear why health isn't considered as a separate head of impairment. Whilst the consultation document makes it clear that the GMC would need to consider the impact of an associate's health condition, it isn't clear whether or not taking this head of impairment away might reduce the regulator's ability to tailor their processes for those registrants who are very poorly. Looking at the area of dealing with concerns and reading the supporting documents on the GMC website, there is a noticeable lack of explanation for defining impairment of fitness to practice differently (among doctors vs PAs).

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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.

These largely seem fair and proportionate. Given the challenges associated with the establishment of the PA/AA roles, to help ensure fair hearings, it might be helpful to try wherever possible to ensure the AA/PA rep on the panel is also the Chair.

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.

Click or tap here to enter text.

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.

This seems to be a fair and proportionate approach and supports good use of resources.

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.

Seems thorough, fair and proportionate.

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.

Seems thorough, fair and proportionate.

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.

Seems thorough, fair and proportionate.

Revisions and appeals

Before reviewing [our proposed rules](#), we encourage you to first read part 6 of the consultation document, which provides more details on the purpose and scope of these documents.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

Fees

Before reviewing [our proposed rules](#), we encourage you to first read part 7 of the consultation document, which provides more details on their purpose and scope.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

Equalities considerations and our Welsh Language Standards obligations

We've set out how our rules, guidance, and standards address these considerations – focusing on AAs, PAs and members of the public – in a separate [Equality Impact Assessment \(EqIA\)](#).

25. Referring to our separate 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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

How we will use your response

We'll carefully consider the responses we receive before finalising our rules, standards and guidance. We are committed to evaluating the potential effect of any changes we make on all those who may be affected. This includes the effect our proposals could have on groups who are protected under the *Equality Act 2010*.

We'll analyse and respond to the issues raised in line with our principles for conducting consultation analysis. These specify that we do so in a way that's balanced, consistent, responsive and transparent.

We'll publish the outcomes of the consultation exercise on our website. We will not include any personally identifiable information in these reports but may include illustrative anonymised quotes from consultation responses – unless you ask us for your response to remain confidential.

We will process your data in line with the UK General Data Protection Regulation. [Our privacy and cookies policy](#) explains how your data will be used, how cookies will be set and how to control or delete them.

Your response to this consultation may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information we hold. This doesn't necessarily mean your response will be made available to the public as there are exemptions relating to information given in confidence and information to which the UK General Data Protection Regulation applies.

28. Would you be happy for us to publish anonymous quotes from your response?

Yes, I would be happy for you to publish anonymous quotes from my response.

No, I would prefer that you treat my response as confidential.

About you

If you want to share your name and email address with us, you can below.

If provided, this will help us to identify and remove duplicate responses. However, these questions are not mandatory. You do not need to share this information with us if you do not want to and your response will still be counted.

29. First name: Janine
30. Last name: Aldridge
31. Job title (if responding on behalf of an organisation): Public Affairs Officer
32. Organisation name (if responding on behalf of an organisation): The Royal College of Pathologists
33. Email address: janine.aldridge@rcpath.org

34. Are you responding as an individual or on behalf of an organisation?

-
- Individual (please continue to 'Responding as an individual')
 - Organisation (please go to 'Responding on behalf of an organisation')

Responding as an individual

35. Which of these categories best describes you? Please only select one.

- Doctor (if you select this, please answer the next two questions, otherwise go to 'demographic questions')
- Physician associate
- Physician associate student
- Other healthcare profession
- Carer/patient relative or advocate
- Lay GMC/MPTS Associate
- Other (please say what):
- Anaesthesia associate
- Medical student
- Anaesthesia associate student
- Patient
- Member of the public

Click or tap here to enter text.

36. If you selected doctor, which categories best describe you? Please select all that apply.

- GP
- Doctor in training
- Locum (GP)
- Locally employed doctor (eg clinical fellow, trust doctor, trust grade etc)
- Responsible Officer/Medical Director
- Academic researcher
- Retired
- Other clinical practice (eg prison health service). Please say what:
- Consultant
- Specialist, associate specialist or specialty (SAS) role
- Locum (secondary care)
- Trainer/medical educationalist
- Other leadership or management role
- Practising outside the UK
- GMC/MPTS Associate

Click or tap here to enter text.

Other non-clinical practice. Please say what:

Click or tap here to enter text.

37. If you selected doctor, where were you awarded your PMQ?

UK European Economic Area (EEA) Rest of the world

Demographic questions

In this section we ask for information about your background. We use this information to help make sure we are consulting as widely as possible. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on [diverse groups](#).*

38. What is your age?

0–18 19–24 25–34
 35–44 45–54 55–64
 65+ Prefer not to say

39. What is your sex?

Female Male Prefer not to say

40. Is the gender you identify with the same as your sex registered at birth?

Yes No
 Prefer not to say

41. If you selected 'no' to the last question, how would you prefer to self-describe your gender?

*<https://www.gmc-uk.org/about/how-we-work/equality-diversity-and-inclusion>

Click or tap here to enter text.

42. Do you have a disability?

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

Yes

No

Prefer not to say

43. What is your ethnic group? (Please tick one)

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish traveller

Roma

Any other white background, please say what:

Click or tap here to enter text.

Mixed or multiple ethnic groups

White and black Caribbean

White and black African

White and Asian

Any other mixed or multiple ethnic background, please say what:

Click or tap here to enter text.

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please say what:

Click or tap here to enter text.

Black, African, Caribbean or black British

-
- Caribbean
 - African
 - Any other black, African or Caribbean background, please say what:

Click or tap here to enter text.

Other ethnic group

- Arab
- Any other ethnic group, please say what:

Click or tap here to enter text.

- Prefer not to say

44. What is your religion?

- No religion
- Buddhist
- Christian (including all Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (please say what):

Click or tap here to enter text.

45. Which of these options best describes your sexual orientation?

- Bisexual
- Heterosexual or straight
- Gay man
- Gay woman/lesbian

- Other (please say what):

Click or tap here to enter text.

- Prefer not to say

46. What is your country of residence?

- England
- Northern Ireland
- Scotland
- Wales
- Other (European Economic Area)
- Other (rest of the world).

If you selected 'other, European Economic Area' or 'other, rest of the world', please say where:

Click or tap here to enter text.

Responding on behalf of an organisation

47. Which of these categories best describes your organisation? Please select only one.

- | | |
|--|--|
| <input type="checkbox"/> Patient organisation | <input checked="" type="checkbox"/> Doctor organisation |
| <input type="checkbox"/> Physician associate organisation | <input type="checkbox"/> Anaesthesia associate organisation |
| <input type="checkbox"/> Independent healthcare provider | <input type="checkbox"/> Higher Education Institution (including medical school) |
| <input type="checkbox"/> NHS / Health and social care organisation | <input type="checkbox"/> Postgraduate body |
| <input type="checkbox"/> Regulatory body | <input type="checkbox"/> Public body |
| <input type="checkbox"/> UK government department | |
| <input type="checkbox"/> Other (please say what): | |

Click or tap here to enter text.

48. In which country does your organisation operate? Please select only one.

- England Northern Ireland Scotland Wales UK wide
- Other (European Economic Area) (please say where)

Click or tap here to enter text.

- Other (rest of the world) (please say where)

Click or tap here to enter text.

Thank you for responding to our consultation.

Once the consultation closes, we'll analyse the results, taking into account both the level of agreement with our proposals and the supporting reasoning provided by respondents. We will also draw on the results of separate commissioned research that will capture views of members of the public on our proposals.

We'll then publish a report with conclusions of the consultation and summarise any changes to our rules, standards and guidance in the light of the feedback we received.

The amended rules will then need to be approved by our governing Council once the AAPAO comes into force and statutory regulation commences for AAs and PAs. We anticipate that this

will begin in late 2024.