



Academy of Medical Royal Colleges Wales

Response to the consultation | The regulation of Medical Associate Professions in the UK

We are pleased to have the opportunity to provide evidence to the UK Government's Consultation on the Regulation of Medical Associate Professions in the UK.

Our submission supports the Government's intention to introduce statutory regulation for Physician Associates. However, we are disappointed and concerned that their unequivocal aim does not yet extend to the other medical associate professions.

Accordingly in response we have considered implications across the whole of the UK through our association with the Academy of Medical Royal Colleges (UK), whilst determining our view for implications upon health care in Wales.

About the Academy of Medical Royal Colleges Wales

- ❑ The Academy of Medical Royal Colleges Wales (Wales Academy) brings together the voices of its member colleges and Faculties for overarching generic issues around healthcare.
- ❑ The Academy's role is to promote, facilitate and at times, coordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare.
- ❑ For more information contact Ollie John, Operational Manager on 07759 169 268 or oliver.john@aomrc.org.uk

Initial Response

The Wales Academy recognises that in recent years the health service across the UK has seen the emergence and increased use of new professional roles within multidisciplinary teams as part of a continuing drive to provide safe, accessible and high-quality care for patients.

Rising demands for medical treatment and advances in clinical care requires a coordinated approach and greater skill mix within NHS healthcare teams.

- We welcome the UK Government's intention to introduce statutory regulation for Physician Associates.
- We would like to see the UK Government's unequivocal aim extended to the other medical associate professions.
- We would wish to see ALL medical associate professions receive statutory regulation.
- We would wish to see uniformity in delivery of regulation and would see one regulator as providing this.
- We believe there is real value in developing MAPs as a coherent group working very closely with doctors.
- We see the GMC as being a regulator that can effectively deliver regulation across four medical associate professions alongside a coherent implementation group.
- We recognise that whilst there is a financial benefit in utilising the medical associate professions they are of significant value in supporting key services in healthcare delivery.

PAs - assessment of risk

Question 1:

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

Response : Statutory Regulation

FURTHER INFORMATION:

The Academy of Medical Royal Colleges Wales (Wales Academy), representing its member colleges and faculties, believe that all four MAP groups being considered in this consultation should be subject to statutory regulation.

This response has been strongly supported by member organisations, through discussion at Welsh Council.

We also note that the response of the Academy of Medical Royal Colleges (UK) in similarly supporting our call for statutory regulation for all MAP groups.

We believe that MAPs should be seen as a group and identified as an important new component of the clinical workforce. Creating that sense of identity as well as ensuring consistency and commonality in standards requires the group to be treated as a coherent whole. That requires the same approach to regulation.

Without this overall consistency of approach the group will develop in a fragmented and uncoordinated manner which will fail to make the most of the benefits to patients which the introduction of MAPs can bring.

The HEE risk assessment recognises that Physician Associates (PAs) score "High" on all the risk factors and that statutory regulation is appropriate and proportionate. We endorse this recommendation but also believe statutory regulation is required for all four groups.

PA(A)s - assessment of risk

Question 2:

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

Response : Statutory Regulation

FURTHER INFORMATION:

As Identified, in Question 1, there is need for a consistent approach across all MAP groups.

We note that the risk assessment for intervention and autonomy is "High" for PA(A)s. We accept that PA(A)s operate in the context of a managed environment but that applies equally to all who work in anaesthesia where it is, nevertheless, recognised that statutory regulation is appropriate. With a "Medium" risk assessment in terms of accountability we believe that, taken as whole, statutory regulation is appropriate.

We believe that the argument about the current relatively small number of PA(A)s is circular. We would argue that having statutory regulation would provide an environment in which numbers could and would flourish.

In the case of Anesthetics, Medical anaesthetists would be considerably more confident and keen to support and encourage the expansion of PA(A)s if they had the personal and professional assurance that they were subject to statutory regulation.

SCPs and ACCPs - assessment of risk

Question 3:

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

Response : Statutory Regulation

FURTHER INFORMATION:

As Identified, in Question 1, there is need for a consistent approach across all MAP groups.

The risk assessment of "High", "Low", "Medium" would to us make statutory regulation an appropriate approach.

We recognise the argument that SCPs will already be regulated health care practitioners. However we believe that the case for coherence across MAPs is a stronger argument. Having the degree of consistency that will bring benefit will not be possible if SCPs are regulated primarily as a different healthcare practitioner - and possibly even by a different regulator.

Question 4:

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

Response : Statutory Regulation

FURTHER INFORMATION:

As Identified, in Question 1, there is need for a consistent approach across all MAP groups.

The risk assessment of "High", "Low", "Medium" would to us make statutory regulation an appropriate approach.

We recognise the argument that ACCPs will already be regulated health care practitioners. However we believe that the case for coherence across MAPs is a stronger argument. Having the degree of consistency that will bring benefit will not be possible if ACCPs are regulated primarily as a different healthcare practitioner - and possibly even by a different regulator.

Prescribing responsibilities

Question 5:

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?

Response : Yes

FURTHER INFORMATION:

This would need to be appropriate to the scope of practice for each MAP group and importantly also extend to the authority to order relevant investigations.

Consideration of the appropriate professional regulator

Question 6:

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

Response : General Medical Council

FURTHER INFORMATION:

First and Foremost, We would like to see a uniformity in regulation, therefore we would like to see ONE healthcare regulator to ensure uniformity across ALL the medical associate professions.

As stated before we believe there is real value in developing MAPs as a coherent group working very closely with doctors.

For that reason we believe there is a strong case for MAPs to be regulated by the GMC to ensure a consistency and commonality of approach. There is likely to be read across of issues of relevance between doctors and MAPs and we believe that GMC has the right expertise to identify these.

It also has to be recognised that there are concerns amongst some medical staff of MAPs taking on tasks which should be undertaken by doctors. If the GMC regulates MAPs it will be able to ensure the appropriate balance of responsibilities.

We believe that it would be highly unsatisfactory to have a fragmented system with some MAPs regulated by one regulator, some by another and possibly some not all.

Costs and benefits analysis

Question 7:

Do you agree or disagree with the costs and benefits on the different types of regulation identified above? If not, please set out why you disagree. Please include any alternative cost and benefits you consider to be relevant and any evidence to support your views.

Response : Yes

FURTHER INFORMATION:

We would not disagree with the analysis per se.

We believe, however, the costs of statutory regulation are outweighed by the benefits it would bring in terms of patient safety and public protection and, additionally, in aiding the coherent development of an MAP workforce.

The Academy of Medical Royal Colleges Wales brings together the voices of its member colleges and Faculties for overarching generic issues around healthcare.

The Academy comprises of representatives of the Medical Royal Colleges and Faculties who meet regularly to agree direction; providing a collective, independent medical voice to promote College and Faculty standards through influence, collaboration and advice in Wales.

Royal College of Surgeons of England

Royal College of General Practitioners

Royal College of Surgeons of Edinburgh

Royal College of Ophthalmologists

Royal College of Pathologists

Faculty of Dental Surgery

Royal College of Radiologists

Faculty of Public Health

Royal College of Obstetricians & Gynaecologists

Royal College of Anaesthetists

Please note that this is a consensus view from Academy of Medical Royal College Wales membership through discussion and may not fully represent the expressed views of individual member colleges and faculties.

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