GMC Consultation: regulating anaesthesia associates and physician associates: RCR response

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 much with which we agree in the curriculum standards. Nonetheless, we have indicated that we 'disagree' because there are several shortcomings we wish to highlight.
- A greater range of options to the multiple-choice question – such as 'strongly agree' and 'strongly disagree' – would have resulted in richer and more representative data. A binary choice between agree/disagree is insufficient for the complexity of the issues and level of detail of the proposals.

The role of PAs in the multidisciplinary team

- There is a huge amount of uncertainty about what activities PAs will be undertaking and how they will interact with other healthcare professionals and their activities. Similarly, the degree of autonomy with which qualified PAs will operate is uncertain and may vary according to context. Therefore, we are unable to say with certainty whether the curriculum standards as laid out will be sufficient.
- Though we acknowledge it is not the role of the GMC to set out the scope of practice for PAs, nonetheless the content of PA curricula will have a substantial effect on what actions they are qualified to take and therefore on their role in the healthcare setting.

Education and training of PAs

- The curriculum standards as currently proposed do not do enough to specify how and the degree to which PAs will receive training in specialty medical settings, such as clinical radiology and clinical oncology. Greater clarity is needed on how such

training will be provided – within training courses, or rather post-qualification and locally as needed.

- If the former, the curricula and course standards must set out in more detail how PAs will be adequately assessed in these specialty settings in order that they benefit patients and are equipped to work effectively with the wider clinical team.
- As per CR2.5f, professional bodies and Royal Colleges should be involved by mutual consent in discussing this issue.
- We would also register a concern regarding the proposal for the FPA to develop the curricula for PAs. Whereas with other healthcare professionals, such as nurses or physiotherapists, who do not need a doctor to supervise them throughout their career, doctors need not be involved in the development of their curricula. In the case of PAs, since they must be supervised by doctors, there must be input from doctors in the FPA's curriculum development. We would encourage the GMC and the RCP to set out further details about how this input will be provided.

Training capacity

- Furthermore, the curriculum standards currently do not go far enough to specify how the education and training of PAs can be accommodated within the existing capacity of the NHS, without impacting on doctors in training (i.e. "junior doctors").
- CR1.5 states that curricula must demonstrate the interdependencies between the training of PAs and the training of other healthcare professionals and how these will be addressed. This is correct. However, the RCR feels strongly that this does not go far enough. There should be a positive obligation upon curriculum and course providers to ensure that doctors' training is protected as a matter of highest priority.
- See the response to question 2 for further details.

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 much within the course standards that the RCR agrees with. Nevertheless, we have elected to 'disagree' with the statement posed, because there are several concerns we have, which we share below.

Existing pressures on specialty training

- It is well known that the NHS is under immense pressure. Rising demands and workforce shortfalls across most staff groups and specialties combine to reduce the time and resources available for non-clinical activities, such as training and service improvement.
- The UK currently has a 15% shortfall of clinical oncologists and a 29% shortfall of clinical radiologists, according to the RCR's latest census reports. These shortfalls will rise to 25% and 40%, respectively, within five years if no action is taken.
- 96% of cancer centre heads of service tell us they are worried about stress and burnout amongst their staff. Amongst radiology clinical directors, 100% are concerned about stress and burnout amongst their staff.
- Training the future workforce is essential, but inevitably requires significant investment of time, training materials and study leave budgets.
- It is already the case that training opportunities for doctors are being reduced due to the pressures the workforce is under. This can be seen in radiology, with many training programmes unable to take up the expanded specialty training posts on offer, thus leaving many trainees in limbo. Clinical directors tell the RCR that this is partly a result of being unable to provide the time and resources required to train these additional doctors.
- There are thousands of doctors unable to find training places at present. In radiology, there are 8 applicants for every place. It is absurd to not train those doctors, who are highly skilled and qualified. But the problem will be exacerbated by these measures, since they place greater demand on trainers without expanding their resources.
- The latest data shows that only 78% of these additional radiology training posts were taken up by training programmes.

Increased burden on trainers

- This challenging environment is simply not one in which it is possible to increase the expectations on doctors, without something giving way. Both consultants and doctors in training are expected to provide training and support to PAs, which will consume time within their job plans.
- R1.7 and R1.8 of the course standards state that organisations must ensure there are sufficient staff to train and support PAs. Of course, all medical professionals require adequate training and support to ensure they can work to the best of their abilities and for the good of their patients.
- R2.10 states that organisations must 'monitor' trainers' job plans. This does not go far enough. There must be a further requirement that trainers have adequate time in

their job plans to train their junior colleagues, as well as PAs, and that the training of the latter does not impinge upon the training of the former.

- R4.2 states that educators need enough time in their job plans to meet their educational responsibilities. Again, this does not go far enough. It must be set out clearly that educational responsibilities towards doctors in training are of paramount importance, and should not be compromised.
- As mentioned in the answer to the previous question, further detail is needed regarding the training of PAs in specialty settings. R1.14 states that PAs should have experience across a range of specialties. We reiterate our concern that this is not specific enough. Courses should be required to set out what specialty-specific training PAs will receive and at what stage.
- It is disappointing that the course standards simply state trainers must have 'enough' time, but do not make reference to the required amount of time for training. The RCR recommends a minimum of 1.5 SPAs per week in each consultant's job plan for revalidation. The GMC should support this recommendation. Time for training should be allocated in addition to this.
- RCR census data shows that already 19% of radiology consultants do not have the minimum of 1.5 Supporting Professional Activities (SPAs) per week in their job contracts.
- The concern we have is that, since patient care is rightly of foremost importance, the requirement to train and supervise PAs will further reduce the training and development opportunities available to doctors.
- As future medical leaders, the training of doctors is paramount. Their progression cannot be compromised, especially at a time when NHS services are under such significant pressure.
- The long-term sustainability of the PA profession also depends on doctors receiving sufficient training and development, since it will be in many cases doctors in training and newly-qualified consultants who provide and oversee PAs' training and lead multidisciplinary teams.

Approval of individual courses

- We also note that, in choosing to approve individual AA/PA courses, the GMC is breaking with its traditional approach of approving individual training providers.
- We approve of this change, insofar as it will allow the GMC to take swift and targeted action where needed to intervene on particular courses.
- However, it would be beneficial if further details of the approach were disclosed, such as:
    - Where and how decisions will be recorded;
    - Whether there will be a focus on driving positive outcomes for students;

- And how the GMC proposes to manage the potentially significant workload this new approach will entail.

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

- The RCR agrees with the education and training rules.
- However, we would recommend that approval of courses, in addition to the measures set out in the rules, should be subject to:
  - (A) consideration of the likely impacts on the workloads of both consultants and doctors in training, and appropriate measures to ameliorate these;
  - (B) consideration of the likely impacts on the training and development opportunities of doctors, and appropriate measures to ensure these are not reduced in quality or quantity as a result of the training of PAs.
- We would also suggest that there is a need for a national conversation involving all relevant bodies and organisations about the future of PAs and how they interact with other healthcare professionals, with a special focus on doctors in training. Such a conversation should encompass not only the role of PAs within the multidisciplinary team, but also how to overcome the pre-existing problem of a lack of capacity to train doctors within the system. These issues are not the sole responsibility of any one organisation, but rather all must be involved, including the NHS, the GMC and the medical Royal Colleges.
- The RCR would like to reiterate here that we recognise the importance all medical professionals have in providing the best possible care to patients. This includes PAs. Radiologists and oncologists rely on other healthcare professionals to do their best by their patients. Multiprofessional team working is hugely beneficial.
- Nonetheless, doctors will always be vital leaders and providers of healthcare and multiprofessional teams cannot function without them. The training of other healthcare professionals must not compromise the training of current or future doctors.

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

- The RCR strongly agrees with the proposed approach here. The GMC should rapidly respond if and when concerns are raised.
- Nonetheless we would also register our concern that the GMC ensure it has sufficient capacity to carry out this work, without negatively affecting its other work and responsibilities. We would encourage the Government to support and enable the GMC to this end.

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

- The RCR supports this proposed approach.

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 RCR agrees with the GMC's proposal to include a prefix before the 7-digit number of AAs and PAs in the GMC register. Our support remains contingent on the inclusion of this prefix.
- Moreover, this prefix should clearly show to the public that the individuals are medical associate professionals. This transparency is important. For example, simply the letter 'A' prior to a registration number would not give members of the public this knowledge.
- We would ask the GMC to confirm what this prefix will be by providing an exemplar.
- We are gratified that the GMC listened to our concerns and the concerns of other organisations that some measure must be taken to distinguish clearly PAs and AAs from doctors in the medical register.