

Response ID ANON-GXHC-BNCZ-Q

Submitted to **The Regulation of Medical Associate Professions in the UK**

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Your details

What is your name?

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Are you happy for the Department of Health to use your email address to contact you to clarify points in your response if necessary?

Yes

How you are responding

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

Organisation

Organisation details

What is the name of your organisation?

Name of organisation:

Association of Anaesthetists of Great Britain & Ireland (AAGBI)

In which country is your organisation based?

England

Other:

Physician Associates (PAs) - assessment of risk

Q1 What level of professional assurance do you think is appropriate for PAs?

Statutory regulation

Please provide further information to support your answer.:

• The AAGBI agrees with the PSA criterion guided assessment regarding risk to the public, numbers of practitioners and professional assurance. Statutory regulation will provide a standardised governance structure for the on-going professional development of the role.

Physicians' Assistants (Anaesthesia) (PA(A)s) - assessment of risk

Q2 What level of professional assurance do you think is appropriate for PA(A)s?

Statutory regulation

Please provide further information to support your answer.:

• The AAGBI is a membership organisation representing over 11000 anaesthetists of all grades in Great Britain and Ireland. The AAGBI engages with its membership regularly to help understand how medically qualified anaesthetists consider PA-As and to keep abreast of how departments who have PA-As are deploying this group of practitioners within the anaesthesia team.

• The AAGBI provides guidance to departments on the safe practice of anaesthesia delivered in a team approach.

• The AAGBI does not agree with the PSA criterion guided assessment for PA-As. The commentary on the scope of practice is clear in its description of level of supervision of practice following qualification of PA-As. The AAGBI is aware that PA(A)s are undertaking extended roles in a variety of practice across the country. PA-As are working without direct supervision at induction and emergence of anaesthesia and are undertaking invasive procedures specifically described as unsuitable for PA-As. Duties are extended to out-patient clinics and sedation practice out with the main theatre area. To a varying degree, PA-As complicit with their supervisors are developing autonomous practice. The attractions of this to a service provider are obvious however this is high risk healthcare being

undertaken in an unsupported and unregulated manner. The AAGBI believes the level of scrutiny of practice needs to be regulatory. PA-A practice in many locations, is moving away from a delegated responsibility towards an assumed autonomy. Role extension may be what service demands for the future but any extension must be associated with assured capability and appropriate delegation of roles within the anaesthesia team such that risks are minimised and safety is maintained. Extended roles should complement team based care and enhance existing services rather than replace. The National Audit Projects undertaken by the RCoA in association with anaesthesia societies illustrate the incidence of complications such as inadequate depth of anaesthesia, airway management and neuraxial block associated with a physician delivered service.

- Entry to the PA-A programme is not necessarily through a regulated healthcare profession – recruits from non-clinical backgrounds do not have basic practice overseen by a healthcare regulator.
- Medication therapy is the basis of anaesthesia. The NRLS reports that medication therapy accounts for the highest rates of error in healthcare and errors involving injectable medicines lead to the most severe harm.
- PA-As post qualification are practising out with the scope of practice and medication therapies may not be covered by PGDs and supplementary prescriber regulation.
- Many anaesthetists of all grades and across all regions do not support non-physician delivered anaesthetic practice. That said, PA-As practicing within their scope are acknowledged as delivering safe service whilst supervised and working in well-defined roles. Piece-meal role extension removes assurance and changes the balance of risk versus safety.

References:

AAGBI Physicians' Assistant (Anaesthesia) Review 2011 [https://www.aagbi.org/sites/default/files/PA\(A\)%20Review_FINAL%2016MAR2012.pdf](https://www.aagbi.org/sites/default/files/PA(A)%20Review_FINAL%2016MAR2012.pdf)

AAGBI The Anaesthesia Team 2010 https://www.aagbi.org/sites/default/files/anaesthesia_team_2010_0.pdf

Safety in doses 2009 <http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625>

<https://www.rcoa.ac.uk/anaesthesia-related-professionals/physicians-assistant-anaesthesia>

Planning the introduction and training for Physicians' Assistants (Anaesthesia) Considerations for your Anaesthetic Department <https://www.rcoa.ac.uk/system/files/Planning-introduction-training-PAA-2016.pdf>

Trainee survey on Physicians' assistants in anaesthesia and role enhancement. Anaesthesia News June 2017 https://www.aagbi.org/sites/default/files/ANews_June_2017_web_0.pdf

National Audit Projects

https://niaa.org.uk/NAP3_home#pt

https://niaa.org.uk/NAP4_home#pt

<https://niaa.org.uk/NAP5home#pt>

Surgical Care Practitioners (SCPs) - assessment of risk

Q3 What level of professional assurance do you think is appropriate for SCPs?

Statutory regulation

Please provide further information to support your answer.:

- The AAGBI does not agree with the PSA criterion based assessment on SCP regulation. Although the entry criteria to this profession is from a nursing or ODP background, both of which are regulated professions, the extended role scrutiny should be through statutory process. It is noted that the RCSE are supportive of qualified SCPs developing a level of autonomy in their practice.
- Statutory regulation should be required for all practitioners undertaking invasive surgical procedures. Most never events described by NHS England originate from surgical practice.

References:

Never events

Advanced Critical Care Practitioners (ACCPs) - assessment of risk

Q4 What level of professional assurance do you think is appropriate for ACCPs?

Statutory regulation

Please provide further information to support your answer.:

- The AAGBI agrees with the PSA criterion based assessment on SCP regulation Although entry to this profession is via a nursing, pharmacy, technicians or clinical pharmacy qualification, all of whom are regulated groups, the clinical duties of an ACCP requires supplementary prescribing status and the scope of practice includes clinical decision making and skills that are often complex with considerable potential impact on patient outcome.
- Care involves the most vulnerable patients in the acute sector. The public should be assured that these practitioners have their practice scrutinised at the same level as other decision-making practitioners.
- There are many more ACCPs working in the UK than described in the consultation document. Scotland has at least one HEI delivering the ACCP curriculum. Alongside the PAs, this group of MAPs is likely to expand in number through necessity.

Prescribing responsibilities

Q5 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?

Yes

If yes, please specify which professions and your views on the appropriate level of prescribing responsibilities e.g. independent prescriber or supplementary prescriber:

- Supplementary prescriber since ACCPs need to make rapid decisions which will often involve medication therapy being required immediately. Even local supervision may not be adequate to facilitate the immediacy of action in this group alone.

Consideration of the appropriate professional regulator

Q6 Which healthcare regulator should have responsibility for the regulation of any or all of the MAP roles?

Health and Care Professions Council

If other, please specify:

Please provide further information to support your answer.:

- Regulation is demanded by the public so that they can have a guarantee of the quality, safety and standards of care being delivered by the health and care professions. For clarity, the distinction between medical, nursing and other healthcare professional should be maintained.

Costs and benefits analysis

Q7 Do you agree or disagree with the costs and benefits on the different types of regulation identified on pages 30 to 33 of the consultation document? If not, please set out why you disagree. Please include any alternative costs and benefits you consider to be relevant and any evidence to support your views.

Disagree

Please provide further information to support your answer.:

- Regulation is demanded by the public so that they can be assured of the quality, safety and standards of care being delivered by the health and care professionals. There is always a trade-off between the cost of regulation and scrutiny and any improvement in patient safety and outcomes. There have been several high-profile examples of poor care linked to inadequate governance and accountability. The general public demands improvement with increased accountability for all healthcare providers. This change cannot be cost neutral. Perhaps the emphasis should shift from simply considering the easily measured financial consequences of statutory regulation to appreciating the more difficult to quantify benefits of effective professional development supported by on-going scrutiny of practice. As roles change (extend) the level of scrutiny and individual accountability must change too.

References:

The report of Mid Staffordshire NHS Trust Public inquiry Executive Summary

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

A promise to learn – a commitment to act

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

<https://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

Equality considerations

Q8 Do you think any changes to the level of professional assurance for the four medical associate professions could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty or by Section 75 of the Northern Ireland Act 1998?

Yes

Please provide further information to support your answer.:

- The AAGBI notes that most MAPs are female. There is a possibility that gender pay inequality might have an effect.

Feedback

Help us improve how the Department of Health runs consultations by answering the following questions:

Somewhat satisfied

Further comments:

Somewhat satisfied

Further comments: