

The regulation of medical associate professions in the UK: Consultation questions

PAs – assessment of risk

Question 1:

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation**
- Other

Please provide further information to support your answer:

In order to effectively meet the workforce planning challenge for the future, Physician Associates will need to be able to be trained as independent prescribers in line with other current Non-Medical Prescriber professions. We anticipate that many Physician Associates will wish to develop this competence and within current UK practise this usually involves statutory regulation. The professional regulator will also ensure that there are set standards of education, training, conduct and performance to support this high-risk clinical activity. Regulatory standards from a statutory regulator will also support the development and educational assurance of wider diagnostic and therapeutic competencies such as ionising radiation requests.

The consultation document notes that there needs to be a “solid body of evidence demonstrating a level of risk to the public which warrants the costs imposed by statutory regulation”. In terms of prescribing and ionizing radiation, it is our belief that there are significant levels of risks from all practitioners involved in these activities and we therefore believe that the costs of statutory regulation are commensurate.

PA(A)s – assessment of risk

Question 2:

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation**
- Other

Please provide further information to support your answer

Whilst some PA(A)s are already regulated healthcare professions, the heterogeneity of regulation is potentially a concern. Whilst the majority of PA(A)s are practising within a hospital environment as part of the anaesthetic team, there are times where support may be more remote and therefore the risks of procedural and therapeutic interventions are with the individual PA(A) practitioner. Statutory regulation for all PA(A)s will support the ability for all of these to become independent prescribers (see above). Within the role of anaesthetic therapy, the risks are arguably higher as practitioners are often responsible for both prescribing and administering medications (which can be subject to errors due to confirmation bias). Statutory regulation for all PA(A)s would ensure comparable standards for education, training, conduct and performance of this MAP role.

SCPs and ACCPs – assessment of risk

Question 3:

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation**
- Other

Please provide further information to support your answer

We support the current situation whereby SCPs must be registered healthcare professionals subject to statutory regulation, and believe that this is proportionate. No further regulation specific to the SCP role should be necessary. Many are nurses who may already be involved with non-medical prescribing for pre-, peri- and post-operative medications appropriate to their scope of practice. We also recognise that SCPs usually work within a team of healthcare professionals.

Question 4:

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

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation**
- Other

Please provide further information to support your answer

We support the current situation whereby ACCPs must be registered healthcare professionals subject to statutory regulation, and believe that this is proportionate. No further regulation specific to the ACCP role should be necessary. Many are nurses who may already be involved with non-medical prescribing for acute care medications appropriate to their scope of practice.

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?

X Yes

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

We have referred to prescribing in our responses above. The society believes that PAs and PA(A)s may benefit from the expansion of prescribing rights as per other non-medical prescribing categories. We believe that this will most likely benefit the healthcare system if it is independent prescribing, as supplementary prescribing is unlikely to be able to deliver the full benefits due to the need for pre-agreed care plans which would be constraining for MAPs working within acute settings. As with other independent prescribers, it is important that the prescribing should only be undertaken

within the individual areas of competence. Furthermore, prescribing competency should be covered in their annual appraisals.

Independent prescribing should be predicated on having a clear education and assessment strategy and the Society therefore suggests the implementation of an external, consistent, reliable and reproducible prescribing competency assessment system.

Conflict of interest:

It should be noted that the British Pharmacological Society along with the Medical Schools Council Assessment co-produce the Prescribing Safety Assessment (PSA). This assessment aligns to many of the attributes of the RPS prescribing competency framework and is used by UK medical students and foundation doctors. In this consultation we recommend that a prescribing competency assessment in some form should be used. We will gladly discuss the PSA with the Department of Health, should producing a similar product or working with us be of interest at a later date.

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?

- General Medical Council
- Health and Care Professions Council**
- Other
- Don't mind

Please provide further information to support your answer

Mandatory regulation and quality assurance is needed as all MAPS have direct patient-facing contact and their role has a major impact on what clinical care the patient receives. The Health and Care Professions Council would be eminently suitable as they already regulate a range of healthcare practitioners, some of whom have prescribing rights.

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.

Yes

No

Don't Know

Please provide further information to support your answer

We believe the cost-benefit analysis supports the benefits of statutory regulation for

medical associate professions.

Equality Considerations

Question 8:

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

No

Don't know

Please provide further information to support your answer