Department of Health & Social Care

Minister of State for Health (Secondary Care)

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London
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Our ref:

HM Coroner Joanne Kearsley
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By email:

13 November 2024

Dear Ms Kearsley

Thank you for the Regulation 28 report of 31st July 2024 sent to the Department of Health and Social Care about the death of Mrs Susan Pollitt. I am replying as the Minister with responsibility for Secondary Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Pollitt's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are incredibly concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the role of physician associates (PAs) in the NHS, in particular:

- The lack of a regulatory body with oversight of PAs and the voluntary nature of the current register.
- The lack of a national framework as to how PAs should be trained, supervised and deemed competent.
- The limited understanding and awareness of the role of a PA giving rise to confusion as to whether the practitioner is a doctor.
- Concerns around the competency form used in relation to the insertion of ascetic drains and wider aspects of care such as taking consent, risk factors and aftercare.

In preparing this response, my officials have made enquiries with NHS England and the General Medical Council (GMC) who we understand have also provided a response, to ensure we adequately address your concerns.

We are clear that all healthcare professionals must only practise within their competence to ensure they are providing safe and effective care. PAs must ***always*** work under the supervision of a fully trained and experienced doctor, working with them, not replacing them. The concerns raised about PAs show that, whilst the underpinning rationale for the

introduction and deployment of PAs is valid, the integration of the roles has not generated the conditions needed for public and professional trust.

The report raises concerns over the lack of a regulatory body with oversight of PAs and highlights the voluntary nature of the current PA managed register. We are clear that statutory regulation is necessary for PAs and anaesthesia associates (AAs) and the UK and Scottish parliaments approved legislation in early 2024 which provides a legal duty for the GMC to regulate PAs and AAs from December 2024. Regulation will provide a standardised framework of governance and assurance for the clinical practice and professional conduct of these roles. The GMC will set standards of practice, education and training, and operate fitness-to-practise procedures, ensuring that PAs and AAs meet the standards that we expect of all regulated professionals and that they can be held to account if serious concerns are raised.

Once regulation begins, the current PA managed voluntary register will close. The GMC expects the vast majority of practising PAs and AAs to join the register within the first six months of regulation, and they will be required to do so within two years of regulation commencing.

Your report also raises concerns around the lack of a national framework for PAs relating to training, competence and supervision. I agree that it is imperative for patient safety that the competence and supervision requirements for all healthcare roles are widely understood. As highlighted above, once regulation begins, the GMC will set the outcomes that need to be achieved through education and the knowledge and skills that will be expected of newly qualified PAs and AAs. The GMC will also set the standards of care and professional behaviour expected of PAs and AAs. All healthcare professionals are required to only practise within their competence to ensure they are practising safely, lawfully and effectively. Ahead of regulation, the GMC has published advice for doctors who supervise PAs and AAs, alongside updating its clinical governance handbook to set out how organisations that employ PAs and AAs should ensure appropriate deployment and supervision.

NHS England has produced a central summary and repository of guidance on the deployment of PAs and AAs in the NHS. This has been proactively promoted across the NHS and to the Royal Colleges, trade unions, regulators, patient groups and the devolved nations. This includes role descriptions, expectations on deployment and a core capabilities framework, alongside links to a Code of Conduct, GMC guidance on standards and a set of principles concerning PAs, released by the Academy of Medical Royal Colleges.

NHS England has an established working group with the Royal Colleges, including the Royal College of Physicians and the Royal College of General Practitioners, which is supporting the development of guidance for medical associate professions. With the introduction of statutory regulation and the guidance that NHS England has already pulled together, the core elements of the national framework will be in place once GMC regulation starts.
NHS England is also considering how to define and develop career pathways for PAs and AAs working beyond the initial period of practice. A consultation on a draft Career

Development Framework was conducted earlier this year, and NHS England is now determining next steps. The implementation of this framework will allow PAs and AAs to develop in their roles and provide clarity for employers on how to safely maximise the capabilities of experienced PAs and AAs.

NHS Employers has also issued guidance for employers, setting out actions for employers to take when recruiting and deploying medical associates.

In relation to the specific competency form you mention relating to the insertion of ascetic drains, we note that you have also written to the Faculty of Physician Associates. As the form has been developed by them, they will be best placed to respond on this point. However, it is worth reiterating that, as set out in NHS England's guidance on the deployment of PAs in the NHS: *"PAs must always work within their competencies; and must be supervised appropriately. Employers must ensure that the overall responsibility for supervision of PAs is by a named senior doctor."*

You highlight the limited awareness and understanding of the PA role, including the lack of a distinct uniform and the use of 'Physician' in the title. We agree that more can be done to improve awareness of the PA and other associate roles. NHS England has developed a communications plan, which will work to improve understanding of the role of PAs and AAs across the NHS and the public.

An important part of being a healthcare professional is ensuring that the people they come into contact with understand who they are. All healthcare professionals should follow the National Institute for Health and Care Excellence (NICE) guidelines which state that healthcare professionals directly involved in a patient's care should introduce themselves and explain to their role to the patient. More specifically, useful supportive guidance has been published by the Faculty of Physician Associates to help NHS staff and patients better understand the PA role. This guidance - Physician associate title and introduction guidance for PAs, supervisors, employers and organisations - gives PAs, supervisors, employers and organisations a structured and standardised way of using the physician associate title.

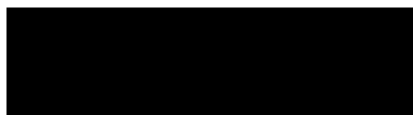
We understand from NHS England that there is currently no nationally adhered to uniform standard in the NHS for any role. NHS Supply Chain is currently working to introduce a nationally standardised approach to uniforms for some clinicians, which is in piloting stage. NHS Supply Chain has confirmed that it recognises the potential benefit of developing a standardised national approach to uniforms for medical professionals including PAs and will engage with these groups in the future.

I welcome the GMC's response to your report, which also highlights broader issues around clinical governance and the respective responsibilities on others including the consultant in charge, the resident doctor and the hospital. NHS England regional colleagues in the North West have also been sighted on the report and are undertaking system/local assurance in respect of some of the issues arising from this case.

While the actions I have set out above go some way to respond the significant concerns that you and others have raised, I am considering further work in this area and my officials will write to you in due course.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



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