Faculty of Physician Associates
Royal College of Physicians
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[redacted]

Joanne Kearsley
Senior coroner
HM Coroner for the district of Manchester North
Newgate House
Rochdale OL16 1AT

Ref: [redacted]

25 September 2024

Dear Ms Kearsley

Faculty of Physician Associates response to Regulation 28 report to prevent future deaths

The Faculty of Physician Associates (FPA) notes with concern the content of the Regulation 28 report for the prevention of future deaths related to the death of Susan Pollitt.

We send our sincere condolences to her family.

We note the circumstances of death and factors that you have assessed as contributing to her death. Below we address the matters of concern that you have outlined.

1. **There is no regulatory body with oversight of physician associates. It is understood that this is currently the subject of consultation by the General Medical Council.**

We share the concern raised that there is no regulatory body for physician associates (PAs).

The FPA was established by the Royal College of Physicians (RCP) in 2015. This was to give PAs a professional home, set standards and, importantly, oversee the PA Managed Voluntary Register (PAMVR) pending formal regulation. It is disappointing that the regulation process has taken so long.

Since its inception, the FPA has lobbied successive governments for regulation. We have been disappointed by several delays to the statutory process, which led to the launch of the #RegulatePAsNow campaign in July 2022. The initial Department for Health and Social Care consultation that set out the intention to regulate the profession was launched back in 2017. We contributed to the latest consultation by the General Medical Council (GMC) on how regulation will work in 2024, the outcome of which is yet to be published.

Regulation is set to come into force on 13 December 2024, with 'physician associate' becoming a protected title on 13 December 2026. The FPA will close in December 2024, along with the PAMVR, which will remain static but searchable until March 2025.

Statutory regulation provides a welcome and overdue assurance for patient safety. When fully implemented, all PAs will have to be registered with the GMC to work in line with Good medical practice and be subject to fitness to practise procedures.

2. **The PAMVR held by the FPA is voluntary. While employers are encouraged to check the register, there is no duty to do so, nor is it clear how the FPA would be made aware of any concerns relating to an individual physician associate.**

This statement highlights why formal regulation is so important. Neither the RCP nor the FPA has regulatory powers to mandate registration. In the absence of this, the FPA writes to employers on a regular basis reminding them of the existence of the PAMVR and, importantly, of the need to check that a PA is registered on the PAMVR before employment, as well as checking at regular intervals during their employment.

We have also produced a leaflet that explains the PAMVR and can be shared with patients. Student PAs are advised that they should apply to the FPA for registration on the PAMVR post-qualification through university courses, as well as in FPA regular communications to student members.

The FPA code of conduct is regularly shared with FPA members. Should an employer, patient or others have a complaint about a PA, they can advise the FPA through emailing [redacted]. The FPA website sets out the complaints procedure here. Attached is the process to adjudicate complaints.

3. **There is no national framework as to how physician associates should be trained, supervised and deemed competent. This is placing patients, physician associates and their employers at risk. The court heard that since the death of Mrs Pollitt, the Northern Care Alliance has put in place a local trust framework. Unlike all other clinical roles, there is no national guidance save for very recent guidance by the British Medical Association (March 2024)**

The FPA and its members are actively involved in writing PA-related guidance with medical royal colleges, academies and specialist societies and we want to help increase understanding of our role. We recognise that there are concerns about the lack of a post-qualification national career development and competency framework for physician associates. We are working with medical royal colleges and specialist societies as they develop their own pathways, including guidance of how PAs can be safely and effectively deployed within MDTs.

The draft PA curriculum sets out guidance on the competencies expected from a newly qualified physician associate. This provides higher education institutions (HEIs) across all four UK nations with a standardised framework to ensure high-quality education for PA students. It is owned by the FPA and has been aligned to the GMC's generic and shared outcomes for PAs and anaesthesia associates.

PAs must complete the full university scheme of assessment before being put forward to sit the PA national exam (PANE). This national exam will change its name to the PA registration assessment (PARA) once regulation with GMC begins. This is mapped to the GMC-approved PARA content map and, prior to this, the core conditions framework. This assures competency at the point of qualification.

Once a PA has passed the PANE (or, from 2025, the PARA), PAs, employers and clinical supervisors will be required to follow local policy and guidelines for PA training. The scope of practice of a PA is currently agreed on an individual basis.

The FPA believes that there should also be a national approach to creating a comprehensive framework. This would support employers and PAs, with specific emphasis on the role of the clinical supervisor, annual appraisal and routes of escalation if there are concerns about practice.

4. **There remains limited understanding and awareness of the role of physician associates among medical colleagues, patients and their families. The lack of a distinct uniform and the title 'physician' gives rise to confusion as to whether the practitioner is a doctor.**

We agree that there should be a national public and patient information campaign to create better awareness of the PA role. We will continue to work with other stakeholders, including the RCP Patient and Carer Network (PCN), to improve how we communicate the role and responsibilities of PAs. We welcome the opportunity to work collaboratively with others on this.

In October 2023, the FPA published titles and introduction guidance for PAs, supervisors, employers and organisations. The guidance was drawn up with a multi-professional panel of stakeholders, including representation from the RCP PCN, to clarify the role of a PA within a multidisciplinary team. The aim is to ensure appropriate introductions to patients and explanation of the role, particularly highlighting that PAs are not doctors. We recognise that there is a continued need to inform the public, healthcare services and the clinical professions on the role and remit of physician associates.

We acknowledge the lack of a distinct uniform. The medical associate professions were excluded from the National Healthcare Uniform Programme, and we would strongly support their inclusion in the future. We advise employers that distinct name badges with role are important, as well as consideration in local uniform policies.

5. **In June 2022, the physician associate had been signed off as competent for the insertion of ascitic drains. This sign-off was completed by a liver nurse specialist using a competency form which was provided by the FPA. While the competency form assessed the technical aspect of placing the drain, it did not include competency around the wider aspects of care such as taking consent risk factors and aftercare.**

There is currently no national framework for post-qualification competencies (including procedures). PAs increase their clinical skills and competencies post-qualification similarly to other healthcare professionals. The FPA e-Portfolio was launched in October 2023 for qualified PAs and uses workplace-based assessment (WBPA) or supervised learning event (SLE) forms. This also includes Direct Observation of Procedural Skills (DOPS) forms, which were first made available to FPA members in October 2021.

Clinicians supervising a DOPS need to be competent in the procedural skill that is being assessed, and the associated management including consent and aftercare. A key component of a DOPS is the wider aspects of the procedure as shown in the attached document. It is important that the assessor is agreed by the clinical supervisor and has the appropriate knowledge and skills, including the wider aspects that you have noted. This should be emphasised to the supervising senior doctor. In addition, continued assurance as part of appraisal is required. We will review the DOPS form to see whether it can be enhanced, and we will take on board what has been raised by your report.

The FPA and any successor professional body for PAs will continue to work with the GMC, the NHS, specialist societies, royal colleges and other stakeholders to ensure that the practice and supervision of physician associates, as part of the multidisciplinary team, are safe.

We hope that these explanations clarify the areas you have raised. We have highlighted where we are taking action and where we think action is required, including our support for a national approach to setting competencies and career development for PAs.

Once again, our thoughts are with the family of Susan Pollitt, and we wish to share our sincere condolences with them. We will continue to work with our members and other stakeholders to make sure that the role of PAs within the multidisciplinary team is clear to our colleagues and the wider public.

With best wishes,

[redacted]
President
Faculty of Physician Associates