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HM Coroner
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07 April 2025

Dear HM Assistant Coroner for Surrey Dr Karen Henderson,

Regulation 28 Report following the inquest into the death of Ms Pamela Anne Marking

Thank you for raising the Regulation 28 report with us, following the inquest into the death of Ms Pamela Anne Marking at East Surrey Hospital, Redhill, on 20 February 2024. East Surrey Hospital is part of the Surrey and Sussex Healthcare NHS Foundation Trust.

We have noted the matter of concerns listed below.

1. The term 'Physician Associate' is misleading to the public
2. Lack of public understanding of the role of Physician Associate
3. The right of patients and family to seek a second opinion
4. Lack of national and local guidelines and regulation of the scope of practice for Physician Associate
5. Lack of guidelines for direct supervision and consideration of an appropriate level of autonomy for Physician Associates
6. Lack of 'Updated' National Guidelines for Rapid Sequence Induction (RSI) of Anaesthesia for emergency surgery
7. Lack of 'Updated' National Guidelines to support the use of TIVA for RSI
8. Lack of 'Updated' Guidelines for use of Cricoid pressure and other measures to protect the airway in an RSI anaesthetic

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. We make sure that health and care services in England provide people with safe, effective and high-quality care.

Whilst we have legal powers to regulate providers of health and social care, we do not have any powers to regulate individual practitioners, such as Physician Associates. That is the duty of the General Medical Council from 13 December 2024. Prior to this date, Physicians Associates were not regulated by a formal body. Physicians Associates are encouraged to join the General Medical Council's register if already practising in the UK, however there is a transition period of two years, after which, Physicians Associates must legally be registered with the General Medical Council. (Links: NHS England » Update on physician associates and anaesthesia associates ahead of GMC regulation, Registration - GMC)

In response to the points raised.

1. The term 'Physician Associate' is misleading to the public

We are unable to comment on this point due to it being outside of the remit of our regulatory scope. Please note that the General Medical Council is a Respondent and would be best placed to respond to this question.

2. Lack of public understanding of the role of Physician Associate

We are unable to comment on this point due to it being outside of the remit of our regulatory scope. Please note that the General Medical Council is a Respondent and would be best placed to respond to this question.

3. The right of patients and family to seek a second opinion

We are unable to comment on this point due to it being outside of the remit of our regulatory scope. Please note that the General Medical Council is a Respondent and would be best placed to respond to this question.

4. The lack of national and local guidelines and regulation of the scope of practice for Physician Associate

The following are the guidelines that we would expect providers to follow:

- Ensuring safe and effective integration of physician associates into departmental multidisciplinary teams through good practice (NHS England) Link: NHS England » Ensuring safe and effective integration of physician associates into departmental multidisciplinary teams through good practice

- Workplace supervision for advanced clinical practice (NHS England)
  Link: Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development

- Supervision guidance (Health and Care Professions Council) Link: What our standards say | The HCPC
- Interim guidance for physician associates working in the medical specialties Link: Interim guidance for physician associates working in the medical specialties | RCP

5. The lack of guidelines for direct supervision and consideration of an appropriate level of autonomy for Physicians Associates

The CQC guidance whilst written for Physician Associates in primary care, is largely applicable in secondary care settings too.

GP mythbuster 82: Physician associates in general practice - Care Quality Commission Link: GP mythbuster 82: Physician associates in general practice - Care Quality Commission

Applicable and relevant statements are:

- Providers should be able to show how they assure themselves of the governance and ongoing competence of physician associates.
- Providers must make sure that staff are competent, and they must provide appropriate supervision and oversight.
- Governance arrangements should take account of the fact that these professionals are trained and registered on the basis that they should always work under supervision.
    - the supervisor is easily accessible.
    - staff know who the supervising member of staff is.
    - staff have enough capacity and capability to supervise.

We use these regulations when we assess if a provider is safe, effective, caring, responsive and well-led. The role of Physician Associates relates to:

- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed

We will assess how providers ensure that:

- They complete safe recruitment processes.
- There are enough qualified, skilled, and experienced people, who receive appropriate and effective support, supervision, and development.
- These staff work together effectively to provide safe care that meets people's individual needs.
- There are clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support.
- Information about risk, performance and outcomes is managed and shared securely with others when appropriate.
- They value diversity in the workforce and work towards an inclusive and fair culture by improving equality and equity for people.

6. Lack of 'Updated' National Guidelines for Rapid Sequence Induction (RSI) of Anaesthesia for emergency surgery.

We are unable to comment on this point due to it being outside of the remit of our regulatory scope.

7. Lack of 'Updated' National Guidelines to support the use of TIVA for RSI

We are unable to comment on this point due to it being outside of the remit of our regulatory scope.

8. Lack of 'Updated' Guidelines for use of Cricoid pressure and other measures to protect the airway in an RSI anaesthetic

We are unable to comment on this point due to it being outside of the remit of our regulatory scope.

We will ask the trust for the action they intend to take because of this Prevention of Future Deaths Report and monitor those actions as part of our ongoing monitoring and engagement with them.

Yours sincerely,

[redacted]

[redacted]

South Network