



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street  
London  
SW1H 0EU

Our ref: [REDACTED]

HM Assistant Coroner Dr Karen Henderson  
HM Coroner's Court  
Station Approach  
Woking  
GU22 7AP  
By email: [REDACTED]

09 April 2025

Dear Dr Henderson,

Thank you for the Regulation 28 report of 24<sup>th</sup> February 2025 sent to the Department of Health and Social Care about the death of Pamela Anne Marking. I am replying as the Minister with responsibility for secondary care, and I am also replying on behalf of the Chief Medical Officer for England, [REDACTED] who was also sent your report.

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

The report raises concerns in relation to the following points:

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 a 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 a RSI anaesthetic

In preparing this response, the Department notes that the report has been sent to a number of medical Royal Colleges and professional bodies relating to anaesthesia. We think these organisations are best placed to respond to points 6, 7 and 8 of your report which

relate specifically to guidelines around anaesthesia therefore our response focuses on points 1 – 5 only.

This Government takes concerns about patient safety seriously. This is why, in November 2024, we commissioned [REDACTED] to lead an independent review into PAs and AAs: [Independent Review of the Physician and Anaesthesia As - Hansard - UK Parliament](#). Whilst there are governance processes already in place for the Physician Associate (PA) and Anaesthesia Associate (AA) professions, the review will consider the safety of the roles and their contribution to multidisciplinary healthcare teams. The review will draw upon a range of national and international evidence to produce a comprehensive picture of the physician associate and anaesthesia associate roles. This will include published research, real world data, and patient and professional views.

You highlight the limited awareness and understanding of the PA role and that the title is misleading. We are clear that 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.

Regulation of PAs and AAs by the General Medical Council (GMC) began in December 2024. 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. PAs and AAs who are registered with the General Medical Council (GMC) are required to follow the professional standards and behaviour set out in [Good medical practice](#). This includes introducing themselves and their role in patient care.

In addition, following public consultation, the GMC has updated its standards for course providers to include a specific requirement for them to ensure that student PAs and AAs inform patients when they are involved in their care.

However, we do agree that more can be done to improve awareness of the PA and other associate roles. The conclusions of the Leng review will help to provide greater clarity to both patients and healthcare professionals on the role

As you rightly highlight, it is important that patients are aware of their right to seek a second opinion regardless of who they have been seen by. Good Medical Practice outlines the principles, values, and standards of behaviour expected of all professionals registered with the GMC. This sets out that professionals must “*recognise a patient’s right to choose whether to accept your advice, and respect their right to seek a second opinion*”. [goodmedical-practice-2024---english-102607294.pdf](#).

Your report also raises concerns around the lack of national and local guidelines and regulation of scope of practice for PAs. We are clear that all healthcare professionals are required to only practise within their competence to ensure they are practising safely, lawfully and effectively. NHSE has issued [guidance](#) on the deployment of PAs and AAs in the NHS which describes the expectations of how organisations providing NHS care should deploy PAs and AAs so that they can contribute to the delivery of safe and effective healthcare in a supportive environment.

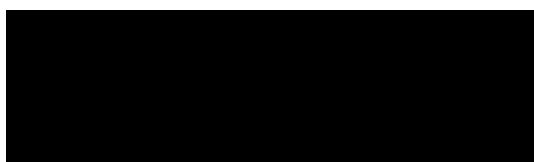
PAs must *always* work under the supervision of a fully trained and experienced doctor, working with them, not replacing them. As set out in NHS England's [guidance](#) on the deployment of PAs in the NHS: "*PAs must always work within their competencies; and must be supervised appropriately. Employers must ensure that the overall responsibility for supervision of PAs is by a named senior doctor.*" The relevant employer, in this case East Surrey Hospital, must follow these guidelines and have appropriate clinical governance in place. NHS Employers has also published guidance for employers - [Medical associate professions \(MAPs\) employer guidance | NHS Employers](#).

All the guidance referred to in this letter remains in place and should be adhered to whilst the Leng review is undertaken.

I hope this response is helpful. The conclusions of the Leng review will be published in spring 2025 and will inform the workforce plan to deliver the 10 Year Health Plan. Further information can be found here: [Independent review of physician associates and anaesthesia associates - GOV.UK](#)

Thank you for bringing these concerns to my attention.

Yours sincerely,

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**MINISTER OF STATE FOR HEALTH**