

17 April 2025

HM Coroner's Court

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Dear Dr Henderson

Thank you for your letter of 24 February 2025 enclosing your report into the death of Pamela Anne Marking. I am truly sorry to hear of the tragic circumstances surrounding Mrs Marking's death and I extend my condolences to her family and friends.

I appreciate the opportunity to review your report and address the concerns that you raise. I am responding as the Medical Director and Director of Education and Standards at the GMC, and I have set out below answers to the questions raised in your report that fall within our remit, as the professional regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK.

Regulation of PAs and AAs

At the time of Mrs Marking's death, the physician associate role was not yet subject to statutory regulation. Regulation helps provide assurance to patients, employers and colleagues that PAs have the right level of education and training required to be included on the register, meet the professional standards that we expect of the professions we regulate and that they can be held to account if serious concerns are raised.

Since 13 December 2024 the GMC has had powers to:

- Set the principles, values and standards of professional behaviour expected of PAs.
- Set the outcomes and standards that students qualifying from PA courses must meet to achieve registration and approve the curricula that courses must deliver.
- Set a two-part assessment of clinical knowledge and skills that a PA needs to pass before registration.
- Check who is eligible to work as a PA in the UK and that they continue to meet the professional standards we set throughout their careers. The Law provides a two-year transition period for registration, meaning that PAs can legally practise without being on the

GMC register until December 2026, however employers may require earlier registration (and the GMC strongly encourages it).

- Give guidance and advice to help PAs understand what's expected of them.
- Investigate PAs who hold registration, where there are concerns that patient safety, or the public's confidence in PAs, may be at risk, and take action if needed.

In what follows I'll outline the key parts of our regulatory approach that I believe speak to the issues raised in your report. It's important to be clear at the start of my response, however, that although professional regulation is an important part of patient safety, it alone cannot prevent future deaths. A system wide approach to clinical governance is needed to ensure that PAs and AAs are supported to practise safely, effectively and ethically.

I note that you have addressed your report to others who will be able to take actions relevant to the work of their respective organisations. The contributions of multiple organisations – including regulators, professional bodies, the four UK governments and respective health services – are vital in promoting multidisciplinary team working, delivering revalidation, determining safe practice, and ensuring appropriate supervision of PAs working in the UK in future.

Being clear about roles

PAs have been part of the UK healthcare workforce for around 20 years, but numbers are still relatively small, so it is even more important that they are always clear about their roles and responsibilities with the patients they treat.

Now that regulation is in effect, the registers on our website are clearly marked to distinguish between the three professions we regulate. A prefix is used for PA and AA reference numbers, which provides a clear distinction between those two professions and doctors. In addition, each profession type is prominently labelled on our public-facing registers, and in search functions. This means that when patients search our registers it will be very clear whether an individual is a doctor, a PA or an AA.

[Good medical practice](#) makes clear that all those registered with us must:

- always be honest about their experience, qualifications, current role, and they should introduce themselves to patients, and explain their role in patient care ([paragraph 82](#)).
- recognise and work within the limits of their competence, and only practice under the level of supervision appropriate to their role, knowledge, skills and training, and the task being carried out ([paragraph 2](#)).

We agree that PAs should not be described as equivalent to doctors. All the professionals on our register are expected to clearly establish the scope of their roles with their employers and raise any issues of ambiguity or uncertainty around responsibilities in multidisciplinary teams. This includes supervision arrangements for staff, and lines of accountability for care provided to individual patients. ([Leadership and management, paragraph 17](#)).

All the professionals on our register must also be familiar with, and use, clinical governance and risk management structures and processes to ensure high standards of care, including raising concerns where there is reason to believe that patients may be at risk of harm for any reason, including where they have reason to believe that systems, policies, procedures or colleagues are, or may be, the source of the risk ([Leadership and management, paragraphs 24-29](#)).

Making decisions and seeking second opinions

PAs on our register must work in partnership with their patients to make decisions about treatment and care. They must give patients the information they want and need, in a way they can understand. And they must listen to patients and encourage an open dialogue by asking questions to help patients express what matters to them ([GMP domain 2](#) and [Decision making and consent](#)).

PAs must recognise a patient's right to choose whether to accept their advice, and that they must respect patients' rights to seek a second opinion ([GMP paragraph 18](#)). And they must refer patients to another suitably qualified practitioner when this serves their needs ([GMP paragraph 7h](#)).

Scope of practice

You've expressed concerns about PAs working outside of their capabilities due to a lack of guidelines relating to their scope of practice. In this part of my response, I'll explain the legislative framework underpinning our regulatory approach to this, before going on to explain out how we'll make sure that PAs on our register are working within their competence, keeping up to date and are fit to practice as they develop in their careers.

The legislation bringing PAs into regulation requires us to set the standards for their education and training that will give them the clinical knowledge and skills they need to demonstrate before they can register with us. The registration assessments that PAs need to complete before being granted registration assess a standardised baseline of clinical knowledge and skills for their profession.

A PA's scope of practice at the beginning of their careers will therefore be informed by the clinical knowledge and skills they have learned during their training and that they have demonstrated

objectively by passing our two-part assessment. Our standards do not impose ceilings on what individual doctors, PAs and AAs can do once registered. This is because we recognise that competence will vary by individual and is shaped by their supervised training and experience, and the clinical context of their work.

Robust systems of clinical governance are important to ensure a consistent approach to the safe and effective deployment of PAs and AAs. Employers have a clinical governance responsibility to ensure that all their employees are appropriately trained and competent to do the activities they are tasked with. It is an employer's responsibility, with the involvement of clinical leaders and supervisors, to determine which activities or specific tasks an individual can carry out and what level of supervision is required.

To support employers, we have issued our updated guidance [Effective clinical governance to support revalidation](#). It emphasises that PAs and AAs must be supervised and recommends that organisations identify an individual at Board level to be responsible for PAs and AAs. It also suggests establishing local processes to govern how these professionals are deployed and supervised. The work of a PA or AA must be overseen by a named senior doctor, and they must work together to agree appropriate limitations to their practice.

As with other professionals that doctors supervise and work alongside in multidisciplinary teams, doctors are not accountable to us for the decisions and actions of PAs and AAs, provided they have delegated responsibility in line with the standards set out in our guidance, as described under the next subheading below.

For their part, once registered with us, PAs must be competent in all aspects of their work, and recognise and work within the limits of that competence ([GMP 1&2](#)) They must also maintain, develop and improve their performance in line with the provisions in *Good medical practice paragraphs 11-13* which include keeping their knowledge and skills up to date, taking part in structured support opportunities, training and professional development activities, participating in quality assurance and quality improvement initiatives, undergoing regular reviews and audits of work and participating in ongoing reflective practice using feedback.

PAs are already expected to participate in annual appraisals with their employer, and, in future, they will have to go through a process of revalidation, similar to the one that doctors undertake. This means that PAs will need to demonstrate, with evidence, that they remain competent to undertake their role, and that they remain up to date and fit to practise.

We believe that the royal colleges and other specialist professional bodies have the level of clinical expertise required to provide more detailed guidance on PA scope of practice within their specialty areas. We are grateful for the work that royal colleges have undertaken so far in developing

guidance, and last year (2024) we provided feedback on draft scope of practice guidance documents developed by the Royal College of General Practitioners, the Royal College of Physicians, and the Royal College of Anaesthetists. We feel that guidance of this nature will be most valuable if it avoids unnecessary prescription and helps support safe development of roles and individuals over time, within robust local procedures and governance.

GMC guidance on supervision, delegation and teamwork for PAs and the doctors who oversee their work.

For the professionals on our register, the professional standards relating to supervision, delegation and working with colleagues are set out across several pieces of guidance including [Good medical practice, domain 3](#); [Delegation and referral paragraphs 1-14](#); and [Leadership and management, paragraphs 24-38 and 60-62](#).

We say that supervisors must make sure that the people they oversee have appropriate supervision, whether through close personal supervision (for newly qualified colleagues, or individuals in training, for example) or through a managed system with clear reporting structures. We don't specify that supervision must be direct, as in the same room. Instead, we expect supervisors to take account of the nature of the tasks being delegated, as well as the skills and experience of the PA.

We also expect doctors and PAs to follow local employer policies and have regard to other relevant national guidelines, such as relevant college guidelines - in this case, the Royal College of Emergency Medicine guidelines for supervision of PAs, which we note were recently updated in February 2025.

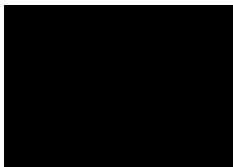
We are currently in the final stages of developing materials for our website, to support doctors who are supervising PAs, and help them to apply the principles in our guidance within their practice. This material, due to be published in spring, brings together all of our relevant standards, expanding on these with further advice, as well as signposting to a range of other resources published by others.

Now that PAs are regulated professionals, they share professional responsibility and accountability for ensuring that they are appropriately supervised for any task they undertake ([Leadership and management, paragraph 60](#)). They must recognise and work within the limits of their competence and only practise under the level of supervision appropriate to their role, knowledge, skills and training, and the task they're carrying out ([GMP paragraphs 1&2](#)). Further, if a task is delegated to a PA by a colleague, and the PA is not confident they have the necessary knowledge, skills or training to carry it out safely, they must prioritise patient safety and seek help, even if they've already agreed to carry out the task independently ([GMP, paragraph 67](#)).

Next steps

Thank you for the opportunity to respond to this report. I hope this information provides reassurance around our regulatory approach towards PAs, which is in line with the established system we have in place for doctors. We hope that regulation, along with action from others, will help ensure a similar incident does not happen again. We will continue to work with others to ensure all patients have confidence in the care they receive.

Yours sincerely



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