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Surrey Coroner's Court
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National Medical Director
NHS England
Wellington House
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14 April 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Pamela Anne Marking who died on 20 February 2024

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 24 February 2025 concerning the death of Pamela Anne Marking on 20 February 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Pamela's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Pamela's care have been listened to and reflected upon.

Your Report raises concerns over the lack of public understanding of the role of Physician Associate (PA) and the lack of national guidelines and regulation for their scope of practice and supervision.

Your Report also raises concerns around the lack of updated national guidelines relevant to rapid sequence induction (RSI) of anaesthesia, but these issues fall outside of NHS England's remit and would be best addressed by the Royal College of Anaesthetists and other associated organisations named in your Report. NHS England will give due consideration to their responses to the Coroner.

Title and role of Physician Associate

The title 'physician associate' (PA) is established by law, under [The Anaesthesia Associates and Physician Associates Order 2024](#).

The Secretary of State for Health and Social Care has established an independent review of the PA and anaesthesia associate (AA) professions, which is considering the safety of the roles and their contribution to multidisciplinary healthcare teams. The Leng [Review](#), chaired by Professor Gillian Leng CBE, will consider the identity and naming of the roles, including their names as set out in statute.

NHS England has published a [summary of existing guidance](#) on the deployment of medical associate professions for NHS organisations. This guidance makes it clear that all staff should introduce themselves and their role clearly and be supported by their employer to do so. This is in accordance with National Institute for Health and

Care Excellence (NICE) [guidelines \(CG138\)](#), which state that healthcare professionals directly involved in a patient's care should introduce themselves and explain their role to the patient.

The NHS England summary signposts [interim guidance](#) from the Royal College of Physicians (RCP) from December 2024 on the titles and introductions of PAs. The RCP guidance, which is aimed at supervising clinicians, employers and organisations, stresses that “PAs must always take all reasonable steps to inform patients and staff of their role and to avoid confusion of roles.”

The right of patients and family to seek a second opinion

The General Medical Council's (GMC) [Good Medical Practice guidance](#), which sets out the professional standards for doctors, PAs and AAs, requires registrants to recognise a patient's right to choose whether to accept their advice, and respect their right to seek a second opinion.

While patients do not have a legal right to a second opinion, the NHS encourages patients to seek a second opinion if they have any doubts about their diagnosis or treatment.

NHS England has also introduced [Martha's Rule](#), which provides a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates, and they are concerned this is not being responded to. NHS England has been working towards implementing the programme in 143 locations across England by March 2025.

Martha's Rule is made up of three components to ensure concerns about deterioration can be swiftly responded to:

- Firstly, an escalation process will be available 24/7 at all 143 sites, advertised throughout the hospitals on posters and leaflets, enabling patients and families to contact a critical care outreach team that can swiftly assess a case and escalate care if necessary.
- Secondly, NHS staff will also have access to this same process if they have concerns about a patient's condition.
- Finally, alongside this, clinicians at participating hospitals will also formally record daily insights and information about a patient's health directly from their families, ensuring any concerning changes in behaviour or condition noticed by the people who know the patient best are considered by staff.

Lack of national and local guidelines and regulation of the scope of practice and supervision of a PA

The Leng Review will consider the scope of practice for PAs and AAs at the start of their working career; however, it will not generate a national scope of practice by either healthcare setting or level of experience post-qualification.

The GMC has published the [generic and shared learning outcomes](#) that PAs and AAs must meet to be registered by them as the professional regulator. Taken with the PA curriculum, these documents will describe what all newly qualified physician associates must know and be able to do.

A number of medical Royal Colleges have also developed specialty scopes of practice for PAs and AAs, and NHS England has engaged with these bodies to facilitate the establishment of broad aligning principles.

As stated in NHS England's [summary of existing guidance](#), medical associate professions will work within a scope of practice that is agreed with their supervising senior doctor.

NHS England has also engaged with Surrey Heartlands Integrated Care System on the concerns raised in your Report.

They advise that PAs working within the Emergency Department (ED) at Surrey and Sussex Healthcare NHS Foundation Trust were not clinically equivalent to [Tier 2](#) resident doctors, but were, in line with Royal College of Emergency Medicine (RCEM) guidance at the time, working alongside Tier 2 resident doctors on the Tier 2 rota. PAs at the Trust wear different colour scrubs to those worn by doctors, which are clearly embroidered with 'Physician Associate'. They also wear a brightly coloured lanyard, also labelled as 'Physician Associate'. There are posters in the ED that show all the colours of scrubs worn by staff and identifying which staff wear what colour. The Trust also advise that their PAs are specifically trained to introduce themselves as PAs.

Following the inquest into Pamela's death, the RCEM issued [new guidance](#) moving PAs to Tier 2 on the ED rota, and emphasising that PAs should only see patients specifically selected for them by a senior doctor, who must also review any patients prior to discharge. The Trust advise that they implemented the changes immediately, and PAs at the Trust are also now trained to state that they are not a doctor, when they introduce themselves to patients for the first time.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Pamela, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director