

AoMRC Medical Associate Professionals consultation

14/12/2017



AoMRC MEDICAL ASSOCIATE PROFESSIONALS CONSULTATION

Set out below is the Academy's response to the Department of Health's consultation on the regulation of Medical Associate Professionals (MAPs).

Q1. What level of professional assurance do you think is appropriate for PAs?

Voluntary registration **Accredited voluntary registration** **Statutory regulation**
Other

The Academy of Medical Royal Colleges, which represents the Medical Royal Colleges and Faculties across the UK, believe that all four MAP groups being considered in this consultation should be subject to statutory regulation.

This consultation was discussed by our Council and the response strongly supported by all our member organisations. We also note that other key national stakeholders, including HEE who undertook the initial review of MAP regulation, similarly support our call for statutory regulation for all MAP groups.

We believe that MAPs should be seen as a group and identified as an important new component of the clinical workforce. Creating that sense of identity as well as ensuring consistency and commonality in standards requires the group to be treated as a coherent whole. That requires the same approach to regulation.

Without this overall consistency of approach, the group will develop in a fragmented and uncoordinated manner which will fail to make the most of the benefits to patients which the introduction of MAPs can bring.

The consultation document and the HEE risk assessment recognises that Physician Associates (PAs) score "High" on all the risk factors and that statutory regulation is appropriate and proportionate. We endorse this recommendation but also believe statutory regulation is required for all four groups.

Q2. What level of professional assurance do you think is appropriate for PA(A)s?

Voluntary registration **Accredited voluntary registration** **Statutory regulation**
Other

See overall answer to Q1 in relation to the requirement to have a consistent approach across all MAP groups.

In addition, we note that the risk assessment for intervention and autonomy is "High" for PA(A)s. We accept that PA(A)s operate in the context of a managed environment but that applies equally to all

who work in anaesthesia where it is, nevertheless, recognised that statutory regulation is appropriate. With a "Medium" risk assessment in terms of accountability we believe that, taken as whole, statutory regulation is appropriate.

We believe that the argument about the current relatively small number of PA[A]s is circular. The Academy would argue that having statutory regulation would provide an environment in which numbers could and would flourish. Medical anaesthetists would be considerably more confident and keen to support and encourage the expansion of PA[A]s if they had the personal and professional assurance that they were subject to statutory regulation.

Q3. What level of professional assurance do you think is appropriate for SCPs? Voluntary registration Accredited voluntary registration Statutory regulation Other

See overall answer to Q1 in relation to the requirement to have a consistent approach across all MAP groups.

The risk assessment of "High", "Low", "Medium" would to us make statutory regulation an appropriate approach.

We recognise the argument that SCPs will already be regulated health care practitioners. However we believe that the case for coherence across MAPs is a stronger argument. Having the degree of consistency that will bring benefit will not be possible if SCPs are regulated primarily as a different healthcare practitioner - and possibly even by a different regulator.

Q4. What level of professional assurance do you think is appropriate for ACCPs? Voluntary registration Accredited voluntary registration Statutory regulation Other

See overall answer to Q1 in relation to the requirement to have a consistent approach across all MAPs groups.

The risk assessment of "High", "Low", "Medium" would to us make statutory regulation an appropriate approach.

We recognise the argument that ACCPs will already be regulated health care practitioners. However we believe that the case for coherence across MAPs is a stronger argument. Having the degree of consistency that will bring benefit will not be possible if ACCPs are regulated primarily as a different healthcare practitioner - and possibly even by a different regulator

Q5. In the future, do you think that the expansion of medicines supply, administration mechanisms and/or prescribing responsibilities to any or all of the four MAP roles should be considered? Yes No Don't know

This would need to be appropriate to the scope of practice for each MAP group and importantly also extend to the authority to order relevant investigations.

Q6. Which healthcare regulator should have responsibility for the regulation of any or all of the MAP roles? General Medical Council Health and Care Professions Council Other Don't mind

As stated before we believe there is real value in developing MAPs as a coherent group working very closely with doctors.

For that reason we believe there is a strong case for MAPs to be regulated by the GMC to ensure a consistency and commonality of approach. There is likely to be read across of issues of relevance between doctors and MAPs and we believe that GMC has the right expertise to identify these.

It also has to be recognised that there are concerns amongst some medical staff of MAPs taking on tasks which should be undertaken by doctors. If the GMC regulates MAPs it will be able to ensure the appropriate balance of responsibilities.

The Academy believes that it would be highly unsatisfactory to have a fragmented system with some MAPs regulated by one regulator, some by another and possibly some not all.

Q7. Do you agree or disagree with the costs and benefits on the different types of regulation identified on pages 30 to 33 of the consultation document? If not, please set out why you disagree. Please include any alternative costs and benefits you consider to be relevant and any evidence to support your views. Agree Disagree Don't know

The Academy would not disagree with the analysis per se.

We believe, however, the costs of statutory regulation are outweighed by the benefits it would bring in terms of patient safety and public protection and, additionally, in aiding the coherent development of an MAP workforce.