AAPE UK | Association of Advanced Practice Educators UK

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Copy of AAPE UK's submission to the Department of Health Consultation on "The regulation of medical associate professions in the UK" [December 2017]

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

- **Statutory regulation**

AAPE UK have noted that there are currently two types of PA's: those that are already regulated health professionals by virtue of their first level professional registration and those that are direct entrants from a science degree background.

Our focus in our response is on the second group as we only endorse the development of PA's where they are providing a new opportunity into the healthcare workforce. Existing healthcare professionals should be encouraged to pursue other options to develop their advanced clinical practice.

While there is currently, an expectation that PA's will join the Voluntary Register with the Faculty for Physician's Associates under the umbrella of the Royal College of Physicians this is by its very nature not mandatory leading to a lack of consistency and assurance.

The PA role is described in the literature as a "dependent" role, however it is our experience that PAs can work in isolation particularly in general practice settings where they often see and treat the patient on their own.

The absence of an accountability framework for PA puts the public at high risk.

It is not sufficient to rely on employer governance for this role or an individuals integrity.

Patients need to be assured of the competence of the health professionals that they see and have a mechanism for reporting poor practice. This option also ensures a need for periodic revalidation which is essential with the constantly escalating demands and complexity in patient care.

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

- **Voluntary registration**

AAPE UK have noted that there are currently two types of PA(A)s: those that are already regulated health professionals by virtue of their first level professional registration and those that are direct entrants from a science degree background.

Our focus in our response is on the second group as we only endorse the development of PA(A)s where they are providing a new opportunity into the healthcare workforce. Existing healthcare professionals should be encouraged to pursue other options to develop their advanced clinical practice.

Q3 What level of professional assurance do you think is appropriate for SCPs?

- **Accredited voluntary registration**

AAPE UK have noted that SCP's are required to already be regulated healthcare professionals on entry to the preparation programme. Their decisions and actions are therefore already governed by their respective professional code of conduct. This provides their accountability framework.

However, given the specialist and high risk nature of this role, we consider it appropriate to move to an accredited voluntary registration model to enable patients and employers to check the status of the SCP and provide a mechanism for approval and removal of the individual as appropriate for the standards set. This should also have a periodic re-accreditation requirement.

AAPE UK have noted that there are currently two types of PA(A)s: those that are already regulated health professionals by virtue of their first level professional registration and those that are direct entrants from a science degree background.

Our focus in our response is on the second group as we only endorse the development of PA(A)s where they are providing a new opportunity into the healthcare workforce. Existing healthcare professionals should be encouraged to pursue other options to develop their advanced clinical practice

We have noted the existence of the Association of Physicians' Assistants (Anaesthesia).

However, this role is high risk and as such needs a robust accountability framework for those who are not already a regulated healthcare professional.

We do not consider that it is sufficient to have a voluntary model for this group.

Q4 What level of professional assurance do you think is appropriate for ACCPs?

- **Other**

AAPE UK consider that it has been an error of judgement to include ACCP's within this consultation under the umbrella of "Medical Associate Professions". There are hundreds of Advanced Practitioners across the UK who work in Critical Care and ITU settings who are demonstrating safe and effective advanced level clinical practice in their direct patient care, work within teams and in evaluations and research. Only a very small proportion of these have been opted to join the voluntary register with FCIM, many citing that they wanted a postgraduate education that developed them beyond the narrow medicalised focus of the FCIM ACCP curriculum.

These ACCPs recognise that advanced practice extends beyond a "medical model dependent focus" as advocated by Health Education England in their recently published Advanced Clinical Practice Framework for England (November 2017) and the Welsh, Scottish and Northern Ireland equivalents.

There are other advanced practice roles such as Advanced Clinical Practitioner (Royal College of Medicine) that have not been included in this consultation so we are unclear why the ACCP has been chosen in isolation.

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?

- **Not sure**

AAPE UK have serious concerns if prescribing responsibilities are awarded to anything other than statutory regulated healthcare professionals. Anything else will lack the rigor and assurance that this aspect of practice requires. We consider that the 2 year Postgraduate education for PA's and PA(A)s is not sufficient to prepare an individual for safe and effective independent prescribing. We would support Supplementary prescribing to enable support of service provision under supervision of a Doctor.

Q6. Which healthcare regulator should have responsibility for the regulation of any or all of the MAP roles?

- **Health and Care Professions Council**

Healthcare is now delivered in a multi-professional team context.

AAPE UK consider that regulation with the Health and Care Professions Council would reflect this reality and future transformation of the workforce, rather than a uni-professional regulator such as the GMC.

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**

AAPE UK recognise that costs are a factor in decisions regarding future statutory regulation. However, we do not consider that this should be an influencing factor when considering the need for public protection. The cost to the health service, patients, families and society of being cared for by someone who is unconsciously or consciously incompetent are far greater.

Q8. Do you think any changes to the level of professional assurance for the four medical associate professions could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty or by Section 75 of the Northern Ireland Act 1998?

No