

Dear Colleague

PHYSICIAN ASSOCIATES & PHYSICIAN ASSISTANTS (ANAESTHESIA)

Summary

1. The emerging roles of the Physician Associate (PA) and Physician's Assistant (Anaesthesia) (PA(A)) have the potential to be a useful addition to the NHSScotland workforce. However, there appears to be a wide variation in the scope of practice and responsibilities of these roles.

2. PAs and PA(A)s must work under close personal supervision at all times, with the overall responsibility for patients resting with the designated supervising doctor.

3. Locally, there should be effective supervision and management of these roles to maximise their contribution to the delivery of safe, effective person centred care. To meet the Staff Governance Standard, Boards must have robust systems in place to identify any areas of concern, with measures put in place to address these.

4. The Scottish Government is currently working with the Department of Health and the other Devolved Administrations to agree a four country approach to regulation of PAs and PA(A)s.

Action

5. Until a decision is taken on statutory regulation, employers must ensure that:

- the PIN guidance on Safer pre and post employment checks is adhered to,
- all PAs and PA(A)s are registered on the appropriate managed voluntary register,
- all PAs and PA(A)s must work under close personal supervision at all times and be able to name their designated supervisor,
- continuous supervision, including arrangements for regular assessment of competence of PAs and PA(A)s forms part of the supervising doctor's annual appraisal,
- supervisors can demonstrate the extent of their professional responsibilities in understanding the scope and limitations of practice of PAs and PA(A)s in line with the guidance set out by both Royal Colleges,
- robust governance arrangements are in place locally, and
- patients should be advised that they are being treated by a PA or PA(A), not a doctor.

DL (2016) 15

30 June 2016

Addresses

For action

Chief Executives, NHS
Boards and Special Boards
Medical Directors, NHS
Boards
GP Practices

For information

NHS Board Chairs
Nurse Directors, NHS Boards
Directors of HR, NHS Boards
NHS National Services
Scotland
Primary Care Leads NHS
Boards
Scottish General Practitioners
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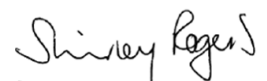
Yours sincerely



Professor Fiona McQueen
Chief Nursing Officer



Dr Catherine Calderwood
Chief Medical Officer



Shirley Rogers
Director for Health Workforce

Annex A

Background

The Royal College of Physician's Faculty of Physician Associates, and the Association of Physician Assistants (Anaesthesia), both keep managed voluntary registers. Both Royal Colleges only recognise PAs and PA(A)s who have completed an approved training programme and subsequently registered on their respective voluntary registers.

Further information can be found via the following links:

<http://www.staffgovernance.scot.nhs.uk/>

http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

http://www.gmc-uk.org/guidance/ethical_guidance/21187.asp

<http://www.fparcp.co.uk/>

<http://www.rcoa.ac.uk/node/261>

Annex B

Definitions

Physician Associate

There is no current UK wide definition of a Physician Associate, however, the Department of Health's Competence and Curriculum Framework defines the role as:

'A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision'.

Physicians' Assistant (Anaesthesia)

There is no current UK definition of a Physicians' Assistant (Anaesthesia), but the Association of Anaesthetists of Great Britain and Northern Ireland's Physicians' Assistant (Anaesthesia) Review 2011 defines the role as:

'A member of the anaesthetic team, who is trained in both the underlying scientific and medical knowledge pertinent to anaesthesia, and in the skills of administering anaesthesia. Overarching standards were set such that PA(A)s cannot be on-call or practise independently from an anaesthetist; their supervising anaesthetist must be no more than 2 minutes away and present in the same operating suite'.