

30 September 2024

Sent by email to:

Rt. Hon Wes Streeting MP, Secretary of State for
Health and Social Care
Amanda Pritchard, Chief Executive, NHS England

Dear Wes and Amanda

Physician Associates and Anaesthesia Associates

As you know, the regulation of Medical Associate Professionals (MAPs being the generic term for Physician Associates and Anaesthesia Associates) by the GMC comes into effect at the end of this year. As this date approaches it has been clear to leaders of the medical profession and in particular our member colleges and faculties that there is mounting concern and adverse commentary by doctors at all levels of their career around NHS England's plans to increase the current MAP workforce from the current 3,000 to 10,000 by 2036/7.

Much of this adverse commentary is driven by information circulating across social media platforms. Increasingly these claims, which often focus on patient safety or restricting access to training opportunities for resident doctors are becoming part of a wider accepted narrative. However, the degree to which these statements and resulting counterstatements are based on sound evidence is unclear. As a result, this conversation is almost devoid of factual information. As doctors, we must always be evidence-led, and we believe that it is essential that we establish and assert the evidence base in this case.

We therefore write to ask that you institute a rapid review of the role of MAPs in a range of healthcare settings, including primary, secondary and community to look at their role from three important perspectives:

- Patient safety. In short, do the PAs and AAs that have been working in the NHS since 2003 show any greater propensity than doctors to work in a way that is unsafe to patients?
- Are they cost-effective? In other words, can they do what is required of them without increasing the cost to the taxpayer? And do they really free up scarce resource such as a doctor's time so that it can be used more effectively?
- Are they efficient? Can they work without close supervision? And do they improve the overall quality of care for patients?

It is not for us to say who should carry out the review, or indeed which of your organisations should commission it, but we would ask that it is carried out by an individual or organisation with impeccable credentials for impartiality and neutrality and that it is carried out at pace with great thoroughness and academic rigour.

Only if these last three criteria are met do we think we will be able to support their continued roll-out – provided, of course, that's what the evidence tells us. If the evidence tells us that the whirlwind of anecdotes and claims on social media are in fact correct, I am sure you will agree, it will give us all cause for thought.

I would be happy to discuss this matter in more detail if you are interested or can be persuaded to pursue it.

Best wishes

A handwritten signature in black ink, appearing to read 'Jeanette Dickson', with a long horizontal flourish underneath.

Dr Jeanette Dickson
Chair of Council, Academy of Medical Royal Colleges