BMA

## BMA comments on Royal College of GPs consultation on draft scope of practice for physician associates

-Submitted by email 6th August 2024-

- In line with the recently published GPC guidance on PAs in general practice, we strongly believe that there should be a fixed, UK-wide limit on the tasks that PAs can carry out. While your guidance does currently outline scope limits, it also states that GP clinical supervisors are responsible "for determining the PA's scope of practice" and "as PAs become more experienced, and their role is better understood, we anticipate they will be able to take on a wider range of activities." It is unclear how these approaches are to interact and we are concerned about the suggestion that there is leeway for local determination of what a PA can do. We would like to see the wording tightened up to make it clear that the scope limits are absolute, regardless of any local, or individual perception of progression.
- The BMA's safe scope of practice document is clear that PAs should never see undifferentiated patients in any care setting. The draft RCGP guidance outlines that PAs can see patients triaged to them by a GP. We understand this to mean that PAs should not see undifferentiated patients, but the guidance would benefit from this being more clearly stated. This then appears to be contradicted by the suggestion that PAs can be the first point of contact for adult with a range of minor conditions. As many sinister conditions can masquerade as common symptoms, we do not believe it is appropriate for PAs to ever see undifferentiated patients in general practice.
- We cover PA supervision in our recently published GP guidance and in the BMA supervision guidance, and we do not believe on-the-job experience should be taken into account when determining supervision levels, and there are no circumstances under which it will be appropriate for a PA, with only two years of formal training, to only receive remote supervision.
- The idea of 'entrustment' as outlined in the induction and preceptorship guidance is reasonable if applied to procedures within the set scope of practice,

however it should be clear that this does not apply seeing undifferentiated patients.

- We do not think it is practical for preceptorships to be constructed at anything smaller than national level.
- We do not believe it is safe for PAs to undertake home visits or care home visits, however 'routine' they are considered to be, as this will not allow for on-site supervision. In our GPC guidance we have stated, "PAs should not be used to undertake home visits without a supervising GP present. They should not perform tasks for a GP on a care home ward round, unless accompanied by a GP supervisor."
- There are no circumstances where it would be suitable for a PA to offer specialised clinics as they are not trained specialists and this work would not fit within a standardised, UK-wide scope of practice.
- It should be made clear that PAs can do point of care tests only if they have passed the relevant competency assessment.
- We do not see any circumstances where it would be safe for a PA to analyse and action diagnostic test results as they are not trained to have full awareness of the significance of a positive or negative result.
- When discussing ensuring that "*any person you delegate to has the necessary knowledge, skills and training to carry out the task you're delegating"*, the college may want to consider making the risk to the GP clear. This is what we've included in our GPC guidance:

  "A lack of appropriate level supervision and support may result in increased exposure to regulatory risk and liabilities for employing practices and supervising GPs."
- As outlined in our GPC guidance, We strongly believe that supervision must take place contemporaneously (immediately after the consultation), and prior to the patient leaving the site, in order to permit GP supervisor clarification and re-examination when needed. We do not believe 'at the end of the day' is sufficient.
- As stated in the traffic light section of the BMA's safe scope of practice guidance, we do not believe that PAs should be making referrals unless the referral is reviewed by a GP. The wording on the RCGP guidance is currently looser than this and suggests that PAs could be making referrals without direct GP involvement. This also applies to referrals to community, social services and safeguarding.