

RCPsych Physician Associates Task and Finish Group

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# Interim guidance on Physician Associates working in mental health

July 2024

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## Context

In 2002, the Physician Associate (PAs) role was first introduced into the NHS and by June 2023 approximately 1,508 Full-Time Equivalent (FTE) PAs were working in NHS hospitals and a further 1,707 FTE PAs were working in General Practice and Primary Care Networks ([NHS Electronic Staff Record, June 2023](#)).

Medical associate professionals (MAPs), including Physician Associates (PAs), Anaesthesia Associates (AAs), and Surgical Care Practitioners (SCPs) are currently working in the NHS in a variety of roles across primary and secondary care.

The government in England plans to increase the number of PAs by 2036/37 from approximately 3,250 to 10,000 in total and AAs from approximately 180 to 2,000 as part of their NHSE Long Term Workforce Plan. In comparison, the projected increase in the number of medical students is 10,000 per year by 2028/29 and 15,000 per year by 20231/32 ([NHS Long term plan, June 2023](#)).

In Psychiatry, the projected increase in the number of PAs is expected to be in the hundreds rather than thousands.

While PAs may form a very small proportion of the mental health workforce, there have been concerns raised from stakeholders about patient safety, PAs operating outside their scope of practice and the impact of PA training and supervision on psychiatrists.

The President of the Royal College of Psychiatrists (RCPsych), Dr Lade Smith CBE, therefore commissioned this review to ensure that PAs employed in psychiatric settings can do so safely and effectively without compromising patient safety or patient/public confidence. The review is co-Chaired by the RCPsych Dean, Professor Subodh Dave, and the Chair of the Psychiatric Trainees' Committee, Dr Laura Thorn. The first meeting of the review group was convened by the Chairs in early 2024. The review group will report to the College's Education and Training Committee and Council in the autumn and will publish a full report by the end of 2024.

Given the immediate concerns of some members of the College, this interim document aims to give basic guidance to employers and practitioners to ensure patient safety, protect the training and development of psychiatrists, and ensure the appropriate training is in place for Physician Associates working within psychiatric settings.

The College has received several reports recognising the value of PAs working as part of the multidisciplinary team. We are aware of many examples of good practice in psychiatry where PAs, under appropriate medical supervision, have helped manage a varied caseload, providing additional capacity to a stretched workforce. However,

the College is also aware of a number of concerns about PAs that have been raised by members and key stakeholders including trainees (represented by the PTC) and SAS doctors (represented by the SAS committee).

In light of these concerns, including the potential negative impact on trainee supervision and concerns of possible encroachment of scope to medical roles, given that PAs are currently unregulated. The Review Group has drafted the following interim guidelines for employers, supervisors and practitioners to ensure PAs practice is safe, and governance processes are clear around their supervision and employment. It should be noted that this is not the College's full, final report.

This document covers some basic principles that we ask employers and practitioners to adhere to. These cover the recruitment, employment, supervision and responsibilities of PAs working in psychiatry.

As PAs can be asked to take on mental health roles in settings outside psychiatry, we have included a section on PAs working within primary care and emergency care settings. This part of our interim guidance should be treated as supplementary to the guidance already published by the [Royal College of Emergency Medicine](#) and [Royal College of General Practitioners](#). Further guidance will be included in our final report, due to be published by the end of the year.

# Interim guidance on Physician Associates working in mental health:

## Employment / Role

- PAs must not be used to replace psychiatrists.
- PAs should not be recruited with funding intended for the recruitment of doctors nor replace doctors in any way.
- Employers should carefully consider the implications of further recruitment of PAs in psychiatric settings until such time as the full RCPsych recommendations are released and training is in place to support PAs working in psychiatric care.
- PAs must not be on 'on-call' doctor rotas.
- It is the responsibility of employers and supervisors to be clear on the scope of practice for the Physician Associate within the MDT and CMHT.
- PAs must be clearly informed that acting in doctor roles could invalidate the employer's Crown indemnity.
- PAs should be advised to take up personal indemnity and the risks of not having this should be clearly elucidated to them.
- PAs should be used to support the doctors and the MDT, working under supervision.
- The role of PAs should be clearly defined, with clear scope and supervision arrangements.
- The relevant Medical Director and Director of Medical Education should ensure that the impact of all PA recruitment on the supervising psychiatrists' job plan, and on trainee supervision time, is explicitly assessed and mitigated appropriately where required.
- When seeing patients PAs should always introduce themselves by name and job title.

## Supervision / Training

- PAs should not be referred to as, or used as, experts to diagnose clinical conditions in psychiatry.
- PAs must not provide psychiatric supervision to trainees and/or specialty doctors.
- PAs starting work in mental health settings should have a review of their competencies. It is likely they will require additional training over and above that they received during their PA training and subsequently. The type of training given, should reflect the work the Physician Associate will be doing in the MDT and should be specific to the service or unit they will be working within. This training should not interfere with the training or professional development of any psychiatrists.

## Physician Associates in primary and emergency care

The RCPsych recognises that some PAs working in Primary Care settings as well as those working in Emergency Care settings are tasked with evaluating the ongoing mental health care of some patients. Where this is the case, RCPsych recommends:

- The employer sets out a clear training plan in mental health care and treatment that will be required for the PA to succeed in the role within their scope of practice and competence.
- For employers to use RCEM, RCGP guidance, as well as RCPsych's interim guidance, especially with regard to training and determining scope of practice, as well as guidance and training pertaining to the assessment of undifferentiated patients.
- PAs should not see undifferentiated patients with mental health problems.
- As in all settings, it is imperative that the Physician Associate is trained for their role, within their scope of practice and competence.

### Next steps

The RCPsych review will continue throughout the year to ensure that we have a chance to speak to all relevant stakeholders including the Academy of Medical Royal Colleges, the General Medical Council, the Faculty of Physician Associates, the British Medical Association (BMA), NHS England Workforce, Training and Education (NHSE WTE), Northern Ireland Medical and Dental Training Agency (NIMDTA), Health Education and Improvement Wales (HEIW) and NHS Education for Scotland (NES) regarding the scope of practice of Physician Associates. A full report will be published by the end of the year (2024).

We want to take all views, positive, negative and impartial into account during the review. We have sought feedback through our elected members of Council, Faculties, Special Interest Groups (SIGs), Divisions, Devolved Nations, Psychiatric Trainees' Committee and SAS Committee, whose role it is to canvass their membership and feedback to us, and we have heard a range of views.

If you would like to make a contribution to this review, please contact us via [physicianassociates@rcpsych.ac.uk](mailto:physicianassociates@rcpsych.ac.uk) with 'PA Review' in the subject line. Thank you to those members and Physician Associates who have already contributed.

The College appreciates the challenges Physician Associates, Psychiatric Trainees, SAS Doctors in Psychiatry and Consultant Psychiatrists have faced over the past months and years. We value the contributions of all stakeholders to support this review process in a respectful and collaborative way.

We will continue to work with all stakeholders to ensure patients with mental health problems are seen by the right specialist in the right setting, as quickly as possible, to ensure they receive the best care.

# Appendix 1

## Background to the College's work with Physician Associates to date:

The Royal College of Psychiatrists' (RCPsych) involvement with Physician Associates (PAs) first commenced at the end of 2019. At the time, there were 19 Physician Associates working within psychiatric settings.

The initial project was designed to attract 10% of those taking the PA national exam (at the time around 650 – 700 per year) to work within psychiatric settings. It was very clear that the role of PAs was to support, but not, replace psychiatrists within the context of rising service demand and a need for longer term sustained medical workforce planning and retention. We estimate that there are approximately 200 Physician Associates working in psychiatric settings across the UK currently (June 2024); 115 of them are signed up to the RCPsych Physician Associate network.

We have delivered two training and education conferences for Physician Associates in the last three years and have also had an online modular course on our e-learning hub since June 2023. We developed lines of communication through a dedicated email address ([physicianassociates@rcpsych.ac.uk](mailto:physicianassociates@rcpsych.ac.uk)) and social media account (X - [@RCPsychPA](https://twitter.com/RCPsychPA))

The College has also worked with many employers throughout this time. RCPsych held an initial employers' conference in early 2021, and the team have spoken to a further 45 employers since, who have been interested in employing Physician Associates.

In 2022, RCPsych commissioned the National Collaborating Centre for Mental Health to help develop a [competence framework](#) for Physician Associates working in Psychiatric settings. Physician Associate courses last for two years in which time they generally get, though not always, a clinical placement for a short period.

The College recognised that in order to fulfil their roles safely in Psychiatric settings, PAs would need more elaborate training in the workplace. We, therefore, encouraged all employers to induct their Physician Associates on an inceptorship year to ensure they had the skills necessary for the unit or service they were to be working within.

A model of an inceptorship year was published in the Health Education England (now merged with NHS England) toolkit for physician associates in mental health, which was developed with members of the RCPsych and approved through the Education and Training Committee.