



Summary Consensus of Council Discussions and Action Plan to address Council Priorities

The RCP hosts the Faculty of Physician Associates (FPA) and has been supportive of the physician associate profession since the decision to create the Faculty in 2015. Recognising the current workforce landscape and the concerns raised about the role of PAs in the multidisciplinary workforce, the role was discussed in a series of Council meetings in October and November 2023.

Consensus

- The RCP's role to date in supporting and housing the FPA as part of the RCP membership was noted without objection (detailed notes were provided from Council minutes 2014-15 and the FPA standing orders).
- Council's view was that support for PAs should continue and be endorsed, explaining the valuable role of PAs within the multidisciplinary team.
- Equity of access to support and supervision for all doctors including SAS doctors, locally employed doctors (LEDs), international medical graduates (IMGs), and other health care professionals was noted and strongly supported by Council.
- RCP should continue to advocate for physicians in all career stages and from different training backgrounds, i.e., trainees, LEDs, SAS doctors, IMGs and consultants.
- Council expressed concern for the mental and physical well-being of professionals and the toll the current adversarial social media environment has taken on trainees, LEDs, SAS doctors, consultants, and PAs alike.
- Council stated that the promotion and support of one or other constituency of the RCP professional community should not be at the denigration of another, and that professional behaviours of respect should be upheld by all.
- Council was clear that effective patient care and patient safety is dependent on the following controls:
 - Employers which must ensure registration on the PAMVR of PA staff and appropriate governance frameworks under which PAs are supervised.
 - Response by the professional standards committee (FPA) to poor practice, public understanding of the role of PAs and the monitoring of outcomes (patient harm) currently subject to local employment and disciplinary procedures.
 - The RCP which delivers the Physician Associate National Examination (required for entry on to the PA Managed Voluntary Register (PAMVR) and in future, registration with the GMC).
- There was support for the specialty deployment of PAs from all specialty representatives in Council, with the caveat that all specialties acknowledged the difficulties around delegation, employment governance frameworks and extended roles if not policed and enforced sufficiently by employing NHS trusts and Health Boards.
- The Patient Carer Network (PCN) endorsed the value of PAs for patients. The value of clarifying the role of PAs to patients was acknowledged and encouraged.

- The wider landscape of educational supervision and the burden on consultants to balance delivery of care with supervision of care was acknowledged by Council. Safe and effective clinical practice, and delivery of necessary and expected educational opportunities for all staff, requires adequate supervision and teaching time for consultant and other senior doctors. RCP should continue to advocate for the time needed in job plans for senior doctors to perform supervisory roles adequately for *all* health professionals.
- Council was supportive of improving the training experience of trainees and was also supportive of the RCP trainees' committee's co-chairs pursuing their discussions with the CMO for England and other health leaders (of the devolved nations), to improve the working environment and retention.

Summary and actions

RCP will continue to work closely with the GMC, NHSE, the devolved administrations and wider stakeholder groups, to better map and communicate the path to PA regulation in the next 12 months.

- RCP will author collaboratively the agreed additional documents on Scope, Supervision, Career Pathways and Delegation (1-4 months). Scope will be prioritised.
- RCP will work with the PCN (and others) to release information explaining the role of PAs to improve patients' knowledge on the scope of the role and distribute this widely across NHS employers and acute trusts (1-4 months).
- RCP will meet with NHS Employers directly to further clarify the responsibilities of their member organisations in respect of scope of practice and governance frameworks and delegations (0-2 months).
- RCP will revisit with GMC the detailed process of transition to regulation including management of conduct cases, prescribing accreditation, and all aspects of the pre-regulatory pathway (0-4 months).
- RCP will continue to respond effectively to all professional conduct concerns brought to the FPA's attention (ongoing).
- RCP will further convene high-level meetings with the medical directors and chief medical officers of the four nations to progress and review all aspects of education supervision and demands on consultant time, enabling the equity of access to training supervision for all doctors (0-3 months).
- RCP will ensure that as well as with DHSC, it connects with the Welsh, Northern Irish and Scottish administrations and the Scottish Colleges in its work with the FPA.
- RCP will continue to work to establish the expansion of higher specialty training numbers and to build on the work started by RCP trainees to improve and standardise the UK training experience through a joint college approach (ongoing).