

Council, 9 December 2010

Application for the regulation of Physicians' Assistants (Anaesthesia)
by the Association of Physicians' Assistants (Anaesthesia)

Executive summary and recommendations

Introduction

The Council is invited to consider the application for the regulation of Physicians' Assistants (Anaesthesia) submitted by the Association of Physicians' Assistants (Anaesthesia).

The following are attached:

- Criteria for aspirant professions, reproduced from the guidance notes;
- Initial scoring by the HPC Executive of the application against the criteria;
- Application by the Association of Physicians' Assistants (Anaesthesia) (separately circulated).

Decision

The Council is invited to discuss the application and the Executive's scoring of the application.

The Council is invited to discuss the attached application and to consider inviting the Association of Physicians' Assistants (Anaesthesia) to present on their application at the next available Council meeting (the next available meeting would be the meeting on 10 February 2011).

Background information

None

Resource implications

None

Financial implications

None

Appendices

- Criteria for aspirant professions, reproduced from the guidance notes;
- Initial scoring by the HPC Executive of the application against the criteria;
- Application by the Association of Physicians' Assistants (Anaesthesia) (appendices to the application are available from the Secretariat on request).

Date of paper

26 November 2010

Criteria for aspirant professions

Each criteria to be addressed (taken from the Guidance Notes)

Part A of the assessment

The Council will first assess whether an occupation is eligible for regulation. Only those occupations involving at least one of the following activities are eligible:

- Invasive procedures
- Clinical intervention with the potential for harm
- Exercise of judgment by unsupervised professionals which can substantially impact on patient health or welfare.

Additionally, occupations where these activities are already regulated by other means will be ineligible. This includes occupations that already have a regulator (such as nurses and medical practitioners) or do not make independent clinical judgments. In general, the Council regulates health workers who are not otherwise supervised, practising autonomously, making professional and independent judgments on treatment, and taking full responsibility for their actions.

Part B of the assessment

The criteria that the Council will apply in Part B of the assessment were settled following a public consultation in the summer of 2002. The criteria will each have equal weight. Each occupation wishing to be regulated will be required to:

1. Cover a discrete area of activity displaying some homogeneity
2. Apply a defined body of knowledge
3. Practise based on evidence of efficacy
4. Have at least one established professional body which accounts for a significant proportion of that occupational group
5. Operate a voluntary register
6. Have defined routes of entry to the profession
7. Have independently assessed entry qualifications
8. Have standards in relation to conduct, performance and ethics
9. Have fitness to practise procedures to enforce those standards
10. Be committed to continuous professional development (CPD)

1. The occupation must cover a discrete area of activity displaying some homogeneity

This criterion covers **what a profession's scope of practice is**. The Council will assess applications for evidence that demonstrates that the applicant occupation practises activities that:

- Are distinctly its own
- Are common across the occupation
- Are distinct from the scope of practice of other occupations, although there may be some overlap.

The applicant occupation must submit the draft standards of proficiency for the proposed profession. The standards of proficiency are the threshold standards which will allow for safe and effective practice.

2. The occupation must apply a defined body of knowledge

The *body of knowledge* criterion covers **what a profession does**. Frequently, the *body of knowledge* of a health profession will overlap those of other professions. However, each profession that the Council regulates has its own distinct *body of knowledge* and applications will not be successful if the Council considers that the applicant occupation has not provided sufficient evidence to demonstrate that it, too, has a distinct *body of knowledge*.

3. The occupation must practise based on evidence of efficacy

This criterion covers **how a profession practises**. The Council recognises the centrality of evidence-based practice to modern health care and will assess applicant occupations for evidence that demonstrates that:

- Their practice is subject to research into its effectiveness. Suitable evidence would include publication in journals that are accepted as learned by the health sciences and/or social care communities
- There is an established scientific and measurable basis for measuring outcomes of their practice. This is a minimum—the Council welcomes evidence of there being a scientific basis for other aspects of practice and the *body of knowledge* of an applicant occupation
- It subscribes to the ethos of evidence-based practice, including being open to changing treatment strategies when the evidence is in favour of doing so.

4. The occupation must have at least one established professional body which accounts for a significant proportion of that occupational group

This criterion covers **how a profession has established itself**. The Council will assess applications for evidence that there is at least one established professional body. The Council will assess the application for evidence that membership of the body or bodies accounts for a significant proportion—at least 25 percent—of the occupation's practitioners. Suitable evidence for the existence of established professional body or bodies would include:

- A constitution or rules
- Minutes
- Standing Orders for the body or bodies and committees
- Election Rules and results

Where there is more than one professional body or representative organisation for an applicant occupation, the Council will additionally seek evidence that all the bodies are involved in, and supportive of, the application process. The Council would welcome evidence of the existence of a steering group with representatives from all the bodies, and that a fair and effective decision-making process is in place. The Council would expect to work primarily with such a steering group and would also expect evidence that the steering group, and not

an individual professional body, was involved in drawing up the application for regulation.

The Council will require an attestation from the applicant that there are no professional bodies or other representative organisations in existence for the profession that have not been informed of the application.

The Council will also seek evidence that practitioners who do not belong to the professional body or bodies or representative organisation(s) are also supportive of the application. If any of these practitioners are likely not to have followed the applicant occupation's entry routes as described in sections 6 and 7 below, then the Council will require information about likely grandparenting requirements.

5. The occupation must operate a voluntary register(s)

This criterion covers **how a profession accounts for its members**. The Council's Register is its primary mechanism for protecting the public. The Council will seek to assess whether workers in an applicant occupation have accepted the principles, benefits and obligations of registration, by enrolling on a voluntary register or registers. The Council will require evidence that the voluntary register(s) cover at least 25 percent of an applicant occupation's workforce. These requirements are a minimum and the Council would consider very favourably evidence of plans to inform an applicant occupation's practitioners of the consequences of regulation by the Council. Such plans should cover issues that will be of particular importance to those members, particularly:

- Regulation of the practice of the profession's members. As explained in the introduction, members of the profession will be subject to the Council's regulatory authority, which it will exercise to protect the public.
- Arrangements for applying for entry to the Council's Register
- Protection of title
- Fees and other potential financial implications

The Council has published leaflets on these topics.

6. The occupation must have defined routes of entry

This criterion covers **how a profession ensures its practitioners have the requisite knowledge and skills on entry**. The Council will assess evidence of how entry to the applicant occupation is controlled. The Council will seek evidence that only individuals who have chosen defined routes of entry are recognised as being practitioners of the profession, in the eyes of educational institutions, employers, professional bodies and (where appropriate) the public at large. The Council will also assess evidence that the applicant occupation either already has a Subject Benchmark from the Quality Assurance Agency or equivalent body, or intends to work towards one as part of the process of becoming a regulated profession.

The applicant occupation must state what the actual threshold entry qualifications are on the day that the HPC Register opens. The applicant occupation must provide documentary evidence of where (i.e. education providers) the threshold entry qualifications are delivered. The applicant occupation must provide documentary evidence of external quality assurance of the threshold entry qualification.

7. The occupation must have independently assessed entry qualifications

This criterion covers **how a profession ensures its recognised qualifications are valid**. The Council will require evidence that there are qualifications that are recognised as being a necessity for entry to the profession, awarded by recognised educational institutions and independently assessed and monitored through a system of quality control.

8. The occupation must have standards of conduct, performance and ethics

This criterion covers **how a profession ensures high standards**. The Council will assess evidence that an applicant occupation has written standards of conduct, performance and ethics, covering the behaviour it expects of practitioners. The standards should cover similar ground to the Council's standards, and include health, character and competence, among other topics.

9. The occupation must have fitness to practise procedures to enforce those standards

This criterion covers **how a profession polices the behaviour of its practitioners**. The Council will assess evidence that an applicant occupation has a system for disciplining practitioners on its voluntary register (including striking-off) when it is determined that they are unfit to practice by reason of:

- Incompetence
- Misconduct
- Health

The Council will also assess evidence that breaches of the applicant occupation's code of ethics are taken into account when deciding whether a practitioner is unfit to practise. The Council will assess evidence of written procedures covering the administration of the system, and requires applicant occupations to submit anonymised information regarding cases that have been dealt with through the system.

10. The occupation must require commitment to continuous professional development (CPD)

This criterion covers **how a profession ensures its practitioners engage in life-long learning**. The Council is committed to the principles underpinning CPD, and will be requiring all registrants to undertake CPD from July 2006. Many of the currently regulated professions run CPD schemes at present. The Council will therefore be seeking evidence from applicant occupations that they are also committed to the principles of CPD. Suitable evidence would include written details of planned or existing CPD schemes.

Application for Physicians' Assistants (Anaesthesia) - scoring: Overview

Part	Number	Criteria	Score	Comments
A		At least one of invasive procedures, clinical intervention with potential for harm, exercise of judgement by unsupervised professionals	Met	Evidence of invasive procedures and potential for harm, but practitioners are subject to indirect supervision by a physician
B	1	Discrete area of activity displaying some homogeneity	Partly met	Discrete area of activity - some overlap with other professions. This criteria has been part met because the title 'physician' assistant' is shared with another profession
B	2	Defined body of knowledge	Met	The profession has a defined body of knowledge
B	3	Evidence of efficacy	Met	Evidence of efficacy supplied
B	4	At least one established professional body accounting for significant proportion of occupation	Met	There is an established representative body
B	5	Voluntary register(s)	Met	A voluntary register has been established
B	6	Defined routes of entry to the profession	Met	Defined route of entry to the register - but there may be some unregistered practitioners who do not have the approved qualification
B	7	Independently assessed entry qualifications	Met	The profession has independently assessed entry qualifications
B	8	Conduct, performance and ethics standards	Met	The APA(A) has a set of defined standards for conduct, performance, and ethics
B	9	Disciplinary procedures to enforce those standards	Partly met	The disciplinary process is enforced through employers' actions - it has not currently been tested
B	10	Commitment to continuing professional development (CPD)	Met	APA(A) requires its members to carry out CPD
Overall		PA(A)s carry out invasive procedures with potential for harm. Practitioners exercise autonomy in decision-making as determined by a supervising physician. There is some overlap in area of activity with other professions. The application provides some basic information about the other profession that share the title 'physicians' assistant', however, the Council may wish to seek further information to satisfy itself that the scope of practice for physicians' assistants in general practice does not overlap with PA(A)s.		

Application for Physicians' Assistants (Anaesthesia) - scoring: A

CRITERIA: <i>Either invasive procedures or clinical intervention with the potential for harm or exercise of judgment by unsupervised professionals which can substantially impact on patient health or welfare</i>	SCORE: Met
Summary comments (10 words max.)	
Evidence of invasive procedures and potential for harm, but practitioners are subject to supervision by a physician	
Detailed comments	
Physicians Assistants (Anaesthesia) (PA(A)s) are required to perform invasive procedures including intravenous and arterial cannulation to administer drugs, and inserting devices in order to maintain a clear airway for patients undergoing surgery or resuscitation.	
The emphasis of a PA(A)s role is on "working as part of a team, in partnership with colleagues and under the supervision of a physician".	
A supervising physician must be present at the beginning and end of anaesthesia, and be on call to return to the anaesthetised patient within two minutes of being called. However, PA(A)s exercise autonomy in decision-making as determined by the supervising physician. They make decisions about the immediate care of the patient which include adjusting levels of anaesthetic administered, and giving intravenous drugs and fluids as required under patient specific directions.	
Approximately 60 percent of PA(A)s were formerly healthcare professionals such as registered nurses or operating department practitioners. However, there is no requirement for these practitioners to maintain their professional registration once they are working as a PA(A).	
The remaining 40 percent of the profession are direct-entry science graduates with no previous healthcare registration. It is likely that this proportion of the profession will increase in the future.	

Application for Physicians' Assistants (Anaesthesia) - scoring: 1

CRITERIA:	SCORE:
<i>Discrete area of activity displaying some homogeneity</i>	Partly met
Summary comments (10 words max.)	
Discrete area of activity - some overlap with other professions. This criteria has been part met because the title 'physician' assistant' is shared with another profession.	
Detailed comments	
The scope of practice of PA(A)s is described in the application form and supporting information.	
The scope of practice of this profession overlaps in some areas with operating department practitioners in the equipment and procedures used, specifically in the preparation of anaesthetic equipment, drugs, and infusions. PA(A)s are distinct in that they plan and administer anaesthesia within guidelines, rather than providing assistance to the medically trained anaesthetist in the manner of an ODP.	
There is some overlap with the scope of practice of paramedics in the performance of invasive procedures such as intra-venous cannulation and the use of adjuncts to maintain a patient's airway, but PA(A)s only practice within elective anaesthesia, rather than emergency care.	
The title 'physician assistant' is shared by another profession, physicians' assistants who practice in general medicine. Physicians' assistants in general practice work in primary care, usually in GP surgeries, and the scope of their role apparently does not overlap with physician assistants (anaesthesia).	
PA(A)s were originally known as 'Anaesthesia Practitioners' but due to confusion with the role of operating department practitioners, the Department of Health decided that the profession would be renamed as Physicians' Assistants (Anaesthesia) in 2007.	
Draft standards of proficiency for PA(A)s have been submitted as part of the application.	

Application for Physicians' Assistants (Anaesthesia) - scoring: 2

CRITERIA:	SCORE:
<i>Defined body of knowledge</i>	Met
Summary comments (10 words max.)	
The profession has a defined body of knowledge.	
Detailed comments	
<p>Some overlap in the body of knowledge with other professions, for example with operating department practitioners and anaesthetists. In addition, some PA(A)s were previously operating department practitioners or nurses, and may still be registered with either the HPC or NMC, although they are not legally obliged to do so. However, the scope of practice of PA(A)s is substantially different from the role of either an operating department practitioner or a nurse.</p>	
<p>There is also some overlap with the role of medically-trained anaesthetists, but PA(A)s only operate within a much more limited scope of practice than medically trained anaesthetists. PA(A)s are the only non-medically qualified group recognised as applying this body of knowledge in the UK.</p>	
<p>The Association of Physicians' Assistants (Anaesthesia) state that while the two occupations with the title physicians' assistant are studied at a postgraduate level, there are significant differences between them - holders of one qualification cannot be employed to practice the other type of role.</p>	

Application for Physicians' Assistants (Anaesthesia) - scoring: 4

CRITERIA:	SCORE:
<i>At least one established professional body a/c for significant proportion of occupation</i>	Met
Summary comments (10 words max.)	
There is an established representative body	
Detailed comments	
<p>The Association of Physicians' Assistants (Anaesthesia) - (APA(A)) is the sole body representing the interests of the profession. It was established in 2008 with the aim of seeking the regulation of PA(A)s.</p>	
<p>According to figures supplied by the Royal College of Anaesthetists, by November 2009 64 PA(A)s had successfully completed the recognised qualification, and a further 57 were in training, of whom 48 (40 percent) are members of APA(A). There is a lack of clarity in the figures supplied by the APA(A) around the difference between membership and registration within the organisation - there are currently 31 PA(A)s on the voluntary register.</p>	
<p>Some PA(A)s may be registered with the relevant regulators for their former professions, although the application does not provide details for this.</p>	
<p>The Association of Physicians' Assistants (Anaesthesia) considered making a joint application with the United Kingdom Association of Physician Assistants - (UKAPA) the representative body for physicians' assistants in general practice. UKAPA do not wish to pursue a joint application to the HPC, as they feel that PA(A)s and Physician Assistants in general medicine are two distinct professions.</p>	

Application for Physicians' Assistants (Anaesthesia) - scoring: 5

CRITERIA:	SCORE:
<i>Voluntary register(s)</i>	Met
Summary comments (10 words max.)	
A voluntary register has been established	
Detailed comments	
The Association of Physicians' Assistants (Anaesthesia) launched a voluntary register on 25 June 2010 after members present at the annual general meeting voted in support of the proposal.	
The APA(A) and Royal College of Anaesthetists have written jointly to employers asking them to encourage all PA(A)s to join the register and also to participate in the reporting process.	
Employers and members of the public can check whether PA(A)s are registered by contacting the APA(A) by email or phone.	
Currently 31 PA(A)s have joined the voluntary register.	

Application for Physicians' Assistants (Anaesthesia) - scoring: 6

CRITERIA:	SCORE:
<i>Defined routes of entry to the profession</i>	Met
Summary comments (10 words max.)	
Defined route of entry to the register - but there may be some unregistered practitioners who do not have the approved qualification	
Detailed comments	
<p>The application states that there is only one recognised route of entry to the profession. PA(A)s must have successfully completed all modules and the final examination to gain a Post-Graduate Diploma (Physicians' Assistants (Anaesthesia)), formerly known as a Post-Graduate Diploma (Anaesthesia Practitioner). The qualification is awarded by the universities of Hull, Hertfordshire, Birmingham, and Edinburgh.</p>	
<p>The post-graduate diploma is a minimum of 27 months' study. Students may opt to continue for a further year to complete a Masters qualification by dissertation. Successful completion of the two exit examinations at 24 months is followed by three months supervised practice before the final award of the PGDip.</p>	
<p>The Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland have stated that they only recognise PA(A)s who have successfully completed the approved training programme as being practitioners of the profession, and that they advise employers not to recognise any other route of entry.</p>	
<p>The application also states that there may be practitioners employed in the role of a PA(A) in the UK who have not followed the defined routes of entry - in these cases employers would have satisfied themselves as to the fitness to practise of the candidates in question.</p>	
<p>The Higher Education Institutions providing the academic component of the course have subjected their modules to internal quality assurance scrutiny. University of Birmingham modules are being submitted for formal QAA subject benchmarking.</p>	
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Application for Physicians' Assistants (Anaesthesia) - scoring: 8

CRITERIA:	SCORE:
<i>Conduct, performance and ethics standards</i>	Met
Summary comments (10 words max.)	
The APA(A) has a set of defined standards for conduct, performance, and ethics	
Detailed comments	
Since its formation, the APA(A) has required its members to abide by the Health Professions Council's standards of conduct, performance, and ethics.	

Application for Physicians' Assistants (Anaesthesia) - scoring: 10

CRITERIA:	SCORE:
<i>Commitment to continuous professional development (CPD)</i>	Met
Summary comments (10 words max.)	
APA(A) requires its members to carry out CPD.	
Detailed comments	
The APA(A) expects its members to keep a portfolio detailing all CPD activity and to maintain a log book of all patient care episodes undertaken.	
The APA(A) does not specify the number of hours of study to be undertaken, but practitioners must be able to demonstrate that sufficient activity has been performed to remain competent. While the APA(A) lacks the resources to investigate the CPD of members at the current time, all PA(A)s currently practising work within the NHS and are therefore subject to an annual performance review which includes an assessment of their CPD activity.	