



Royal College of
General Practitioners

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Leng Review of the Physician Associate and Anaesthesia Associate Professions
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Sent by email to: Leng.Review@dhsc.gov.uk

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Dear Gillian

I am writing in relation to the independent review you are leading of physician associate (PA) and anaesthesia associate (AA) professions, to set out the College's position that there is no role for PAs in general practice.

I note your evidence-based approach and focus on considering whether PA and AA roles are safe, and I am grateful for the opportunity to contribute to the review.

Clearly this is a very difficult topic into which to conduct a review, and I am conscious that consensus is unlikely to be easy to find. It is important that the RCGP's contribution to the review is understood in the context of our [position of opposition to PAs working in general practice](#).

Background on the RCGP's position

Our position was reached through a vote at our UK Council in September 2024, following a member survey that found 50% of all respondents reporting being aware of specific examples of patient safety being compromised by the work of PAs. The full results of this survey can be found [here](#).

Common themes from responses to our survey included misdiagnosis and diagnostic errors by PAs, inappropriate prescribing and management, and lack of communication to patients and GPs. In addition, some of the key factors underlying RCGP Council's decision to oppose a role for PAs in general practice include:

- concerns that the [red lines](#) for the PA role in general practice that the College had previously set out were in many cases not being adhered to,
- concerns that the hoped for benefits of the role in terms of addressing unmanageable workload in general practice were not in fact being realised due to the levels of supervision support and training required, taking into account the status of PAs as a dependent profession, and

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- the particular risks and challenges inherent in the general practice environment given the need to manage undifferentiated illness.

In addition, it is important to emphasise that the RCGP position is that at a time of significant GP workforce challenges, funding allocations, resources and learning opportunities within general practice must be prioritised for the training and retention of GPs.

RCGP guidance

In recognition that there are around 2,000 PAs working in general practice, in September 2024, RCGP Council also approved [three sets of guidance](#) to support GP practices in prioritising patient safety. This guidance covers the induction and preceptorship, supervision, and scope of practice of PAs currently working in general practice, and sets out the standards we believe to be necessary for patient safety.

However, it is important to note the guidance assumes a level of external resourcing for practices in terms of supervision and funding for preceptorships that does not generally exist, and in the absence of which it may be challenging for practices to meet the standards that the guidance recommends. The guidance is of course advisory in nature, and we have always been clear that it is the responsibility employers to ensure the appropriate treatment and handling of existing PA contracts.

Thank you for considering the points in this letter. As I stated at our meeting on 13 December 2024, it is critical that the review recognises the increased challenges related to risk management, uncertainty and undifferentiation, and need for supervision in general practice as compared to other settings. Our position and guidance are set out in this context, highlighting the associated significant patient safety issues.

Yours sincerely



Professor Kamila Hawthorne
Chair of Council