

RCN Submission to the Regulation of Medical Associate Professions in the UK Consultation

The Department of Health is currently consulting on a number of regulatory issues related to the healthcare professions, which includes regulation of the Nursing Associate role, regulation of MAP roles and the UK system of Professional Healthcare regulation. As a Royal College we are concerned that this is not enabling an aligned and strategic approach to public protection in a rapidly changing healthcare context. There needs to be a flexible approach across professions that is future proofed and will provide governance in an evolving technological world.

In recent times there has been an emergence of assistant and associate roles working with the various healthcare professions but the approach to development, introduction, regulation and evaluation of these roles is not consistent. We have concerns that new roles are being introduced in a piecemeal fashion, with consultations that are not related to each other and which do not address wider issues around healthcare regulation and future health workforce requirements to meet population need.

The MAP consultation appears to make the assumption that the current models for healthcare regulation are fit for purpose and thus options are focussed on simply replicating the current regulatory system. Whilst the consultation acknowledges the work of the Professional Standards Authority (PSA) around 'right touch reform', this is not reflected in the questions or choice of responses offered.

The current political and health context offers a unique opportunity to set up regulatory and educational standards for these new assistant and associate roles that best protect public safety, increases workforce flexibility and delivers improved productivity from the outset.

The four roles in the consultation are presented as if they are substantially different, and therefore regulation of each role is considered separately. The likelihood is that as the role of the Physician's Associate (PA) becomes embedded within the healthcare workforce it will develop to be transferrable across a range of settings and contexts. We are therefore unclear why the PA (A) is presented as a distinct standalone role. If the PA role is statutorily regulated (which we see as the appropriate level of assurance) the competencies for the role on registration will be clearly set. There will then need to be a decision about whether specialisation (such as the anaesthetic role) is enabled through development of transferrable skills and competencies at initial registration, or whether this requires further post registration education and development. Standards for this would be part of the education framework for this professional role and offers the potential for this role to be flexible and productive to meet current and future service needs.

There is no discussion within the consultation on how regulation of those who have current professional registration with healthcare regulators (such as the NMC or HCPC) will be managed. If the PA role is seen as a distinct role, is the expectation that those who hold a healthcare registration (such as a nurse or Operating

Department Practitioner) will lapse that registration? Will that be a requirement of the role?

- If this is the case, what will the procedure be to enable the individual to return to their original register if they wish, particularly where they may want to progress their careers? If this is not facilitated, we may lose experienced healthcare staff from the workforce and it reinforces linear career stereotypes at a time when flexible approaches are needed to support integration of healthcare.
- If not the case, how will dual registration with two different regulators be managed? The individual will then be working to two different professional Codes, have different revalidation requirements and may have to go through two different Fitness to Practise processes.
- If they are a registered nurse with a prescribing qualification, they can prescribe but are not currently able to as a PA. What advice and guidance will be available for nurses on this and how can this be managed to improve the service user experience and make best use of resources?

The Surgical Care Practitioner (SCP) and Advanced Critical Care Practitioner (ACCP) are both roles that require a regulated healthcare professional to undertake further professional education, at Master's level. The criteria for eligibility for these roles must be sufficiently robust to ensure that any future new regulated healthcare roles which can progress into a SCP or ACCP role have the appropriate foundation on which to build to safeguard the public. There is a structured framework for education, training and competency which has been developed in consultation with relevant key stakeholders including RCN and endorsed by the Faculty of Intensive Care Medicine. It is well recognised role and Guidelines for Provision of Intensive Care Services (2015) state that ACCP can be an ICU resident. Statutory regulation is therefore warranted for this role.

Practitioners in these two roles will already be subject to statutory regulation. There is an assumption that both these role should be aligned with a medical Royal College, and yet the practitioner is practising by virtue of their original registration. They are thus accountable to their regulator for their actions or omissions and will be judged against the standards and Code set by that regulator. One of the challenges is to ensure that regulation of these roles is fair and equitable. It is unclear how these roles map into Advanced Clinical Practice. For SCP's and ACCP's who are registered nurses they could meet RCN credentialing standards (if qualified independent prescribers) which could give some assurance. The advanced clinical practice framework and apprenticeship model (England only) could also be applicable for all allied health professionals who are practicing at advanced level.

We offer our responses to the questions in the context of our concerns outlined here.

Question 1:

What level of professional assurance do you think is appropriate for PAs?

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other

Please provide further information to support your answer

Please refer to the RCN paper emailed separately outlining our rationale for response.

Question 2:

What level of professional assurance do you think is appropriate for PA(A)s?

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other

Please provide further information to support your answer

Please refer to the RCN paper emailed separately outlining our rationale for response.

Question 3:

What level of professional assurance do you think is appropriate for SCPs?

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other x1

Please provide further information to support your answer

Please refer to the RCN paper emailed separately outlining our rationale for response.

Question 4:

What level of professional assurance do you think is appropriate for ACCPs?

- Voluntary registration
- Accredited voluntary registration
- Statutory regulation
- Other x1

Please provide further information to support your answer

Please refer to the RCN paper emailed separately outlining our rationale for response.

Question 5:

In the future, do you think that the expansion of medicines supply, administration mechanisms and/or prescribing responsibilities to any or all of the four MAP roles should be considered?

Yes

No

Don't know

We believe that healthcare professional roles that are statutorily regulated, so can demonstrate the requisite level of education and skills to meet prescribing requirements, could become independent prescribers. This would support the user experience and service delivery.

Question 6:

Which healthcare regulator should have responsibility for the regulation of any or all of the four MAP roles?

- General Medical Council
- Health and Care Professions Council
- Other
- Don't mind

Please provide further information to support your answer

We cannot answer this question with the options offered due to the complexity of current regulatory models and the need for exploration of a different future focussed approach to regulation of healthcare roles.

Please refer to the RCN paper emailed separately outlining our rationale for response.

Question 7: Do you agree or disagree with the costs and benefits on the different types of regulation identified above? If not, please set out why you disagree. Please include any alternative cost and benefits you consider to be relevant and any evidence to support your views.

- Yes
- No
- Don't Know

Please provide further information to support your answer

We do see an additional potential benefit to regulation of these roles is that organisations may find their indemnity rates reduced.

Question 8:

Do you think any changes to the level of professional assurance for the four medical associate professions could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty, or by Section 75 of the Northern Ireland Act 1998?

- Yes
- No
- Don't know

Please provide further information to support your answer

We don't think the level of professional assurance impacts in any way on equality