

### Focus on Medical Associate Professions (MAP) in General Practice

#### 2024/25 Guidance

The recently published [PCN DES specification](#) sets out the requirements of PCNs where PAs (physician associates) are employed or engaged under the ARRS (Additional Roles Reimbursement Scheme).

The BMA position is that physician associates should be an assistant role to doctors helping with simple practical procedures, administrative tasks, and working with patients in a supportive, well-defined and specified role.

NHS England has set out what they believe to be the responsibilities of a PA employed under ARRS:

*“Where their named GP supervisor is satisfied that adequate supervision, supporting governance and systems are in place, provide first point of contact care for patients presenting with undifferentiated, undiagnosed problems by utilising history-taking, physical examinations and clinical decision-making skills to establish a working diagnosis and management plan in partnership with the patient (and their carers where applicable). The GP supervisor must take into account a physician associate’s knowledge, skills and experience gained through their training and development”.*

Of note, this is a marked change to the specification from previous years, which did not previously specify that a ‘named GP supervisor’ was required. Former iterations of the NHSE specification enabled, and indeed instructed any PA employed under the ARRS to see undifferentiated patients. This change in wording followed the publication of the BMA MAPs scope of practice guidance.

#### **The BMA guidance states that PAs should not be seeing ‘undifferentiated undiagnosed problems’ without supervision by a doctor.**

Each MAP needs to be assessed on an individual basis, with GP employers undertaking due diligence in assessing and monitoring the relevant scope of practice and clinical competence of their respective employees. At present there is no general practice training pathway with supported induction, curriculum, or competency coverage. All staff require induction, and a programme of support. Who decides when staff are ready to see varying clinical presentations should be determined on an individual basis, after an automatic period of close supervision.

PAs are not independent practitioners and should not be seen to be, or used, as a replacement for GPs. They require supervision and oversight from an appropriately qualified senior doctor. Their scope of practice means that a GP employer retains ultimate responsibility and liability for all clinical oversight.

We would always advise GPs to ensure they are fulfilling their GMC obligations.

### **BMA Safe Scope of Practice for MAPs**

The BMA has published a [document that sets out a safe scope of practice](#) for MAPs, which employing organisations should adopt to help doctors and other staff to provide safe, high-quality care for their patients.

These safe practice parameters reflect the BMA's view that MAP qualifications are appropriate for working in a supportive assistant role under the direct supervision of a doctor. **PAs should not make independent treatment decisions, and must not see undifferentiated patients. It is important to note this, if PAs have historically been used in the GP setting as a first point-of-contact.**

The guidance is designed to set out the BMA's recommendations in relation to safety: that of patients and staff. Employers are encouraged to adopt this safe scope of practice immediately, for the safety of their patients and to reduce their exposure to medico-legal risk. For the avoidance of doubt, this guidance should not be treated as advice to members on their current interactions with MAPs in relation to issues such as supervision.

We would advise GPs and practices of the need to assure themselves of the suitability and viability of engaging such roles. This should be considered from the perspective of clinical, medico-legal risk, cost effectiveness, and supervision requirements.

### **PCNs can use CASP money flexibly in 2024/25**

Practices are invited to consider the fact that CASP (Capacity and Access Support Payments) **can now be used to cover costs of GP supervision of PCN ARRS staff for example – [‘PCNs have the discretion to use the funding \[just over £200m nationally\] according to local needs – for example, the supervision of ARRS staff...’](#)**

This could be used for example, to pay GPs on a sessional basis to support and supervise ARRS staff across the PCN practices and services.