



# Physician and anaesthesia associates in healthcare: the perspective of postgraduate doctors in training

## Academy Trainee Doctors' Group statement

The Academy Trainee Doctors' Group (ATDG) represents trainees in postgraduate training. It has over 60 representatives drawn from the 24 medical royal colleges and faculties in the UK and Ireland. The members are all at different stages of their postgraduate training pathways. By working together to identify issues and challenges that affect trainee doctors and suggesting solutions, we strive to help to drive improvements across the whole health service. In particular, we look at ways to improve the support given to trainee doctors throughout their postgraduate years to enhance training, recruitment and retention of this crucial component of the workforce.

The healthcare systems throughout the UK are currently facing unprecedented pressures. Doctors in training are a vital part of the workforce and have been working tirelessly to support the NHS and the needs of patients in these challenging times. It has long been recognised that the healthcare system is severely understaffed. The publication of the NHS Long Term Workforce Plan (LTWP) in 2023 has been welcomed by doctors in training as a constructive beginning to further conversations and strategies to help ensure that the health service has the required staffing levels to deliver the high-quality and timely care that all patients need and expect. One of the key aspirations of the LTWP is to reduce the significant pressure felt each day by existing staff. The ATDG continue to work with allied stakeholders to support the implementation of this plan across the broad domains of training, retention, and reform.

The ATDG has long advocated for changes to the workforce to better support doctors in training and the wider healthcare system. Changes that would help improve the allocation of tasks which are specific to levels of training, to ensure trainees have more time to

concentrate on specific training needs, and so that the skills of the whole team are more appropriately utilised. This includes the expansion of medical associate professionals [MAPs]. However, as with any new project, the correct and considered implementation and integration of these changes is vital.

Doctors in training provide an important perspective to examples of good practice but also to the challenges that expanding MAPs may bring. The ATDG recognises the concerns that have been expressed by the trainee network and the desire to work with our allied stakeholders to resolve these. This document reflects the wider views of trainee doctors about the increased use of MAPs, to help generate a more constructive conversation and ensure that both the potential value of this programme and the concerns, are realised, recognised, and addressed for the benefit of both the existing workforce, MAPs themselves and, of course, patients.

## Summary

- The ATDG recognises the potential benefits of MAP roles for the workforce, patients and to doctors in training. This includes support at times of transition, effective utilisation of the wide and varied skills of doctors in training, improving continuity of care for patients, and tackling daily workload pressures. However, significant concerns have been raised about the proposed plans for expansion based on existing experiences which require further dialogue, detail, and clarification. Trainee doctors' concerns should be recognised and addressed to support the continued development of MAP roles.
- The ATDG consider that the inappropriate and offensive language expressed on social media is unacceptable. It is damaging to the profession, multi-disciplinary team working and the public and patient perception of doctors in training. The ATDG urges all doctors in training, MAPs, and everyone involved in such conversations, to maintain professionalism in all forms of communication about this issue.
- Much of the negativity expressed by doctors in training may have arisen from areas of misunderstanding, miscommunication, and sometimes a lack of clarity about MAP roles, responsibilities and remit. Adding to this confusion, is the broad variation nationally in the implementation of MAP roles. Developing a shared understanding of the role of MAPs is vital to building trust.
- The rapid implementation and investment in expanding the MAP programme has led trainees to feel that the MAP roles are being prioritised above the needs of doctors in training, which will potentially impact morale as well as retention and recruitment.
- There is also a concern that the MAP role itself may expand in the future which may lead to a perception that doctors in training are less valued by the health service.

- It is therefore important that the definition, remit, scope and regulation of MAP roles are clearly defined, accessible and understood by the multi-disciplinary team, rota coordinators and MAPs themselves. This will help to address concerns regarding inequalities in access to training opportunities, concerns regarding working practices exceeding competencies and responsibilities, and will address much of the misinformation that is currently circulating.
- MAP roles are perceived as a faster and more effective way to attain related, but distinct, competencies and skills compared to the duration, assessment, examination and portfolio requirements of doctors in training. Communications stating that MAPs are 'medically trained', with similar competencies and skills of junior doctors are misleading and should be replaced with 'trained in the medical model'.
- Another factor that could impact retention and recruitment is the expansion of MAP roles on the workload of doctors in training. Trainee doctors are already taking on supervisory or training roles for existing MAPs, which is an accepted part of Good Medical Practice. Expanding these roles will be very challenging to balance given existing workforce pressures and training requirements and needs to be achieved through engagement with trainees.
- We believe that ongoing reciprocal communication between doctors in training and stakeholders must happen to ensure that both good practice and concerns continue to be heard by allied stakeholders.

## Benefits of implementation

The implementation and expansion of the physician and anaesthesia Associates (PA/AA) programme as part of the LTWP will help to develop a more sustainable workforce to face the ongoing challenges and pressures that the NHS is facing. However, this needs to be carefully balanced with the appeal and attractiveness of changing consultant roles and current retention rates of doctors in training.

Similar schemes, such as the expansion of the specialist nurse programme, have been very helpful to doctors in training. They can provide a useful source of experience and support at times of transition, but also can play a significant role in terms of training and development for trainee doctors. When the roles are expanded within a regulated profession and a well-defined framework, and with a transparent training programme, PA/AAs could deliver similar benefits across many different specialities. Alongside consultants and other roles, they will be able to provide consistency at particular times during the patient journey and help to orientate and support trainees when they arrive in new departments.

However, doctors in training are also concerned that the consistency MAPs provide will lead to the prioritisation of PA/AAs by senior leaders. This includes the inequalities in access to training opportunities, which will be impacted by the lack of a robust expansion of supervisory roles. Clearly defining the roles and responsibilities of PA/AAs and providing clarity regarding expansion and support plans for supervisory responsibilities and capacity will help to mitigate this.

### Impact of current communication approaches from doctors in training

Some of the discussions that have been taking place on social media have been very negative in tone and have featured unacceptable language. The ATDG are very concerned about the impact that this has had on existing and prospective PA/AAs but also the impression it gives to the public and patients. It is also damaging to the profession and harming the multi-disciplinary team working relationship which is so crucial to the effective working of the health service. Choosing to become a PA/AA is a legitimate career path and therefore concerns should not be directed specifically at these individuals.

We urge all trainees to consider the impact of what they say and the way they communicate in the public arena. We encourage more constructive engagement via training representatives or organised meetings. Stakeholders are keen to engage and want to listen and act, but respect and professionalism should be maintained at all times.

There is also a responsibility for MAPs to communicate appropriately too as explicitly stated in Good Medical Practice and the RCP Faculty of Physician Associates (FPA) document.

A productive and constructive conversation is needed to help shape the ongoing implementation of the MAP programme, and doctors in training have a crucial role within this.

### Reasons for the current reaction from doctors in training

Doctors in training are keen to emphasise that their concerns are not centred on protectionism. There is a belief among some trainees that their concerns are being dismissed due to this perception. Instead, the response and strength of feeling from trainees must be considered in the context of the employment conditions of rotating and significant workload pressures. Doctors in training consider fixing these existing challenges should be the priority; these are changes that trainee representatives have been lobbying for years. Focusing on expanding MAPs gives the impression that trainee doctors are of a lower priority, and this is affecting morale.

Much of the negativity expressed by doctors in training may stem from areas of misunderstanding, miscommunication, or a perceived lack of transparency about these roles and their associated responsibilities and remit. The locally employed nature of MAPs means many and varying roles have been developed often with no input from the FPA, which leads to concerns in an unregulated profession.

Several specialty trainee representatives are engaged in active surveys of their membership to explore views of the specialty training communities, including the Royal College of Anaesthetists, the Royal College of Paediatrics and Child Health, and the Association of Surgeons in Training. This provides an important opportunity for trainees to express their views, and when the reports are available and published, we invite allied stakeholders to explore the outputs with the respective trainee groups, or via the ATDG.

The ATDG supports the need for an open and continuous dialogue, with training groups actively involved in ongoing discussions.

### Potential conflict of roles and requirements for progression

Continued progression of trainee doctors through their training and to work at certain grades is dependent on specialty training programmes, passing examinations and the completion of portfolios.

MAPs and doctors in training should be recognised as distinct and delineated roles, with related but different competencies, responsibilities and skills. MAPs work alongside doctors in training and act in a complementary way to deliver safe and effective patient care but do not replace them.

The needs of doctors in training to achieve specific competencies requires the ability to access training opportunities. It is important that doctors in training have sufficient supported and protected access to obtain and maintain necessary competencies. Without a firm plan to ensure access to training opportunities morale will reduce and retention will be threatened.

Doctors in training need to make significant financial and personal sacrifices to support their progression. There is a sense that MAP roles are being presented as a faster and more effective way to reach higher levels, along with significant funding incentives to employ MAPs in certain sectors. Without clear responsibilities and remits there are concerns regarding how roles may change in the future. It is important that future communications recognise that although doctors in training and MAPs will be working very closely, they have distinct and delineated competencies, skills, and roles.

## Regulation

There are concerns among doctors in training that the timeline for the regulation of MAP roles is dependent on the Department of Health & Social Care. There is also concern that it is constrained by complex legislative steps which will inhibit the implementation of specific requirements more quickly.

Clarification regarding registration with the GMC is also needed, focussing on how MAPs will be distinguished from doctors, and how appropriate skills and background checks will be employed. It is important for both healthcare staff and patients to be able to differentiate a GMC-registered PA/AA versus a GMC-registered doctor.

There is also a perception by trainees that the GMC and some colleges and faculties are unwilling to define the scope of PA/AA practice. This has led to concerns of fragmentation, variation, and the definition of scope being uncertain or ill-defined. We appreciate that the scope of practice is very difficult to define when there are multiple and expanding roles, differing expectations, and dependency on different departments / trusts / experience etc. However, efforts to provide clarity and clear definitions in these areas will likely relieve anxiety.

Concerns have been expressed about the variability of MAPs taking part in rotas or occupying gaps in rotas of trainee or locally employed doctors in secondary care. The role and competencies of the MAP should be assessed and recorded and expectations of MAPs in these roles should be made clear to all members of the team, including all professions delivering patient care. In primary care, patients must be made aware of the role and training of the professional they are seeing. Unease regarding roles, capabilities and patient care therefore persist. If this misunderstanding of roles is also reflected by human resource departments and rota coordinators it must be addressed as a priority.

## Comparisons with existing associate professions

Other existing associate professions (such as nursing associates and dental hygienists) have a more defined scope of practice. Doctors in training believe that defining the scope and clearly stating who is responsible for what is important when one profession works closely alongside another.

This will also assist in the setting of appropriate standards for PA/AAs. The implementation of standards and defining the scope at a local level is felt to be inappropriate. Patients and the wider public are unaware of or do not understand what MAPs are, which could lead to misunderstandings about who is involved in their care.

## Supervision of the new roles and training

With the expansion of associate professional numbers, there will be a need for the expansion of supervisory responsibilities and the number of supervisors. Doctors in training consider that this is not adequately detailed in the workforce plan, and that the responsibilities for this will fall to senior trainees, as members of the team who are most prevalent / accessible in the clinical setting, and that the forms of work that senior registrars and consultants will be doing will be different as a result.

MAPs may have a training responsibility within their role but the remit of this, who they are required to teach and how, requires further discussion.

## Need for trainee representatives to be involved in future discussions

The strength of feeling on this issue highlights the need for trainee representatives to have a seat at meetings and on college and faculty groups focussed on the implementation of the LTWP.

Ongoing reciprocal communication is needed to ensure that both good practice and concerns continue to be heard and acted upon by allied stakeholders, and progress regarding implementation can be communicated back to trainee networks. This also applies to other proposals in the LTWP such as the development of apprenticeship programmes and the shortening of undergraduate programmes; conversations and engagement with trainee networks are needed at an early stage.