

## **The regulation of medical associate professions in the UK –consultation response from the General Osteopathic Council**

### **Synopsis of response submitted via online response form**

1. The General Osteopathic Council welcomes the opportunity to respond to the Department of health's consultation on the regulation of medical associate professions in the UK.
2. In our role as the statutory regulator of the osteopathy profession we have developed an awareness of a number of issues relating to the role of Physicians' Associate (PA), but not of the other three roles described in the consultation. Therefore we will limit our responses to the PA role.
3. We support the development of new roles that can underpin the efficient and effective delivery of high quality clinical care for patients, as well as the development of programmes that enable existing registered healthcare professionals to train in these new roles.
4. We are aware of osteopaths who are already trained and are working as PAs, or are planning to do so in order to expand their scope of practice. We are also aware that discussions are taking place between the Institute of Osteopathy (the professional body for osteopaths) and Health Education England on the potential for osteopaths to be trained to undertake a greater role in NHS primary care provision, as a result of the recent recognition of osteopaths as allied health professionals (AHPs) within the NHS. However, it is not clear whether these roles would be considered to be that of a PA or to have some other as yet unspecified designation.
5. Whatever regulatory mechanism the Government chooses to deploy in relation to PAs, we think it is necessary to ensure that it is fit for purpose and can adapt over time. The current regulatory system is effective at determining whether individuals are 'fit for registration' with the appropriate regulator but less effective in determining and recognising 'fitness for role'. We question whether, as the number of healthcare roles continues to rise and diversify, bespoke registers of practitioners are the most flexible or effective way to assure public protection.
6. Given that PAs may already be statutorily registered as nurses, osteopaths, physiotherapists, biomedical scientists or others, an alternative to a register hosted by the GMC or HCPC would be to allow the existing registers – those of the GOsC, HCPC or NMC – to be annotated with the additional scope of practice of Physician Associate.
7. One argument against such an approach is that individuals registered by different regulators might be subject to differing standards or practice, continuing fitness to practise requirements or different fitness to practise regimes. On the other hand, allowing a more inclusive cross-regulator approach

to PA regulation might promote the greater cooperation and consistent approach advocated in *Promoting professionalism, reforming regulation*.

8. The consultation document also addresses the issue of prescribing rights. We believe that the process set out in the consultation is also in need of reform. Our experience of participating in the 2016 *Chief Professional Officers' Scoping Project on Medicines Supply, Administration and Prescribing Mechanisms*, suggested that the process is not fit for purpose in a fast changing healthcare environment. In particular, there was an explicit requirement for identified service need before extending prescribing rights could be considered, rather than a more permissive regime that would allow innovative service models to emerge from an increased range of appropriately regulated practitioners.