

Annex A: emails between the General Medical Council and Professional Healthcare Regulation Unit

Email chain: 1

From: [REDACTED] @gmc-uk.org>
Sent: Monday, March 25, 2024 10:33 AM
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]< [REDACTED]@gmc-uk.org>
Subject: RE: PAAA consultation

Thanks for this. We will copy both [REDACTED]

Thanks

[REDACTED]

From: [REDACTED]@gov.scot < [REDACTED]@gov.scot>
Sent: Monday, March 25, 2024 9:41 AM
To: [REDACTED]@gov.scot; [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED] < [REDACTED]@gmc-uk.org>
Subject: RE: PAAA consultation

Thank you [REDACTED] that's helpful to see.

[REDACTED] – as [REDACTED] indicated, [REDACTED] is covering a different post on a temporary basis, could you please copy me into anything AA/PA related going forward.

Thank you,

[REDACTED]

From: [REDACTED] @gov.scot>
Sent: Sunday, March 24, 2024 7:14 PM
To: [REDACTED]@gmc-uk.org>; [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED] < [REDACTED]@gmc-uk.org>
Subject: RE: PAAA consultation

Thanks very much, [REDACTED]. That'll be very helpful.

I'm having a day off on Monday so I'll leave it in [REDACTED] capable hands for our interests. Also copying [REDACTED] as I believe [REDACTED] is helping with other priorities on a short term basis.

[REDACTED]

[REDACTED] | Unit Head - Regulation of Health Professions | CNO Directorate | DG Health and Social Care | Scottish Government | [REDACTED]
[REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Friday, March 22, 2024 2:09 PM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: PAAA consultation

Hi [REDACTED]

Hope all is well with you. Just a quick line to let you know that ahead of the launch of the PAAA rules consultation on Tuesday next week, we will be sending around some handling materials to stakeholders on Monday and publishing our press release. I'll send on to you as soon as they are ready on Monday.

Thanks

[REDACTED]

[REDACTED]
[REDACTED]
GMC Scotland

[REDACTED]
Email: [REDACTED]@gmc-uk.org

Join us on Twitter (twitter.com/gmcuk), Facebook (facebook.com/gmcuk), LinkedIn (linkd.in/gmcuk) and YouTube (youtube.com/gmcuktv). Visit the [GMC website](#) for further information about our work in Scotland

General Medical Council

We work with doctors, patients, and other stakeholders to support good, safe patient care across the UK. We set the standards doctors and those who train them need to meet, and help them achieve them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed.

This email may contain privileged or confidential information which should only be used for the purpose for which it has been sent.

If you are not the addressee or have received this email in error, please do not read, print, re-transmit, store or act in reliance on it or any attachments. Please email the sender and then immediately delete it.

The General Medical Council is a charity registered in England and Wales (1089278) and in Scotland (SC037750)

You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Cyngor Meddygol Cyffredinol

Rydym yn gweithio gyda meddygon, cleifion a rhanddeiliaid eraill i gynorthwyo gofal da a diogel i gleifion ar draws y DU. Rydym yn gosod y safonau y bydd angen i feddygon a'r rhai sy'n eu hyfforddi eu bodloni, ac yn eu helpu i'w cyflawni. Os bydd pryderon efallai na fydd y safonau hyn yn cael eu cyflawni neu y gallai hyder y cyhoedd mewn meddygon fod mewn perygl, gallwn ymchwilio, a gweithredu os oes angen.

Efallai bod y neges e-bost hon yn cynnwys gwybodaeth freiniol neu gyfrinachol, y dylid ei defnyddio at y diben y'i hanfonwyd yn unig.

Os nad chi yw'r derbynnydd neu os ydych chi wedi cael yr e-bost hwn mewn camgymeriad, peidiwch â'i ddarllen, argraffu, ail-anfon, storio na gweithredu mewn ffordd sy'n dibynnu arni neu unrhyw atodiadau os gwelwch yn dda. Dylech anfon e-bost at yr anfonwr ac yna, ei ddileu ar unwaith.

Mae'r Cyngor Meddygol Cyffredinol yn elusen gofrestredig yng Nghymru a Lloegr (1 089278) ac yn Yr Alban (SC037750)

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

Email chain: 2

From: [REDACTED] <[REDACTED]@gmc-uk.org>

Sent: Monday, March 25, 2024 12:52 PM

To: [REDACTED]@health-ni.gov.uk; [REDACTED]@rcoa.ac.uk; [REDACTED]@bma.org.uk; [REDACTED]@gov.scot>; [REDACTED]@nhsemployers.org; [REDACTED]@nhs.net; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot; [REDACTED]@wales.nhs.uk>; [REDACTED]@gov.wales; [REDACTED]@rcp.ac.uk; Jason Birch <Jason.Birch@gov.scot>; [REDACTED]@swansea.ac.uk; [REDACTED]@nhs.net; [REDACTED]@gov.scot>; [REDACTED]@dhsc.gov.uk; [REDACTED]@wales.nhs.uk; [REDACTED]@rcoa.ac.uk; [REDACTED]@nhs.net; [REDACTED]@anaesthetists.org; [REDACTED]@rcp.ac.uk

Cc: [REDACTED]<[REDACTED]@gmc-uk.org>

Subject: Opening Tuesday 26 March: seeking views on the rules, standards and guidance required to regulate physician associates and anaesthesia associates

Dear colleagues

I'm writing to you as a member of our medical associate professions external advisory group, to let you know that on Tuesday 26 March we'll open a public consultation on the rules, standards and guidance needed to implement the regulation of physician associates (PAs) and anaesthesia associates (AAs).

[You can find a copy of the consultation document and supporting materials on our embargoed webpage.](#) We've also attached a copy of our press release and a short background briefing note. The consultation will be live from 26 March to 11.59pm on 20 May and [can be accessed on this webpage](#) between those dates.

About this consultation

This consultation will take place during a period of intense debate about the role and deployment of PAs and AAs in the health services. We recognise the impact that

this is having on individuals in and outside of their workplaces. As we have throughout this process, we'll continue to reiterate the importance of professional and respectful behaviours at all times, especially when tensions are high.

While it's clear that there's more to do across the system to address concerns that are being expressed, this consultation isn't about those matters. It's specific to how we'll implement the legislation passed by the UK and Scottish Parliaments which legally requires us to regulate PAs and AAs from December 2024. It cannot, and does not, reopen decisions that have already been settled in law, including which organisation should regulate these professions.

As a member of our external advisory group, we'd be grateful for your support in encouraging responses to the consultation from your organisations, and those with an interest in regulation of PAs and AAs. Regulation will help assure the public that PAs and AAs have the required knowledge, skills and experience to work safely. We want to hear views from individuals and organisations to help ensure the proposals we've put forward are clear, fair and proportionate, for:

- education and training of PAs and AAs
- registration of PAs and AAs
- dealing with concerns about PAs and AAs
- our approach to charging fees for our functions

We'll also use this consultation to ask for views on draft principles to inform the content of fitness to practise decision making guidance that will apply to all registrants – doctors, PAs and AAs - from the end of this year.

Next steps

Following the consultation, we'll analyse responses and finalise the policies and processes required for regulation to start. We'll continue to use meetings of the external advisory group to keep you up to date on our progress and preparations to become a multi-professional regulator of doctors, PAs and AAs.

The feedback we receive will also help inform work on future changes to our regulatory framework for doctors, which will enable us to respond more quickly and flexibly when patient safety is at risk; and help us to better support good practice for all our registrants.

Thank you for your continued engagement and support. I hope this information has been helpful but if you have any questions or would like to arrange a short meeting to inform your consultation response, please don't hesitate to contact [REDACTED], [REDACTED],[REDACTED]@gmc-uk.org who will be happy to help.

Best wishes

[REDACTED]

[REDACTED]

General Medical Council
350 Euston Road

London NW1 3JN

Email: [REDACTED]@gmc-uk.org

Attachment 1: AAPAO consultation_press release final

GMC launches consultation on how it regulates physician associates and anaesthesia associates

The General Medical Council (GMC) is today (Tuesday 26 March) launching a consultation on the rules, standards and guidance by which it will regulate physician associates (PAs) and anaesthesia associates (AAs).

The UK government asked the GMC to regulate the two professions back in July 2019. Legislation paving the way for that to happen was laid in parliament in December 2023 and passed, in Westminster and Edinburgh, earlier this year. It will come into effect in December 2024.

The GMC must be ready to regulate PAs and AAs – in addition to the doctors it already regulates – by the end of 2024. Before that can happen there needs to be a consultation on the rules, standards and guidance that provide the detail for how regulation will be delivered.

[REDACTED] of the GMC, said:

'Everyone agrees that regulation is needed and that it will benefit patient safety and public confidence. We are now setting out our proposed approach for how we will regulate these professions.

'This consultation is not about whether the GMC should be the regulator but about how we regulate. The law requires us to take on this role from December this year.

'It is important for us to hear feedback from representatives of patients, PAs, AAs, doctors and employers, as well as other stakeholders and from individuals. This consultation will determine how we implement the powers and duties the legislation gives us.'

The consultation, which opens today at 9am and runs for eight weeks until midnight on the night of Monday 20 May, also covers other areas of the GMC's oversight of PAs and AAs. These include:

- Education and training,
- Registration,
- Fees,
- Dealing with concerns.

In addition, the consultation is also asking for views on draft principles to inform the content of fitness to practise decision-making guidance that will, from the end of this year, apply to doctors as well as to PAs and AAs.

To find out more, and to get involved in the GMC's consultation – *Regulating anaesthesia associates and physician associates - consultation on our proposed rules, standards and guidance* – visit the GMC's website.

Ends

Notes to editors

The GMC Press Office can be contacted on [REDACTED], or email press@gmc-uk.org

The General Medical Council (GMC) is the independent regulator of doctors in the UK.

The GMC works with doctors, their employers, their educators and others to:

- set the standards of patient care and professional behaviours doctors need to meet.
- make sure doctors get the education and training they need to deliver good, safe patient care.
- check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards it sets throughout their careers.
- give guidance and advice to help doctors understand what's expected of them.
- investigate where there are concerns that patient safety, or the public's confidence in doctors, may be at risk, and take action if needed.

The GMC is independent of government and the professionals it regulates, and is accountable to the UK Parliament.

To find out more visit our website www.gmc-uk.org.

Join us on Twitter (twitter.com/gmcuk), Facebook (facebook.com/gmcuk), LinkedIn (linkd.in/gmcuk), and YouTube (youtube.com/gmcuktv).

Attachment 2: Regulating AA and PAs external briefing

March 2024

Regulating anaesthesia associates and physician associates: consultation on our proposed rules, standards and guidance

How to take part in the consultation

From Tuesday 26 March 2024 to Monday 20 May 2024, we'll consult on the draft rules, standards and guidance needed to implement the regulation of PAs and AAs. We'll also use this consultation to ask for views on draft principles to inform the content of fitness to practise decision making guidance that will apply to all registrants – doctors, PAs and AAs – from the end of this year.

You will be able to take part in the consultation via our website at: <https://www.gmc-uk.org/pa-and-aaregulation-hub/regulating-aas-and-pas-consultation>

We encourage responses through our online consultation tool, but our website also has information about alternative ways to take part.

We have made our proposals as clear and accessible as possible to ensure that anyone who wishes to share their views has an opportunity to do so.

We will promote the consultation across all our communication channels throughout the period that the consultation is live.

If you have any questions about this briefing document or the consultation, please contact [REDACTED], [REDACTED], [REDACTED]@gmc-uk.org and we will get back to you as soon as possible.

Background

In 2017, the UK government consulted on whether PAs and AAs should be brought into statutory regulation and, if so, who the regulator should be. The clear outcome of the public consultation was that they should be regulated.

In 2019, the UK government, with the support of the devolved governments, asked that we regulate both professions.

Legislation introducing this requirement into law was laid in the UK and Scottish Parliaments in December 2023 and subsequently approved. This now sets out a legal duty for us to regulate PAs and AAs from the end of this year.

Although the number of PAs and AAs remain relatively small, they are expected to grow steadily in the next few years. While this is not a matter for the GMC or this consultation, it underlines the importance of PAs and AAs being brought into statutory regulation as soon as possible.

Regulation will help to assure patients, colleagues and employers that PAs and AAs are safe to practise and can be held to account if serious concerns are raised.

The introduction of regulation of PAs and AAs is the first, in a series of steps that will reform professional healthcare regulation over time. The UK government has committed to future reform of the legislation that governs how we regulate doctors which will enable us to be a more relevant, effective and compassionate regulator for all our registrants.

The current debate

The consultation will take place during a period of intense debate about the roles and deployment of PAs and AAs in the health services. While there's more to do across the system to address these concerns, this consultation isn't about those matters. It's specific to how we'll implement the legislation passed by the UK and Scottish Parliaments which legally requires us to regulate PAs and AAs from December 2024. It cannot, and does not, reopen decisions that have already been made or settled in law, including:

- whether PAs and AAs should be brought into statutory regulation
- whether they should be regulated by the GMC or another body
- any aspects of the legislation introducing regulation
- professional titles of anaesthesia associate or physician associate

What the consultation covers

We're consulting on the draft rules, standards and guidance needed to implement the regulation of PAs and AAs. We'll also use this consultation to ask for views on draft

principles to inform the content of fitness to practise decision making guidance that will apply to all registrants – doctors, PAs and AAs – from the end of this year.

We have grouped our rules, standards, and guidance by regulatory function covering:

Education and training for PAs and AAs

- standards for PA and AA curricula and for delivery of PA and AA education
- our processes for approving and quality assuring the education and training provided

Registration of PAs and AAs

- information that must be recorded on the register for all PAs and AAs
- our responsibility for recording, amending, and maintaining register records
- requirements that PAs and AAs must meet to register with us and the process for doing so
- requirements that PAs and AAs must meet to re-enter the register if they have been removed or have removed themselves from the register, and the process for doing so
- the processes through which a PA's or AA's entry on the register can be removed

Dealing with concerns about PAs and AAs

- our processes for assessing, investigating, and adjudicating a concern
- our process for taking action because of a fitness to practise concern by issuing a warning or imposing a measure (restriction) on a PA's or AA's registration
- our process for keeping fitness to practise measures under review

Changing and challenging our decisions

- our process for revising specified GMC decisions
- the process for internal appeals against GMC decisions

Fees

- our approach to charging fees for our functions

Improving regulatory processes for doctors

As well as asking for feedback on rules, standards and guidance needed to implement statutory regulation of PAs and AAs, the consultation also includes proposals that will apply to doctors' regulation from the end of this year.

We're seeking views on draft principles that will inform the content of fitness to practise decision-making guidance. The purpose of guidance is to support GMC decision makers and independent tribunals to make proportionate, transparent and fair decisions when considering if a doctor, PA or AA poses any current or ongoing risk to public protection, and whether regulatory action is required or not. Our aim in updating our guidance is to introduce a more streamlined, clear and accessible decision-making framework for everyone involved in the fitness to practise process.

We've included these proposals in this consultation to bring forward improvements for doctors where we're able to do so, within the legislation that currently governs our work.

Regulation is changing

In 2017, the UK government proposed changes to the way that we and other healthcare professional regulators operate.

The legislation that governs how we work was introduced over 40 years ago and is complex, overly prescriptive and slow to adapt to change. It has hampered us and other regulators in our efforts to protect the public and support those we regulate to deliver good, safe patient care.

The UK government has now started work to reform this legislation, which will allow us to respond more quickly and flexibly when patient safety is at risk, and better support good practice.

Reform will come in steps and will change professional healthcare regulation in the UK over time. The first step will make us a multi-professional regulator responsible for the regulation of PAs and AAs from the end of this year. It also lays the groundwork for future steps, including reform of the legislation that governs our regulation of doctors. Once this legislation has been introduced, we'll consult separately on the rules, standards and guidance required for doctors.

You can read more about regulatory reform and the timeline to change on our website.

Email chain: 3

From: [REDACTED]@gmc-uk.org>
Sent: Tuesday, March 26, 2024 5:19 PM
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: FW: AAPA Order - GMC Update

Hi both

For information – please see below an update we've just sent to MSPs. The copy list included the MSPs on the Health committee, and Jackie Baillie as Scottish Labour's health lead.

Best wishes

[REDACTED]

From: [REDACTED]
Sent: Tuesday, March 26, 2024 5:17 PM
To: GMC Scotland <gmcsotland@gmc-uk.org>
Subject: AAPA Order - GMC Update

Good afternoon,

Today, we have opened our public consultation on the rules, standards and guidance needed to implement the regulation of Physician Associates (PAs) and Anaesthesia Associates (AAs). We'll also use this consultation to ask for views on draft principles to

inform the content of fitness to practise decision making guidance that will apply to all registrants – doctors, PAs and AAs – from the end of this year.

This follows approval of [the legislation](#) that requires the GMC to regulate PAs and AAs in January, and its passage through Westminster last month.

The consultation will be live from 26 March, closing on 20 May and [can be accessed along with supporting materials on this webpage](#).

Regulation will help to assure patients, colleagues and employers that PAs and AAs are safe to practise and can be held to account if serious concerns are raised. We know that the consultation will take place during a period of intense debate about the roles and deployment of PAs and AAs in the health services.

In addition to our consultation, we are listening and have responded to feedback about our approach to regulation and will continue to do so.

As a multi-professional regulator, we will recognise and regulate doctors, PAs and AAs as three distinct professions. We've recently announced that [the reference number that PAs and AAs will be given when they gain registration will have a unique alphabetical prefix](#) which provides a clear distinction between the different professions we will regulate. We'll also make sure we prominently label each profession type on our public-facing registers, and in search functions.

We want to hear from individuals and organisations in response to our consultation, including PAs and AAs, doctors, patients and employers, to help ensure the proposals we've put forward are clear, fair and proportionate. We have grouped our rules, standards, and guidance by regulatory function covering:

- education and training of PAs and AAs
- registration of PAs and AAs
- dealing with concerns about PAs and AAs; and fitness to practise decision making principles for all registrants
- our approach to charging fees for our functions

Next steps

The feedback we receive will also help inform work on future changes to our regulatory framework for doctors, which will enable us to respond more quickly and flexibly when patient safety is at risk; and help us to better support good practice for all our registrants. The UK government has now started work to reform this legislation.

I hope this summary is useful. Please don't hesitate to get in touch if you'd like to discuss anything in more detail.

Kind regards

[REDACTED]

[REDACTED]

[REDACTED]

GMC Scotland

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh, EH8 8PJ

Tel: [REDACTED]

Mob: [REDACTED]
Email: [REDACTED]@gmc-uk.org

Join us on Twitter (twitter.com/gmcuk), Facebook (facebook.com/gmcuk), LinkedIn (linkd.in/gmcuk) and YouTube (youtube.com/gmcuktv). Visit the [GMC website](#) for further information about our work in Scotland

Email chain: 4

From: [REDACTED]@gmc-uk.org>
Sent: 01 May 2024 15:26
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gmc-uk.org>
Subject: RE: GMC Rules

Hi [REDACTED]

[REDACTED (section 30(b)(ii))]

The consultation team are just going through our consultation materials and making some quick amends to correct the language, and the updated version should be published on our website in the coming days.

Thanks again for the reminder, and just let me know if you have any other thoughts or questions.

[REDACTED]

[REDACTED]
[REDACTED]
General Medical Council
[REDACTED]

Email: [REDACTED]@gmc-uk.org
Website: www.gmc-uk.org

From: [REDACTED]gov.scot>
Sent: Tuesday, April 30, 2024 8:24 AM
To: [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot; [REDACTED]@gmc-uk.org>
Subject: RE: GMC Rules

Morning [REDACTED],

[REDACTED (section 30(b)(ii))]

I hope that's helpful and I'm more than happy to discuss it further.

Many thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government
E: [REDACTED] @gov.scot

From: [REDACTED] @gmc-uk.org>
Sent: Wednesday, April 24, 2024 9:29 AM
To: [REDACTED] @gov.scot>
Cc: [REDACTED] @gov.scot>; [REDACTED] @gmc-uk.org>
Subject: RE: GMC Rules

Morning [REDACTED]

Lovely to meet you and the team virtually on Monday.

You helpfully flagged some language in our consultation document that wasn't quite right for the Scotland context, and I wondered if you'd be able to share the specifics so that we can make sure we're more accurate going forwards?

Many thanks
[REDACTED]

[REDACTED]
[REDACTED]
General Medical Council
[REDACTED]

Email: [REDACTED] @gmc-uk.org
Website: www.gmc-uk.org



From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Monday, April 22, 2024 11:24 AM
To: [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot; [REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: RE: GMC Rules

Morning [REDACTED],

We don't have specific questions as such but it would be useful if you could take us through the FtP proposals to make sure we fully understand them. It would also be useful to know about the timescales you're working towards ahead of regulation commencing and any potential hurdles and obstacles that you've identified.

Many thanks,

[REDACTED]

[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government

E: [REDACTED]@gov.scot

From: [REDACTED]@gov.scot>

Sent: Friday, April 5, 2024 4:14 PM

To: [REDACTED]@gmc-uk.org>

Cc: [REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: GMC Rules

Thank you for being so accommodating, I'll forward it on to a couple of others who'll be joining. If we've got any specific questions then we'll get them over to you in advance.

I hope that you have slightly better weather than we're forecasted to have over the weekend!

[REDACTED]

[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government

E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>

Sent: Friday, April 5, 2024 4:08 PM

To: [REDACTED]@gov.scot>

Cc: [REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: GMC Rules

Hi [REDACTED]

I totally get it – lots of well-deserved annual leave at the mo.

I think 22 April works for us so I'll send an invite for 2pm if that's ok.

Thanks

[REDACTED]

[REDACTED]

[REDACTED]

General Medical Council

[REDACTED]

Email: [REDACTED]@gmc-uk.org

Website: www.gmc-uk.org



From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Friday, April 5, 2024 1:04 PM
To: [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: GMC Rules

Hi [REDACTED],

We have a lot of people on leave this month so I'm trying to find a date that will accommodate everyone. This is probably a long shot but do you have availability on Mon 22 April between 11:30 and 3?

I hope you have a lovely weekend when it comes.

Many thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government

E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Thursday, April 4, 2024 11:25 AM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: GMC Rules

Hi [REDACTED]

Hope you had a lovely Easter.

Just coming back to you with some alternative options for our meeting on the AA/PA consultation.

Would either of these slots work for you:

- Thursday 11 April, 3pm
- Tuesday 16 April, 3:30pm

I'll make sure colleagues from FTP can join us too.

Thanks

[REDACTED]

[REDACTED]

[REDACTED]

General Medical Council

[REDACTED]

Email: [REDACTED]@gmc-uk.org

Website: www.gmc-uk.org



From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>

Sent: Tuesday, March 26, 2024 3:20 PM

To: [REDACTED]@gmc-uk.org>

Cc: [REDACTED]@gov.scot; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <

[REDACTED]@gmc-uk.org>

Subject: RE: GMC Rules

Hi [REDACTED],

Thank you for coming back so quickly.

Is there any chance we can do the following week? I'd imagine we'd want to mostly explore FtP and the appeals and revisions process.

Many thanks,

[REDACTED]

[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government

E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>

Sent: Friday, March 22, 2024 3:09 PM

To: [REDACTED]@gov.scot>

Cc: [REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <

[REDACTED]@gmc-uk.org>

Subject: RE: GMC Rules

Hi [REDACTED]. Look forward to meeting you in the coming weeks!

Would either of the following slots work with your diary:

- Wednesday 3 April at 2pm
- Thursday 4 April at 3pm

Appreciate it's the week of Easter though so if another week would suit better then just let me know.

Many thanks
[REDACTED]

[REDACTED]
[REDACTED]
General Medical Council
[REDACTED]

Email: [REDACTED]@gmc-uk.org
Website: www.gmc-uk.org



From: [REDACTED]@gmc-uk.org>
Sent: Friday, March 22, 2024 9:28 AM
To: [REDACTED]@gov.scot; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot
Subject: RE: GMC Rules

Hi [REDACTED]

Yes, of course. My colleague [REDACTED] has been setting up these briefings for us, so I've asked her to contact you directly to make arrangements. It'll be helpful to know if there are any particular policy areas you're interested to explore, so we can make sure those are covered. Either myself or [REDACTED] will also attend.

Best wishes,

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Wednesday, March 20, 2024 11:16 AM
To: [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot
Subject: GMC Rules

Hi both,

I hope you're well.

Is it possible to take you up on your kind offer to take us through the Rules consultation?

Many thanks,

[REDACTED]

[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's Directorate| Scottish Government

E: [REDACTED]@gov.scot

Email chain: 5

From: [REDACTED]@gmc-uk.org>

Sent: Friday, June 7, 2024 2:05 PM

To: [REDACTED]@gov.scot>

Cc: [REDACTED]@gov.scot>

Subject: RE: Healthwatch/Patients Association/National Voices letter

Hi [REDACTED]

Apologies, I thought [REDACTED] and I had highlighted this when we were discussing the [REDACTED]/[REDACTED] meeting topics, and in particular around the regulation of PAs and AAs.

This is in relation to a joint letter by three patient organisations – Healthwatch, National Voices and the Patients Association – sent to the GMC regarding our consultation on the regulation of PAs and AAs. They have written regarding their concerns about the consultation being too technical and was not a suitable platform to air the views of patients. They have sent this letter, and a briefing, to several stakeholders but will not publicly release them until after the election is over.

While we don't expect this to be a focus of the conversation between [REDACTED] and [REDACTED], we wanted to highlight this in case it was mentioned.

Hope that helps,

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>

Sent: Thursday, June 6, 2024 3:18 PM

To: [REDACTED]@gmc-uk.org>

Cc: [REDACTED]@gov.scot

Subject: RE: Healthwatch/Patients Association/National Voices letter

Hi [REDACTED]

Yes I had a nice break, thank you.

I know we discussed the timing of the SoMEP publication but I don't recall discussing a Healthwatch letter. I would, however, be grateful if you could enlighten me and apologies if I've misremembered!

Happy to have a chat if that's easier.

Thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Friday, May 31, 2024 3:53 PM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>
Subject: Healthwatch/Patients Association/National Voices letter

Hi [REDACTED]

Hope you've had a good break

You'll probably have seen that we've had to move back the meeting between [REDACTED] and [REDACTED] to July now but I have some recent intel on the Healthwatch &co. letter, that we discussed, that you might want to factor into your briefing. The letter drafted in response to our consultation on PA/AA regulation, has been shared with the stakeholders mentioned, including the BMA, RCGP and NHSE. However, they have decided to delay publishing it publicly due to the pre-election period.

Kind regards,
[REDACTED]
General Medical Council

Email chain: 6

From: [REDACTED]@gmc-uk.org>
Sent: Friday, May 24, 2024 3:44 PM
To: [REDACTED]@gov.scot>; [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot>
Subject: RE: Quick chat

Great thanks [REDACTED]

[REDACTED (section 30(b)(ii))]

Thanks

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Friday, May 24, 2024 3:35 PM
To: [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot
Subject: RE: Quick chat

Thanks [REDACTED], will we do 12pm on the 3rd?

[REDACTED (section 30(b)(ii))]

Please let me know if I'm missing anything.

Additionally, the supporting officials will be:

[REDACTED], DCMO,
[REDACTED], Unit Head, Professional Healthcare Regulation
[REDACTED], Professional Healthcare Regulation
[REDACTED], Professional Healthcare Regulation

Thanks again,

[REDACTED]
[REDACTED]
Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Friday, May 24, 2024 2:58 PM
To: [REDACTED]@gov.scot>; [REDACTED]@gmc-uk.org>
Subject: RE: Quick chat

Hi [REDACTED]

I think we can wait until after you get back – but it would be good to chat that week as I'm then off from the following week! I could do:

12pm on 3/6
11.30 on 4/6
12pm on 5/6
I'm pretty free on 6/6 other than a meeting at 10.30

In respect to the roundtable [REDACTED] mentions, and invitation is being sent to Gillian Russell today, and we will also be picking up with the CMO separately as he has indicated he is unavailable on 19/7. The details are:

The roundtable will bring together healthcare employers and providers across the UK to explore how we can work together to:

- build a bigger, more diverse, and better supported multi-disciplinary educator workforce,
- best respond to wider national ambitions for increases in medical school capacity and innovation whilst maintaining standards, and
- support career development and lifelong learning for all doctors.

As [REDACTED] says, it relates to the education statement which he's shared the details of previously.

Thanks

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Thursday, May 23, 2024 5:00 PM
To: [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gmc-uk.org>
Subject: RE: Quick chat

[OUT OF SCOPE OF REQUEST]

I'm back on Monday 3 June but can chat tomorrow if either of you are around?

Thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Thursday, May 23, 2024 4:55 PM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gmc-uk.org>
Subject: RE: Quick chat

Hi [REDACTED],

[OUT OF SCOPE OF REQUEST]

[REDACTED (section 30(b)(ii))]

Have a great break,
[REDACTED]

From: [REDACTED]@gov.scot < [REDACTED]@gov.scot>
Sent: Thursday, May 23, 2024 2:46 PM
To: [REDACTED]@gmc-uk.org>
Subject: RE: Quick chat

Hi [REDACTED],

[OUT OF SCOPE OF REQUEST]

I finish up for leave tomorrow so do you have any idea when you'll be able to confirm what we discussed last week?

Thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Wednesday, May 15, 2024 4:04 PM
To: [REDACTED]@gov.scot>
Subject: RE: Quick chat

Yes sounds good to me

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Wednesday, May 15, 2024 3:52 PM
To: [REDACTED]@gmc-uk.org>
Subject: RE: Quick chat

Shall we do 12pm?

[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

From: [REDACTED]@gmc-uk.org>
Sent: Wednesday, May 15, 2024 1:30 PM
To: [REDACTED]@gov.scot>
Subject: RE: Quick chat

Hi [REDACTED],

I'm free between 11-12.30 tomorrow if that works for you?

Best,
[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Wednesday, May 15, 2024 12:46 PM
To: [REDACTED]@gmc-uk.org>
Subject: Quick chat

Hi [REDACTED],

Can we please have a quick chat either today or tomorrow to clarify a couple of things?

Thanks,

[REDACTED]
[REDACTED]

Senior Policy Manager| Regulation of Health Professions| Chief Nursing Officer's
Directorate| Scottish Government
E: [REDACTED]@gov.scot

Annex B: emails between the General Medical Council and Health Workforce

Email chain: 7

From: [REDACTED]< [REDACTED] @gmc-uk.org>
Sent: Wednesday, June 19, 2024 5:12 PM
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Cc: [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>
Subject: RE: For Action by 19 June 2024: Scope of Practice Deep-Dive Paper - DRAFT

Hi [REDACTED], [REDACTED],

Please could you replace the text in the draft document on the GMC's position with the three paragraphs below.

Many thanks,
[REDACTED]

Like many other professional healthcare regulators, we don't set a scope of practice that determines what tasks registrants can safely carry out, because that depends on their individual skills and competence, which develop over time. We don't do this for doctors, and we won't do this for PAs and AAs.

Regulation will support good, safe patient care in two interlinked ways: setting the outcomes that need to be achieved through education; and setting the standards required for registration. While we approve the curricula that qualifying courses must teach, we also set separate registration assessments which must be passed by new graduates, international applicants or those who have taken a prolonged break in practice.

Good medical practice sets the standards of care and professional behaviour expected of PAs and AAs once regulation begins, including only practising within their competence. We've also issued guidance for employers on clinical governance of PAs and AAs in our [updated clinical governance handbook](#). This reiterates that, PAs and AAs must work under the supervision of doctors and that appropriate governance structures must be in place.

From: [REDACTED]@gov.scot>
Sent: Monday, June 17, 2024 8:05 AM
To: [REDACTED]@gov.scot; [REDACTED]@abdn.ac.uk; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED]@aapct.scot.nhs.uk; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>; [REDACTED]@nhs.scot; [REDACTED]@bma.org.uk
Cc: [REDACTED]@nhs.scot; [REDACTED]@nhs.scot
Subject: RE: For Action by 19 June 2024: Scope of Practice Deep-Dive Paper - DRAFT

Dear All,

Further to [REDACTED] note below, this is just a short reminder that the deadline for comments on the attached paper is Wednesday, 19 June. Should you wish to discuss any aspect of the draft, please don't hesitate to contact me.

Best wishes,

[REDACTED]

[REDACTED]

**Recruitment and Capacity Building - Sponsorship and Infrastructure Unit
Health Workforce Planning and Development
Scottish Government**

Email: [REDACTED]@gov.scot

mobile: [REDACTED]

From: [REDACTED]@gov.scot>

Sent: Thursday, June 6, 2024 9:16 AM

To: [REDACTED]@abdn.ac.uk>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>;
[REDACTED]@nhs.scot>; [REDACTED]@aapct.scot.nhs.uk>; [REDACTED]@gmc-uk.org>;
[REDACTED]@gmc-uk.org; [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>;
[REDACTED]@nhs.scot>; [REDACTED]@bma.org.uk>

Cc: [REDACTED]@gov.scot>; [REDACTED]@nhs.scot>; [REDACTED]@nhs.scot>

Subject: For Action by 19 June 2024: Scope of Practice Deep-Dive Paper - DRAFT
Dear all,

As outlined in its workplan, the MAPs Programme Board will consider the topic of Scope of Practice at its next meeting on 03 October 2024.

In preparation for this discussion an initial draft of the Scope of Practice deep-dive paper has been developed.

At this stage, we are circulating the first draft of the paper to asking you to confirm that your organisation's position has been described accurately.

As with all deep-dive papers there will be further opportunities to provide feedback through routes, such as the Advisory Group, in due course and we will of course notify you of any future opportunities to input into this paper.

I would be grateful if you could please get back to me by 19 June 2024 with your response.

Please note that I will be on leave 10 – 19 June, should you have any queries during this time, please contact [REDACTED] via e-mail [REDACTED]@gov.scot otherwise I will pick up any queries on my return.

Thank you all,

[REDACTED]

[REDACTED]

Senior Policy Officer

Recruitment and Capacity Building - Sponsorship and Infrastructure Unit

Health Workforce Planning and Development

Attachment 1: Scope of practice paper



Purpose							
For Decision	x	For Action	x	For Discussion	x	For information/ To note	

Title	Scope of Practice and Clinical Governance
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Abstract	<p>This paper will:</p> <ul style="list-style-type: none">• Map out current activities undertaken by organisations and professional bodies with the aim to define Scope of Practice for MAPs.• Through an options appraisal explore potential options for the development of national guidance to support definitions of Scope of Practice for these roles.• Based on the evidence from the mapping exercise and options appraisal, draw a conclusion on what organisation / professional body or bodies may be best placed to advise on and/or define Scope of Practice.• Invite the Programme Board to make a decision on their position relating to any future approach to Scope of Practice for MAPs.
Situation	<p>MAPs have formed part of the NHS workforce for nearly 20 years and are a well-established feature of health services internationally, most notably in the USA. While these are long-standing professions, the numbers in Scotland have historically been relatively low and deployment of the roles has developed organically. This is in contrast to the position in NHS England where PAs in particular are more commonplace, totalling approximately 3,400. On 30 June 2023, NHS England published its Long-Term Workforce Plan (LTWP) setting out its commitment to increase the numbers to 10,000 PAs and 2,000 AAs by 2036/37.</p> <p>NHS England's plan to expand the PA and AA workforces has sharpened the focus on these roles, with concerns being raised by some in the medical profession in particular regarding the speed of expansion and subsequently the impact on supervising</p>

	<p>Consultants/GPs, training opportunities for Doctors in Training, and patient safety. While the Scottish Government has consistently stated its commitment to a more gradual expansion of the MAP workforce, health services in Scotland have nevertheless not remained immune to criticism for the utilisation of these roles – albeit on a significantly smaller scale – which reinforces the need for a uniform, well-informed approach to gather views from a range of stakeholders to inform future policy decisions.</p> <p>Over the past months the question of Scope of Practice for MAPs has been the focus of attention with multiple Colleges and organisations undertaking work in this area (see mapping exercise in Annex A). The heightened appetite amongst stakeholders for such guidance has become apparent in more recent months, suggesting a need for the MAPs Programme Board to agree an overarching position statement on the subject.</p>
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<p>Background</p>	<p>While the Scottish Government has produced guidance to support the safe and effective deployment of PAs and AAs across Scotland (see DL (2016)15 included as attachment Annex B), it has not up to this point provided guidance on the subject of Scope of Practice for MAPs.</p> <p>Building on the above, parliamentarians sought clarification from Scottish Ministers on the position with regards to Scope of Practice as part of their scrutiny of the Anaesthesia Associate and Physician Associate Order 2024. In response, the then Cabinet Secretary for NHS Recovery, Health & Social Care noted a willingness to keep under review the adequacy of current guidance on this matter and to work towards the implementation of a consistent approach to the consideration of Scope of Practice for these roles across NHS Scotland.</p>
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<p>Assessment</p>	<p><u>Royal Colleges, Academy of Medical Royal Colleges (UK) and Academy of Medical Royal Colleges and Faculties in Scotland</u></p> <p>In March 2024 the Academy of Medical Royal Colleges published its consensus statement on the High level principles concerning physician associates (PAs). It states that Medical Royal Colleges (MRCs) are key in [...] developing professional standards across all specialties and healthcare delivery settings. Individually they are ideally placed to determine whether PAs are required and how best to utilise them to safely support excellent patient care.</p> <p>In light of the Anaesthesia Associates and Physician Associates Order 2024 numerous Royal Colleges called for a nationally defined Scope of Practice for AAs and PAs. As a response to the Order completing its passage through the UK and Scottish Parliaments, numerous Medical Royal Colleges undertook work exploring the topic of Scope of Practice</p>
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with some Colleges carrying out targeted work to develop guidance around Scope of Practice for MAPs in light of upcoming regulation.

It is worth noting that prior to the publication of NHS England's LTWP and the AA/PA Order, Colleges already had established guidance relating to Scope of Practice for MAPs.

Most notably:

- In 2016 the Royal College of Anaesthetists (in collaboration with the Association of Anaesthesia Associates) published guidance on Scope of Practice for AAs (to note that this guidance has recently been removed from the RCoA website in light of the ongoing work to update it).
- The Royal College of Surgeons of England and Royal College of Surgeons of Edinburgh published guidance around Scope of Practice for SCPs.

In May 2024 the Scottish Academy indicated to the Scottish Government that, as the national representative body for Royal Colleges and Faculties in Scotland, it may be challenging to pursue a standardised approach to Scope of Practice for the different professions. However, the Academy signalled it may be possible to identify some overarching themes to inform the development of guidance within its member organisations.

The Academy has signalled that any work to develop guidance around Scope of Practice for MAPs should take a whole UK approach to avoid unnecessary confusion and complexity around Scope of Practice across the nations.

SAMD Professional Guidance Framework for Physician Associates

It is SAMD's views that the development of overarching guidance on scope of practice is the responsibility of Royal Colleges and the GMC as regulator.

Physician Associates working in NHS Scotland Health Boards come under the Professional Accountability of Board Medical Directors. To support Medical Directors to meet their obligations the Scottish Association of Medical Directors (SAMD) has commissioned work to develop a PA Professional Assurance Framework for use in all Scottish Health Boards.

This proposed framework will only cover PAs, but there may be potential to expand it to other MAP roles.

This framework will cover the knowledge, policies, roles and systems that underpin professional regulation at Board level. It is expected that regulation by the GMC will inform and progressively replace processes and policy particularly around the development of a PA register, revalidation and fitness to practice.

The draft framework includes the following:

- Training and Qualification of Physician Associates
- Recruitment Processes
- The Clinical Supervisor Role
- Board Specific Professional PA Policies
 - Clinical Supervision
 - Medicines Management
 - Investigations Management
- Board Professional Assurance Systems
 - Board PA Registers
 - Physician Associates
 - Aligned Clinical Supervisors
 - PA Individual Scope of Practice
 - Appraisal
 - Recertification / Revalidation
 - Fitness to Practice

In relation to Scope of Practice, SAMD aim to recognise and include Scope of Practice in the assurance information held for each PA. In keeping with the approach to scope of practice for other healthcare professionals, it is expected that any scope of practice record will be tailored to reflect the training, skills and experience of the PA in question.

Elements of Scope of Practice require consideration by the clinical supervisor to ensure that PAs are suitably trained and able to perform the delegated duty with clarity of level of supervision and how this is delivered in the workplace.

SAMD will not define what could or could not be in an individual's scope of practice –the PA training curriculum provides initial guidance on the topic and training, development and experience with appropriate supervision will be additional considerations.

SAMD will agree a framework of governance for Medical Directors to use, but will not set out the limits around extended roles.

General Medical Council (GMC)

Like many other professional healthcare regulators, the GMC do not set a scope of practice that determines what tasks registrants can safely carry out, because that depends on their individual skills and competence, which develop over time. The GMC do not do this for doctors, and they will not do this for PAs and AAs.

Regulation will support good, safe patient care in two interlinked ways: setting the outcomes that need to be achieved through education; and setting the standards required for registration. While the GMC approve the curricula that qualifying courses must teach, they also set separate registration assessments which must be passed by new graduates,

international applicants or those who have taken a prolonged break in practice.

Good medical practice sets the standards of care and professional behaviour expected of PAs and AAs once regulation begins, including only practising within their competence. The GMC also issued guidance for employers on clinical governance of PAs and AAs in the [updated clinical governance handbook](#). This reiterates that PAs and AAs must work under the supervision of doctors and that appropriate governance structures must be in place.

The GMC's stance on setting Scope of Practice is reflective of the approach taken by other regulators' such as the Health & Care Professions Council (HCPC). The HCPC does not define their registrants' scope of practice, but provide [information and advice](#) on how health professionals can identify their scope of practice, as well as particular areas of practice that may make up a profession's scope of practice.

Scottish Government

The Scottish Government's main function in relation to MAPs is to provide advice to Scottish Ministers and set a national policy direction in relation to the deployment of MAPs across NHS Scotland.

In keeping with the views expressed by the GMC as the statutory regulator for PAs and AAs, it is the Scottish Government's view that Scope of Practice must be tailored to the individual healthcare professional in question. It will reflect the knowledge and skills they have developed as a result of their initial training and should account for any statutory or organisational limits which are specific to their role. Furthermore, it should reflect the skills and experience an individual has developed throughout their career, and the clinical context within which they work and are supervised. When setting Scope of Practice, the Scottish Government would always expect employers and individuals to take account of guidance provided by relevant professional regulators and Colleges.

NHS England Approach

NHS England have indicated that, on qualification, Scope of Practice can be determined by the respective curriculum and the GMC's [PA and AA generic and shared learning outcomes](#).

In early 2024 NHS England's MAPs Workforce Integration Group produced a *Roles and Responsibilities* document identifying and agreeing that Royal Colleges are best placed to set scope of practice for MAPs.

NHS England will work in partnership with the medical Royal Colleges on informing post-qualification scope of practice, however it is the Colleges' responsibility to develop it.

British Medical Association (BMA)

	<p>In March 2024 the BMA published a document setting out safe Scope of Practice for MAPs along with the BMA's recommendations in relation to safety. The safe practice parameters set out in that guidance are reflective of the BMA's view that MAP qualifications are appropriate for working in an assistant role under the direct supervision of a doctor. MAPs should not make independent treatment decisions and must not see undifferentiated patients. The BMA calls on NHS employing organisations to adopt this guidance to help doctors and other staff to provide safe, high-quality care.</p> <p>In May 2024, the BMA published guidance for the supervision of MAPs, which they recommend should be read alongside their Scope of Practice guidance. The BMA's supervision guidance for doctors sets out the BMA's recommendations on working safely with MAPs. It makes recommendations for supervision of MAPs as well as recommendations for doctors who are and who are not supervising MAPs.</p> <p>Concerns regarding this publication have been voiced by the GMC around the lack of consultation in the development of the BMA's document as well as potential confusion that will be created for doctors about their duties under the GMC's Good Medical Practice. The BMA believe that confusion has existed for some time due to a lack of nationally agreed guidelines and a lack of urgency by others to rectify this, with its guidance documents filling this void.</p> <p>The publication of a document relating to Scope of Practice and supervision of a profession by a Trade Union is an unusual development, in particular given the fact that the BMA is not a union representing MAPs. The BMA believe that it's appropriate for it as the recognised professional association for doctors across the UK to provide such guidance, especially when it feels others have not done so. It also believes producing guidance to protect its members contractually and professionally in relation to supervision directly falls under its remit as a trade union providing advice to its members. In addition, the lack of consultation on the proposed approach outlined in these documents as well as lack of contributions from other professional bodies have been criticised.</p>
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<p>Conclusion</p>	<p>Considering the evidence outlined above, it could be reasonably concluded that the process for setting Scope of Practice for individual MAPs should follow a staged approach taking into account various complementary pieces of guidance to ensure a holistic and robust approach:</p> <ol style="list-style-type: none"> 1. Prior to MAPs entering the workforce, the GMC's <i>Generic and Shared Outcomes for PAs and AAs</i> sets out the knowledge, skills and behaviours that new PAs and AAs must have when they start work and forms the initial building block for their Scope of Practice. 2. Royal Colleges develop national Scope(s) of Practice guidance for MAPs to inform local deployment decisions
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	<p>beyond their qualification. This guidance should set out responsibility and skills specific to the MAP working in the respective speciality and at the appropriate level.</p> <p>When preparing national guidance on scope of practice ,Royal Colleges and the Scottish Academy should work closely with NHS Employers, the Faculty of Physician Associates, the Association of Anaesthesia Associates and Regulators to provide holistic and robust guidance documents which reflect the needs of patients, employers and the MAP professions.</p> <p>3. While not directly responsible for agreeing national guidance on Scope of Practice for MAPs, SAMD and by extension Medical Directors have responsibility as part of the of the clinical governance arrangements within their respective Health Board to ensure staff work within the parameters of their individually set Scope of Practice, building on available national guidance.</p> <p>Regulators and Trade Unions do not usually set Scope of Practice for health professionals, however, are key stakeholders and can contribute to the process of developing national guidance on this subject.</p> <p>The Scottish Government is primarily responsible for setting and promoting a national policy direction in terms of the overall MAPs Implementation Programme. NHS Education for Scotland (working in collaboration with others in service) informs the landscape to support such policy decision making.</p>
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<p>Next Steps</p>	<p>Following the Programme Board meeting on 03 October 2024 the Sponsorship and Infrastructure Unit within the Health Workforce Directorate will take the following proposed next steps:</p> <ul style="list-style-type: none"> • Once the Programme Board has reached a consensus on the issue of Scope of Practice, the secretariat will write out to Royal Colleges, the BMA and Health Boards outlining their position on this matter. • The position reached in October 2024 will be reviewed in six and/or twelve months post regulation to see how the ongoing work by Royal Colleges and others which is described in this paper has progressed, including the extent to which it has effectively addressed current gaps. • The Programme Board secretariat will consider how any guidance can be made easily accessible. • Explore the need to update the existing DL 15 2016 to direct Health Boards to consult extant guidance on Scope of Practice produced by the GMC, SAMD and the Royal Colleges in respect of the MAP workforces.
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<p>Action required</p>	<p>Programme Board members are invited to:</p>
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	<ul style="list-style-type: none"> • Take account of the information outlined in the paper, share their views and consider on the most appropriate approach to the development of national guidance on Scope of Practice if this is indeed considered to be necessary. • Contribute to the Programme Board's overall position on the issue of Scope of Practice for MAPs in Scotland
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Author	MAPs Programme Board Secretariat
Date	July 2024

ANNEX A

To Note: Annex A is a live document. The position outlined below is correct as of 03 July 2024 and will be updated to reflect any new developments in this space as they become available. Final Updates will be logged w/c 23 September 2024 prior to the paper being distributed to the MAPs Programme Board for their meeting on 03 October 2024.

Date of Publication / Update	Organisation	Source / Abstract / Summary
Physician Associates		
2023/2024	Royal College of Ophthalmologists	<p>Physician Associate Pilot to in collaboration with NHS England to evaluate the potential for PAs to practice within ophthalmology. Pilot funded by NHS England and Trusts will recruit eight PAs to explore feasibility of PAs in ophthalmology. The pilot will start in November 2023 and run for one year after which the college will decide whether or not to support PAs as part of the profession. If we decide not to, individual trusts could still go ahead and employ PAs.</p> <p>Additional resources in relation to the pilot including Scope of Practice.</p>
February 2024	Royal College of Surgeons of England	<p>Statement on role of Physician Associates in surgery. The statement calls for an <i>urgent need to define a national scope of practice and training curricula because of concerns about the variability, and in some cases inappropriateness, of clinical activities within individual NHS Trusts. Patient safety must be paramount. Urgent regulation is therefore also required.</i></p> <p>RCS England is working with the other surgical colleges to define the core scope of practice for physician associates joining a surgical team as well as principles which individual surgical associations should use to determine the scope</p>

		<p>of practice specific to that specialty. Surgical specialty associations are best placed to know what role, if any, physician associates can play within their specialty.</p>
<p>March/April 2024</p>	<p>Royal College of General Practitioners</p>	<p>Updated position statement on PAs <i>Council also agreed that the RCGP should consult with members on the role of PAs in general practice settings, including their scope of practice and supervision arrangements. This consultation will commence in the coming weeks and will inform the development of College guidance.</i></p> <p>The members consultation has launched on 22 April 2024 and will run until 10 May 2024 gathering views and experiences from RCGP members to inform the internal Task and Finish Group, which will subsequently develop guidance.</p> <p>The survey and wider consultation process seeks to understand how PAs currently work in general practice, including what types of work they undertake and what supervision is in place. It also considers the potential benefits, and challenges and concerns related to the PA role in general practice. Building on this, it seeks to establish views on what framework and parameters should be in place to ensure PAs can work safely and effectively in general practice, and what guidance is needed from RCGP to this end.</p> <p>On 20 June 2024 the RCGP published the results of the member survey on the role of Physician Associates (PAs) in general practice. The survey received a total of 5,112 complete responses, comprising a 10% response rate and was open to all RCGP members training as a GP in the UK and all those who are currently, or have previously, practised as a GP in the UK. The responses to the survey highlight the wide variability in the way PAs are currently deployed, inducted and supervised in general practice, with clear findings that in many places these processes are not as robust as they should be. Across a range of areas, there were significant differences between the ways in which respondents said PAs are currently working compared to the ways in which respondents said they should be working.</p> <p>Using insight gathered from the survey results, as well as further external stakeholder and</p>

		<p>member engagement, the RCGP will develop UK wide guidance on scope of practice, induction and supervision of PAs in general practice. This will be brought to the meeting of RCGP UK Council in September 2024 for approval prior to publication.</p>
March 2024	Academy of Medical Royal Colleges	<p>High Level Principles Concerning Physician Associates (PAs)</p> <p>Exploring scope of practice — Skills and knowledge increase with time so a PA's scope of practice can be explored locally once it is deemed right and safe to do so, taking account of nationally defined scope of practice (where it exists), as well as the views of all members of the team. Governance arrangements should be put in place to support this and must include defined supervision and time to deliver this, a transparent service and workforce need, a defined training plan and a robust employer governance framework</p>
March 2024	Faculty of Physician Associates and Royal College of Physicians	<p>Faculty of Physician Associates - quality health care across the NHS (fparcp.co.uk) RCP responds to AoMRC consensus statement on physician associates RCP London</p> <p>The FPA and RCP are engaged in developing additional supportive guidance in relation to supervision, scope of practice and career development for PAs, which will build on the principles of the AoMRC consensus statement. The FPA and RCP are aiming to publish these within the coming months.</p>
March 2024	British Medical Association	<p>Safe Scope of Practice for Medical Associate Professionals (MAPs)</p> <p>National guidance on how MAPs (medical associate professionals) should be safely utilised within the NHS. This document is set out in the following sections:</p> <ol style="list-style-type: none"> 1. General principles about the scope and safe scope parameters for MAPs 2. General principles regarding the supervision requirements for MAPs with some specialty-specific notes 3. The scope and safe parameters of scope in a traffic light system in two tables: <ul style="list-style-type: none"> • General scope of practice applying to all MAPs in all NHS settings • Specialty specific additions of safe scope parameters that also must be

		<ul style="list-style-type: none"> adhered to in addition to the general scope for MAPs working in that specialty.
April 2024	Royal College of Psychiatrists	Review of the role of Physician Associates The college has established a task and finish group to review the Scope of Practice of PAs The review process will take place February - November 2024 with findings and recommendations set to be published by December 2024
April 2024	Royal College of Physicians of Edinburgh	Updated statement on Medical Associate Professions College calls on a halt to further expansion of the PA workforce until clarity can be provided on the following: <ul style="list-style-type: none"> patient safety, in turn related to PA scope of practice; medical training in internal medicine and its associated specialties; medical recruitment, at all levels, across training and service posts; health service costs.
Unknown	NHS Employers	Physician associates NHS Employers PAs operate within the limits of their competence and a defined scope of practice, which is decided locally by the supervising consultant or GP and may change over time as their knowledge, skills and experience develops.
Anaesthesia Associates		
April 2016	Royal College of Anaesthetist, Association of Anaesthetists of Great Britain and Ireland, Association of Anaesthetists	Joint statement from the RCoA and AAGBI on the Scope of Practice of Physicians' Assistants (Anaesthesia) Statement on Scope of Practice for AAs and the below linked document. AAGBI and RCoA Executive Summary: Scope of Practice for a PA(A) on qualification Outline of details for the following areas: <ul style="list-style-type: none"> Supervision of AAs Prescribing Curriculum and Scope of Practice Regulation Training Opportunities Clinical Governance Statement from the Association of Anaesthetists expressing their support for the above linked resources.

2016	Acute Care and Workforce Directorate Workforce Division Professional Regulation Branch Department of Health	<p>The regulation of medical associate professions in the UK – Consultation Document</p> <p>An agreed scope of practice for PA(A)s was drawn up by the Royal College of Anaesthetists (RCoA) and the Association in 2016. This sets out the types of interventions and level of supervision which should be followed by PA(A).</p> <p>They perform duties delegated to them by their medical anaesthetic supervisor which include:</p> <ul style="list-style-type: none"> • pre and post-operative patient assessment and care; • maintenance anaesthesia; and • induction into and emergence from anaesthesia (under direct supervision). <p>PA(A)s will also deputise for anaesthetists in a variety of situations where their airway and venous cannulation skills will assist in patient care and where medically qualified anaesthetists are not available, such as in Accident and Emergency departments and critical care. On completion of training, PA(A)s are not qualified to undertake:</p> <ul style="list-style-type: none"> • Regional anaesthesia/regional blocks • Obstetric anaesthesia or analgesia • Paediatric anaesthetic practice • Initial airway assessment and management of acutely ill or injured patient (except when • the PA(A) is part of a multidisciplinary hospital resuscitation team called to attend a • patient and is first to arrive) <p>However, a number of PA(A)s work to an extended scope of practice managed within the local governance structures in organisations. This extended scope can include performing sedation and regional anaesthesia for acute pain.</p> <p>The scope of practice agreed by the RCoA and the Association requires that a consultant anaesthetist should be present within the same operating suite as a PA(A). Most PA(A)s work to the recommended 2:1 ratio supervision with a consultant which means that the consultant may be supervising another member of staff in an adjacent theatre.</p> <p>To note that the relevant pages on the RCoA website relating to Scope of Practice of AAs</p>
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		quoted in footnotes in the above publication have since been removed.
April 2024	Royal College of Anaesthetist	Statement of development of Scope of Practice for AAs beyond the point of qualification to take effect in 2025 after regulation is in place. A core writing group is to be established. Clinical reference group to support the core writing group and provide input and feedback on the drafting process. Membership detail can be found in the link above.
Surgical Care Practitioners		
Date Unknown	Royal College of Surgeons of England	<p>Clinical Governance of the Surgical Care Team Clinical Governance Framework for expanded roles in the surgical team. Scope of Practice definition: <i>The scope of practice of the practitioner, their autonomy and level of supervision needs to be agreed in advance and on a case-by-case basis with the responsible surgeon and ratified by the hospital management. It should reflect their training and experience while allowing for professional development and learning.</i></p> <p>Covering content on:</p> <ul style="list-style-type: none"> • Scope of Practice • Liability • Regulation • Accountability <p>Extended Roles and Their Scope of Practice Guidance to outline clinical tasks and responsibilities of the Surgical Care Practitioner and Surgical First Assistant including job description templates.</p>
October 2022	Royal College of Surgeons of England and Royal College of Surgeons of Edinburgh	<p>Curriculum Framework for the Surgical Care Practitioner</p> <p>The purpose of this curriculum is to establish the standard required to work as an SCP and provide guidance for SCPs to develop into competent practitioners capable of delivering high quality outcomes for patients in the UK. The curriculum offers a guide to the education and incremental development of SCPs in both academic and clinical settings to ensure practitioners achieve comparable standards of surgical care through high quality education and training.</p>

May 2024	Royal College of Surgeons of England	<p>RCS England Council discussion on Surgical Care Practitioner scope of practice</p> <p>College's statement following reports of SCPs performing laparoscopic cholecystectomies at a Trust in England.</p> <p>The College reiterates that it is the consultants responsibility when agreeing how surgical care practitioners work as part of surgical teams. Consultants must ensure their decisions align with the agreed scope of practice for SCPs. While the College's current focus is on the PA scope of practice, they recognise the importance of reviewing The Curriculum Framework for the Surgical Care Practitioner to ensure it is clearly communicated and remains tightly defined.</p>
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Attachment 2: DL (2016)15

The Scottish Government
Chief Nursing Officer
Chief Medical Officer
Director for Health Workforce



Dear Colleague

PHYSICIAN ASSOCIATES & PHYSICIAN ASSISTANTS (ANAESTHESIA)

Summary

1. The emerging roles of the Physician Associate (PA) and Physician's Assistant (Anaesthesia) (PA(A)) have the potential to be a useful addition to the NHS Scotland workforce. However, there appears to be a wide variation in the scope of practice and responsibilities of these roles.
2. PAs and PA(A)s must work under close personal supervision at all times, with the overall responsibility for patients resting with the designated supervising doctor.
3. Locally, there should be effective supervision and management of these roles to maximise their contribution to the delivery of safe, effective person centred care. To meet the Staff Governance Standard, Boards must have robust systems in place to identify any areas of concern, with measures put in place to address these.
4. The Scottish Government is currently working with the Department of Health and the other Devolved Administrations to agree a four country approach to regulation of PAs and PA(A)s.

Action

5. Until a decision is taken on statutory regulation, employers must ensure that:
 - the PIN guidance on Safer pre and post employment checks is adhered to,
 - all PAs and PA(A)s are registered on the appropriate managed voluntary register,
 - all PAs and PA(A)s must work under close personal supervision at all times and be able to name their designated supervisor,
 - continuous supervision, including arrangements for regular assessment of competence of PAs and PA(A)s forms part of the supervising doctor's annual appraisal,
 - supervisors can demonstrate the extent of their professional responsibilities in understanding the scope and limitations of practice of PAs and PA(A)s in line with the guidance set out by both Royal Colleges,
 - robust governance arrangements are in place locally, and
 - patients should be advised that they are being treated by a PA or PA(A), not a doctor.

DL (2016) 15

30 June 2016

Addressees

For action
Chief Executives, NHS
Boards and Special Boards
Medical Directors, NHS
Boards
GP Practices

For Information
NHS Board Chairs
Nurse Directors, NHS Boards
Directors of HR, NHS Boards
NHS National Services
Scotland
Primary Care Leads NHS
Boards
Scottish General Practitioners
Committee


Enquiries to:
Margaret Syme
Regulatory Unit
Chief Nursing Officers
Directorate
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

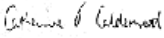
Tel: 0131 244 2075
E-mail:

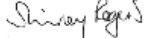
Margaret.Syme@gov.scot
RegulationUnit@gov.scot

www.scotland.gov.uk

Yours sincerely


Professor Fiona McQueen
Chief Nursing Officer


Dr Catherine Calderwood
Chief Medical Officer


Shirley Rogers
Director for Health Workforce

Annex A

Background

The Royal College of Physician's Faculty of Physician Associates, and the Association of Physician Assistants (Anaesthesia), both keep managed voluntary registers. Both Royal Colleges only recognise PAs and PA(A)s who have completed an approved training programme and subsequently registered on their respective voluntary registers.

Further information can be found via the following links:

<http://www.staffgovernance.scot.nhs.uk/>
http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp
http://www.gmc-uk.org/guidance/ethical_guidance/21187.asp
<http://www.fparcp.co.uk/>
<http://www.rcoa.ac.uk/node/261>

Annex B

Definitions

Physician Associate

There is no current UK wide definition of a Physician Associate, however, the Department of Health's Competence and Curriculum Framework defines the role as:

'A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision'.

Physicians' Assistant (Anaesthesia)

There is no current UK definition of a Physicians' Assistant (Anaesthesia), but the Association of Anaesthetists of Great Britain and Northern Ireland's Physicians' Assistant (Anaesthesia) Review 2011 defines the role as:

'A member of the anaesthetic team, who is trained in both the underlying scientific and medical knowledge pertinent to anaesthesia, and in the skills of administering anaesthesia. Overarching standards were set such that PA(A)s cannot be on-call or practise independently from an anaesthetist; their supervising anaesthetist must be no more than 2 minutes away and present in the same operating suite'.

Email chain: 8

From: [REDACTED]@gmc-uk.org>
Sent: Wednesday, June 5, 2024 11:24 AM
To: [REDACTED]@gov.scot>
Subject: RE: Healthwatch/Patients Association/National Voices letter

Hi [REDACTED],

My understanding is that all the organisations that said they would do this have done so through this letter

Best,

[REDACTED]

From: [REDACTED]@gov.scot>
Sent: Tuesday, June 4, 2024 9:26 AM
To: [REDACTED]@gmc-uk.org>
Subject: RE: Healthwatch/Patients Association/National Voices letter

Morning [REDACTED],

Thank you for copying me for awareness that's helpful.
At our recent meeting, [REDACTED] had mentioned some other England based patient organisations that had intended to publish their responses to the GMC consultation, do you know if they have taken the same decision? Or would all of those been bundled up in that one letter?

[REDACTED]

From: [REDACTED]@gmc-uk.org>
Sent: Friday, May 31, 2024 3:53 PM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>
Subject: Healthwatch/Patients Association/National Voices letter

Hi [REDACTED],

Hope you've had a good break

You'll probably have seen that we've had to move back the meeting between [REDACTED] and [REDACTED] to July now but I have some recent intel on the Healthwatch &co. letter, that we discussed, that you might want to factor into your briefing. The letter drafted in response to our consultation on PA/AA regulation, has been shared with the stakeholders mentioned, including the BMA, RCGP and NHSE. However, they have decided to delay publishing it publicly due to the pre-election period.

Kind regards,
[REDACTED]
General Medical Council

Email chain: 9

From: [REDACTED]@gov.scot>
Sent: Wednesday, July 3, 2024 3:23 PM
To: [REDACTED]@gmc-uk.org>
Cc: [REDACTED]@gov.scot>
Subject: RE: Query about I&I for PAs in Scotland and Northern Ireland

Hi [REDACTED],

I've spoken to colleagues in GP Contract Policy and I have copied their responses below.
Hopefully that answers the question, but let me know if you need anything else.

[REDACTED]

When the CNSGP was introduced equivalent arrangements weren't replicated in Scotland or Northern Ireland at the time. Is this still the case? Or have similar arrangements been introduced now?

That is still the case for Scotland. SG have maintained the requirement for GP practices to source their own clinical negligence indemnity which is provided by the 3 indemnifiers that still provide the bulk of professional/regulatory indemnity for clinicians in England and Wales. Scottish GPs have not had any problem sourcing indemnity and SG don't want to remove a useful 'check' in the system.

Our understanding was that NI was looking at replicating the arrangements in England and Wales but in the absence of ministers it wasn't possible to take things forward in recent years. I'm not sure NI is now planning to replicate at all, which seemed to be their position the last time SG colleagues discussed indemnity on a 4 nations basis this spring.

So I suppose my main question is what is the situation for PAs currently working in primary care in Scotland and NI – do they need to arrange their own independent insurance and/or indemnity cover?

A PA working in a Scottish GP practice would need to be covered by the clinical negligence indemnity arranged by their practice on the same basis as a nurse or other member of staff. They would be well advised to have their own professional/regulatory indemnity too but that wouldn't be a requirement in terms of GP contract regulations.

From: [REDACTED]@gmc-uk.org>
Sent: Wednesday, July 3, 2024 8:42 AM
To: [REDACTED]@gov.scot>
Subject: FW: Query about I&I for PAs in Scotland and Northern Ireland

Hi [REDACTED]

I hope you're well? Please see below a question from a colleague – is this something you or a colleague would know? Grateful for any steer.

Many thanks

[REDACTED]

From: [REDACTED]@gmc-uk.org>
Sent: Tuesday, July 2, 2024 4:02 PM
To: [REDACTED]@gmc-uk.org>; [REDACTED]@gmc-uk.org>
Subject: Query about I&I for PAs in Scotland and Northern Ireland

Hi both,

Hope you're well!

I've been asked a question about insurance and indemnity arrangements for PAs in primary care.

As you'll know the CNSGP (clinical negligence scheme for GPs) was introduced in 2019. This covers GPs, trainee GPs and locum GPs working in England under a medical services contract. We're also aware of this updated guidance from CQC which states explicitly that 'Physician associates are indemnified under the General Practice Clinical Negligence Indemnity scheme in the same way as the rest of the practice team'

When the CNSGP was introduced equivalent arrangements weren't replicated in Scotland or Northern Ireland at the time. Is this still the case? Or have similar arrangements been introduced now?

So I suppose my main question is what is the situation for PAs currently working in primary care in Scotland and NI – do they need to arrange their own independent insurance and/or indemnity cover?

Thanks

[REDACTED]

Email chain: 10

From: [REDACTED]@gmc-uk.org>
Sent: Thursday, May 23, 2024 4:09 PM
To: [REDACTED]@gov.scot>
Cc: [REDACTED]@gmc-uk.org>
Subject: Contact Details

Hi [REDACTED], good to speak earlier – as promised here are [REDACTED] contact details:

Her email address is: [REDACTED]@alliance-scotland.org.uk_and as mentioned happy for you to say that we suggested the alliance and her as someone who could perhaps help with your community/patient/public engagement on MAPs

Will forward links to publication from the England Patient organisations I mentioned once published.

Thanks

[REDACTED]

Email chain: 11

From: [REDACTED]@gov.scot>

Sent: Thursday, May 16, 2024 2:20 PM

To: [REDACTED]@gmc-uk.org>

Subject: RE: MAPs Programme Board - Public Engagement - Health and Social Care Alliance Scotland

Hi [REDACTED],

That's no problem, I did get your out of office, so was aware that you are not around. It's not super urgent, but would be good to get together for a quick chat.

Does one of the following suit (I think we probably need about 30 mins?)

Monday, 20 May between 15:00 – 16:00

Tuesday, 21 May 11:30 – 12:00 or any time between 13:00 – 16:00

Wednesday, 22 May any time between 11:00 – 16:00

Thursday, 23 May between 10:00 – 12:00

If none of these slots are any good, let me know what would work for you and I can probably shift things on my end.

Thank you,

[REDACTED]

From: [REDACTED]@gmc-uk.org>

Sent: Thursday, May 16, 2024 1:13 PM

To: [REDACTED]@gov.scot>

Subject: RE: MAPs Programme Board - Public Engagement - Health and Social Care Alliance Scotland

Hi [REDACTED], apologies but I have been on leave so just getting to this now.

Probably would be helpful or us to have a chat in the first instance – if you can let me have some availability over the next few days I can see what I can do to free up time for a chat,

Thanks

[REDACTED]

From: [REDACTED] @gov.scot <[REDACTED]@gov.scot>

Sent: Tuesday, April 30, 2024 9:30 AM

To: [REDACTED]@gmc-uk.org>

Subject: MAPs Programme Board - Public Engagement - Health and Social Care Alliance Scotland

Hi [REDACTED],

At the MAPs Programme Board meeting on 17 April you had mentioned that the Alliance may be an interested party that could help us in terms of engaging with the public / patients.

I wanted to follow-up on this to get a little more detail on it from you in order to consider how we best work with them. I don't have any previous experience in working with the Alliance and had an initial look at their website. When you mentioned them, did they have a general interest in just working with SG on projects, or was their interest in particular around MAPs?

I am currently in the process of pulling together a first draft of the questionnaire and once it is in a more final form it would be useful to run it past a focus group in the first instance, which was the feedback from the MAPs Advisory Group as well, before we go out to a broader audience. Maybe this would be something the Alliance could help with, but I would be interested to speak to them about how we can collaborate with them in general on this issue going forward.

Happy to have a chat with you in the first instance or equally, if you have a contact at the Alliance that you could put me in touch with, happy to speak to them.

Thank you,

[REDACTED]

[REDACTED]

Senior Policy Officer

Recruitment and Capacity Building - Sponsorship and Infrastructure Unit
Health Workforce Planning and Development

Email chain: 12

From: [REDACTED]

Sent: Monday, April 15, 2024 12:07 PM

To: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@bma.org.uk; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@abdn.ac.uk>; [REDACTED]@rcp.ac.uk; [REDACTED]@gjnhs.scot.nhs.uk; [REDACTED]@gmc-uk.org; [REDACTED]@gmc-uk.org; [REDACTED]@gmc-uk.org; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED]@nhs.scot; [REDACTED]@ggc.scot.nhs.uk; [REDACTED]@nhslothian.scot.nhs.uk; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot

Cc: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.net>; Jason Birch <Jason.Birch@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>

Subject: RE: MAPs Programme Board - 17 April 2024, 13:30 - 16:00 - Papers

Dear all,

Please find attached an additional paper for information for agenda item 5.

Thank you,

[REDACTED]

From: [REDACTED]

Sent: Monday, April 15, 2024 11:13 AM

To: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@bma.org.uk; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@abdn.ac.uk>; [REDACTED]@rcp.ac.uk; [REDACTED]@gjnhs.scot.nhs.uk; [REDACTED]@gmc-uk.org; [REDACTED]@gmc-uk.org; [REDACTED]@gmc-uk.org; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED]@nhs.scot; [REDACTED]@ggc.scot.nhs.uk; j [REDACTED]@nhslothian.scot.nhs.uk; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot

Cc: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED]@nhs.scot; [REDACTED]@nhs.scot; [REDACTED] <[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.net>; Jason Birch <Jason.Birch@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>

Subject: RE: MAPs Programme Board - 17 April 2024, 13:30 - 16:00 - Papers

Good morning all,

As per my previous e-mail, please see attached the Public Engagement paper for your consideration.

This paper has been discussed at the Advisory Group Meeting on 11 April and feedback will be provided to the Programme Board as part of the discussion relevant to this item.

For those who are unable to attend the Programme Board meeting and wish to provide their views on the paper, please do so by responding to this e-mail by 19 April 2024.

Kind regards,

[REDACTED]

From: [REDACTED]

Sent: Wednesday, April 10, 2024 3:02 PM

To: [REDACTED] <[REDACTED]@nhs.scot>; '[REDACTED]@bma.org.uk' <[REDACTED]@bma.org.uk>; '[REDACTED]@nhs.scot' <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot' <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@abdn.ac.uk>; '

[REDACTED] @rcp.ac.uk' < [REDACTED] @rcp.ac.uk>; ' [REDACTED] @gjn.scot.nhs.uk' < [REDACTED] @gjn.scot.nhs.uk>; [REDACTED] @gmc-uk.org' [REDACTED] @gmc-uk.org>; [REDACTED] @gmc-uk.org' [REDACTED] @gmc-uk.org>; [REDACTED] @gmc-uk.org' [REDACTED] @gmc-uk.org>; ' [REDACTED] @gmc-uk.org>; [REDACTED] @nhs.scot' <[REDACTED] @nhs.scot>; [REDACTED] @ggc.scot.nhs.uk' < [REDACTED] @ggc.scot.nhs.uk>; [REDACTED] @nhslothian.scot.nhs.uk' < [REDACTED] @nhslothian.scot.nhs.uk>; ' [REDACTED] @nhs.scot' <[REDACTED] @nhs.scot>; [REDACTED] < [REDACTED] @gov.scot>; [REDACTED] < [REDACTED] @gov.scot>; [REDACTED] < [REDACTED] @nhs.scot>; [REDACTED] @nhs.scot' < [REDACTED] @nhs.scot>
Cc: [REDACTED] < [REDACTED] @nhs.scot>; [REDACTED] < [REDACTED] @nhs.scot>; [REDACTED] @nhs.scot <[REDACTED] @nhs.scot>; [REDACTED] @nhs.scot < [REDACTED] @nhs.scot>; ' [REDACTED] ' < [REDACTED] @nhslothian.scot.nhs.uk>; [REDACTED] < [REDACTED] @nhs.scot>; ' [REDACTED] ' < [REDACTED] @nhs.net>; Jason Birch <Jason.Birch@gov.scot>; [REDACTED] <[REDACTED] @nhs.scot>
Subject: MAPs Programme Board - 17 April 2024, 13:30 - 16:00 - Papers

Dear all,

Please find attached papers for the MAPs Programme Board Meeting on 17 April 2023, 13:30 – 16:00.

A link to join the meeting can be found in the diary invite, the agenda and for ease I have also included it further down in this e-mail.

Please note that the paper on Patient Engagement will be submitted later this week or Monday, 15 April 2024 latest. The paper is tabled for discussion by the MAPs Advisory Group at their meeting on 11 April 2024. Following this any feedback provided by the Advisory Group will be considered prior to a final version being shared with the Programme Board for consideration.

You will also find attached a stocktake paper, which will not be discussed as a separate agenda item, but provides some useful background reading material regarding some of the work around MAPs that has been taken forward so far.

In the meantime, please get in touch if you have any further questions or any issues accessing the attached documents.

Kind regards,

[REDACTED]

MS Teams Link: [Click here to join the meeting](#)

[REDACTED]

Senior Policy Officer

Recruitment and Capacity Building - Sponsorship and Infrastructure Unit

Health Workforce Planning and Development

Email chain: 13

From: [REDACTED] <[REDACTED]@gov.scot>
Sent: Thursday, May 2, 2024 8:46 AM
To: [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Good morning [REDACTED],

That's no problem – it's not the easiest of topics...
I am about to make a start on the paper this week, so I can share a first draft with you once I have it.

Maybe as I write it, it will take a different format, who knows. I will pull all the content together that I think I need and then see how it flows and what is missing, but would greatly appreciate your input.

[REDACTED]

From: [REDACTED] <[REDACTED]@gmc-uk.org>
Sent: Wednesday, May 1, 2024 3:44 PM
To: [REDACTED] <[REDACTED]@gov.scot>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Thanks [REDACTED] and apologies for the delay in replying.

I'm happy to discuss in due course – I need a bit of time to discuss internally and pull together our current thinking of the many discussions on scope.

But happy to review anything you may have already pulled together.

Best wishes

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: Thursday, April 25, 2024 2:35 PM
To: [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Perfect, I might add both suggestions and we will see what people think.

I also wanted to talk to you about something else following the MAPs PB last week – dropping others of the copy list for this just now to reduce e-mail traffic.
At the next meeting in September we want to bring a deep-dive paper on Scope of Practice to the PB.

You had mentioned that you are sighted on the work that various Colleges do in relation to SoP and if you are available, it would be useful to draw on your knowledge when drafting the deep-dive paper.

I have a very rough outline for the paper, it will follow the SBAR format again and the "Assessment" section will include a mapping and options appraisal section. The mapping section will explore what work is currently being by different organisations / professional bodies and it's for this section that I think it would be useful to compile an Annex setting out what colleges work on SoP for MAPs and a brief description of the work they undertake / what they hope to achieve.

The other part in the options appraisal section will look at various options of what organisation / professional body would be best placed in setting SoP – this is where it would be useful to bring yourself and [REDACTED] in for a position statement from the GMC on this outlining why the GCM is or is not in a position to set SoP and if applicable outlining what the GMC's role is in relation to SoP (if any).

I'm happy to have an initial call to explore this a little more and look at what timelines we're working to with this paper. I want to bring key stakeholders into the drafting process as soon as possible to allow us to work on this in partnership, because it will very likely be an item of great interest to the PB at their next meeting.

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED]@gmc-uk.org>
Sent: Thursday, April 25, 2024 2:00 PM
To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>
Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Good points well made [REDACTED] – its always language that trips us up!

I'm happy with either of your suggestions – support or engage work well.

[REDACTED]

From: [REDACTED] @gov.scot <[REDACTED]@gov.scot>
Sent: Thursday, April 25, 2024 12:28 PM
To: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>
Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Hi [REDACTED],

Thank you for sending this through.

I'm a bit cautious of that phrasing as I don't think it's correct to say that the PB is responsible to ensure people comply with regulation.

The GMC will be accountable to Scottish Parliament as far as I understand.

I wonder if we need to scale it back and say something like "Support new regulatory regime..."

I think any wording such as "oversee" etc would imply that the PB has some sort of responsibility in the matter, which I am not sure to what extent it has.

Alternatively, we could use something like "Engage with the GMC throughout their process to prepare to take on the regulatory process for AAs and PAs"

Getting the wording right is definitely a bigger task than it looks like!

From: [REDACTED] <[REDACTED]@gmc-uk.org>

Sent: Tuesday, April 23, 2024 2:30 PM

To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]1@gmc-uk.org>

Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Thanks [REDACTED].

I wonder if we could change re-word as per the text in red below. Hopefully that works for you too.

Workforce Development

Aim: Oversee a consistent approach to the regulation and promotion of MAP roles.

Anticipated Outcome:

- Improved awareness and understanding of contribution of MAPs roles to the wider clinical multidisciplinary team
- Ensuring compliance with the new regulatory regime for AAs and PAs with the General Medical Council as regulator
- Improved confidence in the profession (once they are regulated) and improved patient safety

Thanks

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>

Sent: Monday, April 22, 2024 2:55 PM

To: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Hi all,

Following up after the MAPs Programme Board, one of the actions had been to work with the GMC on re-wording the second bullet point on workforce development. I would be grateful if you could please share your suggestions with me to ensure that this bullet point correctly reflects that this is to be taken forward by the GMC as the regulator.

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED]@gov.scot>

Sent: Tuesday, April 9, 2024 2:07 PM

To: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Thank you [REDACTED],

I will issue papers tomorrow and will not include the suggested re-wording. I will flag it to co-chairs and it can be picked up under the relevant agenda item.

From: [REDACTED] <[REDACTED]@gmc-uk.org>

Sent: Tuesday, April 9, 2024 2:02 PM

To: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gmc-uk.org>

Cc: [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>

Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Hi [REDACTED]

I'm just picking this up for [REDACTED] who is off sick today. Sorry we've not come back to you on the proposed changes, and thanks to you and the co-chairs for going through/accepting our suggestions.

On [REDACTED] comment I think this still needs a bit more clarity as the wording could still imply some ambiguity as to whose responsibility it is to set up the

regulatory regime. [REDACTED] and [REDACTED] will be at the programme board next week however and [REDACTED] has indicated to me that she is happy to pick this up then.

Many thanks

[REDACTED]

From: [REDACTED] @gov.scot <[REDACTED] @gov.scot>
Sent: Tuesday, April 9, 2024 1:06 PM
To: [REDACTED] <[REDACTED] @gmc-uk.org>
Cc: [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Hi all,

Just following up on this, grateful if you could please let me know if you are content with the proposed changes.

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED] @gov.scot>
Sent: Monday, March 25, 2024 4:00 PM
To: [REDACTED] <[REDACTED] @gmc-uk.org>
Cc: [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan

Hi [REDACTED],

I had a meeting with co-chairs today and we went through the proposed changes/additions. Co-Chairs have accepted them all.

Regarding [REDACTED] comment I have suggested a slight re-wording in the attached, but happy for you to suggest an alternative.

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED] @gmc-uk.org>
Sent: Thursday, March 14, 2024 1:54 PM
To: [REDACTED] <[REDACTED] @gov.scot>

Cc: [REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>;
[REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: Reminder - For Action by 15 March 2024: Medical Associate
Professions (MAPs) Programme Board - Sign off ToR and Workplan

Thanks [REDACTED], a couple of comments from GMC colleagues in the attached. To note I am suggesting we might want to pick up on the one below ahead of the April meeting if possible so we all have a clear understanding of where responsibilities lie around regulation.

Workforce Development

Aim: Oversee a consistent approach to the regulation and promotion of MAP roles.

Anticipated Outcome:

- Improved awareness and understanding of contribution of MAPs roles to the wider clinical multidisciplinary team
- Establishing new regulatory regime for AAs and PAs

Thanks

[REDACTED]

From: [REDACTED] @gov.scot <[REDACTED] @gov.scot>
Sent: Monday, March 11, 2024 4:06 PM
To: [REDACTED] @nhs.scot; [REDACTED] @gov.scot; [REDACTED] @nhs.scot;
[REDACTED] @gov.scot; [REDACTED] @gov.scot; [REDACTED] @gov.scot; [REDACTED] @nhs.scot;
[REDACTED] @abdn.ac.uk; [REDACTED] @rcp.ac.uk; [REDACTED] @gjnhs.scot.nhs.uk; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] @nhs.scot; [REDACTED] @ggc.scot.nhs.uk; [REDACTED] @nhslothian.scot.nhs.uk; [REDACTED] @gov.scot; [REDACTED] @nhs.scot; [REDACTED] @bma.org.uk; [REDACTED] @nhs.scot; [REDACTED] @nhs.scot; [REDACTED] @nhs.net; [REDACTED] @nhs.scot
Cc: [REDACTED] @gov.scot; [REDACTED] @gov.scot; [REDACTED] @gov.scot
Subject: Reminder - For Action by 15 March 2024: Medical Associate Professions (MAPs) Programme Board - Sign off ToR and Workplan
Importance: High

Dear all,

As outlined in the e-mail below from co-chairs of the MAPs Programme Board some actions will be taken via correspondence in advance of the re-scheduled meeting in April.

Members were asked to consider the attached draft Terms of Reference and Workplan document and to forward any feedback and comments to myself. Please note that the Terms of Reference have since been updated to include confirmed nominations from SAMD and HIS.

Grateful for comments by Friday, 15 March 2023. A nil response by the deadline will be considered as agreement.

Kind regards,

[REDACTED]

Email chain: 14

From: [REDACTED]

Sent: Friday, February 23, 2024 2:08 PM

To: [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@abdn.ac.uk>; [REDACTED] <[REDACTED]@rcp.ac.uk>; [REDACTED] <[REDACTED]@gjn.scot.nhs.uk>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@gmc-uk.org>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@ggc.scot.nhs.uk>; [REDACTED] <[REDACTED]@nhslothian.scot.nhs.uk>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@bma.org.uk>; [REDACTED] <[REDACTED]@nhs.scot>; [REDACTED] <[REDACTED]@nhs.scot>

Cc: [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>; [REDACTED] <[REDACTED]@gov.scot>

Subject: POSTPONED: Medical Associate Professions (MAPs) Programme Board - First Meeting - 27 February 2024 1000 - 1200

Importance: High

Sent on behalf for co-chairs [REDACTED] and [REDACTED]

Dear all,

We are writing to make you aware of our intention to postpone the first meeting of the NHS Scotland MAPs Programme Board.

A clash with the Chief Medical Officer's Medical and Public Health Advisory Forum has resulted in a number of members being unable to attend the first meeting of the Board scheduled for 27 February 2024. Due to these circumstances we have made the decision to cancel the meeting as there is a possibility that the Board would not be quorate.

We are, however, keen to continue building on the work that is already underway in relation to the MAPs agenda. We therefore propose to reschedule the meeting for 17 April 2024 13:30 – 16:00 and a new diary invite will be issued shortly. The meeting will run on a composite agenda consisting of items previously planned to be covered across the first and second meetings of the Board. The second meeting of the Board (currently scheduled for 16 May 2023) will be removed from diaries.

Furthermore, in order to maintain momentum, we propose to take forward actions via correspondence in order to move forward with some of the work of the Programme Board.

To this effect we would like members to consider the attached draft Terms of Reference and Workplan document and forward any feedback and comments to [REDACTED] ([REDACTED] @gov.scot) by 15 March 2024. A nil response by the deadline will be considered as agreement.

In addition, work will be undertaken to review the Terms of Reference and membership of the MAPs Advisory Group to ensure that they are aligned with the needs of the programme. A progress report will be shared with Programme Board members in due course.

An updated agenda and papers for the extended meeting on 17 April 2024 will follow shortly.

In the meantime, we would like to encourage you to register for a space at the national MAPs event hosted by NES on 26 March 2024. You can find more information here and register here. Please note that the deadline for registration is Monday, 26 February 2024. If you would like to register your interest after the deadline has passed, please e-mail [REDACTED] @nhs.scot

Email chain: 15

From: [REDACTED] <[REDACTED] @gov.scot>

Sent: Friday, April 5, 2024 9:15 AM

To: [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>

Subject: RE: MAPs Programme Board - 17 April 2024 - GCM Update

Thank you for confirming [REDACTED].

From: [REDACTED] <[REDACTED] @gmc-uk.org>

Sent: Thursday, April 4, 2024 4:53 PM

To: [REDACTED] <[REDACTED] @gov.scot>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>

Subject: RE: MAPs Programme Board - 17 April 2024 - GCM Update

Thanks [REDACTED], I can confirm it will be [REDACTED] and I attending the Programme Board and [REDACTED] will be presenting on behalf of the GMC. We will ensure you have the slides by 15th. We don't have any papers needing to go to attendees beforehand.

Kind regards

[REDACTED]

[REDACTED]

[REDACTED]

General Medical Council

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh, EH8 8PJ

Direct: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED] @gmc-uk.org

From: [REDACTED] @gov.scot <[REDACTED] @gov.scot>
Sent: Thursday, April 4, 2024 9:00 AM
To: [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: MAPs Programme Board - 17 April 2024 - GCM Update

Morning [REDACTED],

I just wanted to follow-up the e-mail trail below, as I am currently finalising the agenda for the upcoming MAPs Programme Board on 17 April.
The GMC update is currently scheduled 14:20 – 14:40 with a 10 minute update followed by a 10 minute discussion (timings may change a little because I am still waiting for one other speaker to confirm.)
I also flagged your comment below re. questions that would be outwith the GMC's remit to co-chairs and they are aware and we will collate and answer these separately.

If you wish to use a presentation, could this please be with me by 15 April.
Papers go to the group one week in advance, so 10 April, any resources you would like to go to the group prior to the meeting, if these could please be with me by 08 April.

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED] @gmc-uk.org>
Sent: Thursday, March 7, 2024 8:02 AM
To: [REDACTED] <[REDACTED] @gov.scot>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>
Subject: RE: MAPs Programme Board - 17 April 2024 - GCM Update

Thanks [REDACTED], we will be very happy to deliver a short ten min update and field a Q&A on our work around bringing PA/AA's into regulation – we will confirm whether it will be [REDACTED] or [REDACTED] leading on the update in due course. On the Q&A I would imagine there may be questions raised which are not for the GMC (ie not about regulation of PA/AA's) therefore it would be helpful to have someone to field these – which may of course be something the chair will want to do.

Thanks

[REDACTED]

From: [REDACTED] @gov.scot <[REDACTED] @gov.scot>

Sent: Wednesday, March 6, 2024 10:29 AM

To: [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>; [REDACTED] <[REDACTED] @gmc-uk.org>

Subject: MAPs Programme Board - 17 April 2024 - GCM Update

Good morning all,

As you will know we moved the MAPs Programme Board meeting to 17 April and combined the agenda of the first with what would have been the second meeting in May.

I am currently working on pulling together the agenda for the April meeting and it would be great if we could have someone from the GMC on it to give an update on the work around bringing PA/AAs into regulation.

I appreciate this will come on the back of the NES MAPs Event on 26 March, however, not all PB members will have had an opportunity to attend the event and it is a very topical issue, so I think there is merit in having a slot on the agenda for the GMC.

The meeting will run 13:30 – 16:00 and timings are still very flexible on the agenda at this point.

There are a few “secretariat business” points to run through at the beginning of the meeting, which may take ca. 30 – 45 minutes, but after that I can schedule the GCM update at any point.

Do you think a ca. 10 minute update + 5 - 10 minute discussion/Q&A is reasonable?

Grateful if you could let me know if and who would be able to do this.

Thank you,

[REDACTED]

[REDACTED]

Senior Policy Officer

Recruitment and Capacity Building - Sponsorship and Infrastructure Unit

Health Workforce Planning and Development