

Dear party leaders,

We are writing to express our grave concern regarding the risks posed by medical associate professions (MAPs) as currently deployed in the NHS. There have been many attempts by doctors to raise the alarm over this patient safety scandal, however, these have not been sufficiently acknowledged by policymakers and the current Government. As doctors, we are duty bound to blow the whistle on risks to our patients, and the risk to our patients will persist if we continue to be ignored.

Doctor substitution

MAPs could and should be carrying out basic tasks, to free up doctors to take on the more complex and higher risk work for which we are uniquely trained. In practice, however, we have seen widespread evidence of direct substitution of doctors with MAPs. In many hospitals, MAPs are working at up to registrar level replacing doctors on doctors' rotas routinely. In general practice, funding has significantly shifted towards a new scheme under which surgeries are incentivised to employ physician associates while denying the use of these funds to employ actual doctors. The contractual expectation is that physician associates will see undifferentiated patients and act as a first point of contact. In reality this permits physician associates to, in effect, work as GP.

As a consequence of this role substitution, thousands of GPs are now struggling to find secure employment, and NHS England have recently admitted that jobs simply aren't there for the cohort of GPs qualifying from August 2024.

Impact on patients

Doctors have long called for a national scope of practice for MAPs to ensure that they work safely and not beyond the level of their training, however, despite having many years to do so, policy makers have so far failed to produce this work, resulting in many MAPs working well beyond the scope of their training, tragically leading to multiple fatalities. The BMA has received hundreds of individual reports from around the country of patient safety issues such as MAPs working on doctors' rotas, MAPs failing to make their role clear to patients and MAPs performing procedures beyond their level of training. NHS trusts are recklessly breaching safety requirements for MAPs relating to levels of supervision, and prescribing laws are being ignored. To date, there has been no sanction against any employer acting in this way. This represents a clear failure of the governance structures in place to keep patients safe from serious harm.

Most patients are confused by MAPs titles such as "physician associate" and "anaesthesia associate," mistakenly believing they are being treated by medically qualified doctors when they are not. This represents an additional risk, as patients are less likely to seek further medical advice if they believe they have already seen the doctor and it is the BMA's strong view that these roles should revert their previous 'assistant' titles. This move was backed by nearly 80% (more than 14,000 doctors) of respondents to our recent survey on MAPs.

Co-chief executive officers: Neeta Major & Rachel Podolak

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Impact on doctors

Contrary to the promise that MAPs would help to free up doctors' time to take on more complex work and to train, MAPs are making doctors' working lives harder. There is additional responsibility in taking on a supervisory role for colleagues who are not sufficiently trained to perform the roles they are placed into, as well as resident doctors and medical students losing training opportunities to MAPs. The impact on morale has been substantial. It is hardly surprising that resident doctors don't feel valued when MAPs start on a salary of £43,742, some £11,000 more than the starting salary of doctors. Resident doctors have vastly greater training, skills and responsibility, and work longer hours. This difference in remuneration is demonstrably unjust.

Regulation and scope of practice

The General Medical Council has clarified that it plans to regulate MAPs without any limits on their scope of practice once they have qualified and have entered the workforce. This is profoundly unsafe. The GMC is the regulator of doctors. The government decision to bring other groups under its remit further blurs important boundaries between those who are and those who are not medically qualified doctors, contrary to one of the principal reasons for having a doctors' regulator in the first place.

Our asks to protect patients

We urge you to commit to protect patients by supporting:

1. Implementation of a national safe scope of practice for MAPs underpinned by robust evidence and regulation.
2. Amending the Anaesthesia Associates and Physician Associates Order 2024 so that MAPs are regulated by a more suitable regulator using titles that protect patients from being misled.
3. An end to widespread doctor replacement and unemployment.
4. An urgent review of the long-term workforce plan to determine how MAPs can be safely utilised to the benefit of patients and healthcare systems, as well as the numbers required, underpinned by evidence.
5. A halt to any current plans to provide MAPs with prescribing responsibilities.
6. An independent inquiry to determine how widespread doctor substitution has become, and how this scandal has been allowed to develop without sufficient regard for patient safety.

Yours sincerely,

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