RCGP response to the Medical Associate Professions (MAPs) Career Development Framework Consultation

A RCGP submission to Skills for Health, who were commissioned by NHS England Workforce Training and Education, formerly Health Education England) to develop a Career Development Framework (CDF) for MAPs, building on the earlier Core Capabilities Framework.

Question 1.

Please indicate the extent to which you agree that the 'Background and Introduction' to the framework section is clear and understandable:

Do not agree

To preface, this submission draws from, and should be considered alongside the following RCGP publications: Physician Associates & Definition of a GP (https://www.rcgp.org.uk/representing-you/policy-areas/physician-associates & https://www.rcgp.org.uk/about)

The RCGP believes the introduction fails to address the urgent need to resolve a general lack of understanding and clarity of these roles – both for the health professionals working within the sector, service users and the general public. All MAPs need to be urgently regulated, with clearly defined scopes of practice, that also acknowledge the wide range of settings and models of practice that they may be employed within. Any role for MAPs in treating undifferentiated patients in primary care must be approached with extreme caution. The RCGP has a clear position that MAPs, particularly Physician Associates, are not GPs and cannot replace them, nor the work they carry out. Furthermore, our position outlines that PAs must always work under supervision of a fully qualified GP and that training, induction and supervision must be properly designed and resourced with appropriate consideration given to the needs of GP trainees and medical students.

Question 2.

Please indicate the extent to which you agree that the 'Who is this framework for and how can it be used?' section is clear and understandable:

Partly Agree.

Although the framework does well to cover the main stakeholders, sufficient attention has not been given to supervisors. Appropriate supervision is critical to ensure patient safety and maintain the delivery of high-quality, effective, and integrated care. As previously mentioned, considerable work is required to provide clarity to the public regarding the various roles they may expect to see in a primary care setting, as well as

what is reasonable and appropriate care to expect from each of these roles – these messages/communications should extend across all practice staff, including clinical and non-clinical roles.
In order to clearly communicate these roles and expectations to stakeholders, MAPs need clearly defined scopes of practice, specific to the context of their working environment. We would highlight that in the general practice setting, the level of risk and uncertainty is often significantly higher than in other settings. Any role for MAPs in treating undifferentiated patients in primary care must be approached with extreme caution. The responsibility for holding risk, uncertainty and undifferentiated symptoms is managed by the GP as the supervisor and consultant in general practice.

Question 3.

Please indicate the extent that you agree the Medical Associate Professions: An Overview section of the framework is clear and understandable?

Partly Agree.
The challenges posed by role variation across clinical settings are compounded within the general practice environment, as roles and responsibilities can significantly differ from practice to practice. Whilst a level of flexibility is required to enable practices to tailor their services and delivery of care to the specific needs of their local community and practice requirements, we strongly recommend a detailed and robust framework is provided at a national level. This framework and implementation guidance must be accompanied by regular, nationwide monitoring across consistent measures to facilitate the evaluation of these roles within a primary setting, including cost-effectiveness, patient outcomes, and impacts on the wider primary care workforce required to support these roles as well as overall workload in general practice.
We are pleased to see that clinicians' personal recognition of capabilities and scope has been addressed within the framework. This is a crucial consideration, especially in the general practice environment where there is significant uncertainty and clinicians must dynamically approach significant variation, undifferentiation, and multi-morbidity. In these contexts, standard and clear guidelines may not exist for certain presentations, thus it is important for all clinicians to recognise their professional capabilities, scope and limits, and ask for help or escalate appropriately.

Question 4.

Please indicate the extent to which you agree with the definitions of the 4 tiers of practice for MAPs and the indicative requirements to work at each tier of practice:

OPPOSE. (Do not agree)
We stress the need to urgently address the terminology used for Tier 4 of practice, replacing the word Principal, as this has been historically associated with GP partners, as Principals in General Practice. We strongly oppose the use of this term, as it will lead to further confusion and compound existing concerns surrounding public

understanding of MAP roles and how they sit within the multidisciplinary team structure. These issues must be addressed, via mechanisms including regulation, defined scopes of practice for relevant settings, comprehensive communications, and public messaging, before the various proposed Tiers of MAP practice can be introduced.

We are concerned that there is a lack of recognition of generalist skills and their advantages within this section. While the 4 tiers may reflect how MAPs roles have developed within the narrower scope of specific departments or clinics in a hospital setting, it gives an unclear picture of senior MAPs roles within a primary care context. As previously mentioned, GPs, as supervisors and consultants in general practice, hold the skills and responsibility to manage risk, uncertainty, multiple conditions, and undifferentiated symptoms. Some generalist skills may be developed by MAPs working in general practice; however this will take a lot longer than for those working in narrower settings, and MAPs always continue to require the overall supervision of GPs in managing risk and complexity.

Whilst we note the inclusion of communication skills within appendices, we wish to see greater emphasis on communication skills within the bulk of the framework as these are critical in all settings, particularly general practice.

Question 5.

Referring to "Implementing MAPs in the workplace" section in the framework, please indicate the extent to which you agree that it is clear and understandable:

Do not agree.

We wish to affirm the need for MAP appraisal as part of an annual, mandatory process. We believe the framework does not sufficiently assert the role of supervision as an essential component of protecting patient safety, and as an experiential form of training, nor does it recognise the need for protected learning and supervision time to facilitate this. General practice does not receive the same provisions for protected supervision and learning time compared to other specialty medical professions.

The RCGP believes this section does do well to identify several key barriers to the smooth implementation of MAP roles, however, further mention is needed to address concerns regarding capacity and infrastructure for providing the supervision, training and physical space for MAPs. This is a significant challenge in general practice with limited capacity to accommodate GP trainees, let alone additional roles. Our GP Infrastructure Report (May, 2023), found that 84% of general practice staff said a lack of physical space limited their practice's ability to take on GP trainees or other learners, and 73% of general practice staff said their practice had little or no capacity to increase training places without additional funding.

The RCGP has called for protected learning and supervision time for both GP trainees and MAP/MDT supervision. The cost of training, supervising, and including MAPs within a general practice setting must not come at the expense of GP workforce training and development.

Question 6:
Are the appendices a useful set of workforce development tools?

NO
The lists in these appendices are not suitable for general practice, and are not conducive to the successful and sustainable implementation of MAPs within this unique environment. For these appendices to be utilised as intended, they must be revised to include general practice-specific guidance that is user friendly, accessible and realistic for a practice to follow. This must involve giving consideration to the existing workload pressures and capacity constraints currently faced by general practice. This framework, and associated appendices, should be designed with an overarching goal to improve system efficiencies and outcomes, with minimal additional administrative burdens and resource costs for those tasked with implementing these roles in practice.
As mentioned above, training, supervision and inclusion of MAPs must not come at the cost or disruption to GP workforce training and development. GPs act as supervisors to multiple clinical roles, and cannot be replaced by PAs, thus substantial consideration of workload capacity, resourcing and support for general practice is needed for the practical implementation of these roles.
Additionally, we acknowledge the inclusion of communication skills within the appendices but wish to see this imbedded across the framework itself.

Question 7:
Do you have any other comments about any aspect of this framework - if so, please specify below in the text box below:

Greater focus on the general practice setting is required.
The framework and associated appendices should consider existing challenges faced in general practice, thus, should ensure documents are accessible, user friendly and realistic for practices to follow and implement.
We acknowledge that some of the concerns we have raised may not be possible to resolve entirely within the career framework itself, but should be considered and addressed in parallel with the appropriate mechanisms, such as scopes of practice and public messaging.