



Royal College of
General Practitioners

Professor Gillian Leng CBE
Leng Review of the Physician Associate and Anaesthesia Associate Professions
Department of Health and Social Care
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Sent by email to: Leng.Review@dhsc.gov.uk

24 March 2025

Dear Gillian

Further to my [letter of 30 January 2025](#), setting out the College's position that there is no role for physician associates in general practice, I am writing to clarify the RCGP's position on the findings of this review as a member of your stakeholder group, as well as to provide comments in relation to the survey currently open to inform your review.

I am grateful for your openness and transparency in sharing regular updates from the review and for the opportunity to attend the stakeholder meetings.

I would like to take this opportunity to reiterate that in attending these meetings in my capacity as Chair of RCGP Council, I represent the official position of the College that there is no role for physician associates in general practice. This position has been developed by democratic debate and discussion at RCGP Council over 2024, in light of the findings of our member survey. The RCGP reserves judgement on the findings of the Leng Review, and our response will depend on the nature of its recommendations.

In addition, I do need to raise concerns about the design of the survey launched on 7 March which is described as intending to help 'understand the role of physician associates (PAs) and anaesthesia associates (AAs)'. I was disappointed that the RCGP was not consulted at any point on the design of this survey, despite my involvement in the stakeholder meetings.

While I appreciate this is a complex and challenging topic on which to gather views and evidence, on behalf of the RCGP I am concerned that the survey that is currently open for responses will not generate the level of detail or nuance required for the Leng Review to make informed decisions, particularly about PAs in general practice. Please note, our comments refer to the PA version of the survey and we have not reviewed the AA version.

Specifically, we would note that the survey questions:

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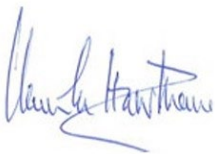
- Lack relevant tailoring to different settings, particularly with regard to supervision requirements, appraisals, clinical tasks carried out and information given to patients.
- Lack detail on the clinical tasks being asked about, for example 'provide clinical assessments', 'carry out physical examinations' and 'diagnose illness', many of which are broad categories which could be interpreted in different ways and cover a range of activities of varying difficulty, to which the answers may differ.
- Ask for 'yes' or 'no' answers on the appropriateness of the broad clinical activities mentioned above when the answers may depend on a number of factors including the detail of the activity, and the specific supervision arrangements in place in different settings.
- Lack detail on supervision practices, in particular the specifics of what oversight is provided and how often meetings are held. This is especially concerning in the general practice setting where there is often a greater degree of independent working.
- Presumes a continued role for PAs in questions around improving integration and safety.

The RCGP will not be responding to the survey as an organisation and while we have shared the latest update of the review with our Council, we have not felt able to promote the survey to our membership through our official channels due to the very real concerns noted above.

As set out in my previous letter, I would instead draw your attention to our [position of opposition to PAs working in general practice](#), our own detailed [survey results](#) and the [guidance](#) we produced following this survey.

I hope that the feedback above will be received in the intended spirit of constructive engagement and I look forward to continuing to engage with the review as it progresses. The RCGP considers it imperative that the review asks the correct questions and gathers insights that are sufficiently detailed and tailored so that it can provide a conclusion that can be trusted by healthcare professionals to be of relevance to all healthcare settings.

Your sincerely



Professor Kamila Hawthorne
Chair of Council